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ORIGINAL COMMUNICATIONS.

ART. XII.—*Inversion of the Uterus.* By F. S. VERITY, M.D., Hemmingford.

The practice of midwifery is of such primary importance to the country practitioner, that on it depends, in a great measure, whether he will achieve an honorable reputation and the fair rewards of successful fortune, or be doomed to the bitter disappointments attendant on failure and ill-luck. In short, as a general rule, midwifery either "mars or makes" the country practitioner. Now, although he may leave the lecture-room and the hospitals thoroughly furnished for his work, and although he may have been a most diligent clinical student in obstetrics, yet there are cases, and difficult ones too, which have not come under his observation, and his knowledge of which is derived, solely, from lectures and books; and if, in his early career, he should have the ill-luck to meet with one of these formidable cases, which startle even the most experienced obstetricians, but which, fortunately, are of rare occurrence, he may, from want of success, and this from no fault of his own, have his reputation ruined and his prospects blasted. I have been led into this train of thought by a case which happened to myself, about ten years ago, and out of which I came with good luck and increased reputation: it was a case of "Inversion of the Uterus," the particulars of which I give below, and which may be interesting to any surgeon who is unfortunate enough to meet a similar case for the first time:—

Mrs. R. was about 40 years of age, and the mother of 9 children; her figure was squat and round, shewing a large roomy pelvis; the abdomen pendulous; her health strong and rugged. She was taken in labour with her 10th child, and, while walking up and down, a sudden pain expelled the child, which fell on the floor, and was not materially hurt. Not so,

however, the mother: the same pain which forced the fetus from the uterus, "brought down," to use the words of the messenger who came for me, "the whole of her inside." I arrived at the scene of the accident about an hour afterwards. I found the woman laying on her back on a matirass placed on the floor, deluged in blood. She was moaning and sighing, tossing her arms wildly about, and gasping for cold air. Her pulse could scarcely be felt at the wrist, and her countenance was blanched and ghastly. When the nurse turned down the bed-clothes I was stunned; I saw before me my first, and I devoutly hope my last, case of "Inversion of the Uterus." Occupying the space between her thighs and nearly reaching down to her knees, was a large red membranous-looking mass, from which blood was oozing, and at its lowest part (the fundus), almost disguised by clotted blood, was attached the placenta. I immediately administered a tumbler of spirit and water, cold, with tr. opii in it; applied warmth and friction to the extremities, and, without waiting, forthwith proceeded to reduce the uterine mass to its proper position. After cleansing it from the clotted blood, the question arose in my mind, shall I reduce without removing placenta or not? Fearful of increasing the hæmorrhage, I determined to reduce with the placenta attached. Recollecting the rules laid down in the books, I began the attempt, and an attempt it was only. As soon as I touched the uterus, it contracted and shrunk, and gave me the feeling as if I was holding a live eel in my hand. I tried two or three times gently, but firmly, to reduce it according to the usual directions; but I made not the least impression on it. The weight of the placenta bothered me greatly; for on attempting to return the part that had last protruded, it was constantly dragged out of my fingers by the weighty placenta. The rules were now useless to me. What was to be done, hæmorrhage still going on and the woman sinking? I determined to remove the placenta, and reduce the uterus by pressure on the fundus. I quickly detached the placenta, and was most agreeably surprised to find there was very little hæmorrhage; in fact after it was removed the mass shrunk in volume. I now placed my left hand and fore arm under the organ, and supporting it in a line with the proper axis, with my right hand half shut, I pressed the tips of my rounded fingers firmly against the fundus, and pushed it upwards until my fingers were arrested by the constricted os. I made firm, but cautious, pressure against it, and in about half a minute I felt it yield. I then boldly, but cautiously, carried my hand upward in the axis of the pelvis, and, when my wrist was passing the constricted os, the fundus suddenly shot from my hand, and the organ resumed its usual position. Retaining my hand within the uterus for a

short time, constriction took place, and the uterus returned to its proper state and condition. Of course I waited and watched. I gave her an opiate, and, at the end of 6 hours, left my patient safe for the present. The loss of blood had been frightful: I ordered broths and nourishment, and on leaving gave the strictest injunctions to maintain the horizontal position. The next day she was very much improved, and in good spirits. I introduced the catheter twice in the 24 hours; kept her perfectly still; nourished her well with broths, &c., and forbade her on any account to rise in bed. On the third day, I was suddenly sent for, when I had the inexpressible mortification to find she had just died. It appears that her nurse did not think her clothes clean enough, so a change of night-dress was resolved on. She sat up in bed to make the requisite change. After complaining "of giddiness and singing in the head," she fell back on her pillow and expired.

REMARKS.

Let any one turn to his books and read the directions for the treatment of "Inversion," and he will be struck by their simplicity and terseness, and would little imagine that the author was describing one of the most formidable operations in midwifery, so very simple and easy seem the directions; and yet most of us have to trust to these directions as our guide in this fearful accident, and the reason is an obvious one,—this misfortune is of so rare occurrence, that a man may attend his two or three years' practice in the hospital, and the chances are very much against his seeing a case of inversion. His knowledge is thence derived from lectures and books only; he here lacks clinical experience; and if in his early career, he has the misfortune to meet this difficulty, he finds himself perplexed and in doubt at every stage of the operation; and as these cases are too often fatal, under the most advantageous treatment, he loses his patient, and his reputation and bread also. Now as to the operation itself in this case, I beg to offer a few sentences by way of explanation. It will be seen that I violated two rules of fundamental importance, and that I was (by good luck if you will) successful. 1st. I removed the placenta before the reduction, thereby exposing the woman's life to the danger of increased hæmorrhage. And 2ndly. My mode of re-introducing and re-inverting the uterus violated the golden rule of lecturers and books, "of first thrusting up the superior part of the uterus, and subsequently the most dependent position."

Now, my answer is this, that I tried both these rules fairly and in good faith, and that *in the hour of my need they failed me*, and that then, and then only, I abandoned them, and sought another mode of ac-

completing my wishes. The fears entertained of increased hæmorrhage, by removal of placenta, in this case were unfounded; and the comparative ease with which the re-inversion was effected by pressure on the fundus, offers every inducement for an early trial after the failure of the usual routine practice. After the detachment of the placenta, the operation did not occupy three minutes until reduction and re-inversion took place. I lost more than a quarter of an hour in fruitless efforts to re-invert according to rules laid down; but should it ever be my fate to have a similar case (which Heaven avert!) I will instantly, and without any attempt at re-inversion, remove the placenta, and operate in the way I have been describing. I had previously seen the placenta of several animals reduced by a similar plan, and with the most perfect ease and safety, which made me feel the more sanguine as to the result of my own case. The death of the patient is not to be considered in connexion with the operation. The rude disturbance of the cerebral circulation accounts sufficiently for that, and so thought the friends and acquaintances of my unfortunate patient; and as I said at the commencement of this article, I came out of my difficulty with increased reputation and good fortune; and so convinced am I of the superiority of this mode of operation over the routine plan, that I hesitate not in recommending it to country practitioners, when alone, and in their hour of need.

ART. XIII.—*Tracheotomy in Croup.* By ALEXANDER P. REID, M.D.,
L.R.C.S.E., Francistown, Huron County, Canada West.

R. M., aged 4 years, was seized with a slight cold on the 17th Sept., 1858, which, not being of much importance, apparently was allowed to run on. He slept pretty well during the night, and was able to play about during the day. On the 24th, when I first saw him, the breathing was a little difficult, but presented no other marked symptom. He was ordered an emetic of ipecac, and a sinapism on each side of the chest; with an expectorant dose of vin. ipecac and antimony every two hours. On the 25th he was much relieved. The medicine was continued.

26th. The breathing had become more severe, pulse very fast, and there was evident pain on pressing over the larynx and trachea. The symptoms now more nearly resembled croup, but there was only a very slight cough. He was bled from the arm to the extent of 3 or 4 ounces, another emetic administered, and then a powder every two hours containing, hyd. chlor., gr. j.; pulv. ipecac, comp. gr. ¼; and a blister was applied over the larynx and trachea.

27th. The blister had filled two or three times, and the countenance

bore still more decided marks of deficient respiration. The powders were continued, with the addition of rubbing in ungt. hyd. mitius into the flexures of the knees, arms, and the axilla. At 12 noon he was getting much worse, and Dr. Hyndman was sent for. About 2 P. M., when we examined him in concert, I saw a very marked change for the worse, the breathing more difficult, the face of a leaden hue, and the patient struggling and tossing about very much.

The Dr. and I came to the very evident conclusion that death would rapidly supervene, unless quickly relieved; and having explained to the parents the dangers of the operation,—to which they consented,—we immediately proceeded to open the trachea. The incision was commenced at the supra-sternal notch, and continued upwards for an inch and a half; then a very thick layer of fat was divided, and the thyroid gland exposed. It was found impossible to get into the trachea below the gland, and it was divided for more than half an inch in the median line, and the trachea exposed. The bleeding was pretty profuse from the divided gland and from one of the superior thyroid arteries, but by the application of cold it soon ceased; and as the child could still breathe sufficiently by the natural passages to support life, I delayed much longer in opening it than would otherwise have been done.

The trachea was then held as firmly as possible with a hook during the violent struggles of the little patient, and an incision half an inch in length made from below upwards. A forceps similar to the dissecting forceps, but with rather more elasticity, was then introduced, and the blood removed. The child was placed on its side and inclining a little towards the face. Respiration now ceased by the natural passages, and there were several violent expectorations, which expelled quite an amount of a bloody mucus, a little mixed with air. By the aid of a dressing forceps I removed five or six shreds of lymph, one of them four inches long and tubular, another one an inch long, a perfect tube of the size of the trachea, and the membrane forming it very tough and organised, and of a very appreciable thickness. The others were of different lengths. The inside of the trachea was very red. Five or six minutes after the opening, spontaneous respiration ceased, and life was kept up by cold affusions on the forehead and chest, alternated with warm applications to those parts, and also by alternate depression of the ribs and abdomen. In half an hour natural respiration began, very slowly at first, and rapidly improved in strength, and the venous hue of the countenance for the first time disappeared, but which returned again in a short time, as respiration again diminished. By continuance of the former plan it was again restored, the heat of the surface kept up, and it was removed

to a warmer place, so that the air might be of the proper temperature. The bloody mucus still continued to run out of the opening, and ample directions being given to the attendants to secure a pervious passage, I left for a short time.

After the cold affusion was stopped, the child fell into a tranquil sleep. The respiration was peculiar. It would breathe normally for fifteen or twenty seconds, and then it would be arrested for about four seconds, when again it would commence, and so on. I called four or five times, and everything was doing well.

10 P. M. Seven hours after the operation I adjusted the forceps, properly, having found that a tube would not answer, and left the child in a very favorable condition. It had taken some arrowroot and milk without much difficulty, as also some water. At 12 P. M., two hours afterwards, the child died suddenly before I could be called, arising no doubt from a plug of mucus or false membrane interrupting respiration.

I shall make but few remarks on this case, as I have so fully detailed it, and will let the reader judge of the circumstances as he thinks fit. It was no doubt a case of croup in the worst form; and I think in a similar case I might again be tempted to perform the same operation, not only on account of the great amount of cessation from pain, but for the chance given for ultimate recovery.

REVIEWS.

ART. XI.—*Mind and Matter; or, Physiological Inquiries*: In a series of essays intended to illustrate the mutual relations of the physical organization and the mental faculties. By SIR BENJAMIN BRODIE, Bart., D.C.L., Vice-President of the Royal Society, with additional notes by an American Editor. New York: Samuel S. & William Wood. Montreal: B. Dawson & Son. Quebec: Middleton & Dawson. 1858. Pp. 279.

“The Book of Nature” is a reference that has become of common mention. Vast are the lessons it has already taught, and vaster still it may be opined are those which her pages have hidden from the learner. It is a volume free to the inquiry of every mind, and, however sublime or inferior, profound or patent, the subject under contemplation may be, an appeal to her rich stores of information is equally warranted, and, though failure may conclude the prosecution, when the prospective had otherwise embellished it, the fault lies not with the truth investigated, but in the mode by which its interpretation or comprehension has been at-

tempted. Its oldest lessons are sometimes, therefore, the last that are acquired, and the theme which escapes the grasp of a multitude, may suddenly illuminate the light of a solitary witness. Let it not, then, be considered a marvel, if, in adopting a different mode to the one frequently observed in studying man's construction, a dissimilar conclusion be arrived at. The ordinary statements on this important subject are founded upon the abstractions of mental philosophers. These declare that man is a compound of mind and matter. Against a conception so strict and exclusive, many difficulties present themselves in formidable array. It is asked to define these words. What is mind? What is matter? And no answer that professes to be explanatory can be framed, without involving, more or less, contradiction, heaping up some, if not much, confusion, and, when it is told, leaving unsolved the question originally propounded. To say that man is only mind and matter, is to leave out of sight the simplest fact of existence, to exclude life, the vivifying principle upon which all sensitive manifestations of corporeal actions depend. Life is evidently something that is neither one nor the other. Matter is an inanimate substance; even when created into an organic form and into textural conformations, it has no power in nor of itself to entitle it to any other rank than among things that are dead. Mind is merely an evidence of life, but is not life itself, for it is found as a mark only in the higher order of intelligences, and even in these it may be unmanifested from disease or other interference while vitality, in the full sense of the term, is enjoyed. Neither can mind nor matter be chosen as the prerogatives of man. The latter he enjoys in common with all the visible creation; in this possession the humblest leaf that skirts his walk is his equal, both own a common mother, of her clay they are built, and to her—the earth—they shall return, "all flesh is as grass." No more can the former be called his own; as many disputants may not rise to divide the claim with him as in the antecedent possession; but still he is not left alone. In the competition, however, the advantage is with him, and he stands forth characterized by super-excellence in a scale of comparative progression. Accordingly some observers have entertained the opinion that

"The minds of the inferior animals are essentially of the same nature with that of the human race; and that of those various and ever-changing conditions of it, which we term the mental faculties, there are none of which we may not discover traces more or less distinct in other creatures." Page 178.

An acquiescence in these propositions leaves the question of man's constitution unanswered. Man is evidently more than a first-class animal. It is true as far as the somatic elements of which his frame is constructed,—as far as the peerless skill of the Great Artificer is displayed in the dis-

position of these into exquisitely beautiful organs,—and as far as Benificent Wisdom, “for human reach too high,” is manifested in admirable purposes of design, by the complete adaptation of the most perfect means to the best ends,—as far as these are intelligible to us, the brute is as perfect a spectacle of organization as man. While furthermore, both enjoy many joint characters, and exhibit many impulses as well as tastes that seem identical. But to limit the mind to these, is, we conceive, to leave unexamined the chief and grand distinguishing attainment which man pre eminently enjoys, and in which mere animals have no participation. We can only agree with the opinion expressed in the above quotation, by rendering the subject under a definition too circumscribed and altogether discordant from what we believe to be the truth.

If mind be the display of attention, intelligence, memory, and other sensorial efforts of a like grade;—if it be also the inclusion with these of certain instincts of a social order, such as for food, protection, gregariousness, and the like, then no objection can be held to the parity which is claimed. But if, on the contrary, mind expresses something very much higher than these, then we shall search for its exhibition in vain in any other of the denizens of earth than man. Among them which, but him, has a moral sense, a seat of consciousness, a perception of accountability? which of them, but him, may receive the highest of gifts, the ability “to glorify God and enjoy him for ever?”

In the consideration of this theme the voice of conscience must not be silenced, nor set aside by the doubts or ignorances which follow attention to mere mental phenomena. It is conscience arouses man. Her call is one rather of reference than of exposition. She exposes the darkness of the understanding, upon which illumination may descend in all its fulness. She refers the searcher after truth to the only source where it may be found unstained by imperfection or unsullied by error, and wherein, by gracious revelation from on high, he may learn who he is and what is his destiny. “Thy word is a lamp unto my feet and a light unto my path.”

The portion which man possesses in common with the beasts that perish, is called in Greek *psyche*, and the endowment which he has and they have not, is styled in the same tongue *pneuma*, and where this differential demarcation is not observed—as in the volume lately issued by Sir B. Brodie—perplexity must attend and falsity must pervade the descriptions that are ventured forth.

The *pneuma* is understood by the Latin *animus*, and by our words *spirit* and *rational soul*. It is also properly rendered the *mind*. It is the immortal part of man,—the cause of reason,—the seat of conscious-

ness,—the source of personal identification. It is man's higher nature. It was that which, before man's fall, was formed in the image of its Almighty maker, a partaker of the Divine nature, and fitted to hold communion with the lofty dwellers in the pure realms of celestial happiness. Thence pertain our free-will agencies,—our responsibility to a Supreme Sovereign,—our conception of right and wrong, good and evil,—our religious sentiments,—our higher intellectual pursuits of education and cultivation.

The *psyche* is the *anima* of the Romans, and is translated into English by the appellation of the *soul* without further qualification, or to distinguish it more precisely as the *animal soul*; but when spirit is employed to denote the rational soul, then the simple untutored word *soul* implies the *psyche*, and is used correctly as its true meaning. It is the individual cause of animal life, and the propagator of the instincts. Intimately and inseparably dependant upon it are the desires,—the affections,—and the appetites. As these also are signs of vital endowment, it may rightly be considered an exponent of life. And it has been thought to have in itself such a connexion with life, as to be entertained under the denomination of the vital principle. Properly it is no more than the representative of animal life. It has, however, been unreservedly translated by the word *life*.

From these considerations, it is to be deduced that man is not a compound of mind and matter; but of body, soul, and spirit. Nor is this statement a mere matter of opinion. It is an express revelation. In the parting prayer of one of the Apostles, the solicitation is that his friends may be preserved blameless in their "whole spirit and soul and body." Again the separation is preserved in the following passage:—"To the dividing asunder of soul and spirit, and of the joints and marrow"—where the separation is enforced by two well-known dissimilarities. The difference is most interestingly disclosed to us in reference to our Saviour's death. Into his Father's hands he commended His spirit, and His soul descended into hell. In the Greek Testament this sense is as strictly preserved by the words, respectively, *pneuma* and *psyche*.

Popular ideas and conventional usages have not apprehended the distinction between these words, and to many minds they represent no other value than that of synonymes, so that they have come to be used promiscuously and indifferently the one for the other. Nor has it been recognised that while the term *soul* may, undistinguished, include spirit; the latter word cannot be extended to the meaning of the former, when this expresses the animal soul alone.

Though profoundly ignorant of the mode of subsistence in this triple incorporation, we are not without some useful lessons in the book of nature, which tend to illustrate the necessary dependence there is of each upon the other to constitute the breathing man. And the instance we select from this great open work,—from acquaintance with which the reader may come away largely improved in first principles, and deeply indoctrinated in the study of analogies,—we do not wish to be strained in its application. It is not offered as a type of the different portions of man,—as each component of its subject standing as a faithful image of each of our own integrants; for this it is not: but it is adduced to show simply, by plain example, how the mutual dependance of parts is essential to the existence of the entire structure. And this much, we venture to assert, is taught by a field of waving corn. The sown soil depends as much upon the heat which warms its body, and the moisture that insinuates between its molecules, as upon the seed that lies buried within its bosom;—if these be not furnished, no increase will be yielded, and abstract but one, the remainder will prove inadequate to development. The seed is vitalized—it has life—life that is dormant or waiting to be awakened; but it will never pass beyond its present phase, unless concurrent forces of soil, of heat, and of moisture combine to make it ascend in the scale of organization. And the plant which emanates from it bears testimony to the union—it is not a formation of the multiplied particles of the germ, and the re-arrangement of these into separate divisions; but it stands forth for admiration as a complex body—the forces, varied though they were, have each contributed a share to its aggregation, and remain permanently incorporated in its constitution, as essentials, as indispensable to the maintenance as they were to the origin of existence. The plant is not made up of the vegetable matter only found in the seed, this is its least part; but it also contains the soil which has afforded parts to its erection, and it has also heat and moisture, without which it were unfruitful or simply inanimate. And just as these components are indispensable to the manifestation of the whole, so with the perfect man, he depends upon the mutual association or unbroken bond of body, of spirit, and of soul.

The intimacy subsisting between the three entities in man during life, is strongly portrayed in the relative bearing which each one exercises upon the other. According to the foregoing, six distinct influences should be recognized:—1. The body impressible by the soul. 2. The body impressible by the spirit. 3. The soul impressible by the body. 4. The soul impressible by the spirit. 5. The spirit impressible by the body. 6. The spirit impressible by the soul. *Engaging as the task is,*

we feel that the present article would be enlarged to an undue length, were these severally to be discussed. We shall, therefore, close with pointing out an example, under each head, of the kind of proof that might be adduced in demonstration of the proposition there put forth.

The first is well seen in the physical changes that ensue upon the undue withholding of food. As hunger—which it will be remembered is a demand of the psyche—increases, because unsatisfied, the vigor droops, and, soon after, material changes, indicative of emaciation, set in. The atrophy proceeds to an extent just proportionate to the quantity of nutriment that has been left unused; and as starvation grows more dominant, disease, depending on corporeal causes, usurps the reign, and health is sacrificed to an unsatisfied wanting of the soul. Absorption of tissues becomes more rapid, the fatty first disappear, and next the albuminous. There is no assimilation; for the supply, which the crying appetite seeks, is not available, because not furnished, and, eventually, the decomposition of the general body, which has been growing more and more rampant in its unbalanced supremacy, ends in putrefaction. Typhus precedes death. And the body has been most effectually reached through the soul by gradual decay and final extinction, because of a craving instinct.

The second also admits of easy demonstration. Disturbance of spirit cannot endure without quickly involving well-marked bodily disorder; and it is satisfactory to know that this consists in a train of occurrences that are very regular and constant in their sequence. Prolonged exertions of a mental kind, in persons of feeble powers, soon undermine the general health. The unhappy results that attend over-straining of the intellectual energies in children exhibiting precocity of ability are frequent sources of regret. The excitement, which the educational exercises call forth, impairs the nervous energy; an irregular distribution of it succeeds; the concentration which goads onward the over-working brain detracts from the amount necessary for the incitement of the digestive functions to their regular play; chymification is rendered imperfect, ill-assorted matters descend into the duodenum, or stay behind to become yet more depraved in the stomach, chyle poor in quality travels onwards to become blood; sanguification is impaired; nutrition is impeded; and attenuation of the various organs necessarily proceeds. The morbid chain now reaches back to the starting link; the brain is insufficiently supplied with blood, nervous power grows enfeebled; and in unison, the spirit is observed to evince unquestionable marks of the disorder, the power of following out intellectual tasks is greatly reduced, the force of the will seems broken, the attention yields, memory falters,

perceptions weaken, and ratiocinations grow more difficult. Nervousness, hysteria, illusions, melancholy, and a variety of functional derangements may follow, for which an autopsy does not necessarily disclose an outward cause to explain the mystery. Life continuing, the disorder proceeds, and the body in various parts becomes the seat of local irritations signified by characteristic symptoms of the particular diseases they comprise. This is but one of many examples to shew how the body is impassible through the spirit. To others, perhaps even more familiar, we cannot avoid a parting allusion, viz. the suffusion of the countenance in blushing,—the shrunken features and pale goose-skin produced by alarm,—the shedding of tears from sorrow,—the short and quickened breathing of expectation,—the lighting up of the countenance with joy, and so forth.

Thirdly. The senses and passions are altogether dependant upon the condition of the organ where they are exemplified, the nerve leading from it, and the part of the brain in which it terminates. When any of these are abnormal, the special manifestation of the *psyche* is deranged or impaired, or perverted or annulled. Without this apparatus in our present state of existence, there would be no sensations. Sight, for instance, is not ensured to a person because of the possession of a soul; for altogether irrespectively of this part of animal organization the faculty may not be enjoyed, from the machinery through which it works being in so damaged a state as to produce no responsive function. Blindness may happen from the most various causes proceeding from the most dissimilar parts. A clouded cornea, an opaque lens, a glaucomatous eye, the presence of foreign bodies as fibrinous exudation from the iris, or an heterologous formation, may each, without involving the medium of conduction or reaching the organ of cognizance, impress the soul by depriving it of one of the marks or prerogatives significant of its presence. Or again: the humors of the globe may be transparent and otherwise unaltered, but the filaments expanded to receive the impressions of the rays of light may be congested or softened or hardened or transformed, and then also vision will be deranged, it may be in part, or wholly occluded. Once more: the fault may not lie in the reception surface; another part of the body may be diseased—the nerve which departs from this mirror—and then also the soul may be impressed. It may, in truth, be variously defrauded; it may appear as the subject of strange illusions of sight; objects may seem too big or too small, distorted or inverted, partial or divided, surrounded or not with *muscæ volitantes*, bright luminous clouds or murky mists, and so on; or, instead, there may be *amaurosis*. Furthermore, the eye, retina, and optic nerve may all be right,

but the material lesion lies within the skull, and still the same issue attends, and one more proof is added to the propriety of the original statement that called forth this elucidation. And lastly,—none of these structural causes may be in operation, the ophthalmic apparatus may be perfect in its totality, and yet the same deprivation or illusions of vision follow because of sympathetic disturbance of the psyche in that part, in consequence of bodily disorder in some remote organ of the body, as the stomach; or as the effect of somatic weakness arising from poverty of blood, so numerous are the material channels by which the soul is impressible.

Fourthly. Whatever may be the nature of insanity, it is an indisputable fact that cases of this melancholy character present outward features which are referrible to both spirit and soul; so that the usual manifestations by which we judge of the parts in health are perverted and distorted. The predominant symptoms are connected with a disorder in the indications of the higher element, and appear of such special importance, as to be considered the appreciable essence of the malady. They do not, however, persist without also involving a preternatural state of the inferior element of the human constitution. Two well-marked sets of signs are accordingly readily discernible in general mania or in the general intellectual form of acute severity. In one set there is high exaltation of the mental faculties, a marked unsoundness of intellect, reason is destroyed, conclusions are based upon false premises; delusions seize the imagination; ideas are short, rapid, and irrelevant; individuality or former consciousness is lost, and memory is a blank. The will is also deranged, and sudden unaccountable impulses take up the reins of government. The religious sentiment is heightened or lost, and extreme fanaticism or the vilest profanity may be exhibited. The moral feelings are also unhinged, sometimes by excessive development of a single trait, at others by a complete or radical subversion. A proclivity is commonly manifested to horrid swearing or lying or thieving, or commission of still more fearful crime. In the second set—sooner or later entailed upon the former—the properties that mark the possession of the psyche become equally abnormal. The passions are violent, excited and wild; the instincts are changed; the nearest of kin are likely to be the most hated; extreme suspiciousness and selfishness prevail;—and some single evidence, as of vicious indulgence, if it can be gratified, appears. One of the most remarkable alterations is probably that connected with sensation. Common sensibility is so blunted or deadened that ordinary sources of perception fail to make their usual degree of impression. Cold is endured with astonishing resistance; and the like is also seen in regard to the special senses; the length

of time that food and sleep can be done without are notorious,—as well as the impunity or tolerance with which the person beholds bright lights, and hears intense sounds, without suffering or evincing distraction. These two sets, then, display: 1. Strong psychological excitement. And 2. Perturbation of the appetites, passions, senses, &c. In other words, they are the symptoms of unhealthy manifestation of the natural evidences of the spirit and soul, by which these parts are appreciable. And it being granted that the origin has been as above assumed, it is not too much to refer the whole as a confirmation of the possibility of the soul being impressible by the spirit.

Fifthly. The following extract from a work, by Mr. Newnham, on the "Reciprocal Influences of Body and Mind," appear pertinent to the subject of the fifth proposition. They set forth the influence of physical maladies upon the conscience, which we select as one of the pointers of the spirit, since, by example, it shews the impressibility of the latter part:—

"Conscience is a faculty which the minor disturbances of the body very frequently pervert, by producing a degree of fearfulness and hesitation, which render man uncertain in his opinions, changeful in his judgment, and vacillating in action; he becomes doubtful upon trifles; he magnifies their importance; he wishes to do right, but cannot discover what is right; when he thinks he has attained to a just judgment, he is turned aside by some veriest straw in the scale of moral action; he becomes the slave of superstitious observances; he is always desirous of propitiating the good will of his neighbours and deprecating the wrath of the Almighty; yet he seeks to accomplish this object, not by the firmness and fearlessness of right, but by seeking to please others. The frequent failure thus produced, will occasion remorse, and this again will give rise to a very unfavorable and depressing influence upon the powers of life."

This extraordinary impressibility is a fact which requires to be well understood by medical men, and, when rightly recognized, will suggest the true course of treatment to be pursued for the sufferer's cure. For such cases, the relief of an irritable splanchnic nerve or of a too active cerebral circulation, may at once serve to reproduce the outward manifestations of the spirit in accustomed health, and the invalid will rejoice in the recovery of his former conceptions and feelings of mind.

The sixth axiom may be illustrated by adducing instances of the profligate indulgence of the soul's desires, and shewing that such a reckless course is certain to entail in its wreck the pollution and decay of the spirit. The baser appetite abused, the utter ruin of man's nobler nature is inevitable. A well-known proof is that of the drunkard; and what is the sad revelation that his history discloses? It tells with awful warning that by intemperance the most powerful mind becomes enfeebled; the

judgment, the memory, the imagination, the perception, all that marks the intellectual character, gradually fades away; the longer the vice the nearer does it lead to imbecility. The will grows perverted and depressed, and, finally, altogether extinct; the man is then the slave of his appetite, and alcohol rules over him. The moral emotions are woefully ruined; the gentler feelings that adorn life and give domestic bliss to those most loved, are exchanged for caprice, for irritability of temper, and for callousness of heart. The animal passions and desires are excited and intensified,—they next rise in ascendancy, and, ere long, reign paramount in unnatural excess. The habitual use of intoxicating liquors tends to inflame all that is depraved and earthly: and to extinguish all that is spiritual and holy; and, as Mohammed wisely said, "it is the mother of all sins." The end is not yet: the victim of intoxication may, through it, be instigated to the commission of crimes, from which the mind shrinks back with horror. The consuming soul may, and commonly does, light up anguish and torment of the most frightful kind, in both the body and spirit of the miserable sensualist, while he yet lingers in his probationary sphere; and when this last closes upon him, where is his meetress for communion with all that is clean and undefiled. "No drunkard shall inherit the kingdom of Heaven."

The simple conclusion which follows from a persuasion of the intimate relationship that subsists between the component parts of man, should be a moral to teach him how much depends upon himself—ruin the one you ruin the other; and a director, whereby to preserve the absolute necessities for mortal happiness,—"*mens sana in corpore sano.*"

ART. XII.—*Plates illustrative of Wilson on Diseases of the Skin.*

Fourth Edition. Philadelphia: Blanchard & Lea. Montreal: B. Dawson & Son. Quebec: Middleton.

There is no doubt that pictured representations of the different appearances which the skin presents in various skin diseases, are great aids to the formation of a correct diagnosis. From cases that have repeatedly come beneath our notice, we feel assured that there is no class of diseases of which less is known by practitioners generally, than that of skin affections. This is to be attributed, in a great measure, to the absence of a good and reliable book of plates from the libraries of persons in active practice. To those who are in need of such a work we can fully recommend the volume of Plates now before us; for Messrs. Blanchard & Lea have apparently done their utmost to present the profession with a number of plates illustrative of Diseases of the Skin and the eruptions of Syphilis, executed in the highest style of art, remarkably faithful to nature, and exceedingly cheap.

CLINICAL LECTURE.

(*Dublin Hospital Gazette.*)

The After-Consequences of Amputation. By JOHN HAMILTON, Surgeon to Richmond Hospital.

The first and most pressing danger after amputation is hæmorrhage. It may arise from half an hour after the operation to any number of hours or days, till union in the stump is effected. It is this that makes the surgeon careful to have his patient watched by an assistant always at hand. I cannot forget the anxious hours I have spent, when, a student like yourselves, I have been left to watch a stump after amputation. The suspended terror with which I have raised the sheet, from time to time, to see if blood was trickling down, or whether the bloody oozing, which always flows from the lips of a stump, was hæmorrhage or not. If the bleeding is only trifling, I would not have you interfere; compression on the face of the stump and the application of cold is often sufficient to check an inconsiderable bleeding, which your opening the stump would only tend to render a considerable one; but should the blood flow freely, the stump be swollen, and clots appear between the spaces of the sticking-plaster, you must open it forthwith, and search for the bleeding vessel. Before, however, the dressings are removed, firm pressure should be applied over the femoral artery, by a steady assistant. This is much better than the tourniquet; it causes the veins to become turgid and add to the bleeding, which sometimes even comes from the femoral vein itself. When you have no one to help you, there is no choice but to apply the tourniquet. Then carefully clean the face of the wound of the clots which you will nearly always see covering it. The blood will now be found to come in three ways:—first, in a general oozing from the stump. In this case, if there are one or two spots whence the blood flows with more rapidity, you may take up the vessels; but, in this general bleeding, it is best to cover the part with shreddy lint, and press steadily with your fingers on it for some time. The bleeding will usually stop, or at least that bleeding which comes from small branches, temporarily increased and excited by the inflammatory action which has begun in the end of the amputated limb. Those of larger size will then be more readily found and secured. Then put together the sides of the wounds with sticking-plaster, or compress and bandage, giving up all hope of union by the first intention. This was the kind of bleeding in the man in the house.

Two or three years since I amputated the arm of a man into whose elbow an abscess had opened. A few hours after the operation I was

sent for by the resident pupil, in consequence of hæmorrhage. I found two intelligent young men hard at work tying vessels; but in vain had they tied six or seven; numerous others were pouring forth the red fluid, the loss of which was beginning to tell against the patient, an old man. I saw at once that it would be hopeless to attempt to stop the hæmorrhage by tying the numerous small vessels that were bleeding, but, with small fuzzy bits of lint, applied closely over the bleeding surface, I perfectly succeeded.

A more serious hæmorrhage, though happily very rare, is from the femoral artery itself. This may occur early, from the slipping off of the ligature, from its not having been tied sufficiently tight:—or at a later period, when the ligature has been drawn off, but no proper clot or union exists at the end of the vessel. I may mention a case in my own practice, from the first cause.

I removed the leg above the knee from a man aged 45, in consequence of a carcinomatous ulcer. When I dressed the stump on the fourth day, half had united; the other half was painful, and discharged a good deal of shredly matter. On the evening of the fifth day, he found himself bleeding. The resident pupil was unfortunately not at his post—he had gone to sup in college; the other resident, not being on duty, was out also, and before a gentleman came from the Whitworth Hospital, the man had bled profusely for ten minutes; and, though it was then stopped by pressure on the femoral, he never rallied, and when I arrived he was just dead. The resident pupil, otherwise an estimable young man, never forgave himself for this occurrence.

The third kind of hæmorrhage is from the femoral vein, and is sometimes very profuse. At the time of the operation there is occasionally troublesome bleeding from the femoral vein, which ceases on the slackening of the tourniquet and removal of the tourniquet bandage; or is readily restrained by putting a small compress of lint over the cut end of the vein. Most surgeons dislike applying a ligature round a vein, but if the other means fail this must be done. I removed the leg of a young man below the knee, for disease of the tarsus and ankle joint. On the twentieth day after the operation, when all the ligatures had come away for several days, he was seized in the middle of the night with violent hæmorrhage, not *per saltum*, but in a free flow, and of a dark colour. Pressure on the femoral artery did not stop it. All the stump had united except a small portion in the ham, which went like a large fistula high up, and from which the hæmorrhage came. Pressure over this part with lint saturated in a strong solution of alum and in turpentine, topped the hæmorrhage, which, however, returned again and again, but was

finally completely arrested by laying open the unhealed cavity from whence the hæmorrhage came, and laying the compresses over an ulcer in the popliteal vein, from which the blood was seen to flow.

The cut surface in amputation is almost always large; and in sudden accidents, in muscular men, or in fat women, the wound you have made, particularly in the thigh, is very extensive indeed. Sometimes the whole, except where the ligatures are, will unite by the first intention; this, however, you can expect to happen but seldom;—generally, the external or tegumentary lip unites, while the inside is still ununited, and discharges pus, which you should carefully and gently express.

The smaller ligatures come away about the tenth day; the ligatures on the larger arteries, as the femoral, humeral, or posterior tibial, after the fourteenth, or longer; I have known even a month elapse before the last ligature came away. You should at each dressing, after the eighth day, pull gently at the ligatures; some of those on the smaller muscular arteries come readily away; but I use the word *gently* emphatically, because I witnessed a rough tug a ligature once bring on a very alarming hæmorrhage.

If the wound does not unite by the first intention, its progress is pretty much as follows:—for the first two days all goes on well, but the third day you here that the patient has passed a restless night; he complains of pain in the stump, and his face is flushed, skin hot, pulse quick, and the tongue loaded. After removing the lint dressing, the stump appears swollen and red, and the bandage looks too tight; you slit it up and remove one of the strips of plaster, when the wound at once gapes, no union having taken place, and a quantity of thin, bloody matter gushes out; the patient complains of much tenderness, and can scarcely bear the gentlest compression by the sponge. Two things should be observed; first, not to put too many strips of plaster on, or too tightly, as room should be left for the matter to escape; and, second, not to put the bandage on too tightly, or it will cause much uneasiness: let it be applied merely firmly enough to give support.

Sometimes, however, matters are even worse. A woman, aged 40, of most intemperate habits, was admitted into No. 13 Ward, in a state of excitement almost approaching delirium tremens. Before admission she had had phlegmonous erysipelas, with extensive suppuration and mortification of the integuments and of the cellular tissue, so that the muscles were bared as if by dissection, and the ankle-joint opened into. There was an abscess in the other thigh, which I opened. She had been sent into the hospital to have the limb removed, but she was in such a miserable plight, that at first I refused to perform it. The pain, however, was

so excessive, and she was so constantly crying out for God's sake to remove her leg, that I reluctantly consented, and under the influence of chloroform it was removed, without her being sensible of any pain. There was nothing particular in the operation, except a small drop of thick yellow matter was seen in the centre of the stump—I hoped not in the vein. The femoral artery and another vessel only had to be tied, and very little blood was lost.

Third day.—Rather better than before the operation. Slept some; pulse 120; tongue quite dry; a good deal of thin, fetid discharge; maggots very troublesome. The straps and bandages were removed, and not the least attempt at union was discovered. The lips of the stump were gaping; the whole surface yellow and flocculent; a great deal of yellow, turbid discharge; very tender.

On the eighth day she died, having gradually sunk. The surface of the stump yellow and sloughy; the integument quite pale, and deficient in action.

Another case will show that in certain habits of body the chance of success from amputation is very small indeed, from nearly the same state of the stump.

Mr. S.—, *ætat.* 60, while riding in the Park, was struck on the shin by the shaft of a car. After the first pain he thought little of it, and went about his business as usual. He was, however, that kind of man in whom even slight injuries can rarely be received with impunity: his habit of body was very full; his complexion rather sallow; he was affected with slight chronic bronchitis, and he lived too well every day, though not intemperately.

The bruised part inflamed, became black, and dead. The mortification spread, though very slowly, till, about five weeks after the injury, nearly the whole of the integument and cellular tissue at the lower half of the leg had mortified away; the muscles were stripped bare; the tendo achillis, peronei, and other tendons clear and bare; the ankle-joint open, and every now and then smart bleedings from open vessels; pulse 130; nocturnal delirium. Unless something was done, death was certain; this something was, of course, amputation. Was it advisable, or even justifiable? In consultation, Mr. Colles, Mr. Cusack, and myself agreed that it was the only chance, but a very bad one, indeed, and this we told the patient and the friends. They requested it might be done, and accordingly I removed the limb.

For some hours after the operation he was better than he had been; quite easy; spoke with hope about himself, and the pulse fell to 94.

This favourable state was of very short duration. Seven hours after

he began to rave, and was delirious the whole of the night. On the third day, when I removed the dressing, there appeared no attempt at union; the stump pale and flabby, apparently with some fluid in it; and when I removed one of the centre straps of plaster, a large quantity of bloody serum, with a slight thickening, or apparent attempt at pus, gushed out. He either lay in a half-inactive state, or raved, and did not recognize any one, and he gulped up a little blood. The stump got a more sloughy look, and the discharge became more profuse—more like pus, but with a bad smell. He would sometimes recognize persons, and answer questions, but not to the purpose. His pulse rose to 140; and he died on the eighth day, a week after the operation, as in the former case.

In a case of bad compound fracture, with extensive suppuration of the leg up the thigh, in a man of forty-five, one of my colleagues took off the leg. The next day the man was odd in his manner, then delirious; the pulse 132; the stump became sloughy, and he died on the fifth day.

Another danger is from phlebitis. A man, of the name of Thornhill, while intoxicated, slipped off the pavement in Castle-street, which is very high, and suffered a comminuted fracture of the lower third of the leg. He was of a very full habit of body for his age, thirty-five, and accustomed to drink four or five tumblers of punch daily. His manner was nervous and excited, and he suffered much from pain in the limb, which it was considered advisable to remove. He died on the fourteenth day, no union having taken place in the stump, which was sloughy, and pus was found for five inches up the femoral vein.

From the foul state of the wards in the Parisian hospitals, the mortality from this last cause is very great—fifty, or even sixty, per cent. according to M. Malgaigne.

The Bone.—The usual course is for a lymphy exudation to cover the surface of the bone, which becomes adherent to the soft parts—this is when the greater part of the stump heals by the first intention; when it does not, the surface of the bone, particularly the cancellous structure, throws up granulations, and union by the second intention is accomplished. Finally, the end of the bone is covered by a firm, fibrous material, its edges are absorbed, and it becomes conical. There is, however, trouble from the bone in two ways: first, the action of the saw sometimes seems to kill the sawn surface of the bone; and after the stump has refused to heal for a long time, the centre remaining open and discharging thin matter, the bone can be felt hard and distinct at the bottom of the wound. At length it is perceived to be loose, and can, with a forceps, be withdrawn through the unhealed opening, or if not, an incision should be made, and it should be withdrawn. It sometimes presents a curious

appearance ; a perfect flat ring of exfoliated bone, about one-eighth of an inch or less of the end of the bone having become dead or separated entire. Another way is this : you see that the end of the bone is pressing against the upper part of the stump, and that the integument there is strained and tense in consequence ; the bone being drawn upwards and forwards by the action of the psoas and iliacus muscles, while the soft parts are drawn downwards and backwards, partly by their own weight and also by the powerful traction of the hamstring muscles. You will best counteract these forces by putting a splint of wood, either flat or scored, at the under and back surface of the limb, with a well-applied bandage, and the tension against the end of the bone is at once relieved. If you do not do this or it does not answer, the part against which the end of the bone projects and presses becomes white and glossy, then red and painful and very tender, then fluctuates, and finally ulcerates, and the end of the bone can be felt with a probe ; but though you would think the bone would exfoliate, it generally does not, but unites by granulation with the neighbouring parts, and all goes on well. A stump that unites by the first intention, or, at least, that heals soon, is much more likely to be a good plump one ; when the healing is tedious from unhealthy action or diseased bone, no matter how well the operation has been done, the stump will be conical.

Now, with regard to the nerves I have not much to say—they rarely give any trouble. Nerves in a stump are, as was ascertained long ago by Mr. Langstaff, found, after the lapse of some time, to have bulbous extremities. This, I may observe, seems to be the case when nerves have been divided from other causes. In a case of caries of the petrous portion of the temporal bone, where the portio dura was destroyed and completely divided, as it passed through the carious spot, the divided end of the nerve next the brain was bulbous, the end of the distal portion not so.

If, therefore, you find, as in these plates and preparations, the ends of the nerves in an old stump, ending in bulbs, you are not to consider them as diseased ; nor if any pain has been felt, that they are the cause of that pain ; nor can I say that the cases where they have been removed by operation have been satisfactory. Stumps are usually not very sensitive ; but occasionally, from a constitutional, I believe, rather than from a local cause, the most violent pain is experienced,—a pain apparently the most intolerable, and resembling tic-douloureux—absent for a time, but returning in paroxysms of dreadful severity.

The case of the Marquis of Anglesea, whose leg was amputated at Waterloo, will be familiar to you : nothing that was tried gave him any

permanent relief. The great Nelson, also, suffered from this nervous affection, after removal of the arm above the elbow, and many years of his life were rendered miserable by it. Southey's account is as follows:—"His suffering from the lost limb were long and painful,—a nerve had been taken up in one of the ligatures at the time of the operation; and the ligature, according to the practice of the French Surgeons, was of silk, instead of waxed thread. This produced a constant irritation and discharge; and the ends of the ligature being pulled every day, in hopes of bringing it away, occasioned fresh agony." This is true. I happened to meet, some years ago, the surgeon who performed the operation. He told me that he had included the median nerve in the ligature of the brachial artery, but that the operation was performed under great difficulties,—a heavy fire and great rolling of the ship, as it blew hard at the time. We can scarcely include among the morbid after-consequences, that curious deceptive feel which remains so long after a limb has been removed, that it is still on, and that the fingers or toes still move. This feeling extends, unhappily, to previously morbid sensations also. I recollect having seen a man who, twenty-five years ago, had the leg amputated below the knee. He had five years previously wounded the sciatic nerve with a chisel. Besides a loss of sensation and motion in the outside of the leg and foot and of the sole and inside of the foot also, he used to suffer shocks like when the "funny-bone" is struck, going down the whole limb, when the root of the penis or scrotum, or back of the upper third of the thigh, were touched. At the end of the twenty-five years he still occasionally felt the same sensation in the absent part.

A very rare result of amputation, indeed, is epilepsy. I have only met with one case, where the arm was removed below the elbow for scrofulous disease of the wrist. There was severe secondary hæmorrhage; but all ligatures had come away for several days, when he was seized with a very violent epileptic fit, followed by several slight ones. As the aura began in the left foot, perhaps the occurrence of the epilepsy was merely a coincidence. Professor Smith, in exhibiting to the Pathological Society some bulbous nerves that he had dissected from a stump, remarked that he had seen a case where amputation had been followed by epilepsy.

THERAPEUTICAL RECORD.

Caustic Lint.—M. Riboli's plan is to dissolve nitrate of silver in a small quantity of water, soak pledgets of lint in this solution and dry them. Lint treated thus applied to ill-conditioned ulcers produces a more permanent effect than the remedy in a liquid state. Its activity may be varied according to circumstances by increasing the strength of the solution.

Whooping Cough.—No. 1. ℞ Argent Iod. ʒss. Syp. Ipecacuanha §i; Syp. Prun. Virgin. ʒiv. M. Dose, a teaspoonful. No. 2. ℞ Argent Iodid gr. vi. Tr. Aconit Rad gttii; Syp. Ipecac. ʒi; Syp. Alii; ʒi; Mucil. Acac. ʒii. Dose, a teaspoonful.

Antidote against Cantharides.—M. Thouery concludes that animal charcoal possesses real efficacy in combating poisoning by Cantharides. His observations have been founded on 54 experiments performed upon dogs, and a few cases in the human subject.

Iodide of Calcium.—Its advantages are, given in milk it is tasteless; it is readily decomposed by the weak acid of the stomach, and is then presented for absorption in a state of atomic division; it is not a local irritant, nor systemic excitant. Used in same cases as other Iodides.

Tornia.—A new remedy is called *Saoria*, or fruit of the *Morsia picta*. The medium dose for an adult is 20 to 30 grammes. It kills the worm, and usually acts as a purgative. It is preferable to Koussou, because milder, and more common throughout Abyssinia.

Ingrowing Nail.—Soak the toe in hot water, and remove all discharge; apply powdered burnt alum to the fungus daily, until it is no longer sensitive; then put a pinch of alum on the sore, cover it with a bit of lint, and strap it down. This plan has succeeded in 140 cases.

Ayer's Cherry Pectoral, as it should be, is:—℞ Acet. Morphia, gr. iij.; Vin. Ipecac., ʒv.; Vin. Antimonii, ʒiij.; Tinct. Sanguinariae, ʒiv.; Syr. Simplificis, ʒjss.; Olei Amygdal. Amarae, gtt. x.; Dissolved in Alcohol, ʒi.; Acid Acetic, gtt. xvj. Let it stand (frequently shaking) three days, then filter.

Dyspeptic Pills.—℞ Sulph. Ferri, Powdered Aloes, Extr. Hyosiam, Extr. Dandelion, aa. ʒʒ grains. Make 33 pills; dose, one before every meal or often enough to keep the bowels loose, missing occasionally. For acidity of the stomach, use Bicarbon. of Potass.

Pulvis Ipecacuanhae et Opii.—Mr. Stearns says Lactin, or sugar of milk, will be found to replace, with advantage, sulphate of potassa in the preparation of Dover's powder. It should be employed in crystals; and the trituration of it (when reduced to powder), with the powdered opium and ipecacuanha, should be long continued, the whole being finally passed through a fine bolting-cloth sieve. The bland nature of the lactin serves to render Dover's powder, thus prepared, more acceptable to children.

Lead in Palpitation and moderate hypertrophy of the Heart.—M. Brachet recommends as the best of all remedies the following pills, taken first one night and morning, and after a while two: Sugar of lead, gr. xxx., ext. of digitalis, gr. xv., into 20 pills.

Leucorrhœa.—In vaginal discharges, Mr. Lloyd of St. Bartholomew's employs injections of a solution of bichromate of potass, five to sixty grains to the ounce, with good results. It is stated (Med. Times and Gazette, Jan. 1858) that the same preparation is much used at the Liverpool Infirmary to correct the fœtor of foul wounds and ulcers. The power of this solution as a preservative fluid is well known.

Medicinal Cigarettes.—A chief inconvenience found in the employment of cigarettes of stramonium, belladonna, etc., is the production of the large quantity of smoke which induces an irritating cough; at the same time they burn but badly. M. Danney remedies this inconvenience by watering the dried and divided plants with a strong solution of nitre, drying them again before making up into cigarettes. These burn well without any inconvenience. Moreover, the inspiration of the nitre contained may aid in the relief of spasmodic affections.

PERISCOPE.

Prof. Litzmann on some new contributions to the doctrine of uræmia during and after pregnancy (Transactions of the Berlin Obstetrical Society, Monatschrift f. Geburtsh., June, 1858).—In a paper, read before this society, Prof. Litzmann expresses his opinion, that future times would establish the fact that eclampsia ought to be considered as a symptom of uræmia, with very few exceptions. Still, eclampsia is not the only form of uræmic intoxication. Other symptoms of this affection are, amaurosis, coma, mania, and typhoid fever. The most general cause of uræmia in cases of this kind, is Bright's disease of the kidneys, *i. e.* an exudation of an albuminous and fibrinous fluid into the urinary ducts, in consequence of which the excretion of urea and other ingredients of urine is checked. It most commonly takes its origin during the latter months of pregnancy, owing to a stasis of the venous blood in the kidneys. The urine taken from women thus affected shows a considerable decrease of urea, and very often of lithic acid. It often happens that the progress of the disease, as detected by the microscope, does not correspond with the symptoms during life, and the reaction seems to depend more upon the extension than upon the intensity of the affection. If a considerable portion of both kidneys is affected with the first stage of the disease, the effect upon the constitution of the blood is greater than if a smaller portion is in a more advanced stage. In the former instance, the excretion of urea must be more restricted than in the latter one. This is exemplified by the history of a case, where, with a seemingly far advanced degeneration of the kidneys, the excretion of urea was not diminished, and consequently no uræmic symptoms occurred.

The second case reported was one of congestion of the kidneys, in which severe uræmic symptoms set in, while only very slight traces of albumen could be detected in the urine. But a chemical analysis proved a considerable decrease of urea during the several attacks; and when the patient began to recover, a large quantity of urea could be detected in the urine. The child, which was born with a cyanotic tint, died twelve hours after birth. A chemical analysis proved the presence of a considerable quantity of urea in his blood.

On the Value of Tonic Treatment in some Diseases of the Brain, more especially in cases of Ramollissement: By FREDRICK C. SKEY, Esq., F. R. S., F. R. C. S., etc. Surgeon to St. Bartholomew's Hospital.

I wish to speak to day of what is called "Ramollissement,"* or soft-

* Boston did not believe "Ramollissement" to be the result of inflammation, but of a certain degeneration of the brain; especially as febrile symptoms and headache are absent.

ening of the brain. I do not wish to speak of its pathology, I know very little about that, as to whether it is inflammatory or febrile, or what not. All I pretend to know or to tell you is that the disease, as we see it, begins insidiously by loss of muscular power, and it occurs most frequently in men about the middle period of life; the gait or walk of such a person is unsteady, and seems natural to ask a surgeon what may be the cause of this unsteadiness or irregularity. A banker or a banker's clerk finds his style of writing changes; he has power, *quoad* power, he can use a dumb-bell but he cannot regulate this power so as to write a letter, as he previously had done; his urinary system becomes affected, and his urine dribbles away, and even in the rectum, from forgetfulness on the part of the patient, becomes partly paralytic; there is a loss of memory or incoherence of ideas, small eccentricities appear. This man will spell some words badly; these are signs of recent cases: there is little or no implication of the reasoning powers, at least to any extent, but the loss of power, as in handling a pen to write, is most peculiar, as well as the irregularity of spelling of monosyllables badly or backwards in what is written. But if you wish for a more minute description of the disease you will find it in the works of Rostan and others. Now, these cases are common; this train of symptoms occurs in men who have undergone long anxiety in business, or otherwise; men of Parliament or the Stock Exchange, whose "all" may sometimes depend on some bold speculation, or on some cargo of goods at sea, or the like; or this disease will occur in men who have had exhausting fevers or other maladies; or again, in the case of a man who rides with hounds five days a week, four hundred miles a week, and it may be, drinks wine, eats very little, marries very late in life, suffers from venereal exhaustion!—his nervous system becomes "broken down," as it is called. What is the condition of the brain then? Is it a condition of excess of vascular or vital force or the opposite? Can any of you recall a case of "ramollissement" as it used to be treated a few years ago? Happily for yourselves, perhaps not; but the principal point was to keep always in mind "chronic inflammation," and to treat it accordingly. This poor gentleman must first be reduced, made to keep quiet, his diet regulated, his wine and fox hunting stopped, and three grains of grey powder with rhubarb, given at clock-work intervals, for what are called the "secretions," or to touch the gums for this chronic (?) inflammation. Next, his skin was steadily looked to, and that great catholicum of surgery lads, *mindererus* spirit, with antimony, was ordered, spoiling what little appetite the unfortunate patient may have had. He was rigidly confined to the house—but, mind you, with all this excellent drugging his speech does not improve; he

progresses, but it is from bad to worse. Very well! Now that is one view—now for another. Mark that there is a slow pulse, everything is below par, as I call it. In this, then, “chronic inflammation,” some people count on their ten fingers all the drugs I use or adopt. I am very glad of it, for we have too much routine and rubbish in what is called “general practice.” The eyes of the public are upon us; are you then justified in lowering this man with your antimony, and your grey powder, and your mindererus spirit! Oh no! But some Solon says you weaken the patient in order that he may get strong. In these cases I could never understand that kind of logic; believe me, if you wish to succeed in practice, you must give up such an idea; you must study nature a little more, and books and journals less. All the medical world of Europe is progressing; but we are still tied down to grey powder and oceans of physic, and bleeding, whereas what is required is that we follow the *via medicatrix* and take advantage of the hints she affords us! Well, then, so much for that; now for a case of “*ramollissement*” as it is called. About two years ago a physician called on me; he said “you are wanted down to So-and-so (150 miles in the country), Mr. So-and-so (a rich country nobleman) has forced a catheter through his urethra; the poor gentleman has got ‘*ramollissement*,’ you know that we are not so uneasy about; that is incurable of course; if you can do anything for it well and good; but his faculties are completely gone.” Well, to make a rather long story short, Sir B. Brodie and I saw him, and a fortnight after he came up to town, to his residence in Belgrave-square, and I had nearly the entire management of the case.

It is exactly in this sphere of life, of rich noblemen, merchants, or political men in the fashionable West-end squares, that we can alone catch glimpses of these two opposites—*viz.*, the excess of high living, and the excess of *sangrado* bleedings and starvation or low living of us the doctors! Many of these are probably “heart-disease,” and a patient dies of a fainting fit, called weak brain, but it is weak heart! Well, the more I came to look at this case of this gentleman, the more I said to myself, the man is dying of exhaustion; I noticed he was better after dinner; I heard that he had had convulsions; this did not frighten me. Now, I want to ask you a curious question; have you ever seen a sheep killed? If not, I would advise you the next time you are near Aldgate Market, just to look at the thing for yourself. Just before all the blood is gone from the sheep, it is horribly convulsed; remember that fact also in weak children who are convulsed. Convulsions, in fact, as you will meet them in practice, are eight times out of ten the result of a very irritable state of the *medulla oblongata* or chord, which causes very slight irritations

elsewhere to excite violent reflex or convulsive movements; thus, worms or indigestible food will cause convulsions where the nervous centres are weak or irritable. This condition of convulsions to my mind is almost always one of "exhaustion" rather than congestion; just mind that fact when you go into practice—convulsions, are caused by anæmia or "exhaustion."

But to go on with the case: I could not find that this gentleman had had any tonic treatment. I knew that if the brain be anæmic, it cannot go on long in a normal manner, for nine out of ten cases of "ramollissement," are due to anæmia; so I decided to let him go back to his old mode of living. I gave him a pint of claret a-day, that he was accustomed to, in place of water-gruel! He seemed to improve on it. The ratiocinations of his friends did not come true that it would kill him, so we let him have also quinine and iron in place of leeches and water-gruel, and grey powder, antimony and mindererus!

I studied the case for a short time; there was a manifest improvement every week. I was called one day; he was a little worse; did I bleed him? No; I had the experiment with the sheep in my mind; he is a gentleman of very great eminence. It would have appeared very brilliant in a "bulletin," like the brilliant operations elsewhere, that we came up the fifty-ninth minute of the last hour of his sad existence and opened the carotid or temporal, but I did nothing of the kind: I increased his wine. Well, at the expiration of three months, that gentleman made a political speech that utterly astonished his constituents. He can now ride to the foxhounds as well as ever he did, and in the changes and chances of Parliament has filled a very important place; he is in fact to all intents and purposes cured.

Now, a few words on another case. I was called to see another gentleman, who, I was told, was attacked with "epileptic or some fits" every fortnight. I found that they were not perhaps epileptic, as he was never incoherent or deprived of consciousness.

He was a "*bon vivant*," as many of these patients are. The symptoms came on two years previously; his pulse was all along small and weak, quite incompetent to the work, as I thought, of supplying a large and active brain. His doctor had ordered him, as a great stretch of the roborant plan, two wine-glasses of claret at dinner, mixed with water, and pump water, "*usque ad nauseam*," the rest of the day. How can you prevent or cure disease on such trash as that? Mind you, he was a "*bon vivant*," and had now come to believe that the cardinal point of his cure was rest and starvation. Well, I ordered him the first day a thing he very much wished for—two rattling tumblers of Bass's best ale

per diem, and other treatment in accordance with that plan; he got better. His lady sent for me, however, one night, and I met her on the stairs looking very dolorous indeed. I thought he was dying or dead; but she said, with a solemn face, "he took advantage of our prescription, what *will* become of him! He has taken to-day seven tumblers of ale." "The deuce he did; but he is better of it. I am delighted," I said; and it really did him no harm but good; he had ridden twelve miles, and was tired, and quenched his thirst in Bass's ale accordingly! Now, that gentleman soon lost his fits, or at least he had a slight fit once in three months in place of once every fortnight. He got on most famously under the strengthening plan, as in the former instance; but in an evil hour he went down to the country in the summer, and on the return of his "fit" the next to hand surgeon, with a red lamp, was sent for, who bled him, gave him the orthodox doses of calomel and colocynth, followed up by—and—yes—but he never breathed again!

I have had now nine or ten of these cases of ramollissement; they all have had slow pulse—a condition always improved by tonics. The heart is perhaps at the root of the disease rather than the brain; some of these patients had alarming syncope—that is, heart, depend on it, not brain. I met Dr. Latham and Dr. Ferguson with one case, and we had a good deal to do to give force to the heart and pulse.

Now, I do not want at all to say—that in some of these very cases we may not have had "ramollissement," I merely contend for the position, that leeches, oceans of physic, and starvation, are not the proper remedies. I will only say a few words relative to another case, which was seen by three of our ablest physicians in London—two pronounced it "ramollissement," and the third "tubercle." I think tubercle in the brain is a very rare disease in adults; this patient had excessively weak pulse; he married late in life, and in many other particulars he was the exact counterpart of the case already given; he was rather forced on me as to treatment. I gave him wine and the ferrocitrate of quinine in large doses—a remedy I have great faith in. Well, in three months he was quite recovered. I have said already I do not believe this disease to be of the nature of inflammation; with heat, pain, redness, swelling, etc., it strikes me as rather of the nature of gangrene, and as arising from anæmia, not hyperæmia; this last gentleman, I ought to say, had an issue ordered for him in Dublin. Well, I have no objection to an issue in these cases nor am I frightened at stopping an issue. There is something of the fabulous about what is written and taught in lectures as to stopping issues. This gentleman's issue healed up, or rather I took off the plaster, and never had that abiding faith in its efficacy that would induce me to

put it on again. In the earlier stages an issue may do good; it can at least do no positive harm, like other things which have had more than a questionable character, as specifics for "ramollissement;" indeed, specifics so called, which unquestionably have hurried many patients to their graves, and which I would implore you to consider well in their bearings before you adopt them. *Dublin Hosp. Gaz.*, March 15, 1858.

On Matters of Novelty or General Interest, as at present exhibited in the Practice of the Hospitals of Paris; By GEO. SUCKLEY, M. D., late Assistant Surgeon, U. S. Army.

[The following extracts are taken from a long and interesting communication dated at Paris, March 27, 1858, and published in the *N. Y. Jour. Med.*, for July, 1858.]

The Parisian Journals of medicine, like those of all other countries, are constantly filled with new projects and methods of treating disease, which, although backed up by successful statistics, real or apparent, and the publication of isolated cases, merely live their day, and are shortly after forgotten. I do not purpose to take up all the novelties in medical treatment which have been advocated during the past winter: *Foremost among the new things of the day, is the revival of Laennec's antimonial treatment of chorea.* The novelty of the renewal consists in the exaggeration of the plan, and the heroic doses administered. To Mons. Gillette, of the Hôpital des Enfants Malades, is due the credit of the renewal of the antimonial treatment, which is now pursued as follows, for children say eight years of age: The first day twenty centigrammes (about fifteen grains) of antim. tart. is given; on the second, twenty; on the third day, thirty. These quantities are dissolved in about three ounces of gum-water, and commence to be given to the patient, fasting, at an early hour of the morning, at the rate of a tablespoonful an hour, until it is all taken. During the administration of the doses no solid food is allowed, but the patient may take a little clear broth; the patient is also kept on his back while taking the medicine, but in the afternoons is allowed to get up and eat the usual hospital diet. If this course has not been sufficient, you will wait for the space of four days before recommencing the treatment, giving them forty centigrammes (about seven grains) of the remedy, in the same way, on the first day, and increasing the dose five centigrammes (nearly one grain), for each of the two succeeding days, observing the same regulations as before. If this does not cure, you again wait four or five days, and then commence fifty-five centigrammes, augmenting the quantity daily, as

before, and following the same rules. If the drug operates too much on the intestines, add a little laudanum to the solution. If these trials do not effect a cure, or some radical amelioration, the treatment by tartar emetic should be abandoned.

Blanche, at the Hôpital des Enfants Malades, until recently, relied upon the shampooing process in treating children for chorea. When employing this latter method the average time of cure was twenty-five days. Blanche now has, to a certain extent, abandoned the shampooing treatment for the antimonial; but not entirely, as a very obstinate case lately resisted the complete exhibition of the antimonial treatment, in which he has been obliged to return to the shampooing process. This is nothing more than an addition to the mountain of proof that we cannot obtain specifics in medicine.

Becquerel does not seem to think much of the foregoing plan, as shortly after it had been publicly proposed, I saw a case of severe acute chorea in his wards, which he treated in the common sense way by following the indications. The case was that of a young girl, who, through cold, had a sudden suppression of the menses. Choreia manifested itself immediately, in a most aggravated form. In addition to the shower bath and cold douche, which are his "sheet anchors," in this complaint, in the view of the obvious cause of the malady a vicarious flow was induced by leeches, a large number of which were applied. I saw the patient a few days after, when she was rapidly recovering.

Trousseau's favorite method of treating chorea is by the administration of the sulphate of strychnine, in the following manner: ℞ Sulph. strychniæ, centigrammes five; syrup. simpl. grammes one hundred. Misce. Cap. coch. mag. ter in die.

Dr. Nathaniel Miller, of Providence, Rhode Island, now in Paris, informs me that he has seen a case of aggravated chorea, which had completely resisted Trousseau's treatment—carried on until the peculiar poisonous effects of strychnine had become dangerously manifested, rapidly cured by the antimonial treatment.

Mons. Briquet has lately advocated the electric treatment for lead colic. He has demonstrated, very conclusively, that the seat of the disease is in the muscular parietes of the abdomen, and not in the intestine. By his treatment, the pain ceases after every application of the agent, leaving the patient comfortable for an hour or longer. In the mean while, the ordinary treatment, for the elimination of the lead, can be employed. During the application of the electricity, the pains are greatly increased, but soon subside. Becquerel does not adopt the plan, but relies on the usual treatment by sulphuric acid and evacua.

A writer in the *Gazette des Hôpitaux* of December 15th, 1857, giving the results of the so-called "purgative treatment" in the typhoid fever of children, as shown by the practice of M. Beau, makes use of the following strong language in opening his subject: "The purgative method, indubitably the best for the adult," (!) "should it be used in typhoid fever of infants (children)?" If the purgative method* is indubitably the best for the adult" suffering from this disease (a theory which I think very few American physicians will admit), it is not relied upon by Becquerel, who prescribes but little for this disorder except good nursing; although, in rare cases, where there are severe local complications, he occasionally bleeds a little. Bouillaud, at the Charité, treats nearly all cases of this disease by bleeding.

The employment of mercury, in the Parisian hospitals, is almost entirely confined to its use as a cathartic, in which cases very small doses of calomel are given, mixed usually in powdered white sugar. Except in the treatment of specific venereal diseases, the administration of mercury, to obtain its specific alterative effect, is almost entirely confined, in the hospitals of Paris, to the treatment of puerperal peritonitis and congestion of the liver.

Several points in the general treatment in these hospitals are well worth noticing. Foremost is the prevalence of the "let alone treatment," unless there is a strong indication to the contrary. This seems to be particularly the case with Becquerel. In his service also, whenever a patient is bled, the blood is analyzed; if more than the normal quantity of fibrine is found, the bleeding is repeated, and again, and again, if the superabundance of fibrine continues.

A short time ago, I witnessed Becquerel apply the actual cautery to several cases of ulcerations of the os uteri. The agency of the electrical cautery apparatus was employed; and I noticed that he took pains to connect the wires, and heat the metal of the cautery, *outside* of the vagina. At first, when using the electrical cautery, he was in the habit of heating the iron near to, or directly upon the surface to which he was to apply it; but finding that even in the comparatively short time he had been thus using the agent, that two cases of metro-peritonitis had occurred, he deemed it best to employ the iron already made hot before the introduction into the vagina, in the same manner precisely that the

* The "purgative method" of Larroque is the one employed. It consists in the administration of an antimonial emetic at first; which is followed afterwards by salts, repeated continually for three or four weeks, in sufficient quantities to produce four or five evacuations daily!!

common actual cautery is used.* The same physician, in ordinary vaginal examinations, makes use of the *tri-valve* speculum by preference.

In surgery I have seen but little since writing my former article. In that paper I mentioned Maisonneuve's method of amputating with the *écraseur*, and stated that the object sought by this mode is to lessen the danger of phlebitis and "purulent absorption." Judging from the success following the removal of hemorrhoidal tumours, etc., by this instrument, and the comparative infrequency of phlebitis as a consequence, it was but fair to suppose that, in hospitals where all operations with the knife had been unsuccessful from that very cause, there must be something more than mere accident to occasion such a manifest difference where the *écraseur* is used. Thus far, Maisonneuve has amputated ten times in this manner, as follows:—two arms, two forearms, one thigh and five legs. Of this number there have been two deaths; but on a severely exact post-mortem examination, no traces of purulent absorption or phlebitis could be detected.

The case of amputation of the thigh formed one of the two fatal cases.† is a pity that, in the view of the experiment instituted, there was not a larger portion of amputations of the thigh, for comparison and examination. Since the means used at first for breaking the bones have been improved and altered, and brought to their present perfection, the stumps following the operation are very good.

The case of injection of iodine into the knee-joint, for the cure of chronic synovitis, reported by me heretofore, was considered cured twenty-eight days after the operation. Several similar operations have been performed in the different hospitals within the past two months; and I have heard of one case in which both knees were injected.

Chassaignac has recently amputated the neck of the os uteri with the *écraseur*. I witnessed two of these operations, which were readily performed, and accompanied by very little hemorrhage, perhaps not more than two tablespoonfuls each. The ultimate results of these cases I have not yet ascertained.

The treatment of fractures is so faulty in Paris, that, to do the subject justice, it would require more space and time than can be at present spared. For some years past, all attempts to apply the extension treatment to a fractured thigh have been abandoned, for the reason that all the methods known to the French surgeons were liable, if extension be

* A single case of metro-peritonitis had also occurred in a vast number of instances in which the common cautery had been used. Whether this was the only case that has occurred in Becquerel's wards, or the only case which has occurred during my informant's connection in Becquerel's service, I do not now remember.

kept up, to be followed with sloughs of the ankle, instep, etc. The plan of making extension by adhesive plaster bands, and the "straight apparatus," until March, 1858, had not reached the "focus of medical knowledge," although it has been in successful practice for over seven years in the United States.

The treatment usually employed here for *ununited* fractures, is by the seton. Occasionally however, cures have been effected by excising the ends of the fractured bones, and then dissecting up for a short distance, the periosteum from each fragment, and invaginating, as it were, the portions of the membrane towards each other.

In Ricord's hospital, Hôpital du Midi, there are at present the usual number of afflicted. I learn, from the chef de clinique, M. Poisson, that since the last edition of Ricord's letters, a point has arisen to notice, which somewhat staggers the previous theories of that eminent specialist, concerning the convertibility or non-convertibility, of his two divisions of chancres; this is the fact, that chancres on the "face" (lips) are *almost always* of the *hard* variety. To settle this point, a vast number of experiments would have to be instituted, which are precluded by the cruelty of submitting the subjects to such a risk, as well as the great danger of legal processes afterwards. Ricord's treatment for indolent non-suppurating scrofulous buboes of the groin, is to touch the surface in points all over the enlarged gland, with a red hot iron—each point burnt being of about the size of a pea.

The "*Annales d'hygiène public et de médecine légale*" of January, 1858, contains a paper of Mons. Ambroise Tardieu, Physician to the Lariboisière Hospital, on the medico-legal bearings of the crime of "*pédérastie*." His work contains a record of the alarming and frightful extent of this crime in Paris, as developed by the examination of two hundred and five individuals either actively or passively addicted to the vice together with remarks upon its effects upon the health—its diagnostic signs, and its bearing as a contingent of other crimes.

Dr. Tardieu is the chief medical examiner to the police in cases where expert testimony is required concerning rapes, etc., and is also a man of sufficient standing in his profession to have been appointed visiting physician to the most beautiful hospital in Paris. The disgusting details through which he had to wade in making this report, have been manfully met. Actuated by devotion to science, and a sense of duty, he has written a paper singular in the extreme, upon a crime happily almost unknown in America. I have mentioned the existence of this report, for the benefit of those pursuing medico-legal studies, and in the words of the reviewer of the work, my excuse is—"La science est comme le feu, elle purifie tout ce qu'elle touche.

The Phenomena of Spinal Irritation, and other functional diseases of the Nervous System. By THOMAS INMAN, M.D., Physician to the Northern Hospital, Liverpool, and Lecturer on Medicine at the Royal Infirmary School of Medicine. (8vo., Churchill, 1857, pp. 201.)

What Dr. Inman proposes to show in this volume is—

1. That the symptoms attributable to "spinal irritation" have nothing to do with the spinal cord, or the nerves arising from it.
2. That the majority, if not the whole of them, are due essentially to the same cause which produces the spinal tenderness.
3. That the spinal tenderness results from overstraining of the fibrous origins of the muscles attached to the spinous processes.
4. That the spinal tenderness is analogous to that experienced at the origin and insertion of muscles in other parts.
5. That the weaker the individual is, the greater is the tendency to fibrous pain.
6. That the most common causes of the pain and tenderness, in any part of the muscles, are constitutional or acquired debility.
7. That debility increases equally the irritability of the muscular and the nervous system.
8. That before hysteria can manifest its presence there must be debility from some cause or other.
9. That debility may show itself in the muscular or nervous system, or both.
10. That debility affects the nervous system as a whole or in sections—i. e., mental, sensitive, motor, organic.
11. That functional affections in any one or more of these parts have long been recognized as emanating from deficient vital power.
12. That anything which deteriorates the vital power has a direct tendency to aggravate the complaints referred to.
13. That the muscular and nervous irritability are subject to the same laws, and that the remarks applicable to the one are, *mutatis mutandis*, applicable to the other.
14. That the link connecting hysteria with spinal disorders is constitutional or acquired debility.
15. That, as regards curious mental phenomena, excess of sensibility in the nerves of common or special sensation, a propensity to spasmodic actions and to irregular organic phenomena, there is no essential distinction, they are simply different facets of the same die.
16. That the essential distinction between genuine hysterical and muscular affections is, that a large amount of bodily rest is necessary for the cure of the latter, while it is not so absolutely requisite for the former.

17. That, for the future, it will be necessary to discriminate between pain arising from muscular fatigue, cramp, or fibrous stretching and genuine neuralgia, and that there will be neither precision in diction nor a clear idea of treatment until the distinction is made.

These are the principal propositions which are set forth in the work before us, and to the establishment of which Dr. Inman adduces evidence which must be allowed by every one whose prejudices will not interfere with the fair exercise of his reasoning powers. At any rate the evidence appears to be sufficiently cogent to us.—*Ranking's Abs.*, Dec., 1857.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

THE LATE TRIAL OF DR. WEBSTER FOR A CRIMINAL ASSAULT.—In our last issue we laid before our readers the details, as reported for the "Montreal Herald," of the trial of Dr. John Horatio Webster, who was charged with having committed a rape on the person of Mrs. Louisa Nichols, while the said Mrs. Nichols was under the influence of chloroform. We made no remarks on the case at the time, as we were desirous to ascertain what further effort of counsel on behalf of the prisoner would result in. Dr. Webster, however, being still confined in jail, and his sentence yet unpronounced, we purpose entering into an examination of the medical questions connected with the evidence brought forward by the Crown, with the view of ascertaining whether or not the verdict, "Guilty of an attempt to commit rape, with a recommendation to mercy," brought in by the Jury, was clearly warranted by that portion of the evidence. Before taking up our pen we have endeavoured to lay aside all prejudiced feeling against the prisoner; for we frankly confess that if we were to allow ourselves to be influenced by our pre-conceptions of his private character, we would not be at all inclined to treat him with favour. Our aim will be to analyse the medical portion of the evidence, and give an unbiassed opinion. We cannot for a moment subscribe to the decision arrived at by many who are doubtful as to the guilt of the prisoner in this particular instance, viz., that he deserves punishment for other offences, and should therefore be allowed to suffer. Were justice to be administered in this manner—were men to be condemned for alleged crime, on insufficient evidence, merely because public report attributed to them the commission of deeds similar or dissimilar to that for which they might at the time be arraigned before the legal

tribunals of their country—it would certainly result in consequences the most disastrous. No individual under such a state of affairs would be safe from the malignancy of enemies. By means of a well-organized combination, the character of an innocent person, as a preliminary step, could be very effectually injured, and then a certain definite crime being laid at his door, this very reputation could be employed to secure his conviction. The English practice of regarding a man as innocent until he be *proved* guilty, is, we believe, the greatest safeguard against injustice. Better that a guilty man should escape if proof were insufficient, than admit the principle of condemning an accused without adequate proof, because he is represented or known to have committed other offences deserving of punishment.

In entering on the consideration of the evidence brought forward at this trial, the first question that presents itself for solution is,—What was the anæsthetic administered? That this has an important bearing will be readily admitted when the effects produced by the inhalation of the two principal anæsthetics now in use—chloroform and ether—are compared with each other. It is too much the practice among medical practitioners to regard all anæsthetic agents as possessing identical properties. It is true that through the whole series of those carbon compounds which form the true as distinguished from the false anæsthetics, there is, in their effects on the human system, a certain amount of resemblance, but each one, nevertheless, has definite peculiarities which distinguish it from all the others. They differ widely, for instance, in anæsthetic power. *Light Carburetted Hydrogen, Alcohol, the compounds of Methylene, and the Naphthas*, are much feebler in this respect than the Ethers and compounds of Formyle. Aldehyde and Formic Ethers are substances that act powerfully in producing insensibility, but they give rise to so much irritation that it is impossible to employ them in practice. Carbonic Acid and Carbonic Oxide are powerful narcotic poisons, and Bromide of Olefiant Gas, which is pleasant and agreeable while being inhaled, producing no irritation whatever, has been followed in a few hours by death when administered to animals. The primary effect of Ether and Chloroform when inhaled is the same—an irritant impression on the mucous membrane of the air passages, causing slight cough. This, however, soon subsides. In the case of Chloroform, when twenty to thirty minims have been administered, it is followed in a space of time, varying from ten seconds to two minutes, by symptoms of approaching unconsciousness. There is a feeling of buzzing or pulsation in the head, the brain becomes confused; the special senses are disordered; strange sounds are heard, and the colour of objects becomes altered. This is

accompanied in some persons by very pleasurable sensations, and agreeable hallucinations; but in others by a feeling of suffocation, which is very distressing, and causes the patient to make strenuous efforts to free himself from the operator. Loss of consciousness succeeds, more or less complete, with quiet sleep, or sometimes unquiet sleep, with a tendency to incoherent talking and laughter. This state of insensibility remains for a period of five or six minutes, and when it passes off there exists either no recollection whatever or a very undefined notion of what has passed. When the dose has been one or more fluid drachms the effect is more powerful and rapid. Feelings of an agreeable character are soon followed by diminished sensibility, general numbness, mental obtuseness, drowsiness, complete loss of consciousness, and profound sleep. The eyelids droop; the pupils are dilated, though contractile, and roll upwards; the breathing is slow, often stertorous, and sometimes with frothing at the mouth; sensibility and the power of movement are quite lost and the muscles are in general universally relaxed, though in rare instances slight convulsive twitching of the face and limbs are observable. From the state of deep stupor or coma, the patient usually passes, for a short time, into a soft sleep, or dreamy drowsiness before fully awakening; but not unfrequently there is an immediate return to complete consciousness and the power of motion."

In the case of ether this primary effect is followed by symptoms of *general stimulation*. The pulse becomes rapid and the face flushed. The patient is exhilarated, sometimes quiet, but usually exhibiting considerable agitation of the muscular system, amounting, in some, to convulsions. In a period, varying from two to ten or fifteen minutes, sleepiness is produced, and anæsthetization is known to have supervened by the closure of the eyes, the relaxation of the muscles, and the patient falling back apparently quite unconscious. "The mind, however, is not wholly inactive; for the individual often afterwards speaks of curious dreams or visions, which seem to him to have been of long duration, and which though occasionally disagreeable or even fearful, are for the most part very much the reverse; and, altogether, the effects are so pleasing that a repetition of the process is frequently desired. But, with an increased influence of the vapour, a deep comatose sleep is induced, often attended with snoring, in which there is an entire loss of consciousness. If the agent is omitted as soon as the stupor appears, this state subsides as quickly as it was produced; and, though there may sometimes remain a momentary confusion of mind, and slight languor of body for a short time, occasionally perhaps a little headache or nausea, the subject of the process soon returns to his previous condition, as if nothing had

happened. *In the period of excitement, it occasionally happens that the sexual function becomes the special seat of stimulation; and the delusions of the patient, or his dreams, may take a corresponding direction, and, even after the perfect return of consciousness, may remain impressed on the mind with the vividness of reality.*^{2*} In addition to its power of abolishing sensibility, relaxing spasm and inducing a state of profound unconsciousness, ether has often a remarkable effect on the mucous tissues, causing a great relaxation with increased discharge from their surfaces. This has been particularly noticed in the mucous membrane of the generative organs of women, and in that of the bronchial tubes. Now by comparing the effects of ether with those of chloroform, it will be perceived that they agree on two points only:—1stly. They produced a certain amount of irritation when first inhaled; 2ndly. They both, when a certain quantity is administered, induce a state of profound coma in which the patient becomes completely unconscious, and sensibility is entirely abolished. The manner, however, in which the patient is affected as he gradually becomes placed under the influence of each anæsthetic is markedly different; and there are phenomena attending the inhalation of the one which are not observable in that of the other. Chloroform appears to be a powerful and direct sedative to the nervous system, affecting secondarily the circulation, and the respiration. Ether is primarily an excitant, and like other intoxicating agents is probably absorbed into the blood, by which means it comes into direct contact with the nervous system, the functions of which it first increases, then deranges, and finally depresses to a greater or less degree. But it is the peculiar effects which sometimes accompany the inhalation of ether that makes the question:—What was the anæsthetic administered?—of the highest importance in this trial. The fact that in many instances ether stimulates the sexual functions, producing erotic dreams, which the patient on becoming conscious, has great difficulty in believing to have been mere delusions and not actual realities; and that at times it produces also considerable discharge from the female generative organs, is of the highest medico-legal importance. In no work that we have had access to, are the same symptoms attributed to chloroform, and this agrees perfectly with our own experience; for in all the cases in which we have administered it ourselves, seen it administered by others, or assisted in its administration, never have we witnessed an indelicate action or gesture on the part of the patients, nor have we ever heard, during the period of inhalation or while the person was emerging from the state of anæsthetization, the utterance of obscene or improper language. Our observations of its effects, moreover, have been made on persons of different ranks of life.

* Wood's Therapeutics and Pharmacology, Vol. 1, p. 688.

We have seen it administered in the large hospitals of Europe, to the lowest and most depraved persons, and in our own hospital we have operated on prostitutes while under its influence—we have seen educated gentlemen and ladies, of refined manners, placed under its influence, and the results of our observations are such as we give above. The same opinion, we venture to say, is entertained by most, if not all the physicians in Canada who are accustomed to use it. We know it to be the opinion of Prof. Campbell, of this city, whose great experience of its effects, employing it, as he does, most extensively in the practice of midwifery, renders him in all probability, the greatest authority on such a question in the Province.

Two medical gentlemen were brought forward by the defence to give testimony to the effects of chloroform, and one of them (Dr. Jones) states: "I have known ladies use language, when under the influence of chloroform, that they would blush to hear at any other time. They were most respectable ladies; the language was awful; where they got the language, I don't know." (A laugh.)

From what we have said, it will be seen we differ entirely from Dr. Jones, and, we are confident, that if that gentleman will recall the circumstances under which he heard such language, he will find that the persons were etherized and not chloroformed. The second was Dr. W. Nelson, one of the oldest and most experienced physicians of the city. His testimony, which was intended to apply to chloroform, bears out our views. To prove that the inhalation of chloroform is capable of causing excitement of the sexual functions, and fixed delusions, he gives in illustration a case in which he administered ether. "I once operated on a woman who had a tumour. I got the loan of an apparatus to administer ether. I received it from Dr. Webster. *The patient took ether* and I removed a tumor of seven pounds weight. The woman for two days held the opinion, though many of her neighbours were witnesses of the operation, that I abused her."

The second question that presents itself is:—Are there statements contained in the evidence which would indicate the particular anæsthetic employed?

During the trial it was apparently taken for granted that chloroform was administered. The defence admitted, whether or not by the direction of the prisoner we know not, that chloroform was the anæsthetic given by Dr. Webster; and endeavoured to substantiate that all the prosecutrix affirmed was quite explicable by the effects of chloroform on the system.

There appears to have been an impression on the minds of all concerned that the effects of chloroform and ether are identical, and that all that was stated with regard to one applied with equal force to the other.

This we consider to have been particularly unfortunate, for if it could be established that ether, or, what is a very favorite combination with American Dentists, chloroform and ether united, was the anæsthetic administered, it would go far to satisfy the minds of many medical men that Mrs. Nichols has been labouring under a delusion; a view they cannot at present entertain, judging from what they believe to be the effects of chloroform.

Were it established beyond a doubt that ether was inhaled either simply or combined with chloroform it would serve, moreover, to account not only for the erotic feelings but also for the wet condition in which Mrs. Nichols found her under-clothing. "When I went home," she says, "I perceived that my under-clothes were very wet. I became aware of this circumstance before I left the prisoner's office. I thought it was my own urine, and attributed it to the fact that I had been greatly pulled about." As we have stated above, ether has at times a relaxing effect on the mucous tissues, causing a profuse discharge from them, and that this effect is more manifest in the membrane lining the generative organs of females than that of any other portion of the body. This condition of her clothes has been considered by many persons as strong proofs of the guilt of the prisoner; but the explanation becomes easy on the supposition that ether was the anæsthetic. We are not aware of the same circumstance having been observed in connection with the administration of chloroform. So much then with regard to the anæsthetic. We will now proceed briefly to advert to a few points which seems to favour the view that Mrs. Nichols was labouring under a delusion, the result of the stimulating effect of the substance inhaled on the generative organs. In the first place she was in a condition which rendered her peculiarly susceptible to excitement of these organs on the suspension of the will, and, as a consequence, her dreams or delusions would take their complexion from the excited sexual function. She was, in other words menstruating at the time of her visit to Dr. Webster's surgery.

Again, her recollection of the order in which events occurred, and the manner of their occurrence is somewhat indistinct. She states, for instance, in her evidence in chief, that when she first became partially conscious, she saw she was not in the chair, but on a sofa, and she also saw that the prisoner was sitting along with her on the sofa; that she again became unconscious, and the next thing she recollects was that the prisoner was still sitting on the sofa beside her, and that he had his hand in an improper position, and had placed hers in the same. In cross-examination, however, she says:—"I felt the prisoner's hand in an improper position upon my person, but I did not see it. I did not see

my own hand in a similar position on his. *I felt but did not see him sitting on the sofa beside me.*"

From these considerations then, coupled with the evidence of a non-medical character, which may be found in our last number, we are of opinion that the prisoner has been convicted on insufficient evidence. He may certainly be guilty, but we could not condemn him on such slight evidence.

NEW DRUGS.—We have received from Mr. J. Beers, of the Medical Hall, samples of the Compound Syrup of the Phosphates, Compound Syrup of the Hypophosphites, Alcoholic Solution of Glonoine, Kamala in powder and in tincture. The Syrups are prepared by Cushman, of Broadway, New York. They are principally designed for the use of patients in Consumption, or rather in Scrofulous or Tubercular affections; but they may also be found beneficial in several other cases of disease such as Marasmus, Rachitis, Cachexia, and Chronic affections generally. The Compound Syrup of the Phosphates is called "Chemical Food"; its bases are iron, lime, soda and potassa. Its dose is a fluid drachm three times a day; and in this quantity there are said to be 3 grains of phosphate of iron, 2 grains of phosphate of lime, the same amount of phosphate of soda and of free phosphoric acid, and $1\frac{1}{2}$ grains of phosphate of potassa. It has a cherry red color, is perfectly transparent, of an oleaginous consistence, with an agreeable taste, leaving an agreeable acid styptic impression on the palate when tasted. The Compound Syrup of the Hypophosphites has rather a thinner spissitude than the former; is almost colorless, but not entirely so, from having a very faint cloudiness slightly obscuring its transparency. Its dose is the same as in the preceding preparation, and each teaspoonful "contains 3 grains hypo-phosph. of lime, $1\frac{1}{2}$ grains hypo-phosph. of soda, and $1\frac{1}{2}$ grains hypo-phosph. of potassa." It will be remembered by our readers that it was to this class of chemical compounds the extraordinary success was referred in Phthisis, which has been before reported in former pages of this Journal. Glonoine also has been described in one of our later numbers. The solution before us contains 1 per cent. by measure. Kamala, in substance, is a powder of a cinnamon brown tint, rather aromatic odor, leaving a roughish impression on the tongue, and devoid of unpleasant flavor: its dose is about ʒj, and is said to be an efficient anthelmintic in cases of Tænia. We were indebted to the kindness of a highly intelligent friend for a previous sample some months before. He had used it, and mentioned, in conversation, an interesting case where some young Tænia had been expelled after he had administered it.

The Tincture of this substance is a pleasant liquid, which may be advantageously chosen when the former is objectionable.—Kamala is furnished by the *Rottleya Tinctoria*, and we conceive it ought to take the place of Kousoo: from several trials of the latter, we conclude it is not as efficacious in this country as it is represented to be in its native place and elsewhere.

HOSPITAL REPORTS.

I.—*Amputation below the Knee for Chronic Ulcer of Stump.* Reported by Mr. IRVINE BOGART.

James Deegan, a native of Ireland, aged thirty-three years, was admitted into the Montreal General Hospital, on the 25th day of September, 1868, under Dr. Wright, for an ulcer upon an old stump of the left leg. He is a man of strong habit of body, and is a labourer.

He states that while crossing the track of the Rock Island Railway Company, on the night of the 14th November last, one of the engines of the Company ran over his foot, passing from below the inner malleolus across the tarsal and meta-tarsal bones to the base of the second phalanx of the little toe. He was immediately placed under the charge of Drs. Julet and Briggs, who dressed the foot in the usual way; but in a short time gangrene set in. They then applied antiseptics. But, finding all attempts to save the foot impossible, they determined upon an amputation, which was performed seven days after the accident. The incision, he states, (he was not under the influence of chloroform,) commenced below the inner malleolus, and was carried across the tarsus to a corresponding point on the opposite side of the foot. The operation undertaken appears to have been Chopart's. The wound went on well for some time; but about six weeks after the operation, a portion of bone, about an inch square, came away. It then healed up until an opening about the size of a penny was left. He now attempted to walk on crutches; but, being awkward, fell several times, crushing the stump severely. It then appears to have sloughed a little, and a large opening was left, which has never healed. He began to apply a wash of nit. argent, and continued to do so until he was admitted into the M. G. Hospital.

Condition of Ulcer upon admission.—It had an unhealthy, indolent look, without any tendency to heal. The floor was formed by the under surface of the astragalus, and the discharge was rather abundant and sero-purulent. Was about 2½ inches long, and about 2 inches broad at

its post. extremity, and 1 inch at its ant. extremity, and of a pear shape. The skin surrounding the ulcer, and for about 3 inches above it, was highly inflamed and exceedingly tender to the touch, with slight effusion beneath. He appeared perfectly healthy in every other respect, but complained of anorexia. Linseed poultices were applied upon first entrance.

27th Sept.—Was ordered red wash to be constantly applied to the part:—℞ Liq. Arseni, chl. ʒ vi., Aqua ʒ iv. Dose, ʒ ii. in water, three times each day. This treatment continued until Oct. 13. He stated then that his appetite was much better, and altogether he felt much improved. The ulcer was healthy-looking, all the inflammation had subsided, and new skin to the extent of $\frac{1}{4}$ th of an inch had formed all around the sore. But it was decided in consultation that the stump could never be useful to him, and he accordingly submitted to a re-amputation, which was performed by Dr. Wright in the circular manner, just below the tuberosity of the tibia, Oct. 14th.

State of Case after Amputation.—Oct. 15. Patient very restless and excited; an an-dyne draught was administered during the night. Ordered Imperial as a drink. Acet. Opii ℞ S.

Oct. 16. Patient's face is flushed, and he is still restless: progress is satisfactory.

Oct. 19. Pulse small and quick; wound doing well, small collection of pus in the depending part, is very tender, but not inflamed, (straps and bandage). Ordered 5 oz. of wine, and ditto. of brandy; ℞ Quinae Sulph. xv. grs., Acid Sulph. Arom. ʒ ii., Ether Sulph. Spts. co. ʒ ii., Aqua ʒ vi. ʒ ss. three times each day.

Oct. 20. Omit Imperial on account of some intestinal distress. Ol. Ricini ʒ ii. Wound looks well; most of it has healed by first intention. No pain of consequence, and little irritability.

Oct. 23. Was very excitable and restless; rolled much in bed, and between the hours of 7 and 8 in the evening struck the stump against the cradle, and hemorrhage set in. Blood came away in a small jet, a little more than the size of a thread, reaching the height of about 2½ feet about 8 oz. of blood was lost. Dr. Craik, House Surgeon, was sent for; he applied the tourniquet to the femoral, and the bleeding ceased. Dr. Wright arrived: took off the bandages, and reapplied them. Bleeding did not recur, and no untoward event has been felt since.

Oct. 25. Wound looks healthy, and patient better and stronger; ordered mutton chop and potatoes.

Oct. 28. Ordered clothes.

Nov. 1. All the ligatures have safely come away. The line of the

wound is completely closed, except a spot the size of a shirt button, at the outer angle, which is skinning fast.

After the amputation the old stump was examined, and presented an unhealthy appearance, the bone being diseased.

II.—*Anchylous of the Cervical Vertebra.* Reported by Mr. Wm. E. BOWMAN.

Michael Power, aged 28, a stoutly built laboring man, of bilious temperament, was admitted into the Montreal General Hospital, for a sore neck, on the 7th of May, 1858.

August 24th, 1858.—Twelve years ago he had a 'chancre, which yielded to caustic and pills in ten days. He does not recollect that the pills effected his mouth in any way.

Seven years since he suffered greatly from an ulcerated sore throat and tongue, which has left numerous warty excrescences on the posterior surface of the latter.

Four years and a half ago, whilst at work, and seemingly without cause, he was seized with a constant severe pain in the left side, in the vicinity of the spleen, which extended quickly across to the right, and seemed to shoot upwards to the neck, producing, he thinks, the present swelling in the lower part of the occipital triangle, for he now first observed it. This attack confined him to bed for three weeks, from the excruciating pain felt on breathing. The tumour, he says, was never increased in size, but had become a little more prominent. It is three eighths of an inch in height, and three-fourths of an inch in diameter, is fibrous, and is firmly attached to the scalenus medius muscle. It gives no pain, except when severely handled.

Six months after this he caught a severe cold by exposure (whilst overheated). He awoke the next morning with dullness of hearing in the right ear, without pain. This deafness continued for a year, when it left suddenly on the acquisition of a fresh cold, which brought on flashes of light, with sharp pain all over the right side of his head. The flashes appeared to him to come from the ear and end above the eye; occurring three or four times a day for a fortnight, each being accompanied by a slight dart of pain for the moment. The steady pain never ceased for nearly a year; it was somewhat easier during the night-time if he lay on his back. To this cold he attributes his present *Fistula Lachrymalis*.

Summer before last, he first observed the appearance of five lumps on the top and right side of his head (he was then suffering from pain in the part). One of them has been opened twice, allowing the escape of a few drops of watery blood.

The following winter (a year and a half ago) the pain ceased and the lumps broke, three healing up and leaving pits in the skull; the other two kept running till March last, when they stopped for seven or eight weeks; and, on the re-opening of one of them, he came into Hospital.

At the same period (18 months ago) he first felt the soreness in the neck; and, although he had it but in the left side yet his head was drawn straight backwards so greatly, that for six or seven weeks he was unable to see his feet in any position. After this his neck became so very weak that his head always fell on his left shoulder, if unsupported. Liniments now applied were without benefit. It grew worse daily for a month, and then began slowly to gain strength till last fall, when he first felt stiffness in it, which has steadily increased up to the present, and been constantly accompanied by pain.

His strength has throughout been undiminished, and his appetite good. He has always sweated more than usual whilst at work, and since his illness he perspires greatly at night; and, although now getting profuse, he thinks the sweating does not debilitate him.

Since his admittance the sore on his head has spread in circumference, but has improved very much in appearance under the various ointments containing "Hydrargyrum" which have been applied. His neck has been but slightly relieved by the numerous cuppings, blisters, hot fomentations, &c., ordered for him since his entrance.

About a month ago (Chloroform being administered) an unsuccessful attempt was made to move the neck: it seemed permanently fixed.

For the last six or eight weeks he had felt an occasional cramp in his neck and back, but on the 6th of August he was seized with them constantly for an hour. They commenced on each side of the spine, extending upwards from the kidneys to the occiput, there ending to give place to others following in quick succession. Dover's powders were prescribed afterwards with advantage. He was then ordered Cod Liver Oil internally.

Aug. 18th. An ointment, composed of the strong mercurial and compound iodine ointment mixed, was next directed to be rubbed to the neck. It did not, however, affect his gums till the fourth day; as soon as it did so, it seemed to act like magic, nearly all the pain leaving him in a few hours. He now feels better than he has for years, and is able to move about with comfort. The stiffness, nevertheless, remains as before.

Oct. . Up to this period the change has been slowly and gradually for the better. He was discharged to-day, with his general health greatly improved. Anchylosis permanent, but without the usual pain in the neck, and the sore on his head gradually healing up.

III.—*Traumatic Iritis.* Reported by Mr. EDWD. W. SMITH.

James Wilson, *æt.* 26, was admitted into the Montreal General Hospital, under Dr Wright, on Monday 23rd August, for sore eye. About a week ago he received a blow in his right eye, from a weapon commonly called a "skull-cracker." The power of vision in that eye was at once lost, and did not return again for four days. After the injury there was pain in and around the eye for two days. At present, the iris presents a green color, (the other eye being grey), with a line of clotted blood extending downwards and inwards along the outer half, like a fissure. There are also redness of the sclerotics, irregularity and immobility of the pupil, and effusion of blood into the anterior chamber, filling its lower third. This eye is also more prominent than the other, and slightly conical. It was injured once before; in consequence of which its vision has not been perfect since that time.

There is very slight febrile disturbance; furred tongue; slightly accelerated pulse, &c. The bowels are regular.

Treatment.—Pulv. Cretæ *co. c.* Opio *gr. x.*, et Hydrarg. Chlor. *ijj.* Cap. *ter in die.* Sol. Atropine to be dropped into the eye occasionally.

25th August. Getting much better; redness of sclerotics not so intense; fissure of the iris almost entirely closed, and the quantity of blood in the anterior chamber considerably diminished.

27th August. Pupil greatly dilated from the atropine. The narrow, red, vertical line upon the iris disappeared; blood nearly all absorbed; all febrile disturbance has entirely disappeared.

29th August. All the symptoms are much improved; but there appears to be more blood in the anterior chamber than there was yesterday. This circumstance is probably owing to gravitation: the blood, being in greater quantity in the posterior chamber when the iris became dilated, found its way over the margin of that curtain into the anterior chamber; or possibly the man may have lain on his face, which would, of course, be productive of a similar result.

2nd September. Discharged, almost perfectly well.

QUARTERLY REPORT OF THE MONTREAL GENERAL HOSPITAL,
ENDING 20TH JULY, 1858.

Patients remaining from the last quarter.....	61	Died during the quarter.....	19
Admitted during present quarter.....	300	Now in Hospital.....	74
	361	Discharged.....	277
			361
IN-DOOR PATIENTS.		OUT-DOOR PATIENTS.	
Males.....	179	Males.....	654
Females.....	121	Females.....	789

DISEASES AND ACCIDENTS.

Diseases, &c.	Admitted.	Died	Diseases, &c.	Admitted.	Died
Abcessus	5	0	Lupus	3	0
Ambustio	2	0	Luxatio	2	0
Amenorrhœa	5	0	Mania	1	0
Amputatio	1	0	Menorrhagia	1	0
Anasarca	1	0	Morbus Brightii	1	1
Anchylosis	1	0	" cordis	1	0
Aneurismus Poplit.	1	0	" coxae	3	0
Aphonia	1	0	Necrosis	2	0
Bronchitis	6	0	Obstipatio	1	0
Calculus Vesicæ	1	1	Ophthalmia purulent	1	0
Cancer Labii	1	0	Ophthalmitis	1	0
Carcinoma Glossæ	2	0	Osteocephaloma	1	0
" Tarsi	1	0	Orchitis	2	0
" Uteri	1	0	Otitis	1	0
Caries Tarsi	2	0	Oscena	1	0
Cataractus	2	0	Paralysis agitans	2	0
Cephalalgia	5	0	Paraphymosis	1	0
Cerebritis	1	1	Paraplegia	1	0
Conjunctivitis	15	0	Paronychia	7	0
Contusio	9	0	Phthisis	9	1
Cornelitis	6	0	Pleuritis	1	0
Coryza	1	0	Pleurodynia	1	0
Cynanche Tonsil.	1	0	Pleuropneumonia	2	1
Debilitas	2	0	Pneumonia	5	0
Del. Tremens	13	0	Porrigo	3	0
Diarrhœa	7	0	Psora	1	0
Diphtheritis	2	1	Pterygium	1	0
Dysenteria	3	0	Purpura	1	0
Dyspepsia	4	0	Ranula	1	0
Echymosis	4	0	Rheumatismus	17	0
Eczema	1	0	Roseola	1	0
Emphysema	1	0	Rubeola	1	0
Enteritis	1	1	Scabies pustul.	2	0
Epulis	1	0	Scarlatina	3	0
Erysipelas	5	1	Scirrhus pylor.	1	1
Erythema	1	0	Scorbutus	1	1
Favus confert.	1	0	Serofula	1	0
Febris com. cont.	20	0	Staphylocoma	2	0
" intermit.	2	0	Stricture Urethrae	1	0
Fistula in ano	1	0	Subluxatio	1	0
Fractura simp.	6	0	Synovitis	5	0
" basis cranii.	1	0	Syphilis	16	0
Furunculus	1	0	Torticollis	1	0
Gonorrhœa	7	0	Toxicatio	1	0
Hæmoptisis	1	0	Tracheitis	1	0
Hæmiplegia	1	0	Ulcus	16	0
Hysteria	1	0	Urticaria	1	0
Ictus Solaris	1	0	Varix	1	0
Intertrigo	1	0	Vulnusa	10	0
Iritis	1	0			
Lambago	1	0			
				300	16

OPERATIONS, &c., DURING THE QUARTER.

Major Operations.—Lithomy, Perineal section (Syme's); Amputation of foot (Chopart's); Excision of labial cancer; operations for cataract, 6; for strabismus, 7; for ectropion, 3; for removal of tumours, 3; tenotomy, 1. Total, 24. By Dr. WRIGHT.—Amputation at the shoulder joint.

Fractures treated, 7.

Dislocations Reduced.—In-door, 2. Out-door, 3. Total, 5.

Minor Operations.—Venesections, 9; cuppings, 72; starched bandages applied, 14; teeth extracted, 127; wounds dressed, 29; abscesses opened and other incisions, 132; ulcers strapped, 134. Total, 517.

Attending Physicians.—Drs. Fraser and Reddy.

ROBERT CRAIK, M. D.,
House Physician and Surgeon.

 MEDICAL NEWS.

The late lamented Chomel was in the habit of retiring at the end of each week to a beautiful country seat in the neighbourhood of Paris. Since his demise it has been purchased by Ricord.—Dr. George Combe, the celebrated Phrenologist, died on the 14th of last August at the age of 70 years.—In Philadelphia there are 7 Colleges devoted to Medicine and Collateral Sciences, and 19 Hospitals, besides 3 Dispensaries.—The Iowa State University have decreed the entire abolition of all fees in the Medical department, except \$10 for matriculation, \$5 for dissecting ticket, \$2 for expense of any contingent damages, and \$30 for diploma.—Candidates for the Indian Army are now received at the minimum age of 21 years.—Professor Trousscau considers that he ought to know something about the operation of tracheotomy, having performed it 250 times.—“Iodine,” says M. J. Bouis, “is always present in rain-water, sometimes in the state of hydriodate of ammonia, but more frequently in association with organic matters.”—Another medical Knighthood was conferred by Her Majesty lately, to Mr. Fisher, Chief Surgeon to the Metropolitan Police Force.—Cholera has broke out in Hong Kong, and some fatal cases are reported amongst foreigners.—During the year 1857 the relative circulation of the three weekly Medical Journals published in London was: Medical Circular 57,600, Medical Times 44,725, and Lancet 60,250. The rate of increase has been most marked in the case of the Circular and it designs to be the most popular, which is a success we hope will crown the deserving efforts of its projectors.—The support of the different establishments for the poor in Paris entails an annual expense of 16,132,114 francs.—In Paris the expense per day of a patient in a hospital costs 2f. 27c., and in a hospice 1f. 47c. The consumption of bread, per year, amounts to 2,162,433f.; wine, 1,348,468f.; meat, 1,657,317f.; medicines, 677,152f.—The whole number of apothecaries and druggists at the time of the census of 1850 in the United States was 6,139; the whole number of physicians was 40,481.—Morris H. Henry, a student in the office of Prof. Carnochan of New York, lately brought an action against the latter for services in assisting in making anatomical drawings, in acting as amanuensis and in writing medical disquisitions and attending patients, and the Jury returned a verdict of \$400 for the plaintiff.—The Naval Board, lately assembled at Philadelphia, selected but 7 out of 27 candidates for the post of Assistant Surgeon in the United States Navy; and the Army Board last April selected but 2 of 27 candidates for the same post in the Army.—Andral and Trousseau have obtained the rank of Commander, which is the highest but one in the Legion of Honor.—Paget, by more recent statistics, has come to an opposite conclusion as to the comparative length of life in Cancer of the breast, with and without operation, to that he formerly published. He now believes the longest life is when operated on.—Turkish manna has been made to yield a new variety of sugar which is called *Trehalose*. It crystallizes in rhombic prisms that are quite different to those of cane sugar, and it does not readily ferment with yeast.