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MEDICAL CHRONICLE.

Vol. V.]

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ORIGINAL COMMUNICATIONS.

ARTICLE XXVII.—*Mental Depression: a Cause of Death.* By Wm. H. HINGSTON, M.D., L.R.C.S., Edin., &c. &c.

If "a low sensual reader shall, from mere love of the animal life, find himself drawn in, surprised and betrayed into, some curiosity concerning the intellectual," how much more should the mind of the physician be impressed with the importance of earnestly considering that subtle and obscure link which binds the nervous system (of which he knows so little) with the grosser body, (of which he knows much more.) He, above all others, has daily opportunities afforded him of studying the ever-varying peculiarities of those with whom he associates, and on whom he is necessarily most dependent. "It seems to me," says Sir Benjamin Brodie, "that medical practitioners, if they knew how to avail themselves of it, have an advantage over most other professions; partly because they have to deal with every order in society, from the high-born patrician and prosperous millionaire down to the poor man in the hospital, seeing them as they really are, under those circumstances of trial, which, more than anything else, level all artificial distinctions; but, more especially, because they are necessarily led to contemplate the mind, not simply in the abstract, as is the case with the mere metaphysician, but in connection with the physical structure with which it is associated."

It being the duty of the physician to study the influence of the mind upon the body, and of the body upon the mind—not merely as an abstract study, but in order often to trace effects to their causes,—it appears

to me strange that so little on the subject is to be met with in the pages of medical literature. To fill up the hiatus is not my intention—vanity does not lead me quite so far; but my attention having been forcibly and painfully directed to one of the most depressing of the mental emotions—fear—operating through a weak mind upon a weakened body, I am induced to lay before the readers of the *Journal* the thoughts which were suggested at the time, as well as the details of the case which gave them birth.

The palpitations, agitation, coldness, palpitation, syncope,—depressing effects of sudden fear, making the strong man weak, the weak powerless,—are familiar to most persons. The feverishness, headache, sleeplessness* ; the parched tongue, loss of appetite, impaired digestion, and that melancholy which “makes the hearts ache sad and heavy,”—though not so easily traced to their exciting cause, follow, not less certainly, the continued operation of this depressant. There is no misery, nor rack, nor torture, greater than this, and, sometimes, no greater danger. Of all forms of fear, the fear of death seems to be most powerful. It matters little whether that fear arise from real danger, or from its mere fancied existence. “If it be told them,” (the Chinese), says Riccius, “they shall be sick on such a day, when that day comes they will surely be sick, and will be so terribly afflicted that sometimes they die upon it.” Burton and others furnish us with many such instances.

The fear of death—*mors pavor*—arrests the current of life at its very source, by impairing assimilation and arresting secretion. The bodily weakness thereby incurred, reacting upon the disordered mind, and again reacted upon, exposes the frail frame-works to those noxious influences, those accidents and vicissitudes of life, while unequal to a struggle with them. This is but a faint picture of the case of Mrs. G., whom I saw for the first time in September last. Mrs. G.,—a pale anæmic creature, with hollow sunken eyes, and a look of anxiety or dread impossible to describe,—is in labor with a seven months' child. I find her sitting upon a sofa, looking pale and downcast. The pains are frequent, and accompanied with slight oozing of blood. I desire her to be carried to bed, but her reluctance is extreme. I insist upon it; and she replies, slowly and sorrowfully, “Well, Doctor, I suppose I must, but I shall never rise from it again.” Regarding this as one of the prophecies so often heard and so little heeded at the bed side of parturient women,—

* I am not prepared to state whether the sleeplessness be the cause or result of want of food. It is not unreasonable, however, to suppose with Dr. George Johnson, that the two conditions exert a mutual influence upon each other.

although her nurse told me that she was labouring under the fear of being with child of a male, she having been told that she would die if it were a boy,—I proceed, without paying much attention to her forebodings, to make the usual examination. I found the os dilated to about the size of a shilling, and the placenta presenting. The pale, sunken cheek, and the weak pulse, rather than the abnormal presentation, or the trifling amount of oozing blood, made me anxiously and impatiently await further dilation. This, as is usual in such cases, was rapid; in a few minutes it was fully dilated; and, as the hemorrhage was now considerable, I introduced my hand, turned and delivered by the feet with facility, the placenta quickly following. The sex of the child (a male) was carefully concealed from my patient, and even from those present; my excuse for not showing it being that I did not deem it prudent to allow patients to look upon dead-born children. Matters went on favorably; the uterus contracted firmly; the patient's pulse became stronger and fuller; her dread and fear of dying seemed to have vanished; color returned to her cheeks; and she herself laughed at the ridiculous fear under which she had labored from the commencement of her pregnancy. Yet, ever and anon, would distrustingly inquire after the sex of the child, adding, "So strong a hold had it taken of me that I should the announcement of the birth of a male child would have terminated my existence. I may thank the Lord that the birth is premature, for I could not have supported the melancholy of the past seven months, two months longer." I took my departure at 10½ P. M., about an hour after delivery.

At 12½ P. M., I was summoned suddenly to her bed side. Her husband who came for me said "he was sorry to disturb me to quiet the stupid fancies of his wife,—but she had so urgently entreated him—saying she was dying, and that if he refused to bring the doctor, he, her husband, would ever regret disregarding his wife's last request." Doctor, he added, "she is terribly earnest about it or I would not have come." A vehicle was at the door and I hastened to the house. As I crossed the threshold I saw her gasp, but ere I reached the bed, she was dead. Brandy was poured into her mouth, but it trickled over her lips again. I examined the uterus, but the contractions were firm. The nurse (an intelligent woman) related to me the following: "She continued well for some time after you left—and I thought that all was going on well when Mrs. — said jekingly to her, "well, you see you have not had so much difficulty with this boy—(exhibiting it) as you had with the last one." Lord, Sir, had you seen her countenance it would have frightened you. She threw herself back upon the pillow and called her husband to go for you. He would not have budged but

she said earnestly to him, "Husband, dear, do not refuse your poor wife's last request," and off he started. Several times while he was away she said she was just gone—and when I heard the rattle of the carriage wheels, I told her to keep up her courage, but she replied, "I hear it too, but 'tis too late and my husband will be so sorry." That was while you were just at the door—and I did not know that she was dead till you told me."

The reader in glancing over the details of this case, may be disposed to exclaim "Pooh! nothing but internal hemorrhage!" but 'twas no such thing, as I shall soon attempt to show. The severe mental depression under which the patient labored previous to delivery, was such as I had never before witnessed, and alarmed me much. What else was the cause of death? Hemorrhage *ante partem*? This was so trifling and so soon ended that it could not possibly have produced death. Shock to the nervous system from turning? This, though much to have been dreaded in her weak state, was unusually slight. There was no shock perceptible at the time. Hemorrhage *post partem*? No! for that was far below the usual amount. Internal Hemorrhage? It could not have been for the uterus was as firmly contracted on my return, as it had been at my departure, two hours before. That all these, however, except the latter, contributed something to the fatal result, I do not wish to deny; anything, in fact, calculated to reduce vitality already low, would do so; but to severe mental depression, long continued—rendering the patient weak, nervous and anæmic, and to the suddenly repeated operation of the powerful depression is to be attributed this death from fear, or, what might be termed to suit Pathologists, "Death from Syncope."

ART. XXVIII.—*Cases of Mucous Hemorrhage.* BY M. F. COLBY,
A. M., M.D.

There have been two important cases of mucous hemorrhage here within a short period. They throw light on this disease.

Dr. Ayers relates two cases of mælena or hemorrhage from the bowels in which the liver and spleen had a blanched appearance, but Dr. Graham thinks that these two cases are not sufficient to justify a pathology of the mucous hemorrhage.

A girl aged 16, under the care of Dr. Meigs, was attacked with hemorrhage alternating from the vagina and nostrils. It was mostly from the latter. There was throbbing, heat, &c., about the nostrils, and all

the blood was pumped away. P. M.—Liver and spleen hypertrophied and blanched externally—Liver 8 lbs., Spleen 3½ lbs.

Mrs. H. came to me about four months ago and wished to examine a tumor, in reference to an operation. A large tumor existed on the left side, extending from the ribs to the pubis, I told her I could not decide whether it was Ovarian unless I knew where it commenced, and by a further examination which my health would not permit my going into. Three or four weeks since she had a tooth extracted in the morning—it bled through the day but was stopped at night. The same night she commenced bleeding from the nostrils and continued to bleed till all the blood was pumped away. P. M.—Liver and spleen hypertrophied and blanched; Liver 8½ lbs, Spleen 4 lbs. The enlarged organs had pressed the transverse colon down below the spinous processes of the ilium. Two portions taken from the intestines had the same blanched appearance in the mucous coat.

I had a portion of liver spleen, intestine and heart preserved for microscopic examination, Dr. R. of Derby, has them.

Now according to my view of the functions of the digestive tube the oppressed portal veins were not relieved by local rupture by a portion of the mucous membrane possessing all the sensibility of animal life, and that the hemorrhagic action was an active pumping state of the part from which the blood came.

In the last case I had an opportunity of examining the meso-rectum, and satisfied myself where the lateral power exists which aids in opening the upper part of the rectum and performing an office similar to the stylo-pharyngic muscles. I knew that such an action existed, but I did not know what the power was. If you will take the trouble to look into the subject you will find that portion of the internal oblique muscle has an independant action, and does not act in concert with the other portion. This arises from the outer part of Poupart's ligament and passes downward—a part descends with the spermatic cord, and this acts in concert with the Levator Ani in raising the testicle at the same time the rectum is raised, the other portion of the oblique acts at the same time in opening the upper part of the rectum to receive the fecal mass. In this action the meso-rectum acts as a ligament unless fibres of the internal oblique pass to the rectum between the layers of the meso-rectum. I at first thought this the case in the examination of Mrs. H. There was a layer of what I supposed muscular fibres an inch or more broad passing in lines toward the concavity of the ileum, but on touching them they were disorganized, and I could not tell whether they were blood vessels or muscular fibres.

You will not regret the time you devote to this subject, and you will find that the aphoristic view of the functions of the descending bowel which you published in your August number, is positively correct.

I think since that time that the ileo-colic valve has been opened in this vicinity more than fifty times and with uniform success.

Ileus of ten or twelve days standing has been stopped at once. The abdominal fullness in peritoneal inflammation has been repressed at once. *Spinal palsy* of the lower limbs, cerebral disease where there was a loss of language and intolerance of light have been cured, and are nearly well. The one with spinal palsy—bed ridden for a year, is walking about. But I trouble you,—I have my lectures nearly completed with plates illustrating the subject, and I now think of going to Portland in the Spring. The lectures will be comprized in 8 or 10. I wished to go where my views may be tested by close scrutiny. I should have gone in the fall to Montreal, but I could not bear the cold, and besides I cannot speak the French language.*

ARTICLE XXIX.—*Breech Presentation, with Hydrocephalus.* By E. W. GUSTIN, M.D., Fingal, Elgin County, C. W.

In May last, I was called to attend a case of midwifery. On entering the house, I found the woman in strong labour, with the breech presenting and already well down in the pelvis, with the back of the child directed anteriorly. The membranes were tough, and appeared externally. I ruptured them; after which the pains gradually lessened, and soon altogether ceased. Ergot was administered, and the pains quickly became severe and regular. For some time now the labour was allowed to proceed without interference. It was with the greatest difficulty that the shoulders were born; after which the pains, although powerful, failed completely to further the child. The funis ceased to pulsate; the child died. Satisfied that instrumental assistance was required, I sent for a consulting physician. The abdomen of the woman had lessened but little in size, and I could, by grasping it, distinctly feel the enlarged head, fully twice the normal size. The woman's strength began to fail, and I determined upon effecting her delivery without delay. The second physician now arrived.

The head, owing to its size, was unable to enter the pelvis; and the shoulders having been born, the neck of the child was therefore put

* Extracted from a letter to the Editors.

greatly upon the stretch, and fitted closely behind the symphysis pubic, rendering it impracticable to reach the head of the child. The only part within reach was the submaxillary space—the lower jaw having passed the promontory of the sacrum; consequently, craniotomy was rendered difficult as well as dangerous. However, no time could be lost; I therefore proceeded to operate. (I might here state that the usual changes in position of the child during the birth of the body were scarcely noticeable.) I introduced my left index finger, and with it guarded the introduction of the perforator. I now pierced the submaxillary space, directing the instrument behind the palate, through the foramen lacerum anterius into the cranium. The introduction of the instrument was difficult, owing to the distance it had to traverse before reaching the brain. However, I cautiously introduced it; and, having once entered the cranium, a gush of water escaped. After breaking the brain down as well as possible, I withdrew the instrument, which was followed by a large quantity of water and brain. The bones of the head instantly collapsed, and a few pains completed the labour. The woman recovered fully better than after her previous confinements.

Novel Treatment of a Footling Case. by A SQUAW, in Oneida Town, C. W.—The midwife, finding it impossible to extract the head, after the birth of the body, thought she would make sure of the latter, and consequently severed it from the neck with a knife. Twelve hours after the operation I was called, and removed the head.—E. W. G.

REVIEW.

ART. XXIV.—*Transactions of the American Medical Association. Instituted 1847.* Vol. X. 1857. pp. 676. Philadelphia: Printed for the Association. Collins, Printer.

The following is the table of contents of the Tenth volume of the Transactions of the American Medical Association:—Minutes of the Tenth Annual Meeting—Report of the Committee of Publication—Report of the Treasurer—Address of Zina Pitcher, President of the Association—Report on the Medical Topography and Epidemics of Maryland;—Report on Infant Mortality in large Cities; the sources of its increase and means for its diminution. By Dr. Meredith Reese, M.D., LL.D. &c., of New York.—Report on the Medico-Legal Duties of Coroners.

By Alex S. Semmes, M.D.—Report upon the Topography and Epidemic Diseases of the State of Georgia. By John F. Posey, M.D., of Savannah.—Report on the use of Cinchona in Malarious Diseases. By F. Hinkle, M.D.—Report on the blending and conversion of Types in Fever. By C. S. Pease, M.D., of Janesville, Wis.—Report on a new principle of Diagnosis in Dislocations of the Shoulder Joint. By L. A. Dugas, M.D.—Report on the Fauna and Medical Topography of Washington Territory. By Geo. Surkley, M.D., U.S.A.—Report on the Medicinal Flora of Washington Territory. By J. G. Cooper, M.D.—Report on Deformities after Fractures. By Frank Hastings Hamilton, M.D.—Partial Report on the Nervous System in Febrile Diseases. By Henry F. Campbell, M.D., of Georgia. PRIZE ESSAYS—The Excito-Secretory System of Nerves, its relations to Physiology and Pathology. By Henry Frazer Campbell, M.D.—Experimental Researches relative to the Nutritive value and Physiological Effects of Albumen Starch, and Gum, when singly and exclusively used as food. By William A. Hammond, M.D., U.S.A.—Plan of Organization of the American Medical Association.—Code of Ethics of the American Medical Association.—Officers and Permanent members.

Dr. Reese's very interesting report shews a rate of infant mortality in the large cities of the United States, more particularly New York, that is positively frightful. Nearly one-half of the whole number of deaths, is made up of those who die before attaining the fifth year of their existence, and the ratio is steadily on the increase. This contrasts singularly with what is found to obtain in the cities of Europe, the infant mortality in the latter, being decidedly on the decrease. "Of the fearful increase in New York," says Dr. Reese, "regarding this as a type of other cities, we have the testimony of the same statistical table. In the year 1843, the deaths under 5 years numbered 12,963, while in 1853 only 4588 such deaths occurred, showing the appalling increase of 8375 within 10 years, which is vastly beyond the proportional increase of the population of the city during the decennial period as shewn by the census. Moreover, this increased infant mortality in 1853, as compared with 1843, is in a ratio very far beyond that of the aggregate of the deaths in persons of all ages, in each of these years respectively, found in the same table. The deaths under 5 years in 1853, were 12,963, while the deaths of all others in the city of every age numbered only 3739; so that the *infant mortality* exceeded all the other interments for that year by 3224! This single fact exhibits in a striking light the importance of the subject of infant mortality in view of its frightful extent, and its alarming increase within 10 years. In 1843 the infant

mortality exceeded the half of the aggregate mortality of the city by only a *few hundred*; but in 1853, the excess over one half the entire number of interments of all ages in the city reaches *as many thousands.*"

This very black account of the loss of life among the infantile community of the city of New York, applies to nearly every large city in the Union, and the blackness is rendered more intense, from the damning fact involved in a single sentence of Dr. Reese's viz:—"still-born and premature birth interments number equal to *one-fifth* of the entire infant mortality of the last half century," 24,164 of such interments have been recorded as having occurred in the city of New York during the last 50 years. The mind of every honest, upright, moral man must recoil with horror from the contemplation of such a record. It is clearly impossible that such a vast proportion of cases of premature births is to be attributed to the operation of causes over which the mother has no direct control, and the revolting truth is forced on us that many American mothers are debasing themselves to a level below that of the brute creation, in seeking to deprive of vitality that living portion of themselves whose little body pulsates in their womb, in the security afforded by nature, waiting for the time ordained from the beginning, that it should emerge into the outer world and become an independent existence. There is no use disguising the fact, that abortion is carried to a fearful extent in the United States; and if the evil is to be remedied, it is not by speaking of it with bated breath and advocating measures of secrecy. Every one who feels an interest in keeping up a healthy state of public morals should make his voice be heard in this matter. Let these inhuman mothers, who, to escape the trouble (real delight—according to the Allwise Ruler's intention) of suckling and rearing the infant of their womb, the blood of their blood and flesh of their flesh—let, we say, these modern Saturnian votaries, be branded as *foul murderers*, which most assuredly they are—let them be held up, as they ought to be, to the execration of all who have the least respect for virtue; and if, as too often happens in these degenerate days, they succeed in escaping from the hands of the law, let them forever be looked upon with loathing and contempt by the community. We speak not now of these poor unfortunates who, deceived by some of those plausible devils in human shape called seancers, seek, in the madness which a consciousness of their unhappy situation inspires, to hide their shame by the destruction of their infant. Guilty they undoubtedly are, and we would not attempt to justify them. But they are truly deserving of our utmost pity and commiseration. Who can tell the crushing anguish which hourly and momentarily bears down the heart-broken female as she reflects on the

circumstance of being in a condition which will certainly bring down on her head the wrath of those whom she loves and honours, and render her a byword and a scorn on the lips of those whose friendship she esteems, ay, holds even higher than life itself? Who can estimate the amount of mental suffering which she undergoes ere she applies to the abortionist? Ignorant as we are of these things we cannot tell the force of the temptation. Let us, therefore, judge lightly, giving our affectionate pity while we condemn.

Our feelings then may be touched by the misfortunes of the victim of the seducer, and we may find in the circumstances of her position somewhat in extenuation of her guilt, but what are we to say of the conduct of that mother who, hedged round securely by the "bonds of holy wedlock," conceives, and, crime most foul and unnatural, seeks the aid of the professed abortionist, to procure the murder of the fruits of her conception. Horrible deed! No language can fully express the intense loathing and disgust with which we would regard the perpetrators. It passes our comprehension, how mild, beautiful women, delicately nurtured, well educated, and who have themselves received all the care and attention which the holy undying love of a true mother prompts her to bestow on her offspring, should become transformed into such hideous moral monsters. When we think over these matters, and of the extent to which the crime of abortion prevails among so called respectable women in the United States, we are seized with feelings of profound despondency. Whereunto are we tending in the much boasted light of the nineteenth century? What new depth of degradation will poor human nature plunge into? If the mothers of the present day—those who are to guide, instruct and mould the minds of the children who are to be the men and women of the next generation, exhibit so much laxity of principle and unblushingly perpetrate crime of so deep a dye, what a fearful picture will the future present. As an illustration of the prevalence of the criminal practice of causing abortion, and the indifference with which it is viewed by our American neighbours, we will relate what occurred to an esteemed friend and correspondent of ours who lives in Canada close to the line 45°. We are sorry our readers cannot hear it from the lips of our friend, as he is an inimitable story teller. We remember, moreover, the principal facts of the case merely. On a certain day then, this gentleman received a message from the keeper of a hotel to visit his wife. The hotel was in the States, some miles from his residence, and situated near a place much resorted to by sportsmen during the summer months. When he alighted at the door he was met by a servant who shewed him into a room and told him Mr. —,

(the landlord) would speak to him in a few minutes. After the lapse of a brief period Mr. — made his appearance, and having closed the door carefully behind him, commenced the conversation by saying that he had heard much of the skill of Dr. —, and had, consequently sent for him to assist his wife. “Ah,” said the doctor, “has she been long in labour. Will I walk up to her room and see her?” “Labour—doctor, she is not in labour—who said she was in labour? The fact is she has gone and got in the family way and will be confined just in our busy season when the house will be full of people, and her services required. Now this won’t do, so we’ve concluded to put a stop to it, and that why I have sent for you, I want you to help Mrs. — to get rid of it.” Our friend, remarkably astonished, replied indignantly to this—“Do you know, sir, what you ask of me—Why do you suppose that I am a person capable of committing murder?” “Murder,” replied Mr. —, bursting into a loud laugh, “well that is a good joke, doctor. I really didn’t think you were so thin-kinned and awfully particular. Why, I can get half a dozen doctors about these parts to do the job, but hearing so much of your skill, I sent for you. However, I see you ain’t the man for me. Murder; Well, well, that beats all.” “Yes,” said the doctor, “murder is the name of the act, and whoever perpetrates it is a murderer.” “Now there ain’t no use getting excited about it” replied the landlord, “you hold to your own opinions, doctor, and we will hold to our own.” Our friend then left.

There is at present much agitation on this subject in the American Journals, which we sincerely hope may be productive of the best results, and that the eyes of the public may be opened to a full perception of the heinousness of the crime of abortion.

Professor Hamilton continues his excellent researches into the subject of deformities after fractures. We hope to meet them in the shape of a goodly volume, when we will give them that attention which their great importance demands.

CLINICAL LECTURE.

On Extirpation of the Globe of the Eye. BY WM. LAWRENCE Esq.,
F.R.S., F.R.C.S., Senior Surgeon to St. Bartholomew’s Hospital,

I wish to speak to-day of some operations on the globe of the eye, which have been lately performed at the hospital, and which have a kind of pathological interest that I see is very much discussed just at present

in Dublin, Brussels and elsewhere. I mean the influence which one eye, if diseased or the seat of certain destructive processes, happens to exert or to bear on an opposite and otherwise sound eye. You perceive what an important question this may become in practice, where the use of the eye of a patient is gone, and the other eye becomes doubly valuable. Yet this good eye, it now appears, is only to be preserved by removing the peccant organ root and branch. so jealous is the system, if I might so say, of everything wrong—so curious the sympathy existing between one eye and its fellow of the opposite side. The usual explanation which is offered of this sympathy of one eye with the other, with which I agree, is the following: the fibres of each optic nerve, respectively, come partly from the opposite side of the brain; you know the optic commissure rests upon the olivary process of the sphenoid bone, and in its interior the innermost fibres cross each other on entering the orbit; the nerve obtains a firm sheath also from the dura mater, which is continuous with the sclerotic coat of the eye; this sheath is formed by the splitting of the dura mater, the one surrounding the optic nerve—the other continuous with the periosteum of the orbit. So you see how completely entangled, so to speak, one eye appears in the anatomical nerves and other relations of the opposite one. I believe this decussation of the fibres is quite sufficient to explain this sympathy of one eye with its fellow, for, as to this sympathy being a reality, I can now recal many cases in the last fifty years where it undoubtedly existed.

I have repeatedly observed, especially in children who have lost one eye in early life, that there is a proneness of the other eye to become diseased, and completely disorganised in after life, and one might not be so astonished at this, if we merely consider it the result of one general constitutional cause such as syphilis for instance; but there is something more than this, and I think that this decussation of the nervous filaments explains it; and here I would advise you when you come to practise for yourselves, to warn patients who have thus lost a single eye, to be careful of the second eye. I think they are not at all alive to the danger of overworking a single eye; they do not conceive what the loss of a diseased eye when they were infants has to do with the excellent eye they may happen to have now that they have grown up and forgot all about it; or, on the other hand, I see patients now and again, who are on the point of being stone blind, but they say they got no warning to be careful of one eye, which perhaps for years has been their single means of communication by vision with the external world, their single means of subsistence in fact.

If the second eye begins to suffer, you are probably told that this has gone on for some time but was disregarded; there has been pain of the head or brow, not ordinary headache, moles or spots also have appeared before the sound eye, as well as spots of various colours, indicating disease of the retina itself; some slumbering inflammation, in fact, is going on in the bad eye which affect the entire system, and through it—the good eye. The two patients recently in the hospital have been under the care of my colleague Mr. Holmes Coote, who has obligingly placed the notes of the cases at my service; they are very full of instruction as bearing out what I have been saying, and which is now generally admitted.

J. C., aged 39, a tall active man, was admitted into St. Bartholomew's about three months ago (Sept. 8th.); it seems that he was a soldier, and had lost his right eye in 1843 in India, in Scinde, cataract having formed, which was operated on by the Surgeon of the regiment ten years subsequently.

He proceeded to the Crimea in 1854, and went through much hardship and got wounded; spots appeared now for the first time before the left eye, but in July 1855 these spots disappeared, and he was discharged from the Service. His vision then remained good till April of the present year, when black clouds and red spots once more began to dance before his eye, and he tells us his vision was completely lost in the dusk of the evening and at night. This painful condition of things, remained till Mr. Coote benevolently admitted him to the hospital; he was discharged from the military service on some miserable pension, and had no more claim on "military surgery." Mr. Coote made a series of careful examinations with the ophthalmoscope, and found an opaque mass of an incurable kind in the pupil of the right eye. With this incipient amaurosis in the left eye, the poor man himself was anxious to have anything at all done, and was certain the right eye was the cause of the mischief in the left, which the military surgeons more or less laughed at or pooh-poohed! So he came to London, to St. Bartholomew's.

Well! after weighing all the *pros* and *cons* of the matter, the poor man submitted to have the operation done at once, and on the 26th of September the globe of the eye was removed. The operation is very trifling in character, and has been done 100 times in London.

Sept. 27th.—He had been complaining of black, green, and yellow spots before the operation; "they were the plague of his life, but to day all the black spots are gone." I need not go through all the metamorphoses of these spots, but coming to

Oct. 7th—"All the spots except some slight red ones are gone. The man can now read and distinguish colours, even in the evening." a thing

he had despaired of ever doing again; his joy is excessive, he is reading of Delhi, and burning to go to India. In November he had an artificial eye, and left the hospital in great joy, his eye-sight quite restored in one eye, and his appearance altogether changed for the better.

I may just say, that previous to the operation Mr. Coote satisfied himself that the optic mechanism of the good eye was perfect, otherwise perhaps it would not have been right to subject the man to this operation; it would be no doubt a very painful thing to say there would be no cure if the second eye was totally wrong also, but there would be no alternative.

The second case is that of a young man who lost the use of one eye by an explosion of "fire damp" in a colliery, and by the current of cold air, which immediately rushed through the mine, causing him a severe chill; the globe of the eye was atrophied, soft, and the cornea hazy. This "shrinking" and softness of the eye are very common where the eye becomes atrophied.

He suffered constant pain in the region of the back of the orbit and temple, so severe as to deprive him of sleep. He says it is not a headache, but a constant pain at the back of the orbit; the sight of the eye is failing also now for eighteen months; he can only grope about, as the dark spots sometimes shut out vision completely, and he is, to all intents and purposes, totally blind.

He was admitted Nov. 6th, but it seems not a very promising case from the beginning; the right eye, it was feared, was undergoing processes of change; the left eye was gone. Mr. Coote's colleague, however, objected to any operation, and you saw the man taken off the operating table!

Nov. 15.—A week after the last date, the operation was performed, as Mr. Coote had in the meantime obtained the opinion of all the surgical staff of the hospital, the majority leaning towards the operation, the recent facts in other hospitals being so satisfactory.

Nov. 15.—The man was allowed to get up and go about; he had also ordered for him meat diet and porter; you see this is the day after the operation, so that it does not inconvenience the patient very much. There is, in fact, little or no subsequent annoyance at all.

Nov. 29.—The wound is closed, and as the globe of the eye was previously atrophied, the change is very slight indeed. Next, as to the sight of the remaining eye; he reports it as "wonderfully improved;" the dark spots have vanished, he can see small objects such as pins, needles, leaves of a plant in the ward, all which he could not have done for a year previously; the pain so agonising in the orbit has also gone

away. This alone was a great point gained, for we must feel or sympathise with patients in their sufferings, quite as much as attend to scientific objects at surgical advancement. He became in every way changed for the better; indeed, he appeared the counterpart of the poor soldier's case, and was anxious to go to work again.

This operation of extirpation of the globe of the eye, though it sounds so formidable or difficult, is very simple. A spring speculum is placed between the eyelids as soon as you have patient under the effects of chloroform—it is described by Mr. Critchett—with a forceps of no particular character. You next seize the conjunctiva close to the cornea, as in the operation for strabismus; it is, in fact, the operation for strabismus, as far as this stage is concerned, continued all round the globe or orbit. A hook is passed under the various tendons of the muscles in succession, and finally the optic nerve is divided with a pair of scissors close to the globe at the back of the orbit. You see it is literally what it is called—a mere extirpation of the globe, leaving the muscles and conjunctiva. A very slight wound remains, as in fact all the muscles, except their tendons, together with the conjunctival membranes remain behind. Some slight bleeding follows, but it is easily controlled by a stream of cold water from a sponge dropped on the parts, or you may place soft pieces of lint in the cavity of the orbit, but you cannot, of course, use much pressure; indeed, the bleeding seldom gives much trouble. When the artificial eye is introduced, it is remarkable what a power of motion remains, especially laterally, as far as the movement of the porcelain eye is concerned. Ligature of vessels, of course, is out of the question; but simple cold water answers every purpose. Indeed, one sees persons in society every day with these enamel eyes, and only the surgeon can tell the difference.

I may now say a few words, by way of contrast, as the removal of tumours in the orbit interfering with vision—an operation altogether different in its nature, and not at all requiring extirpation of the globe. A patient came to me in April 1856 with a tumour of the right orbit pressing on the eye, but not interfering with vision, though producing remarkable deformity. The tumour was bulging from below upwards; the eyes displaced; and, altogether, the man looked a pitiable object. I had rather a tedious operation to perform, to get to the deep part of the orbit behind the globe. I succeeded, however, pretty well, leaving probably a small part, where it should not be safe to follow it. The tumour was of a vascular nature—not fibrous, cystic, or malignant; it bled a great deal, but such a proceeding as tying vessels was out of the question, so we placed wet lint, and had to use pressure. We thus controlled

it, but the eye became disorganised; the glands, subsequently, at the angle of the jaw, became swollen, and we tried iodine. This removed the glandular swelling, and lessened the size of the eye. The man visits the hospital occasionally to show himself, and enjoys very fair health. We have had him now a year and a half under observation. The tumour is only vascular, and may not grow, but I think it is a case where I should be very slow to adopt any more cutting operations unnecessarily.

THERAPEUTICAL RECORD.

Naphtha Oil against Favus.—M. Chapelle asserts that this substance cures favus very quickly. He first has the head shaved, and applies a poultice upon it, so as to render the pustules as free as possible from all the coagulated or desiccated matters. He then applies a thin layer of naphtha on the whole surface of the head. This application must be made twice a day, and the head must be washed with soap and water before each. All the purulent vesicles found must be opened, and the pus expelled. When there is pain on application of the naphtha oil, another and not exciting oil must be mixed with it.

Treatment of Dysentery.—Prof. Piorry read a report of M. Haman on this subject, at the Académie de Médecine. M. Haman has seen two epidemics of dysentery, and has employed with the greatest success the sulphate of alumina and potassa in injections. In children the dose must be from one to four grammes (20 to 80 grains), and four to eight grammes in adults. In one place thirty-five patients treated by this means have been cured; in another place out of forty patients, two old men only have died. We remember that a physician in the French army, Dr. Barthez, has obtained great advantage of this mode of treatment in Algeria, where dysentery is very violent.

Chronic Bronchitis.—M. Maude, the micrographer, who practices medicine in Paris, proposes to treat chronic bronchitis by the following fumigations, in an apparatus composed of a balloon of glass with two openings, one of which is in communication with an India rubber tube. He places 60 grammes (1½ ounce) of water, and 5 grammes (75 grains) of the following composition: Acetic acid 50 grammes, creasote 5 grammes, water 500 grammes. The liquid is heated, and the patient inhales the vapors. Gradually the strength of the liquid is increased. The varieties of chronic bronchitis which are best treated by fumigations are, the dry catarrh of Laennec, the pleuritic bronchitis, and the chronic bronchitis with a subcrepitant rale.

Coffee and lemon juice in ague.—M. Von Holsbeck draws attention to a mode of treatment he has found useful. Infuse an ounce of well roasted coffee in three ounces of boiling water, and having strained the fluid, acidulate it with lemon juice. The whole is given at once, five hours before the paroxysm.—*Presse Belge.*

Iodine in obstinate vomiting in pregnancy.—As we have already noticed, M. Eulenbergh strongly recommends tincture of iodine for obstinate vomiting.

Other practitioners have tried it with various results; but according to the experience of MM. Becquerel and Buisson, the tincture acts most advantageously when combined with iod. of pot. The following is M Buisson's formula: Tr. iod. ℥i; iod. pot. ℥ij; aq. dest. ℥xxx. A tablespoonful is placed in a glass of sugared water, and this is to be divided into three doses, to be taken during the day.—*Gaz. Hôp.*

Pressure in phlegmasia dolens.—In relating the case of a young man who had suffered from phlegmasia dolens, and in whom the superficial veins continued much swollen, M. Trousseau cautioned his pupils against applying in similar cases firm bandages. The deep seated veins being obliterated, this enlargement of the superficial ones is a necessary consequence, and compressing them by a firm bandage would completely interrupt the circulation of the limb. A moderate degree of pressure, however, is admissible, as giving support to the walls of the superficial vessels, and preventing their becoming varicose.—*Ib.*

PERISCOPE.

(From the *North American Medico-Chirurgical Review*.)

Excision of Joints—[The most notable feature presented by operative surgery in Great Britain during the past few years, is the extent to which resection of the articular ends of the bones of the extremities has been carried. In the rage which at present seems to prevail in London for this formidable procedure, doubtless many patients have been made to suffer unnecessarily; but, on the other hand, we are equally sure that a larger number have been saved from far worse mutilation, or from death itself. The operation may, indeed, be looked upon as one of the great triumphs of modern surgical art; and as exhibiting in some measure its favorable results, the character of the cases to which it is adapted, and the high authority for its performance, we extract from recent numbers of the *Medical Times and Gazette* the following statistical report of the principal London hospitals for the second quarter of the present year.]

Case 1.—St. Thomas's: Mr. Solly.—A man aged twenty-seven in very reduced health from disease of the knee-joint of a year's duration. Numerous sinuses existed, and there had been profuse discharge. The articular surfaces of the three bones were sawn away in each instance very superficially. The man afterward sank, death taking place about three weeks after the operation.

Case 2.—St. Thomas's: Mr. Simon.—A man, aged forty-two, in very delicate health. Disease of the ankle-joint had existed for three years, and several sinuses existed. Excision of the articular surfaces of the tibia, fibula, and astragalus was performed, the latter bone being very extensively diseased. The patient sank, and died on the fourth day.

Case 3.—St. Thomas's: Mr. Simon.—A man, aged forty, the subject of disease of the extremity of the humerus. A piece of necrosed bone had been removed some months previously, and on the present occasion a partial excision of the joint was performed, the outer condyle being wholly cut away. The ends of the outer bones being sound, were allowed to remain. Recovered well, but the joint will probably be stiff.

Case 4.—The Dreadnought: Mr. Tudor.—A Lascar, aged thirty, under care on account of disease of the left elbow-joint. Several sinuses existed, and he was much reduced in health. Excision of the lower fifth of the humerus, of the ulna below the coronoid process, and of the articular inch of the radius, was performed. It was the separation of the periosteum and the roughened state of the bones which rendered such an extensive resection needful. The man has done remarkably well, and the wound is now nearly healed. As yet there is not much power of voluntary movement.

Case 5.—St. Thomas's: Mr. South.—A boy, aged nine, under care on account of disease of the knee-joint, of strumous character, and of six months' standing. Resection of the articular ends of the bones on May 30. Favorable progress.

Case 6.—St. Thomas's: Mr. Le Gros Clarke.—A boy, aged fifteen. Disease of the elbow-joint, of a year's standing. Excision on May 23. Doing well.

Case 7.—St. Thomas's: Mr. South.—A woman, aged forty, in very fair health, the subject of disease of the knee-joint of three years' standing. Excision of the whole articulation on May 23. Death on July 9.

Case 8.—The Westminster: Mr. Holt.—A woman, aged twenty-three, in very feeble health. Disease of the knee-joint had followed an injury received seven weeks before admission. After six weeks further treatment it became manifest that excision presented the only alternative to amputation, and it was accordingly performed on June 23. The curved incision was practiced, and about an inch of the femur and half an inch of the tibia sawn away, the patella not being interfered with. The cartilage was ulcerated on the posterior part of the outer condyle, and the corresponding surface of the tibia; the synovial membrane was pulpy and thickened, and an abscess, which communicated with the joint, extended up the back part of the femur. The tendons of each side were divided. She bore the operation remarkably well, and less constitutional disturbance followed than is usual after amputation. The limb is at present quite straight, and the wound nearly healed.

Case 9.—The Westminster: Mr. Holt.—A very delicate boy, aged four. Admitted on account of necrosis of the femur, extending into the

knee-joint, and of two years' duration. Three sinusses existed, two of which led down to diseased bone. Upon opening the joint by the usual curved incision, the cartilage of the external condyle was found wholly removed, together with that of the corresponding surface of the tibia. About three-fourths of an inch of the femur were sawn away, and half an inch of the tibia. In the extremity of the femur as thus exposed, was a considerable cavity containing a sequestrum. The dead bone was removed, and the cavity gouged, leaving a mere circumferential shell. The patella being healthy was not interfered with, nor were the tendons divided, as the limb was easily brought into position. Considerable shock was felt at first, but afterward he became comfortable, and is now doing very well.

Case 10.—The Westminster: Mr. Holt.—A boy, aged seven, in a wretched state of health from disease of the hip-joint of two years' standing. Considerable swelling existed, and there were several sinusses leading to diseased bone. The femur was not dislocated, but forcibly retained to the acetabulum by false ankylosis. The head and neck of the femur were sawn away, and some necrosed bone from the acetabulum also removed.

Case 11.—St. Bartholomew's: Mr. Coote.—A soldier, aged twenty-eight, in good health, admitted with disease of the elbow-joint of eight years' duration. A single long incision was practiced, and the articular extremities of the three bones removed. Recovered well.

Case 12.—The Westminster: Mr. Hillman.—A boy, aged three, the subject of diseased elbow-joint of three months' duration, and consequent on injury. Carious bone was easily felt, and as his health was beginning to suffer, excision was determined on. A single long incision was practiced, and the extremities of the three bones were removed July 7. Doing well.

Case 13.—King's College: Mr. Fergusson.—A girl, aged fourteen, the subject of diseased elbow-joint from infancy. There was much chronic thickening about the joint and several open sores, but the child's health was still good. Ankylosis already existed. Mr. Fergusson cut out a wedge-shaped mass, which comprised the articular extremities of the three bones. Passive motion was commenced on the fourth day, and the process of healing advanced rapidly. Under treatment.

Case 14.—St. Mary's: Mr. Walton.—A strumous girl, aged fourteen, the subject from early childhood of chronic swelling of the knee. It had become painful only one month before admission. The tibia was partially dislocated backward and upward, and the knee bent at nearly a right angle. A splint was used for nearly a month, but without obtaining any benefit—the joint, on the contrary having become more swollen, red, and

painful. It was now determined to excise the joint. The horseshoe incision was adopted, and the patella and the articular ends of the femur and tibia were removed. The joint was found wholly disorganized. All seemed doing well for three days after the operation, when rigors set in, and were soon followed by delirium, jaundice, and extreme prostration, *Abscesses formed on the wrists, and backs of hands.* She died, with all symptoms of pyæmia, on the tenth day. The wound had united to a considerable extent by first intention. The autopsy did not reveal any thing of importance.

Case 15.—University College: Mr. Erichsen.—A man, aged thirty-nine, in fair health, the subject of diseased elbow-joint, consequent on a blow three years before. Excision after the usual method on July 8. Doing well.

Case 16.—University College: Mr. Erichsen.—A healthy boy, aged seven, under care on account of diseased elbow-joint of three months' duration. Excision. Recovery.

Case 17.—King's College: Mr. Partridge.—A strumous-looking Creole, the subject of old-standing disease of the knee-joint. The joint was ankylosed at almost a right angle with the thigh, and he suffered extreme pain in the part. Resection was performed in the usual manner, and the leg put up in the swing-splint. Union slowly took place, and he was sent to the sea-side for further benefit to his health. Recovered.

Case 18.—King's College: Mr. Partridge.—A boy, aged thirteen, in fair health. The limb was useless from ankylosis in a bent position, and the part was moreover liable to frequent attacks of inflammation. An unsuccessful attempt had been made to straighten the limb under chloroform. In the resection the H-incision was adopted. About an inch of the femur was removed, a portion of the patella, and a thin slice of the tibia. The bones were found firmly ankylosed together. In sawing through the femur a small abscess was opened in its outer condyle, which had probably communicated with the joint. The operation was performed on June 13; all went on well, and the wound was almost healed on August 27, the bones being all but firm.

Case 19.—University College: Mr. Erichsen.—A boy, aged seven, the subject of disease of the hip-joint, of nearly three years' duration. The head of the femur was excised on January 7. After the operation the limb was kept in position by a bracket-splint. There was profuse discharge, and the boy was very low for some time. Abscesses subsequently formed, and second removal of carious bone was practiced on May 20. Since that he has slowly improved. Under treatment,

Case 20.—King's College: Mr. Fergusson.—A man, aged thirty-four,

for sixteen years the subject of stiff knee. The joint was wholly disorganized, and resection was accordingly determined on. The patient did well after the operation, and the splint was taken off at the end of six weeks. The operation was performed on May 2, and the man was discharged well on August 5.

Case 21.—King's College: Mr Ferguson.—A strumous girl, aged twenty-one, for six months the subject of inflamed elbow-joint. Resection by the single long incision was performed on May 16, and the patient afterward did very well. The patient was discharged cured on July 29, having very useful arm.

Case 22.—King's College: Mr. Fergusson.—A girl, aged ten, had been for several months under treatment on account of contracted knee. By means of splints the limb had been got almost straight. The joint, however, continued painful, and Mr. Fergusson determined to resect. The operation was performed in the usual manner, and articular surfaces of the three bones were sawn away. The patient did remarkably well, and when, at the expiration of six weeks, the splint was removed, it was found that the firm bony union had taken place. The patient was discharged on August 10, (two months after the operation,) with an excellent limb, the shortening being not more than half an inch.

Case 23.—King's College: Mr. Bowman.—A boy, aged eleven, the subject of diseased hip-joint, of twenty months' standing. The femur was not dislocated, but its articular head was partially absorbed. It was resected, and, one edge of the acetabulum being carious, was gouged. He did well after the operation, and is now nearly recovered, having been able to be on crutches for some months. The operation was on April 4. His health has greatly improved.

Case 24.—King's College: Mr. Bowman.—A girl, aged five, for two years the subject of diseased hip-joint. In the resection the acetabulum was found to have had its borders broken down, and to contain soft gelatinous granulations, and pieces of loose bone. The horizontal ramus of the pubis was bare. The head of the femur had lost two-thirds of its substance. The child was placed in the hammock-swing (as designed by Mr. Heath) from the very first, and progressed remarkably well. The wound has now all but healed, and her general health is very good.

Excision of the Knee-Joint.—[The most perilous of the operations enumerated in the preceding report is undoubtedly that of excision of the ends of the bones constituting the knee-joint—an operation which, although established years ago by Park and Moreau, has only very recently recovered from the opprobrious position into which it had fallen by the recklessness and incompetency of those who seized upon it soon after its first

introduction, for the purpose of professional and public notoriety. To Mr. Fergusson, of London, is due the credit of its revival, and to Mr. Butcher, of Dublin, the profession is largely indebted for a complete exposition of the history of the operation, the circumstances under which it may be considered justifiable, the best methods of procedure, and the results so far ascertained. Mr. Butcher's instructive contributions may be found in the February number of the *Dublin Quarterly Journal of Medical Science*; and in the November number of the same valuable periodical he reports a case of his own, which so fully illustrates the great principles involved that our readers will excuse us for copying the account entire, notwithstanding its length.]

"Timothy Swift, aged twenty-seven years, a laborer, admitted into Mercer's Hospital April 8, 1857. *History*.—In February, 1854, the man was carrying a heavy sack of wheat; he slipped and fell to the ground; the weight crushed the limb. His left knee suffered severe stretching and contusion, which confined him to bed for nearly three months; after this the joint was stiff, and performed its motions very imperfectly, yet he returned to his employment. Shortly after, a dull pain lurked in it, greater at some times than at others, and some swelling remained. In about seven months after the primary accident he tripped in jumping over a ditch, and violently wrenched the joint a second time, after which he was obliged to remain in the house for several days. A few months passed over, and again he endeavored to earn his livelihood by employment; at this time frequent exacerbations of pain seized upon the part, and stiffness of the articulation increased. In this way he persisted in working on, but could not run or move the leg rapidly. Things thus progressed until about sixteen months before his admission to hospital, when he was violently thrown from a restive horse that he happened to be riding; the animal fell upon him heavily, bruising the left knee again; immediately after the accident the left leg and thigh swelled rapidly, and the patient was laid up, confined to bed, for about six months. After this he was treated by several medical men, but with no marked benefit, when he came to Dublin, in September, 1856, and was subjected in several hospitals to the most appropriate treatment. Not obtaining relief, he became discontented, and placed himself under the care of a quack doctor, who took all the money he possessed, and then dismissed him with the pleasing consciousness that he could not be cured. On the date already mentioned he sought my advice, and was admitted to hospital. Though his general health was not shattered to any alarming degree, there were many symptoms that awakened in my mind apprehensiveness of tamper-

ing any longer with a disease that was gradually, slowly, and surely undermining the healthy springs of life. The injurious consequences originating and set up from the local malady threatened, and that not far off, a more dangerous manifestation of their withering effects,—in few words, the management of the case required decision, promptitude, and judgment. The constitutional sympathy was evidenced by a rapid pulse, never below 100 ; by impaired digestion, a capricious appetite, frequent nausea, often vomiting. The body was but little wasted, yet on looking to the local changes, a very marked difference existed between the volume of the sound limb and that of the affected one. The right thigh measured in its circumference, at the widest part, $20\frac{1}{2}$ inches, while the corresponding measurement in the affected limb was only 15 inches. The widest part of the calf of the sound limb measured $11\frac{1}{2}$ inches, while that of the left was only 9 inches. The outline of the joint was lost, and its configuration spoiled ; a puffiness of the soft part filled up each sulcus around it, so that its walls and boundaries presented rather a cylindrical form. The patella was movable ; there was free motion of the leg in every direction ; great lateral mobility—that is, of the leg being pressed one way and the thigh to the opposite side, and unnatural motion was permitted, only to be explained by the destruction of the interior restraining ligaments of the joint ; flexion, and extension, to a certain extent, were permitted—indeed, extension was allowed nearly to the full, but flexion beyond a right angle induced the greatest torture ; percussion at the heel elicited at once deep suffering and excruciating torture in the joint, so as to make the patient start with terror and alarm ; there was no increased secretion within the joint, or marks of abscesses as having ever occurred. It was clear that the diagnosis pointed to thickening of the synovial membrane and ulceration of the cartilages, destruction of the head of the tibia to a greater extent than that of the condyles. All particulars considered, the case was by me considered perfectly suitable for excision.

On the 15th of April, 1857, I proceeded to operate after the following manner, the patient being placed under the influence of chloroform. I adopted the H incision, the cross-line passing beneath the patella ; the flaps were with rapidity dissected back, and the shreds of the crucial ligaments spared by disease were divided, and next the lateral ligaments ; in freeing the ligamentous attachments to the bones behind, the greatest precaution was adopted ; all being separated to the extent required, I swept the knife around the tibia and the femur close to the attachment of the soft part, and then took the saw bearing my name, and cut the bones from behind forward. It is necessary here to lay caution on the operator in

using the saw; he should ever remember the altered position of the limb to facilitate the protrusion of the end of the bones, and according to the angle of elevation must the direction of the blade of the saw traverse. The simple rule I would lay down for the correct execution of the section is this: the blade of the saw must pass in a direction parallel with a line drawn in the transverse axis of the articulating surface; accordingly, this procedure was carried out; thus when the limb is placed in a horizontal position, the one in which it is to be maintained for cure, the cut surfaces of the bones will be evenly together, no space will intervene between them behind or before; the wide surfaces oppose each other; all disposition to gliding one from the other is guarded against, and the most favorable circumstances are insured for intimate union. In the published records of cases it will appear that, in some instances, the surgeon has had to apply the saw a second and a third time to make the bones meet; if this be so, I am then warranted in enforcing my advice. By section planned after this method, the condyles of the femur, with their connecting osseous bond to the depth of a quarter of an inch, were removed, and a slice from the upper surfaces of the tibia, nearly three-quarters of an inch in thickness, was cut off. To warrant the removal of these parts I may just state that the incrusting cartilages of the condyles were entirely removed; the head of the tibia was similarly affected, and, in addition, deep pits were excavated by caries in each condyle, to the depth of a quarter of an inch. This being effected, all the thickened and diseased synovial membrane was clipped away, and the disorganized fatty mass below the patella; not a trace of the interarticular cartilage remained; the patella was coated with lymph beneath, and appeared to have struggled healthily from the disease around it; it was, therefore, suffered to remain. Thus, then, the accuracy of the diagnosis was established, and examination of the osseous surfaces pronounced them healthy. Three arteries, which bled rather freely, were next tied; the flaps at the transverse incision were brought together and maintained so by fine points of interrupted suture, and the lateral incisions were left open for the ready escape of blood and serum, the purging of the cut parts. The leg was with ease put into the straight position, and placed at once in the padded box-splint I had prepared for its reception; a splint was then laid over the anterior part of the thigh, and the tapes fastened, sustaining upward the hinged sides of the box: the foot was steadied by a footboard falling into the grooves within, and thus the leg was pressed upward so as to keep the divided osseous surfaces in contact; lint steeped in cold water was laid along the lateral incisions, and maintained accurately in position by the sides of the box when elevated. The chloroform acted admirably:

though the man was at first thrown into some violence, yet after the lapse of a few seconds he was totally subdued, and slept unconsciously all through. Shortly after the anæsthetic was discontinued, he awoke quickly, and was unconscious of the operation having been performed. Thus, quite conscious, with the limb immovably adjusted, the man was removed from the operating theatre to bed, when he got a full draught of wine. Shortly after, he discharged his stomach, a not unfrequent consequence after the use of chloroform. This sickness should be watched for, anticipated on the part of the surgeon; and, after emesis has taken place, the pallor, coldness, and collapse can readily and entirely be removed by a full warm stimulant—none better than a tumbler of hot punch with an opiate in it. Such was administered in this case, and by me in many others, with the desired effect, persistent quietude of the stomach; to restore general warmth, heat should be applied to the limbs and body. In two hours after the operation reaction was fairly established, and the patient complained of pain; a general weeping took place from the external lateral incision, and also from the internal; the quantity was such as to call for interference to check it, and it was very simply done. The sides of the box were let down, and compresses of fine lint laid over the points from where the blood issued most copiously, and finger-pressure maintained them in their places: all disposition to hemorrhage ceased by a perseverance in this mode of treatment for little more than half an hour; then gently the hands were taken away; a few additional pads were laid over each compress, so that when the sides of the box were again elevated, a gentle and equable support was more forcibly afforded throughout. Thirty drops of tincture of opium was given every third hour; and I ordered ice to be placed in the mouth to quench thirst. 7 P.M. No return of bleeding, and pain not considerable; reaction fully developed. 9 P.M. Pain very trifling, and dozed away; gave a tumbler of punch and thirty drops of tincture of opium, after which he slept steadily, though before this he had slight spasms and tendency to startings of the thigh forward; however, this was controlled by the anterior splint and the full opiate, which now completed the sedative influence of the drug.

“ April 16th. Had a good night and slept with tranquillity, and this morning is much refreshed; pulse 104; tongue furred, and thirst; urine freely passed in quantity, yet skin hot; limb lying in excellent position, and exempt from pain; took some tea and toast for breakfast. 3 o'clock P.M. continuing to feel comfortable; opium to be continued. 9 o'clock P.M. free from pain, no uneasiness whatever in the limb; thirst alleviated by effervescing draughts in combination with the opium, and by the placing of small morsels of ice frequently in the mouth.

" 17th. Had an excellent night; pulse 100; skin still hot, but thirst diminished; full opiates every third hour throughout the day.

" 19th. Going on most favorably; the patient slept all night, and took his toast and tea for breakfast with appetite; let down the sides of the splint, the external and internal alternately, to soak up the fluids discharged from the wounds, which was quite practicable without stirring the limb from its posterior support; the full opiates to be continued.

" 20th. The patient slept all night without interruption, and this morning his pulse was down to 86; it is soft, yet not feeble; his tongue is clean, the thirst nearly gone, and his bowels gently moved, and urine passes in full complement; he took his breakfast with appetite. I let down the sides of the box and soaked up purulent matter, which freely escaped from the wounds; placed dry linen over the pads on either side, but did not lift or disturb it from the surface upon which it rested.

" 29th. Since last report everything has progressed in the most favorable way; a slight fullness was perceptible toward the inner side of the lower third of the thigh; this, however, was effectually controlled after fifty-six hours pressure of well applied graduated compresses, gently directing the discharge from behind forward. The transverse wound is now quite healed, and the lateral ones discharging pus freely, which I cautiously removed each day, as already specified without lifting the limb.

" May 5th. This day, for the first time since the operation, I lifted the limb from the box, twenty days after the operation, the anterior splint being firmly held to the limb by assistants, or, rather, the limb up to it, and renewed all the dressings. No soreness or excoriation of the posterior surface of the buttock, thigh or back; neither was there any pointing of matter backward, the lateral incisions affording a ready outlet for it as quickly as it might be secreted.

" May 6th. Discharge greatly diminished; wounds quickly closing in; no pain; sleeps without an opiate now, and no tendency whatever to spasm; he eats and drinks freely. Removed to a fresh bed.

" June 1st. Ever since last report gradually and steadily proceeding. The discharge has become very much diminished, and the lateral wounds contracted considerably; pressure on the patella gives no pain, and but little pus is forced out by pressure upon it; the leg and thigh are becoming rigidly connected; and pressure on the heel does not in the least degree elicit pain—a sufficient evidence that the change brought about at their junction is a healthy process.

" It is unnecessary to continue the daily report: both the careful dressing of the part, the mode of treatment pursued upon the limb, and

the dietetic rules prescribed continued to be the same, with but little alteration, up to July 2nd. At this period a small abscess formed just below the patella; from it, matter could be pressed out through the external lateral wound; but I cut short its route, and passed a knife into the abscess perpendicular to the surface; this allowed immediate exit to the contents, and at once almost the propriety of the measure was borne testimony to by the quick consolidation of the parts around, and the total dispersion of œdema and swelling. Now so healthily did the repair go on, and so effectually between the divided bones, that the patient could lift the limb *en masse* from the bed without the least fear. No yielding of the parts was consequent upon this trial—nay, more, on taking the limb between the hands and moving the leg and thigh in a contrary direction, antero-posteriorly or laterally, not the least motion was produced between them—an efficient test of the stoutness and integrity of the combining medium, the bond of union. Shortly after this an abscess and sinus formed above the patella, and to the inner side, over the sheath of the vessels in Hunter's canal; the contents from it could be gently pressed toward the internal lateral wound, and thus a ready outlet afforded for its discharge; pads, compresses, and well-applied, broad, adhesive straps obliterated it in a short time with accuracy and precision. The thickening of the parts around, particularly in the vicinity of the patella, was quickly reduced by suitable bandaging from the toes toward the knee, and from the groin downward, both meeting around and supporting the newly-applied and engrafted parts. After each dressing of the limb it was again steadily fixed in my fracture-box.

“ The review of this case from first to last is most pleasing: from the beginning to the end there was never any alarming symptom. I attribute the favorable issue to the following causes:—

“ 1st. The judicious selection of the case; for, though the joint was irretrievably destroyed past all hopes of repair, yet the bones were not diseased beyond their articulating surfaces—therefore too large a quantity had not to be cut away.

“ 2d. The operation was expeditiously done under chloroform; therefore comparatively little shock.

“ There was no hemorrhage; no persistent weeping from the wound permitted; therefore but little exhaustion.

“ 4th. The wound being dressed in a special manner, the limb was at once placed in the box, and the adjusted bones restrained from the slightest deviation forward, inward, or outward. Moreover, by the adaptation of the footboard the leg was kept fairly pressed up against the thigh, which in its turn was sustained in a contrary direction by the

weight of the trunk, the proper axis being secured by the long arm of the splint resting parallel to and against the body. Now it should be borne in mind that this portion of the splint was not as yet lashed to the trunk by the web-girth, because during all this mechanical appliance the patient was insensible, under the influence of chloroform, and any pressure on the chest, so as to interfere with respiration during this tranquil sleep, not only would have been injudicious, but highly dangerous.

"5th. The position of the wounds, each lateral one being placed well back toward the popliteal space, thus readily allowing a free exit for all secretions, and effectually guarding all pouching in the ham.

"6th. The quietude, the repose in which the limb was suffered to remain for several days after the operation,—the long period of three weeks having elapsed before it was gently and steadily lifted, after the manner described, from its bed; though prior to this time on several occasions the discharge was readily soaked up, without the slightest disturbance of the member, owing to the construction of the box.

"7th. The full exhibition of opium during those days when wicked irritation might have been anticipated; the due exhibition of stimulants and nutritive diet, from the moment that the stomach would tolerate them at all to the termination of the cure.

"The condition of the man at present (11th September) is all that can be desired: long since the box has been laid aside, and the limb is steadied by the application of a splint behind, as in my former case; the bones seem to be grown into each other; there is not the slightest yielding or motion between; it is a permanent union, and resists shocks; the most forcible percussion at the heel neither elicits pain nor motion; the patient is able to rotate the limb from the hip inward and outward, flex and extend it with ease and confidence. There is a slight discharge from the wound on the inner side still, but this I have rather solicited, keeping it open as a drain by which any secretion, either of pus or serum, might readily escape. I have not permitted the man yet to walk upon the limb, though I have no doubt he could do so, and indeed he feels that he could do so if he tried; he lies upon the outside of the bed with his clothes on, and in a few days he will be walking about. The motions of the hip and ankle-joints remain as flexible as before the operation. The subject of these remarks is now as robust and as strong-looking as any man to be seen, and on contrasting the limbs as they rest side by side the amount of shortening is but very trivial. The degree of emaciation is not so characteristic now as before the operation. On the whole, the case is one with which I feel very deeply satisfied."

LIGATURING ONE OF THE COMMON CAROTID ARTERIES FOR THE CURE OF EPILEPSY. By *C. Angell*, of Pittsburg, Indiana.—[We quote the following cases, not for the purpose of encouraging the operation which they detail, but only to illustrate its results.]

Have we any known remedy for the cure of epilepsy? Without attempting to explain the nature, cause, or phenomena of this disease, I will present the result of two operations of tying the right common carotid for the cure of this disease.

CASE 1.—The first operation was performed on the 2nd day of July, 1857, on William Brackus, of this place. He was twenty years of age, short, not over five feet in height, heavy-set, large head, short neck, full habit, sanguine temperament, right arm and hand deformed, idiotic in most respects. Has been having fits three or four years, seldom at first, but gradually growing in frequency and severity. After having had a variety of remedies tried without any good result, I proposed tying one of the common carotids, thinking that by permanently lessening the amount of blood passing to the brain it might cure him. After having had fifteen or twenty fits in the forepart of the day, he was put under the influence of chloroform, and I then placed a ligature on the right common carotid, about one inch below the bifurcation of the external and internal. The operation was performed without any difficulty.

The next day,—pulse 120; complains of difficulty in swallowing; talks with difficulty; complains of no pain; his mind about as it was before the operation; left side partially paralyzed.

Treatment: solution of salts and tartar emetic, as a cathartic and sedative. They operated well; wound covered with oil-silk, and kept constantly wet with ice water; gave nothing to eat but water-gruel and rice-water.

Without describing each particular day, I may say that he continued about as I have described him to-day: paralysis of the left arm and leg complete; still talks and swallows with difficulty; not much swelling about the wound and neck.

He remained in this condition until the night of the seventh day from the operation, when he died in a comatose condition. He never had any symptoms of fits after the operation.

An examination of the neck the next morning after he died showed no signs of inflammation; the parts all looked healthy and natural. I removed a section of the artery, two inches in length, above and below the ligature; coagulation was quite firm in artery. The family think he would have died as soon as he did if he had not been operated upon. I do not think so.

CASE II.—The second operation was performed on the 8th of July, the same day on which the first patient died. This was on J. Bostick, of Brookston. He is forty years of age, naturally good constitution, full habit, sanguine temperament. Has had fits for seven years, but not so often or so hard, until the last three years; has them now almost every day, so that he is incapacitated from doing anything at all; his mind is also destroyed. He has been under treatment by a great many practitioners, both regular and irregular, but without benefit.

I performed the operation in the same way as in the former case. He soon came from under the influence of the chloroform, said he had suffered no pain, talked without any difficulty.

July 8th.—Says he feels well to-day; pulse 80; no unfavorable symptoms; swallows well, mind clear, talks well. I bled him this morning very freely, and put him on tartar-emetica and salts, as in the other case. He has continued to get along well, pulse never over 80. He would every few days wake-up bewildered or scared, this being the only symptom of returning fits until the 30th, when he had one so severe as to deprive him of sensibility; the next day had one about the same. He says they came on him different from what they did before. Before this he had no warning or premonitory symptoms of their approach; but now he feels a sensation of dizziness of some moments' duration,—long enough for him to lie down before they came on.

On the 17th of August he had a slight fit, and on the 5th of Sept. another, making in all four since the operation: it is now the 18th of September.

The ligature came away on the 22nd day; the wound is all healed up. He is going about attending to his business. He says he feels better than he has done for three years.

His family, and those that are well acquainted with him, all say that they can see a marked change in him,—in his actions, countenance, and more particularly in his mind.

What will be the result I cannot tell. He now has the appearance of being benefitted; how long this will continue I cannot determine. Whether the bettering of his condition is owing to the operation, or to the treatment, I cannot say.—*North-Western Medical and Surgical Journal*. Oct. 1857.

REMOVAL OF WARTS BY CHROMIC ACID. By I. L. Crawcour, M. D., etc.—In a late number of the *Medical Times and Gazette*, appeared some experiments by Mr. Marshall, on the use of chromic acid. Two cases have recently come under my own observation, and the results

have been very satisfactory. A gentleman called on me about three months ago, complaining of a wart on the top of his head: it was about the size of a twenty-five cent piece, and the extremity was rough and split vertically. He had suffered from it for several years, and it gave him a great deal of trouble, bleeding whenever he combed his head. I painted it thoroughly, by means of a glass brush, with a saturated solution of chromic acid. The remedy produced little pain, the surface of the wart instantly blackened, and twelve days afterward a scab fell off, leaving a clear reddish surface underneath, and perfectly smooth. I examined this gentleman's head a few days ago; the skin is now perfectly healthy, and hair is growing on it. About two weeks ago, another case presented itself, of a similar character. I applied the same remedy. The scab, however, has not yet separated, but I fully expect the result to be identical with the former. The advantage of this caustic is, that it leaves no scar, and does not destroy the hair-bulbs when applied to the scalp. Its influence is undoubtedly owing to the readiness with which it parts with its oxygen, yielding half of its oxygen when applied to organic substances, passing to the state of green sesquioxide of chromium—this being the most powerful oxydizer we possess. Its preparation is very simple. Make a saturated solution of bichromate of potash, and add strong sulphuric acid as long as any precipitate of chromic acid falls; pour off the supernatant liquor, and dry the residue on a tile or brick. I prefer filtering through a glass funnel partially filled with asbestos. In preparing it, caution must be used not to allow any organic substance, as paper or wood, to come in contact with it, as instant decomposition ensues. The solution I employ is one part chromic acid and one part water.—*New Orleans Medical News*, Nov. 1857.

BUDGE ON THE IRIS.—*Centre for the Optic and Oculo-motor Nerves.*—By Flourens it was shown that the removal of the corpora quadrigemina is followed by blindness. Destruction of them on one side only induced blindness on the opposite side. Flourens also observed contraction of the sphincter iridis of one, and even of both, sides when the corpora quadrigemina were irritated. These observations have been confirmed by Hertwig, Longet, and others.

In his experiments on the corpora quadrigemina, Budge has obtained the following results in reference to the iris and sight: Suppose each of the corpora quadrigemina be divided into an outer an inner half, the whole of the outer half of one of the anterior pair may be taken away

without motion of the iris of the opposite or corresponding side being thereby necessarily destroyed. In white rabbits, which are well adapted for the experiment on account of their irritable eyes, Budge has seen that both pupils become smaller in the light, although on one side the whole outer half of one of the anterior of the corpora quadrigemina was removed to the very bottom.

The inner side of the corpora quadrigemina, on the contrary, stands in close relation to the iris. Thus, in a rabbit in which Budge destroyed it, complete insensibility to light on the part of the sphincter of the opposite side was remarked. On the side of the wound, the iris continued to react as usual.

The sight, on the contrary, was not abolished. Whether after complete extirpation of the corpora quadrigemina of both sides total blindness results, Budge cannot, from his own experience say, as the animals experimented on were never in a condition, after the operation, to admit of any opinion being formed on the point.

Centre for the Iridal Fibres of the Fifth Nerve.—By section of the spinal marrow on one side, between the atlas and dentata, Budge found contraction of the pupil temporarily ensue; in a manner, he supposed, similar to what happens when the fifth nerve is cut.

Section of the spinal marrow on one side, at the point of the calamus scriptorius, is followed by loss of sensation in that domain of the fifth of the same side, along with the contraction of the pupil.

When the inner part of the medulla oblongata was alone divided, the corpus restiforme being untouched, Budge found that sensation in the face and eye was not abolished, and that there was not much contraction of the pupil.

Although further research is necessary in order to determine accurately the origin of the portio major of the fifth, and particularly that of the ophthalmic branch, it may, Budge thinks, still be conjectured that the fibrils (motor) having relation to the pupil, spring in the spinal marrow above (before) the second cervical nerve, and that the rest of the fibrils join them in a corpora restiformia and locus cæruleus.

Influence of Light on the Pupil.—Three effects—viz: special sensation, common sensation, and motion—are produced by light entering the eye. We perceive the light, we have a feeling of pain or the opposite, and the size of the pupil is altered.

By the perception and sensation, ideas and impulses are often awakened. The motion of the iris may therefore be either directly excited by the light, or only indirectly called forth through the ideas and impulses.

The reaction of the iris to light is not quite the same in warm and in cold-blooded animals. Immediately after section of the optic nerve in mammals and birds, the pupil is no longer affected by light. In a rabbit, the optic nerve within the skull having been exposed, both eyes were tested to see if the pupil of each was equally affected by the light. One optic nerve was then divided, and the two eyes again tested, when it was found that the brightest light produced no effect on the pupil of the side operated on, whilst the pupil of the uninjured side remained obedient to light as before. In pigeons, the removal of the cerebral hemispheres with the optic tubercles does not alter the action of light on the pupil. After separation of the optic nerve from the corpora bigemina, however, the iris immediately becomes immovable to the brightest light. The iris of the opposite side reacts as usual.

A second condition on which the susceptibility of the iris to light depends, is the integrity of the corpora quadrigemina in mammals, and corpora bigemina in birds. According to the experiments of Flourens, Hertwig, Longet, Magendie, &c., when the anterior of the corpora quadrigemina in mammals, or the corpora bigemina in birds, were removed on one side, the iris of the opposite side was no longer obedient to light, while that of the same side was less so than before. When the anterior pair of the corpora quadrigemina or the corpora bigemina were extirpated, complete immobility of both pupils resulted. Lastly, in complete paralysis of the oculomotor nerve, whether from disease or section, light has no influence on the pupil. When the fifth nerve is cut the iris is often motionless, but again becomes obedient to the light.

Contraction of the pupil by light, it is generally acknowledged, is not owing to direct action on the iris or its sphincter in mammals and birds. In these animals an essential condition for the action of light on the pupil, is that the path from the retina to the iris, through the optic nerve, to the anterior of the corpora quadrigemina, and thence to the oculomotor nerve, be not interrupted. It has lately been, however, asserted by a Dutch physiologist, Ruiter, that he has observed light act on the pupil of the dog after death. And Dr. Brown-Séguard also affirms that he has observed contraction of the pupil after death in mammifera, and even in man, excited by light. Brown-Séguard admits, however, that the movements of the pupil during life are not due to the direct action of light on the iris.

In frogs and fishes it has been discovered that light, by its direct action on the iris, excites the sphincter iridis.—*British and For. Medico-Chir. Review.*

On the Cure of the Elephantiasis: By Afhar Ali-Kha'n of Delhi.
Introductory Note.—Among the afflicting maladies which punish the vices and try the virtues of mankind, there are few disorders of which the consequences are more dreadful or the remedy in general the more desperate than the *judham* of the Arabs or *choruh* of the Indians; it is also called in Arabia *da Fasad*, a name corresponding with the *Leontiasis* of the Greeks, and supposed to have been given in allusion to the grim, distracted and lion-like countenances of the miserable persons who are affected with it. The more common name of the distemper is *Elephantiasis*, or, as Lucretius calls it, *Elephas*, because it renders the skin like that of an Elephant, uneven and wrinkled, with many tubercles and furrows; but this complaint must not be confounded with the *dau'fil*, or 'swelled legs,' described by the Arabian physicians, and very common in India. It has no fixed name in English, though Hilliary, in his "Observations on the Diseases of Barbadoes," calls it the "Leprosy of the Joints" because it principally affects the extremities, which in the last stage of the malady are distorted, and at length drop off: but since it is in truth a distemper corrupting the whole mass of blood, and therefore considered by Paul of Ægina as an "universal ulcer," it requires a more general appellation, and may properly be named the "Black Leprosy;" which term is in fact adopted by M. Boissieu de Sauvages and Gorrofus, in contradiction to the "White Leprosy," or the *Beres* of the Arabs and *Leuce* of the Greeks.

This disease, by whatever name we distinguish it, is peculiar to hot climates, and has rarely appeared in *Europe*: the philosophical Poet of *Rome* supposes it confined to the *Banks of the Nile*; and it has certainly been imported from *Africa* into the *West India* Islands by the black slaves, who carried with them their resentment and their revenge; but it has been long known in *Hindustan*, and the writer of the following Dissertation, whose father was Physician to Na'dirsha'h, and accompanied him from Persia to Delhi, declares that it rages with virulence among the native inhabitants of Calcutta. His observation, that it is frequently a consequence of the *venereal infection*, would lead us to believe, that it might be radically cured by *mercury*, which has, nevertheless, been found ineffectual, and even hurtful, as Hilliary reports, in the *West Indies*. The juice of hemlock, suggested by the learned Michaelis, and approved by his medical friend Roederer, might be very efficacious at the beginning of the disorder, or in the milder forms of it; but, in the case of a malignant and inveterate *judham*, we must either administer a remedy of the highest power, or, agreeably to the desponding opinion of Celsus, "leave the patient to his fate, instead of teasing him with fruit

less medicines," and suffer him, in the forcible words of Aretæus, "to sink from inextricable slumber into death." The life of a man is, however, so dear to him by nature, and in general so valuable to society, that we should never despond, while a spark of it remains; and, whatever apprehensions may be formed of future danger from the distant effects of arsenick, even though it should eradicate a present malady, yet as no such inconvenience has arisen from the use of it in India, and as experience must ever prevail over theory, I cannot help wishing that this ancient *Hindu* medicine may be fully tried under the inspection of our surgeons.

STATEMENT OF AT'HAR KHA'N OF DELHI.

In the year of the Messiah 1783, when the worthy and respectable *Maulavi* Mir Muhammed Husain, who excels in every branch of useful knowledge, accompanied Mr. Richard Johnson from *Lucknow* to *Calcutta*, he visited the humble writer of this tract, who had long been attached to him with sincere affection; and, in the course of their conversation, "One of the fruits of my late excursion," said he "is a present for you, which suits your profession, and will be generally useful to your species: conceiving you to be worthy of it by reason of your assiduity in medical inquiries, I have brought you a prescription, the ingredients of which are easily found, but not easily equalled as a powerful remedy against all corruptions of the blood, the *judham* and the *Persian Fire*, the remains of which are a source of infinite maladies. It is an old secret of the *Hindu* Physicians who applied it also to the cure of cold and moist distempers, as the palsy, distortions of the face, relaxation of the nerves, and similar diseases; its efficacy too has been proved by long experience; and this is the method of preparing it.

"Take of white arsenick, fine and fresh, one *tola*; of picked black pepper six times as much; let both be well beaten at intervals for four days successively in an iron mortar, and then reduced to an impalpable powder in one of stone with a stone pestle, and thus completely levigated, a little water being mixed with them. Make pills of them as large as tares or small pulse, and keep them dry in a shady place.*

* The lowest weight in general use among the *Hindus* is the *reti*, called in *Sanscrit* either *rettica* or *rattica*, indicating redness, and *crishnala* from *crishna*, black: it is the red and black seed of the *gunja*-plant, which is a creeper of the same class and order at least with the *glycyrrhiza*; but I take this from report, having never examined its blossoms. One *rattica* is said to be of equal weight with three barley-corns or four grains of rice in the husk; and eight *reti* weights, used by jewellers, are equal to seven carats. I have weighed a number

“ One of these pills must be swallowed morning and evening with some *betel* leaf, or, in countries where *betel* is not at hand, with cold water : if the body be cleansed from foulness and obstructions by gentle catharticks and bleeding before the medicine is administered, the remedy will be the speedier.”

The principal ingredient of this medicine is the arsenick, which the Arabs call *shucc*, the Persians' *mergi mush* or *mouss-bane*, and the Indians' *sanc'hya* ; a mineral substance ponderous and *crystalline* : the *orpiment*, or *yellow arsenick*, is the weaker sort. It is a deadly poison, and so subtle that, when mice are killed by it, the very smell of the dead will destroy the living of that species : after it has been kept about seven years, it loses much of its force ; its color becomes turbid ; and its weight is diminished. This mineral is hot and dry in the fourth degree ; it causes suppuration, dissolves or unites, according to the quantity given ; and is very useful in closing the lips of wounds, when the pain is too intense to be borne. An unguent made of it with oils of any sort is an effectual remedy for some cutaneous disorders, and, mixed with rose-water, it is good for cold tumors and for the dropsy ; but it must never be administered without the greatest caution ; for such is its power, that the smallest quantity of it in powder, drawn, like alcohol, between the eyelashes, would in a single day entirely corrode the coats and humours of the eye ; and fourteen *rites* of it would in the same time destroy life. The best antidote against its effects are the scrapings of leather reduced to ashes ; if the quantity of arsenick taken be accurately known, four times as much of those ashes, mixed with water and drunk by the patient, will sheath and counteract the poison.

The writer conformably to the directions of his learned friend, prepared the medicine ; and, in the same year gave it to numbers, who were reduced by the diseases above mentioned to the point of death ; God is his witness, that they grew better from day to day, were at last completely cured, and are now living (except one or two who died of other

of the seeds in diamond scales, and find the average Apothecary's weight of one seed to be a grain and *five-sixteenths*. Now in the *Hindu* medical books ten of the *rattica* seeds are one *mashaca*, and eight *mashacas* make a *tolaca* or *tola* ; but in the law-books of Bengal a *mashaca* consists of sixteen *raticas* and a *tolaca* of five *mashas* ; and according to some authorities five *retis* only go to one *masha*, sixteen of which make a *tolaca*. We may observe, that the silver *reti*-weights used by the goldsmiths at Bonares are twice as heavy as the seeds—and thence it is, that eight *retis* are commonly said to constitute one *masha*, that is eight silver weights, or sixteen seeds, eighty of which seeds, of 105 grains, constitute the quantity of arsenick in the *Hindu* prescription.

disorders) to attest the truth of this assertion. One of his patients was a Parsi, named Menhucher, who had come from Surat to this city, and had fixed his abode near the writer's house: he was so cruelly afflicted with a confirmed lues, here called the *Percian Fire*, that his hands and feet were entirely ulcerated and almost corroded, so that he became an object of disgust and abhorrence. This man consulted the writer on his case, the state of which he disclosed without reserve. Some blood was taken from him on the same day, and a cathartic administered on the next. On the third day he began to take the *arsenick-pills*, and, by the blessing of God, the virulence of his disorder abated by degrees, until signs of returning health appeared; in a fortnight his recovery was complete, and he was bathed, according to the practice of our Physicians: he seemed to have no virus left in his blood, and none has since been perceived by him.

But the power of this medicine has chiefly been tried in the cure of the *juzam*, as the word is pronounced in India; a disorder infecting the whole mass of blood, and thence called by some *fsad khun*. The former name is derived from an Arabic root signifying, in general, *amputation, maiming, excision*, and, particularly, the *truncation or erosion of the fingers*, which happens in the last stage of the disease. It is extremely contagious, and for that reason the Prophet said; *ferru mina l mejdhumî cama taferru mina l asad*, or, "Flee from a person afflicted with judham, as you would from a lion." The author of the *Babbru'l-jawcibir*, or Sea of Pearls, ranks it as an infectious malady with the measles, the small-pox, and the plague. It is also hereditary, and, in that respect, classed by medical writers with the gout, the consumption, and the white leprosy.

A common cause of this distemper is the unwholesome diet of the natives, many of whom are accustomed, after eating a quantity of fish, to swallow copious draughts of milk, which fail not to cause an accumulation of yellow and black bile, which mingles itself with the blood and corrupts it: but it has other causes; for a *Brahmen*, who had never tasted fish in his life, applied lately to the composer of this essay, and appeared in the highest degree affected by a corruption of blood, which he might have inherited, or acquired by other means. Those, whose religion permits them to eat *beef*, are often exposed to the danger of heating their blood intensely through the knavery of the butchers in the *Bazaar*, who fatten their calves with *Balawer*, and those who are so ill-advised as to take provocatives, a folly extremely common in India, at first are insensible of the mischief, but as soon as the increased moisture is dispersed, find their whole mass of blood inflamed and, as it were, adust; whence arises the

disorder of which we are now treating. The *Persian*, or venereal Fire generally ends in this malady; as one Devi Prasad, lately in the service of Mr. Vansittart, and some others, have convinced me by an unreserved account of their several cases.

It may here be worth while to report a remarkable case, which was related to me by a man who had been afflicted with the *juzam* near four years; before which time he had been disordered with the *Persian Fire*, and having closed an ulcer by means of a strong healing plaister, was attacked by a violent pain in his joints: on this he applied to a *Cabiraja*, or *Hindu* Physician, who gave him some pills, with a positive assurance that the use of them would remove his pain in a few days; and in a few days it was, in fact, wholly removed; but a very short time after, the symptoms of the *juzam* appeared, which continually increased to such a degree, that his fingers and toes were on the point of dropping off. It was afterwards discovered, that the pills which he had taken were made of cinnabar, a common preparation of the *Hindu*; the heat of which had first stirred the humours, which, on stopping the external discharge, had fallen on the joints, and then had occasioned a quantity of adust bile to mix itself with the blood and infect the whole mass.

Of this dreadful complaint, however caused, the first symptoms are a numbness and redness of the whole body, and principally the face, an impeded hoarse voice, thin hair and even baldness, offensive perspiration and breath, and whitlows on the nails. The cure is best begun with copious bleeding, and cooling drink, such as a decoction of the *nitifer*, or *Nymphaea*, and of violets, with some doses of manna; after which stronger cathartics must be administered. But no remedy has proved so efficacious as the pills composed of arsenick and pepper: one instance of their effect may here be mentioned and many more may be added, if required.

In the month of February in the year just mentioned, one *Shaikh* Ramazani, who then was an upper-servant to the Board of Revenue, had so corrupt a mass of blood, that a black leprosy of his joints was approaching, and most of his limbs began to be ulcerated: in this condition he applied to the writer, and requested immediate assistance. Though the disordered state of his blood was evident on inspection, and required no particular declaration of it, yet many questions were put to him, and it was clear from his answers that he had confirmed *juzam*: he then lost a great deal of blood, and after due preparation, took the arsenick-pills. After the first week his malady seemed alleviated; in the second it was considerably diminished, and in the third so entirely removed, that the patient went into the bath of health, as a token that he no longer needed a physician.

On Restrained Action of the Diaphragm in Pericarditis. By Dr. BARLOW.—In some clinical observations, the other day, Dr. Barlow directed the attention of his class to the important indication furnished by the unduly restrained action of the diaphragm in certain cases of thoracic inflammation. He had especially noticed it in pericarditis, and more than once it had helped him to a diagnosis. The subject of pericarditis, anxious to avoid the pain caused by any movement, holds his whole chest as immovable as possible, but especially restrains the actions of the diaphragm. In the case of a boy who was admitted with this affection, it was found that he had tied a broad belt tightly round his body, in order, no doubt, to conduce to this end. Another case, Dr. Barlow stated, had impressed itself upon his memory, in which this system was very well marked, and in which yet no pericardial rubbing sound could be detected. Death took place, and at the autopsy the pericardium was found full of pus, thus accounting for the absence of the friction sound.—*Medical Times and Gazette.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

CLINICAL INSTRUCTION.—The *Edinburgh Monthly Journal* gives the following statement of the requirements of the different Universities and Colleges of Great Britain, as regards the time spent by students in the prosecution of Clinical studies. McGill College requires six months attendance upon lectures on Clinical Surgery, and the same on Clinical Medicine.

“The Edinburgh University, for the degree of M. D., requires *three months* attendance upon lectures on clinical surgery, *six months* upon lectures upon clinical medicine, and *twelve months* attendance in the wards of the Medical Hospital.

The University of Glasgow, for the same degree, requires *twenty-four months* attendance upon a medical hospital, *twenty-four months* upon lectures on clinical medicine, and the same amount of time devoted to attendance upon a surgical hospital, and upon lectures on clinical surgery.

The University of Aberdeen requires *six months* attendance upon lectures on clinical medicine, *three months* clinical surgery, *twenty-four months* in a medical hospital, and the same time in a surgical hospital.

The University of St. Andrews requires *six months* attendance of lectures on clinical medicine, and the same on clinical surgery, and *twenty-four months* attendance in a medical, and the same in a surgical hospital.

The London University requires, for its full medical degree, that the candidate should have attended *twelve months* on each of the four courses of clinical instruction, viz: clinical medicine, clinical surgery, medical hospital, and surgical hospital.

The Dublin University requires, for the lowest degree of M. B., *nine months* attendance upon clinical medicine; and for the surgical diploma, *twenty-seven months* upon each of the courses, medical hospital, clinical medicine, surgical hospital and clinical surgery.

The Queen's University, of Ireland, requires, for the first degree, *six months* attendance upon each of the above courses; and for the second degree, *eighteen months* in each of the two hospitals, and the same length of time on clinical surgery.

The Royal College of Physicians, London, requires *thirty-six months* attendance upon lectures in clinical medicine, and the same length of time in a medical hospital.

The King and Queen's College of Physicians, Ireland, requires attendance upon clinical medicine and a medical hospital, each *six months*, and upon clinical surgery and a surgical hospital, each *twenty-four months*.

The Royal College of Surgeons, Edinburgh, requires attendance upon clinical medicine and clinical surgery, each *six months*, and the two hospitals each *twenty-one months*.

The Faculty of Physicians and Surgeons, of Glasgow, requires the same.

The Royal College of Surgeons, London, requires *nine months* in clinical medicine, *twenty-seven* in clinical surgery, attendance of *one winter* and *one summer* in a medical hospital, and *three winters* and *two summers* in a surgical hospital.

The Royal College of Surgeons, Dublin, requires attendance on each of the four courses of clinical instruction before named, *twenty-seven months*.

The Apothecaries' Hall, England, requires *nine months* of clinical medicine, and *eighteen months* in a medical hospital.

The Apothecaries' Hall, Ireland, requires *eighteen months* attendance upon each of the four courses.

The Army Medical Board requires, of clinical medicine and clinical surgery, each *eight months*, and attendance upon each of the hospitals *eighteen months*.

The Navy Medical Board requires the same attendance of *eighteen months* in each of the hospitals, and *six months* attendance upon each of the courses of clinical lectures.

The East India Company Medical Service requires *six months* attendance upon lectures in clinical medicine.

By this statement it will be seen that clinical instruction is regarded so essential in Great Britain, that not a single institution grants a diploma to a candidate who has not availed himself of such advantages."

CORRESPONDENCE.

A STUDENT'S LETTERS.

No. V.

Edinburgh has been visited lately by a curiosity in a physiological point of view, in the shape of a German, who, by an arrest of development, is deficient of a sternum, and thus enables the movements of the heart and arteries to be very clearly seen. By some the sternum is said to be wanting, but Professor Goodsir says that it is merely a fissure in that bone. The case appears to be almost unique. I say almost, because he has travelled all over the Continent, and been at most medical schools, as Paris, Vienna, St. Petersburg, &c., as well as London, and no case similar to his own had been seen; but when he came to Edinburgh Professor Bennett showed him a preparation which was met with in the Pathological theatre, in which the sternum was deficient, there being a membrane merely between the anterior extremities of the ribs. He is a man of about 22 years of age, and at first sight does not appear to have anything the matter with him. He has a fair amount of muscular strength, and enjoys good health. He was never aware of any peculiarity in his conformation until a few years ago, when he was troubled with some slight thoracic affection, and went to an hospital to be relieved, when the deformity (so to speak) was first noticed.

I was present when Dr. Bennett gave a lecture on the case, and explained the motions which were visible. After first pointing out the relations of the heart with regard to its position, etc., he showed that the heart is in reality more in the medium line than we are generally inclined to consider it. When the parts are first exposed, you merely see a slight depression in the sternal locality, with a tumour pulsating in its middle, apparently only covered with integument. But as the individual has the power of increasing this space by taking a full

inspiration, and then the parts become more visible, and two pulsations can be distinguished, one directly in the centre and one nearer the clavicle. The one in the middle has been supposed to be the ventricle and the upper the auricle, but Dr. Bennett has shown that the former is the auricle and the latter the aorta, as beneath the middle pulsation another can be distinguished in full inspiration.

By attaching slips of adhesive plaster, 2 or 3 inches long, to the parts corresponding with these movements, so that one end is allowed to be free, then you see that the motion conveyed to the lowest is synchronous with that of the highest, and that the one in the centre is intermediate with the other two in respect of its motion, thus showing that this must be the auricle. It can also be more clearly proved in another way. A caoutchouc tube, with a bulbous extremity at one end, has a glass tube attached to the other. This is nearly filled with a coloured fluid, and the bulbous part being applied beneath the nipple in the normal situation of the beat of the apex, each of the ventricular pulsations is conveyed to the fluid, and it is thus made to rise and fall in the glass tube, when this tube is then placed near the stripe of plaster which indicate the precise period of movement beneath. It is found that the fluid rises in the tube when the upper strip moves and falls when the one in the centre is in motion. The stethoscope reveals nothing more than the normal sound of the heart.

When he makes a violent expiration the left lung is driven very forcibly through the opening, and forms a very large tumour in front. When this is percussed the common resonant pulmonary sound is elicited, and the stethoscope applied over it enables the vesicular murmur to be clearly perceived.

The lung cannot thus be made to protrude in normal respiration but by forced expiration only. This peculiarity appears to throw some light on the cause of emphysema, which has been found to affect the upper and anterior portions as a general rule, while the inferior posterior parts are very often collapsed.

Dr. Gairdner's theory of this cause is (as you no doubt know) that as the malady is generally connected with chronic bronchitis, the smaller bronchial tubes are filled with viscid mucus which acts as a ball valve plugging up the tube and allowing air to be expelled from the air vesicles but not to return, and thus they become collapsed after a time, than in order to make up for this deficient expansibility in one part, the vesicles in the other become enlarged by the continued expanding force of the air, which is propelled into them by the expansion of the thorax, but why the posterior lobes were always the parts collapsed, and the

anterior always dilated, was not clearly solved, but which I think can now be easily explained. Because, as clearly seen in this case, during expiration, the anterior lobes become very much more filled with air than during inspiration. The tracheal and bronchial tubes apparently not being able to allow all the air to pass out at once, and when it leaves the posterior it accumulates in those in front for a space of time sufficient to allow it gradually to pass away, and also, I think, it can be easily perceived that as the lungs are never wholly empty of air, that the antero superior lobes contain more than the postero inferior. Reasoning from these data, I think we might possibly find out why inflammation of the upper lobes is so much more fatal than when it attacks those below, and likewise we might get a clue as to the reason why the superior are more apt to be affected with phthisis, and the inferior with pneumonia; but I am rather digressing from my subject. Prof. Goodsir thinks that the ribs on each side are attached to the sternum, and no doubt he is correct; because although they cannot be moved nearer one another yet they may be pressed inwards towards the vertebral column to an incredible extent, and the fissure can be increased from half an inch to 3 or 4 inches. What is more remarkable, these unnatural movements which interfere so much with the most important organs, neither gives him any pain nor affects his health in the least, although he has undergone many and long continued examinations. I hope I have not taken up too much of your valuable space, but I thought that the case might be interesting.

We will have a new work out here by the first of March, from the pen of Dr. Bennett. I am not sure of its title, but I think it will be either a *Practice of Medicine* or *Clinical Medicine*. It will be about as large as the second volume of *Watson's Practice*, as published here.

In this work will be developed his most recent views with regard to inflammation, which have been causing so much noise in the medical world on this side, and which appear to be so much at variance with our most established principles. He has come out against antiphlogistics and blood-letting in particular with most vehemence, and which has called forth a most severe criticism from *Watson* in the latest publication of his lectures. (1857, fourth edition.) It is amusing to go round the wards with Dr. Bennett, as he never allows a chance to escape without uttering a tirade against mercury and blood-letting. He says the benefit from cupping and leeching is not so much due to the blood abstracted but to the warmth which is kept up during and after their application. Whether Dr. Bennett's theory will stand the test of time or not is another question.

Edinburgh, 1st Feb. 1858.

LONDON CORRESPONDENCE. No. 12.

LONDON, 5th February, 1858.

This has been one of the quietest medical winters thus far, since my residence in London, and nothing very striking has occurred at the Societies especially, of sufficient interest to bring before your numerous readers. There is one little fact, however, that I must not pass over. The Medical Society of London, the oldest in the Metropolis, has been out of diplomas for the last four years, during which time another member of the council besides myself unceasingly tormented the governing body to have a new plate for their diploma, which was consented to after many hard fought battles. The new diploma has, therefore, been engraved and printed, and ere this arrives at Montreal, the diplomas which should have been in the hands of my Canadian friends whom I have had the honour of getting elected from time to time, will have reached them. If an honour is conferred upon a man at a distance, a diploma most generally accompanies it; this especially applies to universities however. In Montreal it would seem parchment is either scarce or dear, for whilst feeling deeply grateful for an honour conferred upon me in that city, a simple letter without anything else made me acquainted with the fact.

The *old* Sydenham Society is numbered with the things that were, but it has been succeeded by another called the *New Sydenham Society*, under the presidency of Dr. C. J. B. Williams, and will be conducted on more liberal principles, and will give a great deal for one guinea. It is anxious to enrol as many members as possible, as the larger the number will permit of the issue of several works annually. The Society contemplates publishing translations of foreign works, papers and essays of merit, to be reproduced as early as practicable after their original issue; British works, papers, lectures, &c., which, whilst of great value, have become from any cause difficult to be obtained, excluding those of living authors; annual volumes, consisting of reports in abstract of the progress of the different branches of medical and surgical science during the year; and lastly, dictionaries of medical bibliography and biography. These included in the two first divisions will be held to have the first claim on the attention of the Society. This will afford an idea of what the Society intends to do, and may entice many members to join throughout North America.

I will now describe some of the latest novelties which have come under my notice in the hospital. On the 16th January I saw Mr. Hancock excise a large portion of the pelvis of a young woman for long standing disease of the hip joint, removing as well the head and neck of the femur. The lips and floor of the acetabulum were taken away;

the spine of the ischium was cut off, and even a large piece of the tuberosity was extracted. The operation was formidable, as he used the chisel and mallet, and the fingers could be poked into the pelvis through the ischiatic notches. I had my own forefinger there. She recovered from the shock of the operation, and had much debility at the time from the chloroform; she lost scarcely any blood, and went on well in every respect, until the eighth day, when that scourge of our hospitals—erysipelas—attacked the wound and she sank the same night. Had it been otherwise I fully believe she would have ultimately made as good a recovery as in a somewhat similar instance under Mr. Hancock's care this period last year, which I referred to in a letter at the time, in your 4th volume, page 398. Excision of diseased bone, whether in joints or on the shafts, is now an every day occurrence. At some of the hospitals—King's College especially—an amputation is a very rare thing to be seen. This principle is applied to the most trifling joints, the fingers particularly, for now a digit is not removed, but the dead joint or portion of diseased bone is removed instead. The treatment of chronic hydrarthrosis of the knee joint by injecting tincture of iodine, in the manner recently brought forward by Dr. Macdonnell, who has published several successful cases in your journal, has been tried with the best results by Mr. Erichsen at University College, and will shortly be brought before the profession. Dr. Macdonnell's papers have been copied into several journals and have excited some attention. There have been so many instances of castration within the last six months, that one feels uneasy lest it might interfere with the procreation of our race; but so far as I have seen, the operation has been justifiable. About a fortnight ago, quite a stir was made at Bartholomew's Hospital to receive the Siamese Ambassadors and suite who were anxious to see the operations. They came in great state and pomp and occupied the front row of the theatre. An arm and a leg were submitted to amputation for their especial gratification, and lithotomy was performed. They seemed to evince great interest in the proceedings, especially did the native doctor, who was dressed in a crimson cloth loose coat. He was presented with one of the calculi, as two were removed. They appeared to be quiet harmless people, anxious to learn and see all they can, and by no means blood-thirsty, like some of their neighbours. They left the hospital highly gratified, accompanied by Dr. Tweedy, who was appointed by the Queen to attend upon them.

I saw an uncommon operation a few weeks back at the London Hospital, by Mr. Curling, upon an elderly man who had a large tumour growing from his right tonsil, extending into the pharynx and impeding

deglutition and respiration. The glands on both sides of his neck were much enlarged, which raised a suspicion of malignancy, and the man's eyes seemed bursting from their sockets. The base of the tumour was ligatured by means of a tumour tourniquet, and gradually tightened, which produced detachment in 48 hours. A careful examination by Dr. Andrew Clark, one of the best microscopists in London, revealed its true nature to be fibrous. The man has got quite well and left the hospital, the enlargement of the glands having wholly disappeared. In applying the ligature, Mr. Curling found it necessary to extend the fissure of the lip, by an incision through the cheek, to allow greater freedom of manipulation. A tumour of a similar character, I saw Mr. Tatum remove from a lad in St. George's Hospital on the last day of the year. It extended down the pharynx from the posterior nares and was attached to the body of the sphenoid bone between the pterygoid processes, and consisted of several lobes. Mr. Tatum found it necessary to remove the whole upper jaw, which was done very expeditiously and cleverly, without the loss of any blood, only one small vessel requiring to be tied. This case like Mr. Curling's has turned out quite well.

I could multiply the number of operations *ad infinitum*, but they would perhaps weary the attention of your readers, as there is such a sameness about the whole of them. There is, however, a feature in eye surgery worth noticing, as it has proved such a truly valuable one, and has been now tested by many months experience in some hundreds of instances. It is this, when an eye is altogether sightless and destroyed from disease or injury, the opposite one, hitherto sound, takes on some sympathetic inflammatory action, and will, in the course of a short time become useless with total blindness. This sad event is prevented by removal of the old and useless eye, which has caused the sound one to become diseased, and the normal condition of the remaining eye is completely restored. This I may say is the case in every 95 out of 100 instances. The removal of the globe is mostly effected by the sub-conjunctival method, cutting that membrane with scissors close to the cornea, which thus leaves a sort of bed for an artificial eye to rest upon, and which moreover permits of synchronous motion with the sound eye.

My friend, Dr. Barnes has been employing for some time the phosphate of zinc in diseases of debility of the nervous system, especially epilepsy, and with good success. The dose varies from 2 grains upwards, combined with dilute phosphoric acid; and some general tonic, three times a day, according to the special indication. It is well worthy a trial. He was led to combine the two in reasoning upon the well known efficacy of zinc in epilepsy, and the fact of there being a waste of phosphorus in the substance of the brain in exhausting nervous diseases.

The most striking books of the New Year are, Thompson on the Diseases of the Prostate, one of the most valuable monographs ever published, Maclises' first number of his folio work on Dislocations and Fractures, a companion to his surgical Anatomy, and a creditable production; and lastly the transactions of the Pathological Society. This last work came out shortly before the new year, and does not fall short of its predecessors. It is filled with matter of the most valuable kind.

Two great events have occupied the public mind for the last few weeks: both are over, but will not soon be forgotten. The first is the marriage of the Princess Royal, which every loyal Canadian must by this time be familiar with, through the press; the other, is the actual completion of the launch of the Leviathan. I went down to Greenwich this day week to see her float at high tide, but it did not come high enough to effect it. She however floated on Sunday, and lays at her moorings at Deptford, visited by thousands of people.

Two days ago I was present when Mr. Erichson at University College Hospital performed almost a precisely similar operation upon a girl as Mr. Hancock did, only that the disease was most extensive, and the pelvis in a crumbling condition from necrosis on the affected side. She was exhausted from the most profuse suppuration, and not expected to live many days; excision of the disease was done as a last resort, but she remains at this moment very feeble and weak.

Continuing the part of a chronicler of the progress of some of your Canadian graduates, I must not forget to state that Dr. Pringle of Cornwall in Canada, is earning laurels for himself by his assiduity and perseverance at University College. He is bestowing great attention upon histological anatomy and pathology, and I have no doubt he will be a valuable accession to the many labourers in his native country. Dr. Simpson (one of my old pupils) has recently arrived in London, but I am not aware of his intention to remain here long. Mr. Reid is at Edinburgh, and like all Canadian students, is a very great favourite. Very shortly he will return to Canada with the diploma in his pocket of the Edinburgh College of Surgeons. There is quite a demand for medical officers for the army, and likely to be so for some time. The hint may possibly prove of service to some aspiring Canadian M.D.

You need not expect to hear from me again, very shortly, as I have it on the best authority that the great and long-wished-for Medical Reform Bill will actually pass during the present session of Parliament. It is in the hands of the Government, and has already been drawn up.

G.

MEDICAL APPOINTMENTS.

SECRETARY'S OFFICE,
Toronto, February 20, 1858.

His Excellency the Governor General has been pleased to make the following appointments, viz. :—

John Lorn McDougall, Esq., to be an Associate Coroner for the United Counties of Lanark and Renfrew.

Ernest A. Koetsch, Esq., M.D., to be an Assistant Coroner for the County of Waterloo.

Thomas Graham, Esq., to be an Associate Coroner for the County of Lincoln.

Alexander Richard Stephen, Esq., Surgeon, to be an Associate Coroner for the County of Simcoe.

TORONTO, February 27, 1858.

His Excellency the Governor General has been pleased to make the following appointments, viz. :—

Gabriel Balfour, Henry Lemmon, and Robert Hill Dee, M.D., Esquires, to be Associate Coroners for the County of Brant.

Alexander Richard Stephen, Esquire, Surgeon, to be Coroner for the Town of Collingwood.

MILITARY DISTRICT NUMBER NINE, LOWER CANADA.

First Battalion of Vercheres.—To be Surgeon : Jacques Adelstan Le-Moyne de Maitigny, Esq., vice Nichols, deceased.

M E D I C A L N E W S .

Liebig has analysed the bread sent to him from Hong Kong, and has found it to contain a quarter-gramme of arsenic for every fifty grammes of bread, or more than sufficient to cause death. *It had been mixed with the dough.* Animal and vegetable substances may be kept for a long period perfectly free from decomposition when immersed in glycerine. An Inebriate Asylum is about to be founded in New York: collections in aid of it have already been raised to the amount of \$32,000. The total amount to be raised is \$50,000. A woman was lately delivered (says the *Wolverhampton Chronicle*) of two dead children, who had grown together and were united at the lower part of the stomach. Mr. Erichsen, Professor of Surgery in University College, London, has been appointed Dr. Lee's reader in Anatomy in the University of Oxford. A dentist has been lately elected to St. George's Hospital, London; the *lucky* gentleman is a Mr. Vesey, of Bond Street. He was selected by ballot from six candidates.