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THE MEDICAL CHRONICLE.

VOL. IV.]

JULY, 1856.

[No. 2.

ORIGINAL COMMUNICATIONS.

ART. IV.—*Narrative of Cases.* By DR. STEIN, of Lachine.

Instead of sending detached articles on particular cases, as I at first contemplated doing, I will take the liberty of giving a few condensed cases in the sum, so as to form one article in the whole, thereby curtailing much writing, and abbreviating the space occupied in this journal, and rendering myself more brief, and perhaps, less disagreeable to the readers. These cases have occurred to me from time to time, and they have been recorded not so much on account of their novelty, as on account of many of them being examples of what have been pointed out as specimens of disease, by those who consider themselves authorities, and as illustrations of particular conditions connected with the cases themselves. At some future time I will send a few more which I have in my possession, illustrating the same positions; these have been put together in a hurry without any suitable sequence, which may be perhaps objectionable. The first is that of W. F., an engineer employed on the Lachine Canal, with stricture of the urethra. He had been ill for a long time with chronic disease of the urethra, arising from gonorrhœa; was dissipated in his habits; at last he became palsied in the lower extremities, at the same time that he had retention of urine. Under this he labored for a long time, but without my being able to say from any symptoms referable to the spinal marrow itself whether he had disease in that organ or not. He recovered, however, after some time of absence, during which I did not see him, but by the time he returned, three months after, he had got free of the palsy. This case, perhaps, forms an example of the kind of palsy, from suppression of urine, mentioned by Stanley in a paper written some sixteen or seventeen years ago, the only specimen of the kind I think I have ever met with. To place along side of this, I will give another case of palsy that occurred to me lately. I was asked to visit J. B. C.,

aged 46, who had been sometime under treatment for what was supposed to be chronic rheumatism; when I saw him I found he had lost altogether the power over his lower limbs, and on enquiring into his history, he informed me that he had not felt well in his legs for at least fifteen years, always complaining more or less of numbness and pain in them up to the period when in driving to Vandrenil, on a very cold day last winter, he came out of his sleigh and ran briskly for some distance after it, to put himself, in heat. When he returned home at night he found himself with utter loss of power over his extremities, and with great pain in the region of the sacrum. I treated him with little attention to his previous history, for what I considered at the time apoplexy of the cord, namely by venesection, mercurialization, and counter-irritation, after a while recommending him to take cod liver oil as a reparative, and to have a seton inserted in the skin of the sacrum. Under this treatment he gradually got better, and now he says he has not been so well these fifteen or sixteen years. Since reflecting on this case, I have induced myself to consider it occasioned by a small aneurism connected with the arteries of the sacral part of the cord, and in its aneurismal state giving rise to the symptoms of chronic rheumatism, of which he complained so long, but in its ruptured or apoplectic state giving rise to the complete palsy under which he suffered while under my care. He is now quite restored.

In reading over a case the other day in the *Medical Chronicle*, given by Dr. Sewell, of Ottawa, of an obscure injury about the shoulder, it brought to my recollection one of which I have the notes, that occurred to myself about seven years ago. A child who had received an injury from a fall on the shoulder, and which did not present any of the features of injuries most frequently observed in this situation was treated for a half breaking through or a splitting of the neck of the scapula, these splittings are to be found sometimes in the radius of children after accidents. I do not recollect of seeing any similar case recorded by authors as occurring to the scapula. A case of Inguinal Hernia occurred here some time since, and proved fatal, it was as follows: An Englishman from Vandrenil, who had been in Montreal to market, and who had swelled testicle, in connection with cyanæhe parotideæ, I think, which disease was very prevalent about this time in that city. When he arrived at this place he had a good deal of vomiting, but no tumor could be detected in the prior instance in the groin. He had had free passage from the bowels on the morning of this day. Next day I saw him, when I found considerable swelling of the cord, more like an engorgement of itself than any tumour descending along its course, and with a doughy, not at all elastic, feel; the bowels had become confined now, and the

vomiting still going on. I desired a consultation, when the surgeon whom I met gave it as his opinion that there was no rupture, but merely the irritation conveying itself from the tunica vaginalis up along the extension of itself on the cord, with some effusion in its cavity, giving a resemblance to hernia. The swelling about the lower inguinal aperture was now considerable, but not elastic. After administering some enemata and giving a grain of opium every hour during the night, he felt himself so much better, his bowels being partially relieved, that he was able to start in the morning to return home; but I have since heard that he did not recover. At the last I should have inferred from the not very well marked symptoms, that this was a case of omental hernia, complicated with orchitis. Is it supposed that enlargement of the testicle is a predisposing cause of descent of the contents of the abdomen on the same side, or are they often found together as complications? for I think myself that I have oftener than once found them co-existing; and I have more than once seen hernia occurring along with old established hydrocele. This was a case demanding an operation.

A very successful and satisfactory case of tracheotomy occurred to me, in a man of the name of Oswald, about four years ago, in Scotland. He had become asphyxiated in attempting to swallow a large piece of unchewed beef, a portion of this had been withdrawn by the fingers, while another portion was still lodged about the top of the larynx, and could neither be brought up nor pushed down. A remarkable and very satisfactory recovery took place from performing tracheotomy (unassisted.) The piece of meat that was lodged within. I should say the rima, on the first expiration after the operation, was blown up, and thenceforward the wound in the neck was never after required, and healed immediately, while the future breathing was carried on by the natural passage. As an example of the difficulty of sometimes at first sight diagnosing fracture of the cranium, I have the notes of a case. A boy was felled to the ground by the falling of a tree, and his scalp was so much flattened in two distinct places as to take on a strong resemblance to fracture, for which he was treated; but on recovering his senses and before the depressed bone was attempted to be elevated, the fracture began to be doubted, and by and by the head assumed its natural contour. Cases of a similar kind are recorded by Sir Ast. Cooper. Another case where difficulty of diagnosis existed for some time, and which led to some doubt, but in a different part of the body, and where I concluded that it was a case of disjunction of the epiphysis of the tibia occurred to me a few years ago, in the person of a Mrs. Taylor, who had received an injury in walking to her own house in the dark, consequent on tumbling over a stone. She had symptoms of disloca-

tion backwards of the tibia, but on more minute examination, there was greater mobility of the parts than in dislocation, with some crepitus, which led me to infer separation of the epiphysis. The treatment was successful.

Of the rapidity of the growth of Fungus Hæmatodes, I have an example in the case of a man of the name of Marshall, rather infirm, and, I think, born with some deformity of the opposite leg, which appeared to be much stunted in growth and stiff at the knee joint, and for which he was obliged to use a crutch. He had been attending a cattle market, and had got kicked by a horse on the thigh. A rapid enlargement was the consequence, so much so as to cause me to infer the existence of suppuration, for which an exploratory puncture was made, but none discovered. The diagnosis then became altered, and I inferred malignant fungus hæmatodes. The patient would not submit to amputation, and his death occurred, I think, within the month after the receipt of the injury.

About six years ago, I had under my care a man who had received a violent injury of the knee-joint, from being bruised or crushed. The joint had inflated much, and effusion had taken place; by and by, symptoms of pericarditis ensued, for which he was treated successfully, and this was not preceded by the slightest indication of rheumatism. Cases of such injuries, and with such complications, have been recorded, and are said to induce the diseased state of the heart by metastasis.

I have an interesting case of the danger of removing patients suffering from violent injury, in the following, and it is a good example of the infringement of the rule that, in accidents of whatever description, the patient should not be moved, but should be allowed to remain at the seat of the accident till the surgeon see him, as many injuries are aggravated by motion: A man of the name of Baillie had fracture of the ribs, these being driven away from their junction with the vertebra by a large embankment falling down upon him. While he was being carried for many miles along the road he remained well and undisturbed, but on being removed from the board on which he was carried and taken into his own house, he expired. The ribs were so shaken by the change of position as to penetrate the lungs and press seriously upon them, and by this means immediate death ensued.

I have notes of a case of amputation proving successful when it was performed in opposition to the well-known surgical principle of not operating till a line of demarcation or separation has been formed in the gangrenous limbs. A man, who had been a carter, had gangrene of the right lower extremity. He was of middle age. The disease was continuing to spread, but the life of the patient became momentarily

threatened. Amputation was performed, although it was looked upon as a doubtful alternative. This man is now alive and enjoys robust health. In this case the model of a tourniquet (cut out in wood,) was employed for compressing the artery, which answered the purpose remarkably well. It consisted of a portion of a hoop, in diameter corresponding to the thickness of the thigh, attached to a neck and head containing the screw, which, being adjusted to the artery over a pad, when screwed down, gave most efficient pressure. The sizes of the hoops are various, from that corresponding to the thickness of a child's arm up to that of the fullest thigh, having four or five different diameters, and all being capable of being adapted to one neck and head; its superiority consists in its easy adjustment and in not compressing the veins. Some difficulty in diagnosis may arise, in the first instance, from such a case as the following: A man of the name of Roughhead, fell down a long flight of stairs, and when discovered was insensible, with blood flowing out of one ear. It was supposed at first to be fracture of the base of the cranium. On calling next day, and finding his senses restored, he complained, on enquiry, of a feeling in the ear of a chirping of birds. He recovered, but remained ever afterwards deaf. This was probably a case of rupture of the tympanum.

As an example of epidemic influence lately, that is within a period of two years, I think we have had in this place so many cases of onychia at one time, and paronychia or an attempt at it in the form of pemphigus of the skin of the fingers, &c., at another, that we cannot help attributing them to this source; whether these latter cases have been accompanied by furuncle or no I have not exactly observed; but this disease was prevailing in numerous cases at the same time, and brought to my mind the late papers of Drs. MacCormack and Hunt on this subject, and a little before this time we had so many cases of violent pain in the kidney, stretching down the ureters with retraction of the testicles in the male, that in some of these I inferred the existence of calculus of the kidney, they were mostly accompanied by sore throat and occurred about the end of winter. There was a dense brick dust deposit in the urine, and a good deal of constitutional disorder. I did not examine the urine so as to inform myself of its composition, but the symptoms were much relieved by a teaspoonful of carb. of soda, occasionally with gin, &c., as a diuretic. Along with this I may mention that I have notes of a great many cases of traumatic erysipelas, and what has been improperly called idiopathic erysipelas; where in these last the disease is marked as invariably originating in the skin and not in the constitution in the so called idiopathic cases, there were always traces of cutaneous excoriation, where the erysipelas had its commencement, and my treatment invariably has

been the application of a strong solution of the nitrate of silver, though since being in this country I am rather in favor of tr. of iodine. While on the subject of epidemic diseases I will give an example of the difficulty of distinguishing cases allied to the cholera of this country, and even to pestilential cholera. I saw two, some years ago; the first, occasioned by lumbrici in the upper part of the duodenum, which excited such violent vomiting and purging, with cramps, &c., that all the symptoms of this disease were really simulated, and it was only after the expulsion of some of these lumbrici by the mouth that the disease abated. The other was a case putting on all the appearance of pestilential cholera, although this disease was not prevailing at the time, by the only apparent condition of things, namely, effluvia from a range of dung heaps in a very hot day. Another case that seemed very like pestilential cholera, occurred in this place in the spring of the summer following that on which the epidemic prevailed, and took place in the house of a person whose wife died of the disease the preceding summer. the only exciting causes in this case that could be traced were either some fomites in the house retaining the poison of the former epidemic, and communicating the disease to the boy at this time, or effluvia originating from a very damp cellar in a very hot day. As an example of how the disease may be communicated differently from its usual method, that is by the poison seeming to be conveyed in a particular direction, I have cases where it originated from being conveyed by a strong member of a family who had been living in the midst of his relatives, 30 miles distant, near Glasgow, and who all had the disease, to another portion of the same family residing in the village of Larbert, Stirlingshire. No cases had occurred at this village hitherto, and the epidemic did not shew itself here till many months after; at this time and on this occasion three delicate members of this family perished, namely, a mother and two sons, while the other son who was the bearer of the malady never became unwell. In bringing this contribution to a close, which consists of notes taken at random from my memoranda, of which I have a great many more that might be communicated, but I may take a run over these at some future time, afraid at present that I may exhaust the patience of the readers of this Journal, I will only give the following case of midwifery that occurred to me the other day. A woman of the name of Daw, aged 36, eighth child, whole pelvis a little contracted, was in labor when I arrived. On examination I found the os uteri dilating and head presenting. I did not make any examination after this, for a good many pains, but on the next occasion I found a round soft tumor about the size of a goose egg depending from the ostium vaginae outwards, almost an inch and a half, which tumor could be shoved up but only to descend

again during a pain. Owing to the contraction of the brim, the labor was long in making way, and during the pains, the tumor, unless it had been well kept up, would have been always coming down. My treatment was during the pains to use a continued support with the fingers until by degrees the head descended when the fingers were withdrawn. The descent of the tumor, it may be mentioned, was not so great after some hardened fæces had been voided. This case seems one of prolapsus of the posterior wall of the vagina by the descent of a relaxed rectum, and might have proved troublesome had not the means been used in the first instance of keeping it *in situ*, and had not these proved successful, it might have obstructed labor much, by becoming, from the irritation, inflamed, or from the pressure of the head it might have burst. Cases like these seem to be rare, so much so that I do not recollect at present of any notice being taken of them in books on midwifery that I have read. Prolapsus of the anterior wall from the descent of the bladder is always mentioned by authors, and the peculiar treatment of such cases recommended, but so far as I have noticed few authors speak of prolapsus of the posterior wall, which would I think, if possible, be the most troublesome of the two in practice. In conclusion, I am sorry that these are not more interesting, but as they are only the notes of a few circumstances that I deemed notable, and that have occurred to me in my daily routine, I can only give what I am possessed of, and wish that they had been more edifying.

ART. V.—*Diseases peculiar to the Sandwich Islands.* By JOHN RAE
M.D., Kaoli Hana, Mani, S. I.

In the accounts we have from the missionaries and others, of the other islands on the Pacific, severe and sometimes very malignant fevers, sweeping away great masses of population, are not unfrequently recorded. Among the traditions of the natives of these islands, such calamities have a place, and about the beginning of this century, it is well known, there was one that committed terrible devastation. It is a question, how near the resemblance between those and this one, and also between this and those still slighter attacks, which have been denominated influenza. I am inclined to think it probable, that they are all of one stamp, more or less deeply impressed.

After a visit to Lahana, I was myself attacked by the malady. I soon got over the first seizure, but afterwards it kept recurring continually for some months whenever there came a season of calm and rainy wea-

ther, in so much that I thought it prudent to abandon Wailukee, though I had previously enjoyed there almost perfect health. I attribute these attacks to predisposition, from having been so much of a sufferer under the Panama fever, and to the long stretch of *Kalo* patches that extend along the banks and borders of the little river for miles.

On the whole, the conclusion seems to me so probable that we may almost put it down as a certainty, that fevers more or less malignant, but of a common type, occasionally break out on some point on the leeward side of the islands, born of the mingling of mud, marsh and mountain effluvia accidentally allowed quiet cohabitation unmolested by sea or land breezes, and, having thus got life, move from point to point with fatal activity. The traditions of the people agree with such a supposition.

This slight detail of the *notabilia* of disease here, is longer than I intended. I am, nevertheless, tempted to add two surgical cases, as rather remarkable instances of what our compound system of mind and body is capable of doing and enduring.

When I was in California we had an Indian war close by. Several murders, for it could not be called regular warfare, occurred on both sides, but there was one equal combat of two, which I shall describe. The leader of the organized volunteers a major, was considerably in advance of his party, mounted and armed with rifle and pistols, when an Indian started from the low bush before him,—the two advanced on each other, the white man discharging his firearms, but without effect from the jumping of his horse, which, however, also probably saved him from the arrows the Indian shot; they were now so close that Major — was in the act of throwing himself from his horse, to finish the contest by grappling with his enemy, when the latter discharged his last arrow, barbless and featherless as it was, right into his breast. Still he persevered in his intention, and had managed to prostrate the savage when his companions came up to his aid, and knocked his foe on the head. They were about farther mangling the body, but this he would not permit, telling them that he was a brave man, who had done his duty and deserved honorable burial. While thus speaking, his men observed that he was weak, and that the end of the short arrow stuck out from his breast. On examination they found that it had gone right through a thick cloth over coat and vest, a cotton and a flannel shirt, and was wedged between the ribs. Major — was able to converse, and give an account of matters, and did not die for six or seven hours, when on his way to the nearest mining station; when the body was opened, which I did not see, being absent at the time, the arrow was seen sticking in the heart. This on my return, in the course of a few hours, I inspected.

It was about the thickness of a slate pencil, blunt and only fifteen inches long; but the short bows the Indians use, with their backs strung with thick sinews, give to these reeds a very energetic impulse. It had fairly penetrated the left ventricle, and was pressing against one of the pillars.

The natives in these islands are very fond of being on horseback, and generally ride fearlessly and well. If one chances to fall all laugh, including the sufferer. When the king was here, two years since, he rode about with a numerous cortege, many of them young women and girls. These, I should tell you, ride as the male sex, but in an attire that is becoming and not immodest.

On the evening of one of those days, I was called to see a young girl who had met with an accident from a fall from her horse. I found her sitting on the ground in great pain; I had her conveyed to the house of one of her friends, and on getting a light, stripping and examining her, I was for a moment puzzled as to what had really befallen her. She was a very well formed and rather slender girl of about eighteen. I could distinctly see that the humerus was dislocated downward and forward, and the collar bone broken near its scapular extremity; but I could not conceive how both things should have happened at one time. However, I could not disbelieve my senses. It was evident to me that I must first reduce the dislocation, this was affected with considerable pain, but without difficulty. The operation over, I found that the parts of the broken clavicle nearly resumed their natural position. Knowing the antipathy of the natives to tight bandaging, I contented myself, therefore, with fixing a large compress in the arm pit, carefully slinging the arm in two silk handkerchiefs, and confining the elbow and forearm to the side by another passed round the body. The remaining pain subsided in a day or two, the bones were somewhat knit in a fortnight, and the little projecting knob formed at the junction altogether disappeared in a few months.

On subsequently inquiring more particularly as to the manner of the accident, I found that, in taking a leap, her horse had come down with her, giving her a bad fall. She then felt great pain in her shoulder, but with the aid of her companions she slung her arm in a silk handkerchief, and riding on as if nothing had happened to her over some rough ground, in taking another leap the horse again came down, and she fell with violence as before, she then gave up. The first fall must have dislocated the shoulder, the second broken the collar bone. It is not every delicate girl who would have held out so well.

The next morning breakfasting with the King and Prince Lot, and the conversation naturally turning on the accident, I was let into the feeling which had carried her through. They seemed to think little of the in-

jury she had sustained ; but were evidently desirous of exculpating her from the disgrace of indifferent horsemanship, laying it all to the fault of the animal. This I could confirm, as J had ridden him myself, and knew that he had a weakness in the shoulder. Dread of the shame of being thought a bad horseman by these personages had subdued the feeling of pain.

The advantages of full and well rounded forms which the race possess in youth and middle age, are counterbalanced by the tendency of the skin, as life advances, to hang in loose elephantine folds over the abdomen and lower limbs. Such folds are of early appearance about the knee and thigh.

I must not pass over unnoticed the astonishing facility of child-birth, which the breadth of pelvis in the sex, and probably their general robustness of person and habits of exercise, gives to the females. They do not think it necessary to call assistance. In an hour or two the matter is generally over ; the mother has washed herself and infant in some pool, wrapped it in a piece of native cloth, and is busy with her domestic affairs. A planter in this Island tells the following story, which I have every reason to believe to be the exact truth : One day he said to the woman who did his cooking, that he had a wish to have at his dinner some of the potatoes growing in a distant field, and would like her to get a few. On entering his kitchen about the dinner hour, he found no preparations made, and no woman there. Contenting himself, in the meantime, with what came handiest, he went off to superintend his laborers. Returning from thence in an hour or two, and casting his eyes about his cooking place, he saw the woman busy with the dinner, and observed a bundle of native cloth in a corner. Suspecting what had happened, he exclaimed in the native tongue, " Ah ! you have brought forth, have you ? " " Yes," was the reply, " and there are two of them, that's why your dinner is so late." Accordingly, going to the corner, he found the twins, each bundled up in a bit of *tapu*. The mother had been suddenly overtaken when about her errand, and, having had more to do than usual, had been somewhat longer about it. She had, however, brought home with her, both her boys and her potatoes.

I was six weeks at Chagres, and about two months at Panama. You know the prevailing diseases of these localities are fever and dysentery. What chiefly struck me as remarkable in these fevers, or calentures, as the natives call them, is the character—the geological characteristics—of the region in which they occur. The rocks are those which used to be called the grey rocké, series, now I believe the Silurean system, and consist chiefly of a hard conglomerate identical in appearance with

many ranges in the E. T. of Canada, and between these a great depth or rather breadth of indurated ferruginous clay, rising in well-wooded hills of some hundred feet high. In the intermediate valleys there are streams of the purest water. This, at first sight, seems therefore a region formed for health, and yet, if my recollection serves me right, it exactly agrees in character with the description given us of the localities where the jungle fever of India occurs. I thought it likely from the first, therefore, that the diseases were identical, and what I saw confirmed the impression. It is a remittent, of a specific and severe type. The most characteristic symptom is intense pain from temple to temple, just over the orbits, the eyes at the same time presenting an appearance, or assuming an aspect, not easily described, but readily recognised when once carefully regarded. They are brighter, fuller and more lustrous than natural, and more fixed also in their gaze, with some intolerance of light. There is great heat, quiet and hard pulse, slight biliary derangement, and slightly coated tongue. The few cases I had to do with I treated, as nearly as my recollection served me, as if they had been jungle fever; and if, from my slight experience, I might venture an opinion, I should say, that if taken in time and so treated, the fatality would not be so great. Bleeding, cold affusion, and, on a remission, large doses of quina with a little blue mass, and light saline purgatives, seemed to me to answer every purpose. Relapses, however, are exceedingly dangerous. I may give you one case. It was that of a lad of eighteen, waiter at a tavern. He had been two days under medical treatment, when the gentleman attending him having fallen sick, I was called in. Symptoms as I have described, and very severe, but with great intolerance of light and noise. He had had several doses of calomel which affected his bowels. It was about ten A.M., when I saw him. I stripped off his shirt, had his head and chest held over a tub, dashed over these two large jugs of water, sponged the rest of his body, dried him and covered him up. He felt much relieved, but still complained of his head. I put a wet towel on his forehead, which mitigated the remaining pain. His pulse was reduced, and in about half an hour a slight perspiration broke out. I gave him, probably, thirty grains quina; and in the afternoon when I again saw him, he felt quite well and wished to get up. I told him to do so on no account. When I saw him next day, however, he was up attending to his duties, and laughing at my warnings. The day after that he was down again, worse than at first, that is there was greater prostration, though the pain and fever were scarce so severe. I sponged him and put a wet towel on his forehead, and the pain abating, I gave him another dose of quina. In the afternoon he felt much better, but weak, and a slight

perspiration had broken out. In the evening I was alarmed at his appearance. The gentle perspiration had become a universal cold sweat. Hands and feet cold, features pinched, and I had to put my ears to his lips to catch his voice. He asked me if he was not going to die. I told him not at all, although I feared he was; and, scolding him well, in order to see and rouse him. I got some brandy and water and sat down by his bedside. I gave him teaspoonful after teaspoonful every ten minutes or so, watching its effects. In an hour or two he revived, had a little sleep, and before morning the danger was over. He had severe purging and tenesmus, I suspect from the calomel, for which I gave him anodyne injections, and treated him otherwise with slight doses of quina, and a mixture of the tinctures of rhubarb, calumbo root and gentian. In a few days he was convalescent.

The natives chiefly depend on bleeding; if this or other means do not succeed, the blood, which from the first I suspect is slightly disorganized, becomes thoroughly vitiated, and congestion taking place on some of the viscera, the patient soon sinks, the body swelling, the skin becoming discolored, and before or immediately after death, livid and black.

Dysentery answers to the descriptions of the disease of that name of tropical climates. I don't think I ever saw genuine scybalæ. It seems, rather, diarrhœa speedily assuming an inflammatory character. Among the transient population of the Isthmus, it is, I suspect, the result of imprudences in diet, especially fruits. The Spaniards have a proverb, "in the morning fruit is gold, in the forenoon silver, in the afternoon lead," and they act in accordance with it. It were well that others followed their example, but in the north we are accustomed with impunity to take fruit after a full meal, and throughout the evening, and Americans, and other northern men, just off the sea, and attracted by the luscious fruits of the clime, partake of them largely at these seasons. The consequence is, that the stomach already overloaded with fleshy matters, which the system had difficulty to dispose of advantageously in such a climate, is overwhelmed with the additional mass. Languor and indigestion follow, and the crude matters and vitiated secretions consequently passed downwards excite a commotion very difficult to be allayed. Respectable Spaniards immediately on rising, which they do before the sun, take a small cup of tea or coffee, into which they put a teaspoonful or two of gin, or some cordial, and eat a biscuit. They then attend to their business, or sit under their passes and eat fruit. At this hour the stomach readily digests it, and it then repairs the work of the previous day, and refreshes the system. At ten they take a light breakfast of made dishes, of which vegetables form a large portion, drink

a little claret and water, and a cup of coffee or chocolate. Dinner, at two or three, is a repetition of the breakfast, and this concludes the business of the table for the day. They are careful of exposing themselves to the heats of the day and the dews of the night. The lower classes are a worthless, dissipated set, and suffer proportionately. I rarely met with any of them who had not diseased spleen, a regular ague cake.

I embarked at Panama as surgeon in the ship *Brutus*, in the end of February, '49. We stood to the south of the line 7° or 9° , and in consequence had a voyage protracted to two or three months, the greater part of it sweltering under a hot sun or streaming with warm rain. Our water was bad, our provisions indifferent. We had about 200 passengers, and a great deal of sickness, almost entirely of the two sorts I have mentioned. We lost three by dysentery. I thought we should have had no new cases of fever after being well out at sea, but it continued in one form or other to the end of the voyage. At first, it was the genuine Panama fever. I imagined, however, that the new cases would be much lighter, and, in consequence, did not use the lancet so freely. But I regretted this afterwards, as most of those who had not been bled showed, after a time, symptoms of some visceral obstruction, and I believe the convalescence would have been speedier and more firm had they been bled. None died. Gradually as we stood north and gained the latitude of 20° , the air becoming every day colder, the thermometer at 60° or below it, they became intermittents, genuine agues, insomuch that most of the passengers being western men, and having provided themselves with a stock of quina, blue mass, &c., did not apply to me when taken, saying it was the exact ague they had had or seen in Illinois, &c., and they could doctor themselves. We had some new cases a few days only before reaching San Francisco. I think the fact rather remarkable. As connected with its rationale, what befell myself is perhaps worth telling you. I had had a slight attack of Panama fever before embarking, and from fatigue, &c., was weakly all the voyage. One day, when about 25° N, we had beans on the cabin table at dinner, from some cause or other all who partook of them had an attack of the diarrhœa that evening. I was of the number, and it was particularly severe on me—excessive purging and vomiting, and utter prostration of strength and energy. I was lying on a sort of sofa, and I observed the cabin passengers gathering round me. I had mixed some ether and laudanum with a little water in a cup, and was endeavoring every now and then to swallow a teaspoonful, it was with the utmost difficulty I could do so, and I could not retain what I did get down. Thinking over what could be the reason of so severe an attack, I recollected that my feet had got wet during the day and were still

damp. I told them to get me a pail of hot water, and I put one foot into it. At the instant, a shock, as if electricity, shot from the foot through the leg to the small of my back. My foot jerked itself out of the water, and I gave an outcry. I felt relieved, however, somewhat, so I put both feet in. The same sensation, but in a mitigated form recurred, giving me further ease, and presently I began to shake. I shook very violently, more violently than I ever recollect, and I have had many an ague fit, which circumstance also deserves notice. I never imagined a fit of ague would be a pleasure to me, but all things are comparative, and I assure you the feeling was a very pleasant one. I seemed to be shaking death out of my bones, and recovering life every minute. The hot stage did not last over ten minutes, and was succeeded by profuse perspiration, and great thirst. By the kindness of a lady I was enabled to quench this with copious draughts of lemon syrup and water, a great luxury; and having had one or two liquid but adhesive natural stools (they had been watery before) I got good sleep, and in the morning was well, though still weaker. I took a little quina, and felt no more of ague, or whatever it was that had overtaken me. The passengers afterwards told me that when they gathered round me they thought from my extreme pallor, &c., that I was at the point of death.

The climate of the mountain ranges of California, the only part I am well acquainted with, has peculiarities that largely affect the human system. The heat is very great; I have seen it for several successive days from 110 to 120° in the shade. The air is extremely dry, so that under the heat I mention beef hung up in not too large pieces, and protected from the flies, does not taint; and, though the nights are comparatively cold, the thermometer falling to 70° or a little over, there is no trace of dew till late in the fall. In consequence I suppose of this, coupled it may be with the higher elevation, most incipient diseases of the lungs disappear. I have seen many who had been threatened with consumption in Eastern America completely recover themselves in these mountains. I may cite as an instance, Weinmar, the man who found the first gold. By the bye, his wife had the piece at the time I was there, and told me where they got it, and could not resolve what it was; she boiled it in the strongest lye, which making no change, it was thought worth while for Weinmar to carry it to San Francisco. It was something of a curiosity to look at the very particular spark that set the world a blazing with a flame that seems likely to go round it. Women told me that most of his brothers died of consumption in one of the western States, Alabama, I think, and that he himself had symptoms of it when he left, weighing then only 125 lb. 10 oz., although he is at least 5 feet 10 inches high, and was then 26 or 27 years old. This

had been 6 or 7 years before. He said as he progressed westward he felt gaining every day, when I was acquainted with him he was a remarkably strongly limbed man, so much so that I first noticed him in a crowd from this particular, and he then weighed over 190 lbs.; on looking particularly at him, however, you could see that his chest was somewhat contracted. Rheumatism is a complaint that generally vanishes. On the other hand fevers and dysentery were rife among the miners, and the mortality often very considerable. The great exposure to which men were liable, standing, for instance, in real cold water, with the thermometer over 100°; want of care and mismanagement account for very much of this. Of the fever I can say but little, my own debilitated state and other circumstances having prevented me from having had anything to do with it, in more than two or three cases. I had it myself, but my recollections of what I suffered and did, vanished day by day like a disagreeable dream. The occasional fatality of bowel complaints seemed to me to arise chiefly from the sudden and insidious manner in which they assumed an inflammatory character. The medicines which the miners administered to themselves often brought on the mischief; in the latter stages of the complaint strong astringents such as the bark of the California Oak of a certain species, combined with opium are often useful, even necessary. Many miners therefore would tell you that they had got every medicine under the sun from doctors, and nothing cured them until they took oakbark. Oak bark, therefore, burnt brandy, and similar stringent nostrums were cried up as specifics and very commonly they were so, the disease being simple diarrhœa. Other cases however they much aggravated. I thought on the whole a combination of Dovers Powder, acet. of lead, and calomel with occasional doses of castor oil, or rhubarb and magnesia, the safest practice, watching carefully for any quickening and hardening of the pulse, or the slightest tendencies or pressure along the region of the colon. In certain localities the disease became epidemic, perhaps contagious.

The climate of the Sandwich Islands is directly the reverse of California. Here the air is largely impregnated with moisture, and the temperature very uniform. I have resided on the windward side of Mani for nearly two years, the thermometer has ranged about 72°, and has only very seldom varied ten degrees from this point; once it was said to be 60°, and once I think 95°. On the leeward side the average is considerably higher. Of course the higher you ascend the temperature diminishes, and Hale-o-ra-lo (the house of the sun,) a mountain about 10,000 feet high, on which I am now looking, generally puts on a white nightcap a few times a year, which it commonly doffs at the ris-

ing of the sun, though it sometimes retains it for a day or two. The country is very mountainous, with deep valleys, and sometimes wide savannahs intervening. When there is sufficient water the rato (*arum esculentum*) is cultivated. It grows like rice being planted in mud and irrigated.

REVIEWS & BIBLIOGRAPHICAL NOTICES.

VI.—*The Pathology and Treatment of Stricture of the Urethra*, both in the male and female. Being the treatise for which the Jacksonian prize for the year 1852, was awarded by the College of Surgeons of England. By HENRY THOMPSON, F.R.C.S., M. B. London, Surgeon to the St Marylebone Infirmary; Fellow of the Medical and Chirurgical and of the Pathological Societies. Formerly House Surgeon to the University College Hospital. London: J. Churchill. From the author, pp. 424.

Perhaps there is no subject in surgery about which more practical mistakes are committed than stricture of the male urethra. Too often, we believe, a patient has been said to have this disease when it has not really existed; and, on the contrary, it has been present in a *larvè* state, and has consequently been undetected. A practitioner is consulted for the relief of certain symptoms, as, "military gout," or gleet, or irritable urethra, or prostatic inflammation, &c., and he feels no hesitation, while looking round for a cause, to prefer stricture to any other which may occur to his mind. An instrument is passed, and, meeting with obstruction, is considered as affording proof of the expressed diagnosis. Perchance the exact distance where the impediment appeared is noted, and, upon comparison, ascertained to concur with the ordinary site of stricture. A smaller bougie is next tried; and, it may be, with unwearied patience and increasing toil, another and still a third, or yet further ones are inserted, and each endeavor is not more successful than the original. The graveness of the case rises in the opinion of the operator. If his reading on these matters be now remembered, inward counsel may suggest and guide his erring actions. He may recollect that, perhaps, the stricture is but temporary, and can be tired out by continued teasing; or, acting on the advice of an illustrious baronet, he will bear hard down upon the obstacle with a firm

and a heavy hand. Yet there is no yielding; blood escapes, not unlikely—*pleno rivo*—and the case is pronounced as decidedly bad. It were well if he be now deterred from further violence. One more rash deed, one more resolute determination, and to laceration will be added all the horrors of a false passage. And is it truly credible that plunges and thrusts such as these are actual fallacies? Can it be believed that strictures have been found where none were present? Any surgeon who has seen much in this line needs no assurance of the fact. He is painfully aware that instances like these we have sketched, are far from rare; and despite of the apparent improbability, they do betimes turn up. In this way is genuine stricture mistaken, while the very normalities of the urethra,—its crypts, or folds, or curves, or entries,—have been the innocent source of error. Let us now take the next mistake in point. In this instance the consultant is aware of the deceptiveness of the bougie; he either mistrusts the indications it imports, or doubts his own ability to use it as a diagnostician. Moreover, a consideration of the symptoms have impressed him with the belief that, whatever his patient may be suffering under, he is not vexed with stricture. Else why does the jet of urine continue so large and so round? could the stream preserve its integrity and remain unbroken? must not the flow at least be produced uncommonly often if stricture existed? And so he is misled by the accident of an exceptional case, because, as he has not been prepared for its occurrence, its possibility never found a place in his philosophy. Symptoms are present and are not satisfactorily understood. Medicines are prescribed on a venture, and, it may be, diligently persevered in till the good-natured stomach is thoroughly nauseated, and, in self-protection, positively rebels against all further tampering. Should, in the change of doctors, which time usually effects, in unmanageable cases, one be found who hits upon the real cause of evil, a proper recourse to bougies may speedily restore health where it had long been a stranger; but should no such fortuitous event happen, then matters worsen, and the most deplorable results supervene. A sudden closure of the previous stricture produces retention; attempts are made to relieve the over-distended bladder by the catheter, but they are thwarted by an insurmountable obstacle. Incision by knife, or paracentesis by trochar is, as a *dernier resort*, practised, or perhaps the bladder is left alone till it breaks of itself, and in either extremity, urinary infiltration or some other equally fatal calamity will happen to peril life, and thus cut short a troublesome end. Yet here was a case which, rightly managed at first, admitted of easy cure. The cause was unknown, and being left in operation undisturbed, its effects ran on unalleviated. No doubt,

pathology would have revealed the existence of "a packthread stricture," a form for acquaintance with which we have to thank the late Abraham Colles, of Dublin. How necessary, then, is the study of stricture of the urethra,—let these two errors teach, standing as they do, as examples of faults of commission and of omission.

Thompson on stricture is particularly valuable for its information on the morbid anatomy of organic stricture; this has been obtained from an examination by the author of more than 300 preparations of stricture in the museums of Great Britain and Paris, "and of a number almost equal of preparations of the bladder, kidney, &c., which illustrate concomitant morbid conditions, as well as from the observation of recent specimens in the dead house." Of this kind of stricture the following varieties are described:—The simple or membranous including the diaphragmatic and annular or whip cord; the partial or lateral, disposed as crescents or otherwise; the bridle produced by adventitious membranes or by false passages, of the latter a probable instance is furnished in a preparation of the museum of St. Bartholomew's Hospital, in which there are 10 or 11 bridles; the rugous, from adhesion of the rugæ; cicatrized; and the longitudinally contracted, or irregularly contracted; these are all the forms of organic stricture. Occasionally a stricture depends upon "carinities and caruncles," but these are separated from the foregoing. The elements of organic stricture are next described, and the generally received opinion, being assented, to is expressed in the phraseology of modern histology. In reference to the interstitial inflammatory exudation which is received as the proximate cause of the lesion, the author remarks "more or less of simple fibrillating lymph or of fibroplastic material are thrown out, meaning by the former term a fluid blastema in which fibres make their appearance, apparently, without any intervening cell production or agency, and by the latter an exudation in which nucleated corpuscles appear, which soon elongate, become fusiform and then fibrous," "this hardens, consolidates and strongly contracts with age, and has no tendency to undergo any spontaneous process of removal." In this manner the origin is explained of strictures which proceed as we may say *ab externo*, for the deposition of fibrillating lymph or fibroplastic material takes place within the meshes of the mucous membrane in the submucous tissue, and occasionally by extension, within the corpus spongiosum. But strictures may also be developed *ab interno*, in consequence chiefly of exudation of a croupy character, occurring on the free surface of the mucous membrane, and by a species of hypertrophy of the latter membrane, provoked by chronic inflammation, both of which are described by the author after Rokitansky.

In order to ascertain the precise locality of organic stricture, the au-

thor divided the urethra into three regions. 1. The subpubic curvature, this corresponded to the union of the spongy and membranous portions, and extended 1 inch forwards and $\frac{3}{4}$ of an inch backwards. 2. The centre of the spongy portion, beginning at the anterior limit of the former, it ended at $2\frac{3}{4}$ inches from the meatus urinarius. 3. The external orifice extending forwards from the termination of the preceding. He then noted the class to which the strictures belonged; in region 1 were 257, or 67 per cent; in region 2 were 51 or 16 per cent; in 3 were 54 or 17 per cent. Of these there were 185 cases of one stricture only situated in region 1, 17 in region 2, 24 in region 3. There were 8 examples in which the urethra was strictured in all 3 regions; 10 in region 1 and 2 only; 10 in regions 1 and 3 only; 13 in regions 2 and 3 only. The author corroborates the experience of J. Hunter, who never saw a prostatic stricture. He observes, "there is not a single case of stricture in the prostatic portion of the urethra to be found in any one of the public museums of London, Edinburgh, or Paris. I am disposed to believe that some observers have been deceived in reference to it."

The various symptoms and complications of stricture are next treated of in a short chapter, and discussed as comprehensively as the limits will admit. From, however, these being somewhat confined some important topics are hardly amplified as much as might be desirable. Hæmaturia, for instance, appears to be thus abbreviated. Our attention has been especially arrested by this one, from having perused in a late number of the *Dublin Medical Press* one of a series of lectures on strictures by the late J. Kirby, L.L.D., F.R.C.S., in which this symptom is very fully treated. This hæmorrhage may be either traumatic or idiopathic. The former kind is not always avoidable, and occurs after the most skilfully and delicately used instrument. Owing to the mucous lining having been resolved into a pulpy unresisting softness that readily yields to a moderate degree of pressure, all parts of the urethra are alike liable to it; the most dangerous locality is the bulb or its posterior part, because there the vessels are large, they are more retired in situation, they are much out of range of pressure, and what is worse, the blood will or may assuredly find its way into the bladder. Idiopathic hæmorrhage is very rare. Dr. Kirby only saw 2 cases in his extensive practice, and Frank only met with 8 cases out of 8000 treated. It usually proves fatal, is of chronic duration, and generally dependant upon or coexistent with disease of the kidneys.

The most interesting question at the present day, regarding stricture, is as to the real merits of the treatment by external incision. This plan is now generally called "Syme's method;" but why the credit of novelty should be assigned to this surgeon is not easily understood, and

is only a mark in those who so talk, of their own inacquaintance with the literature of the subject. The earliest record of the execution of this operation dates back 204 years, and the operator was one Edward Molins, a 'celebrated chirurgion.' Since that remote period a great deal more was written and done in the matter than we have time to mention, but which our readers will find specified in the work of our author. It is but fair, however, to the Edinburgh Professor, to observe that he selected a different class of cases for the operation. Before his day, it was only performed as a last shift in impassible strictures, and in the most unsuitable cases, as those presenting visceral lesions, as disease of the kidneys, &c. Mr. Syme, on the contrary, reserved it for strictures that were permeable, and occurring in persons enjoying exemption from organic disease. Beside the more obvious advantages he thus obtained were still others—not the least of which was that the urethra was divided upon a groove I director passed through the stricture, instead of being dissected without any such guide; he was thus fully aware of where and into what he was cutting, instead of being doubtful whether his division had been carried through the narrow canal in the centre, or through the solid substance on one side; for, in impassable stricture the urethra is totally obliterated, and its exterior surrounded by cartilaginoid deposition. A stricture, however, such as this, is very infrequent. Cruveilhier relates but a single case. Sir Chas. Bell possessed one. Guy's Hospital Museum contains but two or three preparations. In contrasting the old and the modern cases of section, a greater amount of success is observed to have attended the latter, but at this we need feel no surprise after what we have just learned. But now comes the great matter of dispute: *Is a surgeon justified in dividing, by external incision, a stricture which is permeable and admits of dilatation?* The usual objections urged against the operation, we believe, are these: "1st. That it is unnecessary. 2d. That it is attended with little or no success; and, 3d. That it is difficult and dangerous."—(Wallace, *Glasgow Medical Journal*, April 1856.) Now let us examine these. Of the first it may be said: The operation is only had recourse to in inveterate cases—in the words of Mr. Syme.—where "the contracted canal is so extremely irritable that the introduction of an instrument aggravates instead of alleviating the symptoms, and exposes the patient to various dangers from the local and general disturbance thus excited." When, again, according to Mr. S. "the peculiarity consists in a contractile tendency so strong as quickly to counteract the effect of dilatation and thus render it useless." In addition, our author says: "When one or two old urinary fistulas, situated at or near the middle line, complicate a stricture not readily yielding to

dilatation, because they can be included in the incisions, and their healing is thus very effectually promoted;" and he adds still one more case, viz., when strictures "are due to traumatic causes." External incision is not, then, designed as a substitute for dilatation, caustics, or any other method, it is reserved for sets of cases which, without the aid it can afford, are incurable, and might prove fatal. In no case, we conceive, would the surgeon be justified in resorting to incision when recovery could be otherwise effected. And this deserves to be particularly insisted upon, for else the operation might be resorted to in order to spare a trial of patience and perseverance—a practice which, if followed, would be highly culpable and deserving of condign censure. So long as a stricture is dilatable to a medium size, and so long as it can be maintained at this capacity by the occasional—as the monthly or even weekly—introduction of a bougie, external incision, in our opinion, is not to be practised. Because, most bona fide strictures of some standing have a resiliency which tends to bring them back to the size they were before dilatation; this property is manifested with varying rapidity in different cases, depending greatly upon those periodical revolutions which go on so obscurely in the human system, and materially influenced by various exciting causes, as dyspepsia, intestinal disorder, &c.; the effect is often removable solely by relieving these injurious agencies, and not necessarily requiring the use of an instrument; and the recurrence of the symptoms does not seem to depend so much upon a relapse of the organic lesion, causing stricture, as upon the superaddition of irritation, causing spasmodic action in the muscular fibres of the urethra. If, therefore, in such cases, the operation were recommended, its use would become nearly universal in the treatment of stricture generally. And it is that this frequency may not be incurred we raise our objection. Lastly, we believe that there are many cases of contractile or elastic strictures which are not fit subjects for this operation. We think that all the causes which preclude lithotomy and lithotripsy should equally contraindicate external incision; and the co-existence of many strictures should also negative the use of the knife. We have now under our care an old buck, who has a series of strictures; the first being situated about an inch from the meatus, then, after a brief interval of healthy ground, the second starts up, and so on till the last is sprung, which lies near the end of the membranous urethra; coupled, moreover with these strictures is a respectable enlargement of the prostate gland. The aft strictures are decidedly elastic, as well as irritable, those more forward less so; but yet we cannot consider his case a fair one for operation, and have never found it in our heart to propose he should be cut. The second objection, viz: that external incision is not

successful, may be answered in the negative, by the work before us. The author notes 113 cases in which the operation was performed, of these only 4 were fatal, 1 unsuccessful, 4 doubtful, 22 more or less successful, 2 tolerably successful, 9 successful, and the remainder are 70, by Mr. Syme, of which it is said "a large proportion of the cases successful." This surely is a strong statistical appeal in favor of the operation. The gentleman last named has certainly had a greater number of happy issues than any other person. This may be ascribed to his having more carefully selected his cases, to a more dexterous mode of operation and greater attention in the after treatment. We only remember 3 cases in which external incision has been performed in the Montreal General Hospital, of these 1 was successful, 1 unsuccessful, and 1 fatal. The latter was a very unfavorable case, to test the real merit of the operation, as laceration of the urethra with urinary infiltration had occurred some hours anterior to the operation, and it was probable false passages had been forced open, as several and divers hands had tried to pass a catheter before incision was performed. The unsuccessful was an instance of dense cartilaginous deposit, enveloping the site of stricture, the object of the operation was not attained. The successful occurred last summer, and was performed by Prof. Sutherland, although apparently an unprepossessing case, yet its issue was remarkably satisfactory, and relapse, we believe, neither has occurred nor is anticipated. Third objection—the operation is difficult and dangerous; so far from being difficult it is remarkably facile, and may be accomplished in a shorter time than that required for reading its description. It is merely a simple, direct cut, in the median line, through the skin and each subjacent tissue betwixt it and the urethra; guided and defended by a staff or director in the canal. The danger is best seen in the facts adduced. Its nature is thus stated by the author:—"The cause of death was undoubtedly pyohæmia, it was not hæmorrhage, and, although, much has been said respecting this, I believe it has never been directly stated by any writer to have been so in a single instance." Pyohæmia is a condition which we have seen result from other methods of cure in stricture, and we have notes of one remarkable case, taken during our pupilage, in which death was thereby ushered in, the strictures were cured by dilatation, but the urethra became gangrenous, and the veins leading therefrom inflamed and formed the pus which "holds such enmity with the blood of man."

We cannot conclude without expressing the very high opinion we entertain of Thompson on stricture of the urethra, and the surety of the great pleasure our professional friends will derive from its careful study.

It is eminently entitled to the attention of every one engaged in surgery.

VII.—*Practical Remarks on the Treatment of Spermatorrhœa, and some forms of impotence.* By JOHN L. MILTON, Member of the Royal College of Surgeons of London. Third edition. Pp. 30. London: Samuel Highley, 32 Fleet Street. From the Author.

We are pleased to see surgeons of respectability directing their attention to spermatorrhœa, a disease which has unfortunately been too long considered the sole property of the quack. The evil which has been effected by the circulation of popular books for the information of "the afflicted," is incalculable. Young men, healthy, of good constitution and unquestionable virile power, have been made most miserable, haunted by a constant dread of impotency, merely from having perused some one of these works. Not uncommonly have they been driven, through shame and despair, to destroy themselves; dying the death of the suicide, rather than live a life burdened by a weight of bitter and gloomy reflections. Had such unfortunate persons, instead of seeking the assistance of those "vile harpies who prey on this class of victims," applied to the regular practitioner, their minds would have been set at rest, and they might have spent useful and happy lives.

Mr. Milton divides spermatorrhœa into—1, night discharges; 2, day and night discharges; and 3, imperfect secretion of semen. For the first, or nocturnal seminal emissions, his treatment is the same as that usually followed, viz., tonics, iron, gymnastics, pleasant society, &c. When ejections are painful and violent, his favorite dose is a teaspoonful of spirits of camphor in a little water. "In recent and sudden outbreaks of spermatorrhœa, also, it is of importance to try the camphor, for in many cases it snaps the chain of morbid habits, it interrupts the recurrence of the emissions, and thus enables the organs to gain time by this respite." When all other treatment has failed, he recommends, contrary to Lallemand, the application of a blister. If blistering tissue be employed, there is not any danger of strangury ensuing.

The second form will frequently yield to the treatment recommended for the first form, if it be long enough continued. While Mr. Milton agrees with Curling and others, that Lallemand's plan of cauterizing the urethra is both a safe and a valuable remedy, he believes that too many surgeons look upon it as *the remedy*, while, in truth, it is not very often called for.

VIII.—*Remarks on vesico-vaginal fistula*, with an account of a new mode of suture, and seven successful operations. By N. BOZEMAN, M.D. From the author.

To American Surgeons we are indebted for the two best and most successful modes of operating in vesico-vaginal fistula. The one recommended by Dr. Mario Sims of Boston is well known to our readers, and we now propose to lay before them the one proposed by Dr. Bozeman of Alabama. The essential parts of the apparatus consist of wire for the sutures, a metallic button or plate, and perforated shot to retain the latter in place. The wire should be made of pure silver, about the size usually marked 93, and properly annealed. A length of about eighteen inches should be allowed for each suture. The button possesses several peculiarities. It may be made of either lead or silver. The former, hammered out to the thickness of 1-16th of an inch, answers the purpose tolerably well. The latter can be made still thinner and does better on several accounts, it is lighter, less likely to yield under pressure, admits of a higher polish, and allows the wires to be drawn through the small holes without dragging.

The object of the button is to cover the fistulous opening after the introduction of the sutures, and its size and shape will therefore vary somewhat according to circumstances. The shape of those that I usually employ is oval but they may be circular, semi-circular, I, or T shaped, to suit individual cases. The size will also necessarily vary, but it is seldom than one larger than the largest here represented, say 1 1/4 inches in length and 5/8ths of an inch in breadth, is required. But whatever the shape or size, it is a matter of great importance that the under surface should be slightly concave, and the edge turned up. Along the middle of the button are arranged perforations for the passage of the sutures, which should be sufficiently large to admit two thicknesses of the wire freely. The number of these openings will depend of course upon the number of the sutures, which are usually placed about 3-16ths of an inch apart.

The shot are No. 3 in size, and perforated for the passage of the wires.

Operation.—The edges of the fistule having been pared, the wire sutures are to be lodged in their respective places in the usual way, by attaching them to the ends of silk ligatures, previously carried by means of a needle through the septum from one side of the fistule to the other. But in connection with this step of the operation, there is some difference between Dr. Sims' procedure and my own. In the first place. I do not usually take so firm a hold of the tissues, the space between the entrance of the needle and the edge of the fistule rarely if ever exceeding half an inch, and it matters not whether the parts be indurated or not, the wire is not likely to cut out very soon. Secondly, it is not necessary to observe the same scrupulous care in entering and bringing out the sutures upon an exact line with each other; for, as will be hereafter under-

stood, each one is in its action entirely independent of the others. Thirdly, instead of being obliged always to place the sutures parallel with each other, I have it in my power, if the peculiar nature of the case indicate, to insert them in any direction, and am thus enabled to bring within the sphere of successful treatment a large class of cases, which, owing to the irregular shape of the fistule, and the scarcity of tissue not admitting of extensive paring, cannot be subjected to the clamp suture.

In regard to the needle for passing the ligature, there is great diversity of opinion. I am myself in the habit of using one that is short, straight, and spear-pointed, the length varying from a half to three-fourths of an inch.

The needle-holder or clasp consists simply of the ordinary steel clasp having a long substantial shaft and a flexible metallic canula for the purpose of approximating the branches of the clasp. The latter are furrowed in various directions for the purpose of holding the needle firmly, and allowing it to be placed at any angle that may be desired.

The introduction of the needle in reference to the structures to be penetrated, is justly considered a matter of no little importance. Indeed, I consider that too much care cannot be taken to avoid piercing the mucous coat of the bladder; and the needle, instead therefore of being carried through the septum should be brought out at the edge of the opening in the vesical sub-mucous areolar tissue.

As heretofore mentioned, the wire for each suture should be about eighteen inches in length, and the sutures should be placed usually not more than 3-16ths of an inch apart, although if the tissue be sufficiently abundant to admit of approximation without dragging, an interval of 1-4th of an inch may be left.

The next step in the operation is to draw the raw edges closely in contact, by bringing the opposite ends of each wire together. This may be readily accomplished with an instrument which I have invented for the purpose, and call the *suture adjuster*. It consists simply of a steel rod, fixed in an ordinary handle, its distal extremity flattened, perforated, and raised upon one side into a kind of knob. The opposite ends of each suture are to be passed through the aperture in the end of the adjuster from the convex toward the flat surface, and while the former are held firmly between the forefinger and thumb of the left hand, the latter is carefully slipped down upon the wires until it comes closely in contact with the tissues. In this way the edges of this fistule are gently forced together, and for the time being, the stiffness of the wire prevents their separation. Should it be found, however, that accurate coaptation does not take place, owing to the imperfect manner in which the edges have been pared, the sutures may be readily loosened, and the defect remedied without the necessity of withdrawing the wires.

A button of suitable shape and size having been previously provided, is now to be placed upon the wires, its concave surface corresponding to the vesico-vaginal septum, and carried down in contact with the septum. The wires being again held in the left hand, the button should be pressed gently against and adapted to the surface of the parts. This may be accomplished by an instrument which I call the *button adjuster*, consisting of a stout iron rod, bent at a right angle within half an inch of its distal extremity, and inserted into an ordinary wooden handle.

The shot are to be now passed down over the approximated ends of each suture to the convex surface of the button, and here each one is to be successively grasped with a pair of strong forceps, and held against the suture, in order to bring the vaginal surface of the septum in close contact with the concave surface of the button, and insure close coaptation of the edges of the fistule. This having been satisfactorily accomplished, sufficient force is exerted upon the forceps to compress the shot, and thus prevent its slipping. The operation is then concluded by clipping off the wires close to the shot. The apparatus is allowed to remain on, generally, not more than ten days."

IX.—*The principles of Surgery.* By JAMES MILLER, F.R.S.E., F.R.C.S.E. Author of the practice of Surgery; surgeon in ordinary to the Queen for Scotland, Surgeon in ordinary to his Royal Highness Prince Albert for Scotland; Professor of Surgery in the University of Edinburgh; Consulting Surgeon to the Royal Infirmary, &c., &c., &c. Fourth American from the third and revised English edition. Illustrated by two hundred and forty engravings on wood. Pp. 696, 1856. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson.

Professor Miller's work on the principles of Surgery is a favorite text book in the University of McGill College. The appearance of a fourth edition is sufficient evidence of its popularity in the United States. Indeed we know of few works on the subject of which it treats more thorough, more up to the present state of surgical science or more pleasant to read. To those of our readers who do not possess a copy we can fully recommend it, assured that it will be an important addition to their library.

X.—*An analytical compendium of the various branches of medical science, for the use and examination of students.* By JOHN NEILL, M.D., Surgeon to Will's Hospital; demonstrator of anatomy in the University of Pennsylvania; lecturer on anatomy in the Philadelphia Medical Institute, fellow of the College of Physicians, &c. And FRANCIS GURNEY SMITH, M.D., lecturer on Physiology in the Philadelphia Association for Medical Instruction; Physician to the St. Joseph's Hospital, fellow of the College of Physicians, &c. Third edition, revised and improved. 1856. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson.

Compendis are no particular favorites with us. A student who de-

pends solely upon them for his professional knowledge is certain to be superficial. The ease, moreover, with which their contents can be mastered, render them particularly inviting to the indolent who generally rest satisfied with what they learn from their pages. The analytical compendium of Drs. Neill and Smith is one of the best of the class, and free from many of the objections that can be brought against others. The information as far as it goes is most trustworthy. Some of the divisions are ably treated. We would point, in particular, to the one on Physiology, which is really a very complete and admirable condensation of the subject.

XI.—*The practical hand-book of Medical Chemistry.* By JOHN E. BOWMAN, F.C.S., Professor of practical Chemistry in King's College, London. Second American from the third and revised London edition. With illustrations. Pp. 287. 1855. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson.

Mr. Bowman, as a teacher of Practical Chemistry in a Medical School, long felt the great want of "a small manual containing instructions for the examination and analysis of urine, blood, and a few other of the more important animal products, both healthy and morbid, and comprising also directions for the detection of poisons in organic mixtures and in the tissues." He was, therefore, induced to publish the work before us, believing that it would be found useful not only to the medical student, but also to the practitioner, to whom the value and importance of the application of modern chemistry and microscopic analysis to his art, are becoming daily more and more apparent." In the third edition he has endeavored, "without materially adding to it, to embody all the recent discoveries in medical chemistry which have been announced up to the present time; and thus to keep pace with the rapid advance which is every year being made in this most important branch of medical science." The well known reputation of Mr. Bowman as a scientific man is sufficient guarantee for the completeness and reliability of the processes and results stated. This hand-book should be in the possession of every student of medicine, and should, as well, lie on the office table of every practitioner.

CLINICAL LECTURE.

(Medical Circular.)

Pseudo-morphous Forms of stone in the Bladder: or, excessive irritability of the Urinary Apparatus. By EDWARD STANLEY, Esq., F.R.C.S., F.R.S., &c. Surgeon to St. Bartholomew's Hospital.

Gentlemen,—In the first place, to-day being the first day of the summer session, I will draw your attention to a class of cases of very considerable importance, bearing more or less on a set of diseases which you will do well to study in all their particular details. I now allude to cases of *stimulated, or false stone in the bladder*, accompanied by intense irritability of that organ. You no doubt saw that boy that lately died in the hospital, worn out by this affection. Now these cases are not uncommon in practice. A boy is presented to you with all the usual signs of stone well marked, yet, no matter how strongly marked, no stone exists. The prominent symptom is excessive irritability of bladder, with pain on micturition; moreover, when you come to examine the urine there is mucus or blood; the urine is acid, sometimes excessively so, indeed so much so as to strike with litmus quite a bright red.* Drops of blood may pass after the urine; this is even attended by sudden stoppage of the stream of urine. Under such circumstances you are called to see the case; you sound the patient, yet you find no stone; you sound again and again, and yet with the result you are not satisfied. Now these are not imaginary cases, but rather cases frequently met with. I now show you the bladder of a boy, preserved in the museum. You see how excessively thickened its fibres have become. There was a case several years ago in the hospital, exactly similar to the case I shall read to you, which we had recently in the hospital. The general result of such cases, however, is (if not too long protracted) that they yield to treatment; I am not prepared to say what part each of the remedial means would recommend may perform in the cure—castor-oil to clear out the bowels, warm bath, demulcent drinks, Dover's powder, farinaceous food, alkalis, or vegetable salts of the alkalis, *hydrarg. c. creta*, and the like. Now these cases, as I have said before, are met in private practice too; parents become alarmed; the boy is in constant pain; but be on your guard that there is not congenital phymosis; or another cause of the disease may be organic change, or other affections of the kidneys, to be detected by testing the urine. Now I will relate to you the heads of a case that occurred to Mr. Lawrence and myself not long ago. It was that of a child four or five years old, brought to us with all the symptoms of calculus in the bladder, but no calculus was present. I drew off the water, and sounded not less than three times in the intervals of several days. Each time I thought I felt something rough, but still the evidence was not sufficient. Mr. Lawrence, too, thought once he touched a stone,

* The more acid the urine is, the better are the chances of curing the case by ordinary treatment. It is only when the excessive irritability from sabulous, or other matters, leads the mucous membrane to throw out excessive *alkaline* mucus, that the case becomes complicated, and even the decomposition and deposit of triple phosphate is the result of acid alkaline mucus re-acting on acid urine.

but the general preponderance of our impressions was—no stone; though the child suffered severely from all the symptoms of stone—terrible irritability and pain, even sometimes amounting to retention. In spite of all we could do, this child sunk, and we found on the post-mortem examination the bladder excessively hypertrophied, the mucous coat thickened, the fibres or fibrillated part thrown into prominent bands, and the kidneys very much diseased. You will say, perhaps, that the kidneys were the peccant organs here, but still we cannot be sure about that. Next, as to this peculiar sensation of stone conveyed to the sound. I believe, now, a thickened fibrillated bladder will give this sensation of “rub.” But there is another way, you will say; there may have been in reality a very small stone, like a hemp seed, or larger. But cases are perpetually to be seen of this kind, children every week actually tied up for the operation of lithotomy, but no calculus discovered. Even by Cheselden himself, we are told of children cut for stone, but no stone found. This is all very interesting in a practical view. One point more I must mention. It is curious that such children, though cut, when no stone could possibly have been present, have yet completely got rid of those false or pseudo-symptoms of stone, by a new action being set up on certain nervous plexuses, perhaps about the neck of the bladder, having been divided.

Next to the case before us, a boy, who was several months in Darker’s Ward, has just died, and as Mr. Callander has been so kind as to draw up the case, I will refer to the salient features in it. His age on the admission was ten years; he was repeatedly sounded, and though suffering from all the physical signs and symptoms of stone in the bladder, no stone could be detected; his urine occasionally stopped during micturition, and on passing an instrument, the rough, rubbing sensation of bladder was felt; the urine was found to be turbid on its being passed, and became more so on growing cold. He was treated very much according to the plan I have already indicated, but he went from bad to worse, and died exactly a month ago, after a stay of eleven months in hospital.

This constitutional form of treatment, however, is very often of great use, and should never be neglected. Mild opiates, hyoscyamus, alkalies, and vegetable salts, to preserve the urine neutral. I will now read you the post-mortem:—The general appearance of the body was natural, but on cutting down over the bladder it was found distended and bulging quite out of the pelvis. “The whole extent of the urinary apparatus,” Mr Callander says, “is one mass of disease, cutical arrangement of the kidneys, calyces, ureters, bladder, and urethra; in fact, the ordinary mucous membrane of these parts is no longer recognisable, but we find in place of it a peculiar scrofulous deposit or destruction of mucous membrane, and sub-mucous tissue:” in the bladder especially, and all along the ureters up to the calyces. [Some admirable engravings and specimens were here shown to the class, representing the recent pathological preparations.] We have had, too, a case of lithotritry recently under consideration; it affords a good example of irritable urinary apparatus. When I show you, as I now do, the fragment of stone removed, and their angular sharp edges, and tell you their composition is triple phosphate, I

have told you enough to explain that this man has undergone six sittings; he has come to hospital, also, the third time to be operated on, and you will say, Would not lithotomy have been better? But I believe not, as under any operation there would be a tendency to these triple phosphates in this operation. I do not advise chloroform. The chief point I look to is the position of the patient; he should be so placed that the stones fall to the lower and posterior part of the bladder. The patient should be supported by pillows on a table, as you saw in Abernethy Ward. Four or six ounces of warm water are next, almost drop by drop, injected into the bladder, the urine having been previously withdrawn, so as to make sure of a certain quantity of fluid and no more. Chloroform, I think, contracts the bladder or the muscles of the abdomen, and ejects the water. I have one other remark, and it is this. Do not raise the handle of the lithotrite too much, or you press its other end on the neck of the bladder, and aggravate the pain. I believe I differ in this a little from the otherwise excellent directions of Sir B. Brodie on the subject, but I think the lower and back part of the bladder is the right position in which the stone should be seized, but not too much towards the wall of the bladder, which is already in a state of intense irritability.

THERAPEUTICAL RECORD.

Itch, 1.—Flowers of sulphur. 100 parts; quicklime. 200 parts; water. 1,000 parts. Boil, and when cold, decant the mixture into bottles and carefully seal. This is to be used by general friction after the body has been well washed with soap and water and immersed in a warm bath. This method has been long used in Belgium. It is cheap, simple and rapid.—*Gaz. Hebdom.*

2.—Three drachms of chloride of sulphur; 3 ounces of sulphuret of carbon. Dissolve. Anoint. Remove in 36 hours by a bath, when the disease will be found completely eradicated.—*Union Med.*

Diarrhoea.—When accompanied by indigestion, and when obdurate, particularly in children. Pepsin, in doses of 3 grs. at the beginning of every meal, is entitled to much consideration as a remedy.—*Journal de Med. de Bord.*

Variola, Mercurial Collodion in.—This new compound is made from Hydr Bichl. grs. xxv. collodion ʒ iij. It is used topically as an ecrotic. Under its influence the pustules have been prevented from suppurating. It is much more advisable than simple collodion.—*Bull de Therap*

Aperient Solution.—Take of aloes, two and a half ounces; supercarb of soda, two ounces; water, two quarts; compound spirits of lavender, two fluid ounces. Mix and digest fourteen days, and decant for use. Dose, a fluid drachm to an ounce.—*Mettaven*.

Tape Worm.—Bruise three ounces of pumpkin seeds thoroughly in a

mortar; add cold water, and beat the seeds with it intimately, until, by expression and straining, they yield eight ounces of emulsion. Let the patient take the above quantity in the morning fasting, and follow it in two or three hours with a full cathartic dose of castor oil.—*Memphis Med. Recorder.*

Scarlatina.—Oil of turpentine, fifteen or twenty drops, with double the quantity of spirits of nitre. Dose for a child two years old. Is considered by Dr. Collings, of Indiana, as equal to quinine in ague. In ulceration of the throat, he also applies turpentine in combination with volatile liniment, externally.—*Northwest Med. Jour.*

Dysmenorrhœa.—In the membranous form, stramonium has been lately much recommended. Given as the extract, in doses of gr. 1-8 three times daily, beginning four days before the expected return of the attack. The quantity is increased to $\frac{1}{2}$ a grain, or such as will produce a desired constitutional influence.—*Atlanta Med. Jour.*

Ophthalmia.—In an English ophthalmic hospital, counter-irritation to the eyelids by means of iodine, is held in high repute. To prevent the spreading of the iodine and obviate the danger of its reaching the inner portion of the eye, it is made into a paint according to the following: R. alcohol, ʒij.; spt. of nitrous ether, ʒiv.; mastic, ʒss. Iodinet in saturation.—*Memphis Med. Rec.*

Diphtheritis.—Bicarb soda, in doses of fifteen grains, in the treatment of pseudo membranous angina. The relief was prompt, and so decided as to be highly satisfactory. It is supposed to counteract the excess of plasticity in the blood.

Chilblains.—Lisfranc long ago recommended chloride of lime in all the stages; and the remedy is one deserving of notice in this troublesome disorder.

PERISCOPE.

Antidote to Strychnia.—A case of intentional poisoning, by taking six grains of strychnia, is related in the St Louis Medical Journal, in which the patient was very promptly relieved by two doses of chloroform, a small tea-spoonful each. Free emesis had, however, been previously produced by tickling the throat with a feather, which the reporter thinks could not have done much good, as the poison had already, and for a considerable length of time, produced its characteristic effects upon the nervous and muscular systems. The same journal contains a suggestion that chloroform is an antidote to lead poisoning, in still smaller doses; but should there be good reason to expect antidotal effects in either case, we might venture to make more sure of them by increasing the quantity given, particularly in urgent cases.

A Caution to Mothers.—The Journal of Insanity contains an article on the reciprocal influences of the cerebral and reproductive systems, giving several cases in which the milk of a nursing mother became so deteriorated and changed, under the influence of violent passion, as to prove poisonous to the infant, causing serious diseases, and in some instances sudden death. He quotes Carpenter, as saying that no secretion so evidently exhibits the influence of the depressing emotions as that of the mamma; and Sir Astley Cooper, contending that tranquillity of mind is necessary to the abundant secretion of healthy milk; a fretful temper lessening the quantity, and making it thin, and serous, it disturbs the child's bowels, with griping and fever. "Fits of anger produce very irritating milk, followed by griping in the infant with green stools." Anxiety, grief, fear, and other mental emotions, almost invariably lessen the amount and deteriorate the quantity of the secretion; and it can scarcely be doubted that many of the cases of obstinate derangement of the digestive organs of infants, have their origin and continuance in these mental perturbations of the mother. The influence of strong mental emotions over the menstrual function, is equally well marked; as is also its influence in some cases over the fœtus, in the womb. The author of this article relates several cases of this kind, and one in which the mother bore a very beautiful child from the supposed influence of a painting of the Madonna, with the exquisite beauty of which she was quite enraptured during pregnancy, and which the child resembled. We have known a case equally striking, in which the impression was produced by a living subject, a young female of great beauty whom the mother admired with such intensity that her child, also a girl, bore a more than family resemblance to her, not only in form and features, but also in their mental constitution, habits of thought, bodily movement and idiosyncrasies.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

THE PALMER POISONING CASE.

Homicidal poisoning is, next to assassination in sleep, the most cowardly mode of destroying life that can be practised, and consequently the most dishonorable to human nature. It is also justly esteemed a crime of the deepest dye, and punished by the utmost severity of the law. Secret poisoning was largely in vogue among the ancient Romans, Livy records that 200 years before the Christian era, 150 ladies were convicted and punished for the offence; in the 17th century it was actually followed as an art in France and Italy, and under the presiding genius of a Toffiana and a De Brinvil attained an alarming height of perfection; in our day, thanks to scientific analysis, a rigid police and legislative decrees, the crime is not very prevalent. It still exists, how-

ever, and it is believed that in Great Britain about 20 cases occur annually,—they happen almost exclusively among the poor, and are perpetrated in order that the survivor may obtain a burial fee or some other pecuniary emolument, payable after the death of his relation; and in many cases the sole motive has been that an unlawful affection may be indulged, a wife or husband has thus been killed, in order that another may be married. Of all the instances recorded, however, one has recently been brought to light, which is unparalleled in the annals of this iniquity. The case, as far as we can learn, is as follows:—

Mr. Cooke, the winner of a plate at Shrewsbury races, on 13th November, 1855, left the course in company with several friends, and repaired to a convenient inn where he treated them freely to wines and brandy. He had previously been in good health, and although formerly disordered with syphilis, and debilitated by mercury, he had now so far recovered from them that he had only a slight soreness of the throat. Having drunk deeply of the liquors he became sick, and was so ill after using the last named that he told a confidant he suspected Palmer had dosed it. Palmer was a surgeon, who had been much addicted to racing, and, although, as he said was "the best pal he ever had," yet the one was so implicated in the other's speculations, that by his death, the survivor would become richer and less embarrassed. On the 14th he had recovered, and afterwards the two were much together, travelled in company one day, and dined in common the day following. At this time they occupied opposite houses in the same street. On the 17th Cooke was handed coffee in the morning, by Palmer who had visited him, after partaking of which he vomited, he was subsequently given, in the same friendly way, broth which he also rejected, he was pressed to take more and upon complying he again grew ill: a chamber maid having tried it was similarly affected. From this forward, Palmer was constant in attendance, and most personal in affording supplies. The emesis was kept up during the whole day, recurring after every ingestion, except one, a glass of warm water, swallowed in the absence of his "best pal." This state of things continued over the next day. On the 19th after more coffee in the morning, vomiting was again repeated, Palmer then left Rugeley, the scene of the disaster, for London. In the interim the patient grew rapidly better, and his stomach retained whatever it received. At 9 p. m. Palmer returned, and immediately re-devoted himself to his victim; thenceforth a new and terrible scene followed. Two pills reputed to be morphia were administered, they made Cooke excessively ill, he screamed widely, rolled his eyes about, and beat the bed clothes, his head moved convulsively, and limbs straightened. To relieve these, two other pills were given, and a draught smelling like

opium; immediately vomiting ensued, and was succeeded by a refreshing slumber. One day more and the last:—Palmer bought 6 grains of strychnine and 3*ij* of prussic acid; the invalid free from spasms, and comparatively easy, till 11 at night, when he was dosed with 2 pills, vomiting occurred, but the medicine was not ejected. Palmer then left him, but being sent for at midnight, caused two pills of "ammonia," as he said, to be swallowed. This was the climax. In about an hour afterwards Cooke tossed about in frightful convulsions, his limbs became so rigid that he could not be raised though he employed them to do so as he felt suffocating. Every muscle was painfully contracted, the body bent like a bow, both hands tightly clenched, and the feet twisted; he was turned over on his left side, the action of the heart gradually ceased, and he was left a corpse.

At the autopsy no unusual appearance was seen in the stomach, and the organ was removed for chemical analysis. Cerebral vessels congested, but no extravasation, a few granules (Pechomian ?) noted on the membrane of the spinal marrow, but no satisfactory cause of pressure or irritation was seen. The throat and tongue bore evidence of former syphilis. The lungs were congested, and the air cells dilated. A few deposits (atheromatous?) were present in the aorta. But no further lesions were ascertained.

The suspicions of the step-father of the deceased were aroused, and a Coroner's inquest was held. This inquiry ended with the return of a verdict of wilful murder; a warrant of committal to gaol was issued, and Palmer was arrested.

To Drs. Taylor and Reese of London, was confided the analytical investigation. The body was exhumed and re-examined. Antimony was found in distinct traces both in the stomach and in the blood. The method pursued for its recovery having been Reinsch's, this discovery suggested that death had been caused by tartar emetic. But however much this accorded with the earlier part of the history, it did not agree with the latter end. And as then the symptoms with the progress of the case were those peculiar to toxication by strychnia. This poison was diligently sought for, but fruitlessly. Hydrocyanic acid, oxalic acid, morphia, veratria, nicotin, hemlock, arsenic and mercury were all searched after, but neither were they discovered.

The trial was delayed until the 14th May, the investigation extended over 12 days, the judge occupied nearly 2 days in summing up, the jury, after a withdrawal of an hour and a half, returned a verdict of guilty, and sentence of death was passed accordingly. By the *Asia* steamer news has just reached us that Palmer had been hanged.

The circumstantial evidence told greatly against the prisoner, as the following items show. Palmer had become a ruined man, in desperate necessity, with disgrace and punishment awaiting him, which could only be averted by money. Cooke had lots of money from his winnings on the turf. Palmer displayed great anxiety to arrange Cooke's monetary affairs, involving about £1020, and to obtain their management. His favorite study was a little book on poisons. He was known to have purchased about that time strychnia, prussic acid and Battley's solution. He asked a surgeon's assistant what dose of strychnia would kill a dog; whether it would be found in the stomach, and what would be the appearances. When the last were answered, he snapped his fingers and said "it's all right." After his death he was found searching the pocket of the deceased, looking under the pillow, bolster, &c. Cooke's betting book could not be found. Palmer exclaimed when he heard of the event, "he has left no relations," and that "he was responsible for £3,000 or £4,000, but this could not now be recovered." He procured a certificate from an old Dr., whom he had called in to see the case, that death was caused by apoplexy, and at the post-mortem, when no poison was found, he remarked to him, "they will not hang us yet." The evening of that day, he was seen for the first time in his life, drunk in the streets. He offered £10 to the post-boy, who carried the stomach to London, if he would upset the fly and break the jar. He bribed the post-master and saw the letters that passed between Dr. Taylor and the Solicitors. He attempted to gain over the Coroner by a "fine pheasant and hare" dinner, and inclosed him a £5 note. In jail he resolutely refused food for several days, and was bent on self starvation, till frightened by the dread of the stomach pump when he readily found his appetite.

Suspicious were also excited against him, by certain antecedent transactions. And it seemed as if Cooke had not been the first person he had murdered by poison. A gentleman, named Bladen, mysteriously died while in Palmer's house, to whom the latter owed £400. Bladen had a large sum of money on his person, and after his death £140 of it were found missing. His own brother Walter died extraordinarily. He had effected an insurance on his life; after making a heavy proposal of £82,000, of which more than half was rejected. This was unknown to his wife, and when Palmer endeavored to recover it, the offices refused to pay. He had caused a bottle of gin to be placed nightly at the bedside, while his brother was already intoxicated, and before the death of the latter, he had bought an ounce of Prussic acid. Still nearer, his wife's death was so suspicious, that her body was exhumed, and anti-

mony in considerable quantity found in it. He had insured her life for £13,000, and recovered the amount at her death. He reported her disease to have been cholera, but although she had had repeated vomitings, her bowels were costive throughout. From expressions she had used, it was surmised that she, from the deaths of four of her children, feared the safety of the only survivor. He proposed to insure the life of a Mr. Bate for a large sum, but was foiled, and Mr. B. still lives. And lastly, he was convicted of forgery. A bill of exchange for £2,000 bore his mother's acceptance; she denied the hand-writing, and he confessed it was that of his late wife.

In reference to the cause of death, a large number of medical witnesses were examined. Among those for the prosecution were Sir B. Brodie, Mr. Curling, Drs. Todd, Solty, Christison, Taylor and Reese; for the defence, Drs. Nunnally, Herapath, Letheby, Rogers, Gray, Wrightman, and Mr. Partridge. The charge was, that death had been caused by strychnia, and this was attempted to be rebutted by the plea of tetanus. The history of the case is certainly in favor of the first. The only possible form of tetanus was the idiopathic. This, however, is by no means common; Mr. Curling of London, in 22 years' experience, had never seen an instance. Its symptoms are of a continued type, and it never attacks one day to leave the patient the next, and return the third, as in the above case. It is preceded by premonitory symptoms of 12 or 24 hours' duration; these are stiffness of neck, pain about ensiform cartilage, and such as were not experienced by Cooke. It never occurs suddenly, nor does it set in violently, contrasting the more strongly with the above illness which happened to one previously in health, set in immediately, after using medicine, and rapidly became extreme. Its symptoms are gravescent, from a latent cause, and not, as in this case, intermittent, and reproducible by substances intentionally swallowed. It is never ushered in nor accompanied by nausea, vomiting, flatulence, and marks of indigestion, as was the above case. It is constantly evidenced by certain characteristic symptoms, such as locking of the jaws, and a peculiar expression of the countenance, (painful smile), which were absent. It affects the muscles of the neck and trunk more than the extremities, but in the above case this order was reversed. It has never been known to have produced such violent contractions of the hands, nor twisting of the feet as did occur. It is not induced by irritation, drink, excitement and exposure to damp, which were the only exciting causes Cooke was subjected to. Nor is it favored by antecedent syphilis nor mercurialization, which were the only predisponents alleged to have left their influence on his system. Its duration is very much longer than that which did happen, acute cases end in five days, chronic in nineteen days

or longer, the shortest known to Sir Benjamin Brodie was twelve hours. And it is not countenanced by the relicts found in the spinal canal. As, therefore, the case was not one of tetanus, the only alternative left is, that it was one of poisoning by strychnia. Why, then, was not this substance detected? The previous vomiting had been caused by antimony, and traces of this were obvious. Why should there not have been equal demonstration of strychnine, had it been administered? The answer, perhaps, is not easy. It was said strychnine is indestructible, not affected by putrefaction, and discoverable by proper analysis. So it is. But in this case, according to Taylor, the original dose was small, and it had been absorbed from the stomach. It ought then to have been found in the blood or tissues. Here, however, the delicacy of the tests applies even more strongly than before; the diffusion was greater, and the amount in an individual portion very exiguous. The witness appealed to experiments on animals; he had poisoned four rabbits, in two where one grain and one and a half grains had been given, no poison was detected, in one where one grain a bitter taste was experienced, and in one which had taken two grains the color test was positive. In direct contradiction, Mr Nunneley replied, that he had experimented in fifteen cases, and had always found it in the stomach. And to do away with any objection, on the score of dilution, Mr. Herapath testified, that he had dissolved two grains in a gallon of water, or 1 part in 70,000 parts, and from 1-10th part of a drop of water had recognised the poison. Nevertheless, we believe the non-detection is intelligible. We cannot think Mr. Taylor exhibited any ignorance or awkwardness in his analysis; nor can we deny the extreme delicacy contended for in the defence. But we are of opinion that the portion experimented upon, contained a really less quantity, than that which limits the test, for the contents of the stomach were extravasated, the organ was opened at Rugeley, and then sent to London; a large portion was consumed in obtaining antimony, which mainly absorbed attention at the time of the analysis; and a great bulk of the residue was lost in searching for *seven* other poisons which had never been used; thus leaving, we believe, too small a remainder in which strychnia could be recognized.

Professor of Anatomy. McGill College.—The vacancy left by the resignation of Dr. Bruneau, has been filled by the appointment thereto of Dr. Scott. Dr. B. has for a long series of years discharged his duties in a distinguished manner having obtained a high name for the anatomical chair in McGill College, and always secured the undivided popu-

larity of his class. His successor enters upon his new duties under favourable auspices. And we are sure from a long acquaintance with him, that neither the College nor Class will lose any of their former advantages by his selection. We sincerely congratulate our old friend on his well merited success.

American Medical Association.—At the Annual Meeting held at Detroit, Michigan, May, 1856, the following gentlemen from Canada West were admitted as visitors:—Dr. E. M. Hodder, F.R.C.S., Professor of Midwifery and diseases of children, Trinity College, Toronto. Dr. J. H. Richardson, M.R.C.S. Eng. Examiner in Anatomy, University of Toronto. Dr. Norman Bethune, M.R.C.S., Professor of Anatomy, Trinity College, Toronto. Dr. Worthy Huswell, M.R.C.S., Eng. Dr. A. R. Dewson, College of Physicians and Surgeons, New York, Provincial Licentiate. Dr. John Tarquand, Woodstock, C. W. From the *New Jersey Reporter* we learn that Dr. Dunn, of Michigan, moved that those gentlemen who had accepted the invitation should be admitted to the Convention and be furnished with seats on the platform during Session. In receiving them the President, Dr. Pilcher, said "he was happy to be the instrument of celebrating the nuptials by which we effect a scientific reunion of the members of the Anglo-Saxon race which have so long been separated by the political relation having their origin in the separation of the American colonies from the English colony."

Dr. Hodder, in behalf of his Canadian brethren, thanked the Association for the courtesy and kindness extended to them.

BOOKS RECEIVED FOR REVIEW.

From Messrs. Blanchard & Lea, Philadelphia:—Dunghison's Human Physiology. 2 vols. Eighth edition, 1856. Dunghison on New Remedies, seventh edition. 1856. Carpenter on the Microscope. 1851. Wilson's Dissector's Manual, third American edition. 1856.

From Messrs. Samuel S. & W. Wood, New York:—Chamber's on Digestion and its Derangements. 1856. Budd on Diseases of the Stomach. 1856. Foote's Practitioner's Pharmacopœia. 1855. Wright on Headaches. 1856. How to nurse sick children. 1855.

From Messrs. DeWitt and Davenport, New York:—Gardner on Sterility, 1856.

Bozeman's remarks on Vesico-Vaginal Fistule. From the author. Thirteenth Annual Report of the Managers of the State Lunatic Society of Utica.

HOSPITAL REPORT.

QUARTERLY REPORT OF THE MONTREAL GENERAL HOSPITAL, ending
28th April, 1856.

Patients remaining from last Quarter,.....	73	Died during Quarter.....	9
Admitted during Quarter,....	196	Now in Hospital,.....	63
		Discharged,.....	197
	296		269
IN-DOOR PATIENTS.		OUT-DOOR PATIENTS.	
Males.....	101	Males.....	506
Females.....	95	Females.....	465
	196		971

DISEASES AND ACCIDENTS.

DISEASES, &C.	Admit.	Died.	DISEASES, &C.	Admit.	Died.
Abscessus.....	2	1	Influenza.....	3	
Ambustio.....	3		Iritis.....	2	
Anchylolosis.....	2		Laryngitis.....	2	
Bronchitis.....	20	1	Leprosy.....	1	
Caries.....	3		Luxatio.....	1	
Catarrh.....	5		Mania.....	2	
Cephalalgia.....	1		Morbus Coxæ.....	2	
Cirrhosis.....	2		Obstipatio.....	1	
Colica.....	1		Ophthalmia Tarsi.....	3	
Conjunctivitis.....	1		Otitis.....	1	
Contusio.....	3		Paraplegia.....	1	
Corneitis.....	3		Paronychia.....	2	
Delirium Tremens.....	4	1	Parotitis.....	2	
Diarrhœa.....	1		Pericarditis.....	1	1
Dysentaria.....	1		Periostitis.....	2	
Dyspepsia.....	1		Phthisis.....	4	2
Endocarditis.....	1		Pleuritis.....	1	
Epilepsia.....	3		Pneumonia.....	9	1
Erysipelas.....	1		Rheumatismus.....	14	
Febris Com. Cont.....	23		Reubeola.....	1	
" Intermit.....	1		Scarlatina.....	2	
" Typhoid.....	2		Sciatica.....	2	
" Typhus.....	5		Scurrhus.....	2	
Fistula in ano.....	1		Stomatitis.....	1	
Fractura.....	3		Synovitis.....	1	
Furunculus.....	3		Syphilis.....	2	
Gelatio.....	4	1	Tumor Cerebri.....	1	
Gonorrhœa.....	1		" Ovarii.....	1	
Hæmoptysis.....	2		" Palpebræ.....	1	
Hydrocele.....	1		Ulcus.....	14	
Icterus.....	1		Varicella.....	1	
Incontinentia.....	1		Varioia.....	4	
Inebritas.....	1		Vulnus.....	2	

OPERATIONS, &C., DURING THE QUARTER.

Fractures.—Of thigh, simple, 1; compound, 1. Of arm, 2. Fractures treated among out-door patients, 3—Total, 7.

Amputation of great toe, 2; removal of epithelial cancer, 1; tumors excised, 2—Total, 5.

Minor Operations.—Cupping, 23; venesection, 18; teeth extracted, 134; abscesses opened, and other incisions, 43—Total, 218.

Attending Physicians, Drs. Scott and Howard.

ROBERT CRAIK,

House Physician and Surgeon.

MEDICAL NEWS.

In 1855, 246 persons were killed and 453 persons were injured on railways; 28 killed and 331 injured were passengers; 125 killed and 92 injured were servants of railway Companies or persons employed under contractors on the railways; and 93 killed and 21 injured were neither passengers nor servants. Of the passengers 10 were killed and 311 injured from causes beyond their own control; and 18 were killed and 20 injured from want of caution on their own part.—M. Vidal (de Cassis) author of *Traité des Maladies Vénéreuses, Traité de Pathologie externe*, died at Paris on the 6th April, aged 53.—George James Guthrie, M.D., formerly President of the Council of Royal College, Surgeon, London, where he also held the office of Professor of Anatomy and Physiology; also author of well known works on Surgery, died on 1st May at the age of 71.—In London, in the week ending May 3, 10,438 deaths were registered. The number was almost the same as that of the preceding week.—During the last year King's College Hospital, London, has treated 12,333 in-door patients and 23,114 out patients. The entire expense of the new Hospital computed to be about £50,000.—An old Doctor whose sands of life have nearly run out advertises, a cure for consumption at *one shilling* only and postage paid. It having been suggested to a lady she said "too cheap, too cheap; that man must be a humbug!"—During the year 1855 there were 86 works published or republished in the United States on Medicine and Surgery.—Recently died in London Mr. Battley, the eminent Pharmaceutist, at an advanced age. He was extensively known as the proprietor of Battley's solution.—Professor Gross has been appointed to the professorship of Surgery in the Jefferson Medical College, so long and so ably occupied by Dr. Mutter. As a teacher the latter gentleman had few equals, and his resignation was caused by failing health. He has been made Emeritus Professor of Surgery.—Dr. Mutter presents the College of Physicians of Philadelphia with his valuable collection of calculi, bones, wet preparations, casts, drawings, &c; it is also his intention to endow the College with a sum of \$30,000, part of the interest of which will be devoted to maintaining the Museum in good order and adding to it yearly new preparations.—Hahnemann's daughter, who assisted her father in Paris, solemnly declared that all the patients received only sugar plums, made of milk and sugar.—The corner stone of a magnificent hospital for the reception of the sick and wounded soldiers of the army to be called the Royal Victoria Hospital, was laid by Queen Victoria on the 19th ultimo, 6 miles from Southampton.—During a late epidemic of Puerperal Fever in the French Capital, several ladies, *encontrées*, expressed themselves with great confidence as to their exemption; because their Drs., who were homœopaths, had given them globules which they were assured would protract gestation till the epidemic was over!—The Burlington (Iowa) *State Gazette* says, that at corner of Maine and Valley streets some excavators came upon an arched vault about 10 feet square which contained 8 human skeletons, which were a little over 8 feet long; being the largest human remains ever found.—*Punch* hopes the medical men engaged under the "Compulsory Vaccination Act" will call at convenient hours; for it would be extremely unpleasant while one was at dinner for the servant to drop in and say, "If you please Sir, the Doctor has called and hopes you will come and be vaccinated immediately, for he hasn't a minute to spare, and can't wait."