

Technical and Bibliographic Notes / Notes techniques et bibliographiques

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

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

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

Continuous pagination.

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

THE MEDICAL CHRONICLE.

VOL. I.]

MONTREAL, AUGUST, 1853.

[No. 2

ORIGINAL COMMUNICATIONS.

ART. X.—*An Adjuster for Fractured Clavicle*, invented by J. CRAWFORD, M.D., Lecturer on Clinical Medicine, McGill College, &c.

I beg leave to make your readers acquainted with an instrument I invented about 18 months ago, for the purpose of retaining fractured clavicles *in situ*, an object which I need scarcely say is rarely attainable by any of the contrivances hitherto in use.

Although a slight deformity and shortening of this bone may not impair the usefulness of the arm, it must be an object to prevent any deformity, especially to a female, and to remove an opprobrium from our art.

The apparatus most generally employed, “The *figure of 8 bandage*,” with a pad in the axilla, and a sling for the support of the forearm, having for its object the projection of the point of the shoulder from the side, and with it the scapular portion of the fractured clavicle, and also keeping back the shoulder, is universally admitted to be not only inefficient, but also very disagreeable; *eighteen yards*, of bandage, tightly wound round the shoulders and chest, is very inconvenient, by confining the motions of the chest, and respiration; and most especially in the female, by compressing the *mammæ* with its endless folds, which are also sure to cause excoriation in the vicinity of the axilla; and unless the folds are made adherent together by paste, soon become loose, and fail to keep the bones *in situ*.

The object and intention of this endless bandage is to keep the shoulders back, while the wedge in the axilla tends to remove the top of the shoulder further from the body; the tendency of the bandage, however, will be found to *draw the scapula towards the sternum*, thereby causing an overlapping of the fractured ends, and *counteracting* the object aimed at. All other contrivances, as Heister’s “iron cross,” Brasdor’s “corslet,” Brunninghausen’s “leather strap,” are mere modifications of the “figure of 8 bandage,” and possess no superiority over it. They are equally inconvenient, and even more so, while the patient is in bed, and are diffi-

cult to secure to the body, and therefore seldom employed. The great desideratum in contriving all these apparatuses, being to keep the shoulder fixed, at a proper distance from the body, and the arm sufficiently raised, to bring the broken portions of the clavicle into apposition. I am of opinion that the instrument which I recommend will accomplish this object, while at the same time it is not attended by the disagreeable pressure, and confinement of the chest, and excoriation, which are inseparable from the long bandage. *A part of the dress* should be interposed between the person and this instrument, which is for many reasons an advantage, especially to delicate females.

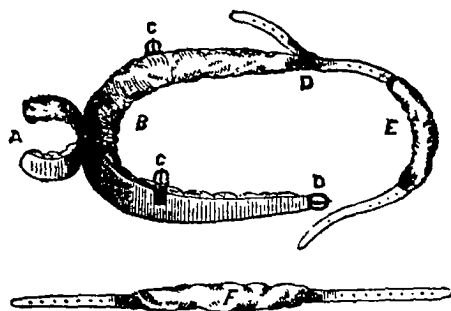
The adjuster consists of two pieces of *untempered* steel, bent in the form of forks, or somewhat like semicircles—one to enclose and fit the body, the other the arm. The body branch may measure 20 inches from point to point; the arm portion 6 inches; the breadth of the plates at their centre about $2\frac{1}{2}$ inches, where they are firmly rivetted together. They should taper towards the joints to about 1 inch, for the object of lightness; a sufficient degree of strength must be given to the plate, to prevent the instrument from changing its shape; which, if necessary to be done, to fit the shape of the body more conveniently, can easily be effected, by having the steel *untempered*. A broad plate is less likely to cause unpleasant pressure, than a narrower one.

It must be obvious that the instrument may be made to project the arm to any requisite distance from the side, by interposing additional cushions between the arm and fork, or between the side and fork; or if desirable, there may be a short *neck* between those parts of the instrument, where they are rivetted together. By this means the necessity of a wedge in the axilla, is obviated. The plates are covered with leather, and properly stuffed. There are two straps, one for buckling round the body, the other for crossing round the shoulder, to keep the instrument from falling down. A well contrived leather sling, is absolutely necessary, to keep the forearm and arm supported to a sufficient height; and a strap passing through a loop in the elbow piece of the sling, will bind the arm securely to the side. All these straps should be stuffed or padded, where they make pressure. The leather being unyielding, is preferable to any bandage. The arm, when buckled to the side, is to be supported perpendicularly, and the forearm horizontally across the abdomen; any crossing of the hand to the opposite shoulder, will tend to displace the fractured bone, and cause overlapping. The most easy position of the limb, will be found the most suitable, as well as the most endurable. I have only had two opportunities of trying the instrument, neither of which were favorable for the experiment, but still gave satisfaction, and proved the power the instrument possesses of confining the arm in the requisite position; one of the cases, was a troublesome lively boy, who

could not be kept quiet, and for whom the instrument was *too large*, as it had been made for a grown man; it nevertheless produced a satisfactory result. The other case was a short stout man, almost equally difficult to fit, with any apparatus. On both occasions the instrument appeared to fix the arm perfectly, and the apparatus did not appear to become displaced or loosened during sleep. Both cases did well. Dr. Reddy, House Surgeon, Montreal General Hospital, superintended the application of the instrument, and expressed his warm approbation of it.

The instrument may be found useful in fractures of the arm, or any other occasions where it may be necessary to fix that bone.

I added a padded strap, to form the figure of S bandage to the adjuster, but I now think this will generally be found superfluous. The principle upon which the instrument is contrived, is easily understood, and I presume is sufficient introduction for it, even without further trial. I therefore prefer giving it to the public for trial, rather than wait till I had other cases to record. The size and shape may, if necessary, be made to fit the patient.



(A—Fork for the arm. B—Fork to embrace the chest. CC—Buckles to attach strap F. DD—Buckles to attach strap E. E—Strap to bind the instrument round the body. F—Strap to pass over the shoulder and support the instrument—to connect with buckles C C.)

[Having recently treated a case of fractured clavicle, occurring in a female, with Dr. Crawford's "Adjuster," and leather sling, we consider it an apparatus eminently adapted to fulfil all the indications requiring the attention of a surgeon in the treatment of such fractures. When properly applied, the arm is immovably fixed; the shoulder is kept out from the body in a direction upwards and backwards, and there is no chafing of the axilla, or undue pressure of the mammæ or chest.—Eds.]

ART XI.—*Two cases of early viability, and an interesting case of premature birth.* By M. McCULLOCH, M. D., M. R. C. S. L., Lecturer on Midwifery, McGill College, Physician to the University Lying-in Hospital, &c.

Mrs. Henderson, aged 28, the wife of a grocer in this city, had been married about a year, and was attended by me in her first labor on the 13th February, 1849. She was delivered of a son whose weight was ascertained by his father and myself not to exceed thirty-six ounces, and his length, likewise accurately taken, was fourteen inches. He had some hair on his head, and cried as soon as he was born. He was wrapped in cotton wool, and within twenty-four hours, sucked his mother's breasts without difficulty. Her nipples were well formed and she had already a sufficient supply of milk. On the 24th he weighed forty-seven ounces, and on the 13th March, when a month old, his weight was 3lb. 11 ounces, and length 16 inches. On 13th April, I put him again into his father's scales, and found his weight to be 5lb. 2 ounces, and length 17½ inches. Up to this date his health had been so uniformly good that he never needed any kind of medicine, and he was, in every respect, except size, a fine thriving child. Soon after the commencement of the third month he was unfortunately exposed to cold and died of inflammation of the lungs, after being ill about a week.

The mother of this child could not remember the date of the last appearance of the catamenia nor when she quickened, but thought she became pregnant about the first of July, and if there was no error regarding this date, her son had been in utero seven months and thirteen days, and there must have been some check to his uterine progress, but if we take into consideration the favorable state of his health and daily increase in bulk after birth, and his immature weight when two months old, I think his mother may have been mistaken regarding the first of July, and that it is more probable the duration of his previous existence did not exceed the end of the sixth month.

Mrs. Galbraith miscarried on the 28th of January. She became again pregnant before the catamenia returned, and was delivered by me on the 23rd of July—175 days, or twenty-five weeks after the miscarriage. The mother refused to allow the child to be weighed, but I ascertained its length to be thirteen inches. It is probable that its weight was less than two pounds, and that the duration of pregnancy did not exceed twenty-two weeks. Notwithstanding, it survived three hours, and its cries were so loud and frequent during the first forty minutes as to astonish every one present.

Mrs. —, the wife of a former steward of the Montreal General Hospital, the mother of several children, had a child born within 6 months and 14 days of the possible commencement of pregnancy. Previous to this pe-

riod, she had resided some months out of town and menstruated regularly. She was the patient of a medical friend, and I had an opportunity of seeing the child about six weeks after its birth, when it was still very small, and I had no doubt of its being a satisfactory case of early viability. It survived, and is now upwards of 10 years of age: It took the breast well at birth. The testes descended, two months after birth, accompanied by a loop of intestine, producing scrotal hernia, which was radically cured by the use of a truss at the age of 18 months.

ART. XII.—*Treatment of Acute Articular Rheumatism by lemon juice.*

By HECTOR PELTIER, M.D. Edin, Professor of Institutes of Med, Montreal School of Medicine; Physician to the Hotel Dieu, &c.

I wish to place before your readers the result obtained by myself with lemon juice in acute rheumatism. I have now used it since 1850, and whenever it could be properly tested. It is to Dr. G. O. Rees, of Guy's Hospital, London, that we are indebted for the employment of this medicine in rheumatism. I cannot give any reliable explanation of its decided benefits, because alkalies act also beneficially in many cases of a similar kind. The way I employed it was simply by directing that the lemon itself should be sucked by my patients now and then in the course of the day. They never used more than two per diem. Under its influence, the pain and stiffness of the joints diminished in four or five days and sometimes sooner.

The cases I have had were genuine acute rheumatism, with all the characteristic symptoms present, but free from complication with any inflammation of the heart. I have had frequent opportunities of testing what I would call this invaluable, though simple mode of treatment in the Hotel Dieu of Montreal, as well as in private practice, for during the last winter and spring, rheumatism raged extensively in this city. I know well that all species of remedies have been tried in rheumatism, but none have given me so much satisfaction as lemon juice. As for colchicum, its reputation is losing ground, and I think with good reason. It is a powerful medicine, but has been used too freely, and given in altogether too large doses. From my experience, I am disposed to believe that the majority of practitioners will honestly confess that it has done more harm than real benefit in both gout and rheumatism, and as it has been lately remarked with great propriety by Dr. Bouchardat, in his *annuaire de thérapeutique* for 1852, "the greatest number of cases of death from gout or rheumatism is more attributable to colchicum than to the metastasis of the disease, as we are prone to say when a bad result supervenes." Salines are very useful in acute rheumatism, and form the

best purgatives that can be employed. I am in the habit of prescribing them once or twice a week in connection with the lemon juice throughout the duration of the case. Iodide of potassium I also use, but only in the latter stage, as an alterative.

Dover's powder I have given at night to allay any irritation. Fomentations of the joints I order but seldom, and very sparingly, because they give more trouble than real advantage.

As an illustration of the preceding remarks, I will mention one case in particular that I treated in February 1853, which gave me a good deal of uneasiness on account of advice repeatedly offered to the patient by his surrounding friends. Mr. J. L. * * *, a gentleman connected with the first banking institution in Canada, was affected with acute rheumatism. Every joint was immovable, the pain intense, skin hot and perspiring profusely, pulse 110. From past results with lemon juice, I decided to use it, and directed two lemons to be sucked daily, confining him to low diet, and barley water as drink. Nothing else was ordered, but an occasional saline draught.

The improvement became sensible in less than a week afterward.—During this period many friends called upon my patient, each one giving in his opinion, &c., all, I regret to say, against my mode of treatment.—Being sure of a successful issue, from past experience, I paid no attention to their statements and insinuations, but continued my treatment, and, to the amazement of all his friends, Mr. J. L. * * * returned to the bank the thirtieth day from the date of his illness, perfectly well, and has not suffered since, though the temperature has been very changeable during the spring and this summer.

If you think, Messrs. Editors, that the above remarks, although written *currente calamo*, are worth publishing, I shall thank you in advance, and give you my best wishes for your success.

ART. XIII.—*Compound Fracture of the Humerus—Hæmorrhage—Obtiteration of the Artery—Mortification—Amputation refused—Spontaneous separation—Recovery.*—By F. S. Verity, M. D., Hemmingford.

On the afternoon of Nov. 28, 1852, I was called to attend a boy named Thomas McCarty, aged 11 years, who was reported to have broken his arm, and as the messenger said, "was bleeding to death." On my arrival at the house, I saw the lad lying on his back, with his left arm folded in a cloth, steeped in a pool of blood. His countenance was pale and anxious, his skin cold and clammy. He had been wrestling with a

school-mate, and heavily thrown to the ground ; upon raising him, his arm was found to be broken, but no loss of blood took place at this time.

His father, who lived about a mile off, was sent for, and carried him home. On the road the poor fellow bled most profusely and syncope took place. This was the history of the accident as then given me.— Upon further enquiry, I learned that the father had unthinkingly used the elbow of the broken arm to support the boy's weight when carrying him, and thus forced the fractured end of the bone through the soft parts, wounding the artery in its passage outwards.

Upon examination, I found the fractured humerus protruding at the bend of the elbow joint with the aponeurotic expansion of the biceps nearly severed ; the bone was obliquely fractured about an inch and a half above the condyles, and blood was slowly flowing from the wound. I effected the reduction of the bone without much difficulty or loss of blood, which latter was promptly arrested by slight pressure of the thumb on a pledget of lint. I then applied a compress and roller in the usual manner, but rather loose ; laid his arm on a chaff pillow, and as there were slight twitchings, gave *Tr. opii* gr. x. His pulse was very feeble on the injured side—the arm about the elbow joint was swollen. In the night, I was called to him again on account of hæmorrhage ; on my arrival I found only a slight oozing from the wound ; I cut the roller off, and as there was no disposition to hæmorrhage, left his arm on the pillow. His left pulse was very feeble and hardly to be felt ; I rolled the hand and forearm in cotton wool, and gave a stimulant ; ordering him to be kept quite warm

Nov. 29, 8 A.M.—Left pulse completely gone ; it was evident that the humeral artery was obliterated, and as the circulation was much depressed and the system shocked by the excessive hæmorrhage, I was fearful the circulation could not be maintained in the forearm and hand by the anastomosing vessels. The hand and arm were still warm, though around the elbow joint and the neighboring part, there was great extravasation, and it had a dark hue. Apply stimulating embrocations—gave wine—aminonia—opium,—pulse 125—feeble.

30. Arm quite cold and mottled. Vesicles at the bend of the elbow joint and above the wound ; in fact, mortification was present and to save the boy's life, I proposed immediate amputation, which was resolutely refused by the father.

Dec. 1.—Mortification extending upwards ; the shoulder joint is greatly swollen and inflamed. I still thought there was a chance, and again urged the operation, and the consequence of a refusal pointed out to him by me and his friends, but he remained obstinate in his purpose. Applied charcoal poultices—lotions of chloride of lime and soda—gave wine freely—quinine, camphor and opium, and awaited the result.

Dec. 3.—The gangrene is with'in two inches of the shoulder joint, and several suspicious looking spots near the axilla.

Dec. 5.—The stench is intolerable; wrapped the hand and forearm in cloths wetted with a solution of chloride of lime. The boy was evidently sinking; the wine had little effect on the pulse, and as he had been used to drink whiskey, I substituted it in the place of the wine. Continue the other remedies.

8 P. M.—Rallied well, continue the whiskey with caution.

Dec. 7.—Continues better—pulse 110, stronger; the effusion of lymph around the shoulder joint and upper part of the humerus has proved an effectual barrier to the progress of the mortification. Continue remedies as before.

Dec. 11.—It was now apparent that a separation of the soft parts was about to be effected just below the insertion of the deltoid; I determined to assist nature by the removal of the dead portion of the arm. With the handle of a scalpel, I carefully detached the sloughs from the sound tissues and applying the saw to the bone, removed the arm and dressed the stump with linseed poultice to assist granulation. Previous to the removal of the arm, the little fellow begged for a "sip of whiskey," which I directed to be given him. His neighbor and attendant, and on this occasion my assistant, Mr. R. Hayes, gave him, what I thought was a glass of water to wash his grog down. His face after the operation became flushed and his pulse much increased in rapidity and strength, which excited my surprise, and upon inquiring what quantity of spirit had been given him, I then discovered, that what I thought water, proved to be *whiskey*. I feared its effects, but my intelligent friend Hayes knew the boy well, and stoutly prognosticated great benefit from such a dose, "as the boy had been brought up to it from his cradle;" and he was right, in a short time the little patient fell asleep, continued in it for some hours, and awoke asking for food.

Dec. 12.—Continues improving. A portion of the bone on each side of the deltoid is quite bare. I continued the poultice dressing to the stump until January 26, 1853, when about 2½ inches of bone which had exfoliated were removed by gentle traction. I now dressed the stamp with emplastr. adhæsiv., and gave it as good a shape as possible; about the middle of March it was healed, and is now free from tenderness and can be handled without giving pain. In appearance it looks very well, considering the rude amputation necessarily performed.

The mortification in this case was doubtless owing to the depressed circulation caused by the excessive hæmorrhage; in the then enfeebled state of system, the anastomosing vessels failed to carry on the circulation after the obliteration of the humeral artery. I was very cautious about undue pressure; indeed, the roller, although loosely applied, was

removed in 6 hours, and the pulse could then be felt on the injured side, though very feeble. The inflamed shoulder joint was a salutary effort of nature to save the life of the boy.

It was truly remarkable the great quantities of whiskey and brandy the little fellow consumed up to the time of the operation; nothing but the habitual use of it from his cradle, as Hayes has it, could have enabled him to dispose of so much stimulants with impunity; indeed, I ought to say with evident benefit. He is now in strong robust health, and with every prospect of continuing so.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

IV.—*Medical Jurisprudence*. By ALFRED S. TAYLOR, M.D., F.R.S., &c. Edited by EDWARD HARTSHORNE, M.D. Pp. 621. Blanchard & Lea, Philadelphia.

Although ten years have not elapsed since this work first appeared, it has passed through four editions, thus rivalling, in popularity, the most fashionable hand book or vade-mecum that ever found favor for its terseness or simplicity, and leading us to believe that medical book writing is scarcely so unprofitable an undertaking as it is represented to be proverbially.

Dr. Taylor has devoted a life time to the prosecution of medico-legal inquiries. In all matters concerning them he is the first English authority extant. No important case of the kind finds an issue in London before his opinion or assistance has been rendered, and to his efforts may be partly referred the present advanced state of the science.

Each new edition of his book has been an improvement on the old one, in containing important alterations and valuable additions, especially of recent cases of interest. The various addenda to the present are noticed in the preface. They are judiciously introduced, and highly valuable. As an example, we may observe that under insanity, they refer to the application of restraint—decisions in recent cases, showing the liability of medical practitioners—the testimonial capacity of the insane, with remarks and cases illustrative of homicidal mania, and the plea of insanity. The utility of the work, particularly to legal gentlemen who make it a circuit companion, is further increased by the appendix of a glossary.

It is not yet, however, a *complete* treatise on medical jurisprudence, for it is imperfect in some, and deficient in other subjects, strictly within its scope, such as, the various modes of death; putrefaction; age; identity; survivorship; life insurance; feigned and disqualifying diseases. Dr. T.

aware of this, has signified his intention to discuss them fully in his next edition.

We conceive that praise or recommendation of a book so well and favorably known as Taylor's Medical Jurisprudence, would be superfluous, and shall therefore only observe that as every Canadian student should have a copy of it, he would do well, before purchasing, to select this edition, for Dr. Hartshorne has not only retained the valuable notes of the late Dr. R. E. Griffith, who preceded him as the American editor, but has incorporated with them such further facts and cases of importance as have fallen under his special notice.

V.—*Homœopathy: its tenets and tendencies, theoretical, theological, and therapeutical.* By JAMES Y. SIMPSON, M.D., F.R.S.E., Professor of Midwifery, University of Edinburgh, and Physician-Accoucheur to the Queen etc. Scotland, &c. &c. Pp. 292. Edinburgh: Sutherland & Knox.

The subject of homœopathy has been brought so frequently before the profession in Canada during the last two years, we do not purpose to dwell at any length upon this, the latest work which has issued from the English press, directed against the absurdities of the system of infinitesimals. If we thought that by much writing we might alter the opinions of some one or two, who have embraced (in good faith, we believe,) the erroneous views propounded by Hahnemann and his successors, we would address ourselves to the task with a will; but every day's experience strengthens our conviction of the truth expressed by an old author, viz.: "Every singular opinion hath a singular opinion of itself; and he that holds it, a singular opinion of himself, and a simple opinion of all contra-sentients: he that confutes them, must confute all three at once, or else he does nothing." And we heartily agree with the same quaint writer, that—"it is a most toylsome task to run the wild-goose chase after a well-breath'd opinionist; they delight in vilitigation; it is an itch that loves a life to Le scrubb'd; they desire not satisfaction but satisfaction, whereof themselves must be judges."

There is one thing, however, which we would chronicle for the information of our readers—THE DECLINE OF HOMŒOPATHY. In the mental as in the material world, violent disturbances of ordinary or natural states cannot exist beyond a definite period. Obstructive or opposing forces start up, which either present a barrier to their further progress, or produce their rapid subsidence by a vigorous counter-action. The rapid rise, turbulent progress, and gradual decline of new opinions find their analogies in nature. The surface of a portion of the ocean is smooth

and placid. Presently, however, ripples chase each other over this surface. Next, wave succeeds to wavelet; and in a few brief hours, the tempest-lashed waters rise tumultuously, and roll onwards with towering majesty and impetuous might. The storm, after a time, abates in the place which first felt its fury, and the surface of the water becomes, once more, calm, and apparently motionless; but, far, far away from this spot, the sea still rolls in immense swells, which, in their turn subsiding, all trace of the storm becomes obliterated. So the homœopathic excitement, which first took its rise in Germany, and spread in different directions from thence, is first declining in Germany; and, although the agitation is still considerable in England and America, from the nature of things a subsidence, ere long, must be expected in those countries also, and homœopathy will then find its place in the history of past medical delusions.

The homœopathic hospital at Leipsic, with its apparently flattering statistics, was long the boast of the Hahnemannist. "At the time of my first visit to Leipsic," observes Mr. Lee, author of "Bradshaw's Guide to the Continent," "I was anxious to see the Homœopathic Hospital, of which I had previously heard. I expected to have found at least forty or fifty beds filled with patients; but was rather surprised to find that the building (which is a small house in the suburbs) only contained eight, and even of these, all but two or three were unoccupied. At my last visit to Leipsic, I understood that matters were going on badly with homœopathy, which indeed is now comparatively little heard of in Germany and France." In the celebrated hospital at Vienna, the acknowledged principal homœopathic school on the continent, Dr. Fleming of Dundee observed but five students in attendance; whilst at Dr. Fleischmann's establishment at Gumpendorf, in the suburbs of Vienna, one solitary individual perambulated the wards with the doctor, as a student—the sole repository of the sage remarks of this once enthusiastic supporter of globulism. Truly, Ichabod is written on their walls!

"In a letter from Dr. Gerson," says Dr. Simpson, "it is stated, 'During the last six or eight years, neither the medical profession nor the public of Germany have paid any degree of attention to homœopathy, for it is now everywhere looked upon as possessing no theoretical or practical value. . . . In Leipsic, where the English and other admirers of Hahnemann have lately erected a statue to him, and which was once the chief seat, if not the birth place of homœopathy, out of 120 medical men, there are now only six or seven homœopathists, and only two or three of this number can be said to be engaged in practice, and to a limited extent. The Homœopathic Hospital, which existed formerly in Leipsic, has become defunct. In Hamburg, out of 183 medical men, there is now only one homœopathist.'" Dr. Oscar Prieger, of Krauz-

nach, confirms the statements of Dr. Gerson. as to the recent rapid decline of homœopathy in Germany.

This work of Dr. Simpson's bears marks of having been hastily thrown together. The divisions of his subject are taken up and discussed without regard to orderly sequence, or the bearing which one part has on another. When we consider, however, the extensive practice which the distinguished Professor is favored with, we are more surprised that he should find time to write at all, than that what he writes should exhibit traces of having been rapidly executed.

We think Dr. Simpson has received a few hints from this side of the Atlantic, which he has failed to acknowledge. As we are *ultra mare* to the British medical school—a kind of barbarians in medicine, of course we cannot expect any notice from the polished professor of Modern Athens.

VI.—*Cases of Occlusion of the Vagina, with retention of the Catamena relieved by operation.* By J. M. WARREN, Surgeon at Massachusetts General Hospital. Pp. 28.

This brochure contains the substance of a communication which formerly appeared in the American Journal of Medical Sciences. Six cases of occlusion are detailed; in three it was the result of parturition, two were congenital, the last accidental. In each the operation was eminently successful, and had to be specially modified to meet existent circumstances of a particular kind. We regret our space does not permit our quoting their description, but as the production is very short, we recommend our readers to make themselves directly acquainted with it, feeling assured that they will be well repaid for the time so employed. It is very gratifying to find practitioners of such eminence thus recording the results of their experience and reflection for the benefit of their younger and less fortunate brethren. By publication, alone, can knowledge be perpetuated and diffused; without it the world would be overspread by a Cimmerian gloom, and the mists of ignorance remain undispelled for the want of learning's light.

VII.—*Paris Médical; vade-mecum des médecins étrangers: renseignements historiques, statistiques, administratifs et scientifiques, sur les hôpitaux et hospices civils et militaires, l'enseignement de la médecine, les académies et sociétés savantes. Précédé d'une topographie médicale de Paris et suivis d'un précis de bibliographie médicale française, et des adresses de tous les médecins de Paris.* Par le Dr. HENRI MEDING.

The description which we have copied from the title-page of the above work will give an idea of its contents. The author has apparently spared

no pains to make his book as complete a guide as possible to the stranger seeking information in Parisian medical matters.

We would strongly advise the student or physician, who may intend visiting Paris, to provide himself with a copy of this work. He will find it a most useful companion. It is published in Paris, in two volumes, for six francs, and may be obtained from H. Bailliere, 290 Broadway, New York; H. Bailliere, 219 Regent Street, London, and J. B. Bailliere, 19 Rue Haute-fenille, Paris.

CLINICAL LECTURE.

Clinical Lecture on Diseases and Injuries of the Joints. By Samuel Solly, Esq., F. R. S., Senior Assistant Surgeon to St. Thomas' Hospital. (Condensed from the *Lancet*.)

The form of disease I propose calling your attention to, is not very common; it has been called chronic rheumatic arthritis, and comes on very insidiously. I will illustrate it from a case in private. The patient at first complains of a little pain on the inner side of the thigh and knee; he soon finds some difficulty in walking, specially in the morning, and though the pain often increases, the stiffness wears off towards the evening. As the disease advances, the pain is more constant, and though it varies in intensity it is never entirely absent. The most striking feature is the gradual immobility of the joint. Patients cannot stoop to tie their shoes or garters. In sitting down they extend the affected limb; they prefer sitting on a high stool. My case did not suffer much from the movements which I gave the joint during my examination, but she could not bear any firm pressure over the capsule either in front or behind. Not much change in the form of the joint was detected, though the trochanter on that side seemed more prominent. In walking, she rotated the whole pelvis and had great difficulty in moving at all. In her disease had advanced rapidly, for it is only about 12 months since she felt the hip amiss; she could not trace it to any special cause. The disease very gradually reached its present severity. She never had rheumatism in any other joint. Yet she lived in a very damp situation with a clay soil. No medicine controlled it, and local anodynes soon lost their effect. Chloroform on the whole was most effective. Most permanent relief was given by Dr. Arnott's hot water cushion, and for four nights she slept calmly, the fifth night the cushion was out of order and all the pain came back. She died suddenly with symptoms of fatty heart.

Post Mortem.—Hip-joint, capsule thick; no pus within. Synovial membrane slightly inflamed in patches, with little nodules similar in size and form to the osseous and ivory nodules on the neck of the bone: also fringed projections like those described by Mr. Rainey: running from its under surface to the neck were many thin bands and threads of organized fibrin. An osseous tubercle, the size of a small marble was embodied in the capsular ligament, over the anterior intertrochantric line. The head of the bone is enlarged, and it is carried over the neck with a deeply fringed mushroom shaped edge. There is a semi-circular ulcerated

roughened groove on the outer and upper part of the head on a line with its edge, in its normal state about 1-6th in. wide and 1-10th in. deep.—The cartilage is nearly all gone, irregular streaks of it alone are left;—the intervals are occupied partly by incipient eburnous change and partly by roughened ulcerated spots. Some of the eburnous patches, especially near the edge are corrugated like the enamelled surface of an irregularly formed tooth. A section shows that the enlargement is from deposit on the exterior and not from expansion of the cancelli. Mr. Adams, one of our demonstrators of morbid anatomy was, I think, the first who proved that this morbid change is a growth of new cartilage and bone external to the old, to the surface of which it becomes inseparably connected. This opinion is chiefly based on the appearances shown in sections of the bone. In the 3rd vol. of the "Transactions of the London Pathological Society, is Mr A.'s paper, in which he states. The outlines of the head in its normal direction was indicated by the persistence more or less, of the thin shell of compact tissue—its natural limit—and also of an imperfect layer of articular cartilage: external to which, and extending from the circumference towards the centre, was a mass of finely cancellous new bone, which produced the irregular shape and enlargement. He also concludes that the new bone had been developed in the centre of the articular cartilage. In some ossification being equal in all directions, pseudo growths were formed; in others it extended as a ring like layer over the articular surface, thick and rounded at the circumference, narrowing to a point towards the centre of the head.

Dr. R. W. Smith first published an account of the disease in 5th Vol. Dublin Journal of Medical Science as "Morbus Coxæ senilis," since which Mr. R. Adams of Dublin described it in the Encyclopædia of Anatomy, as "Chronic Rheumatic Arthritis." Their observations well deserve perusal.

The clinical history of this disease is not so well known as its morbid appearances, for in spite of its name, its rheumatic origin is not always apparent. Many having it, never had the general symptoms of rheumatism. Some have attributed it to a blow, strain or other injury; but even then, though these be the excitants, the characteristics of the disease may still be due to a rheumatic diathesis, or the presence and circulation of the rheumatic poison in the current of the blood. For I believe in the humoral theory of rheumatism.

It is very important to know that in some these changes seem to be caused by a blow; and that their effects are as serious to the patient as those which are produced by a fracture of the neck of the thigh bone; for, a surgeon has been blamed for not detecting a fracture which did not exist, and the lesion has been shewn as a simple of united fracture of the neck within the capsule at the meeting of the British Association in Dublin in 1836, by Mr. Harris of Plymouth. This case was the more interesting from being that of Mathews, the celebrated comedian. The supposed fracture was attributed to a fall from his gig 10 years before his death, for though he got up and walked after the accident he was lame ever after. The most celebrated London surgeons saw him, but could not determine whether there was fracture or not. He was confined to the sofa for a twelve-month. Mr. R. Adams has recorded the case, and at the time proved to the association its nature. The limb was shortened, wasted and everted.

You cannot therefore be too careful in your diagnosis and prognosis of all injuries of the hip. If your patient has passed the middle period of life, and be at all gouty or rheumatic, you ought to point out the consequences which sometimes ensue from such injuries, and which no precaution or skill on your part can avert.

Mr. Calles says he has often come across it and has been struck with its peculiarity. "After the middle period of life, a man gets rheumatism in his limbs," after getting a great wetting or being for some time up to his knees in water, but this is not always the case, for a patient of his had the disease who was not exposed to wet in twenty years. He observes that the patient cannot walk without crutch or stick, and progresses like a man who had broken the cervix femoris. He seems well, notwithstanding long continued excessive pain. He knew it go on thus for two years. Mr. Calles never had an opportunity of examining one whom he knew died with it, but he suspected certain specimens were of it, which he had found in the dissecting room and had exhibited.

Mr R. Adams states, that when it is fully established, it rarely extends to other articulations, but that he has seen both thighs attacked together. He also remarks, that the chronic inflammation of the structure of the joint is never accompanied by any appreciable degree of heat or swelling of the soft parts, or that it runs into suppuration or ankylosis. Its long persistence causes much shortening, which I believe arises from the oblique tilting of the pelvis, and a change of the direction of the neck of the thigh bone, which gradually points downwards.

There is often greater difficulty of walking in the early stages than in the more advanced. A lady of 61 with this disease when she first consulted me could hardly walk across the room, last summer she walked nearly two miles in a day, though the limb has now shortened at least 2 inches. Mr. Smith says the patients' sufferings are very much influenced by the weather, being most acute during wet or even damp weather; some can actually foretell the approach of rain.

I have lately seen the same disease in the knee joint. This patella was removed from a patient aged 70 who had consulted me occasionally for weakness and pain in his right knee. He was a large, fat, flabby man, with a pasty look. The joint was somewhat enlarged, as if slightly inflamed chronically; the pain was trifling by day but always worse at night. When he sat long, the joint got so stiff that he had great difficulty in rising. His health was good, and he said if it were not for his knee he should be in perfect health. His habits were active and temperate. I ordered him a little grey powder and extract of colchicum and an anodyne liniment, which relieved him, but he did not persevere in their use.

You see the same deposit on the edge of the patella as on the femur, the same ivory-like indentations. A section shows still more clearly that it is from a deposit and not from an expansion of the bone.

This man died suddenly from an accident, but he had fatty heart, liver and kidneys. I am also attending a lady, aged 60, who has the disease in both knees. She has been benefited by blisters and mercury in regard to pain, but not in regard to the use of the joint. She never had rheumatism elsewhere, but is disposed to fatty deposit. She is pale, fat, flabby and heavy.

From what I have seen I am more inclined to believe that this disease is dependent on the same pathological condition of the system which pro-

duces fatty degeneration than on the rheumatic diathesis. This is important in point of treatment, for cod liver oil, so beneficial in chronic rheumatism, is one of the worst things that can be given in fatty degeneration, and I am much mistaken if one patient's death was not accelerated by its use in this disease.

Mr Smith, speaking of treatment, alludes to its inefficacy, particularly of antiphlogistic measures, as bloodletting and counter irritation, which seem called for from the anatomical changes present. The hips have been seen covered with the marks of leeches, cupping, moxa, &c., in patients in whom the disease has not been abated thereby; he says "rest, anodyne embrocation, keeping the joint protected by new mull or carded wool from the influence of cold and damp, together with the free and long continued use of hydriod of potas, combined with compound decoe of sarsaparilla, and small doses of colchicum constitute the mode of treatment from which I have seen most benefit derived." He insists on attention to the state of the stomach and bowels, although they are less disordered than is usual when the rheumatic diathesis is present. Recommends the Chelsea pensioner as an aperient thus prescribed Pulv. Guaiac. ꝑss Rhei ʒi; Sulphur Potas Buart ana ʒi; Potas carb ʒi; Pulv Zingib ʒij melli. ʒ. s. ft elect; take 2 teaspoonfuls occasionally. He advises the patient, if practicable, to reside in a warm and dry climate, not subject to vicissitudes of temperature, and a trial of the thermal springs as of Aix la Chapelle. More however is got from these in cases simply of the rheumatic diathesis than in the disease after it has caused change of structure.

The hip joint in some very puzzling cases is the seat of hysterical neuralgia. Some years ago I was asked to see a young lady out of town said to have disease of the hip: the case was said not to be urgent, and therefore that I might choose my own time; being very busy, I did not go till I got a second summons telling me that she was suffering very much from the suspension of the previous antiphlogistics. I lost no further time, and found her healthy looking, but rather strumous. Her medical attendant told me she had had hip disease for six months, and before examining he called my attention to a small fistula a little below the head of the femur, which led to a portion of carious bone—this much in favor of scrofulous disease—but to my great surprise I found both buttocks exactly alike, neither one flattened or too full, but they had the round form of health though marked by the cups and cantharides &c, great tenderness generally but not increased by rotation or traction of the femur. Upon retiring I told the Dr. my conviction was that there was no disease of the joint. He was incredulous, but consented to follow any plan proposed. The patient was prudently told that the medicines used had subdued the disease, and that now she might begin to take a little exercise, and I ordered her the carbonate of iron. About a week after I found her in great pain, and her medical man still impressed with his old idea, but sure in my first conviction, and knowing how much the mind influences the body in exciting pain in any part to which its attention is directed, I begged him to let me speak more decidedly, knowing that till she was convinced of the absence of disease she would continue to suffer. He agreed to my doing so, and from that hour she rapidly got well. Her only medicine was steel in its different forms, but chiefly the carb of iron. She had no more local applications: in a fortnight she walked a quarter of a mile, and in a few

months \pm or three miles regularly every day, and has remained well ever since.

In hysterical neuralgia you will find a pinch or a squeeze is complained of as much as if you pressed the articulating surfaces together; and most remarkably they sleep undisturbed by pain. They do not fall off to sleep, as persons in rude health just as they retire to bed for they are generally restless from want of the fatigue consequent on proper exercise; but when they do go to sleep they do not wake in starts as persons suffering from organic disease of the joint, especially ulceration.

THERAPEUTICAL RECORD.

Fissures of Anus.—Dr. Guiseppe Peirano has used an application composed of three grains of extract of belladonna, and four grains of unguentum rosae, with great advantage in this obstinate and painful affection. In numerous cases this remedy has not only relieved the pain but induced a cure when various applications had been used in vain.—*Virchow's Med. and Surg. Journal*

Furunculosis.—In the furunculoid epidemic which has lately prevailed so extensively throughout the world, various means are proposed by different medical men; nitro-muriatic acid, alterative doses of mercury, iron, chlorate of potash, yeast and quinine, are among the chief measures recommended. Upon the hands this affection usually assumes the form of paronychia, which we have frequently found to yield to an abortive treatment, consisting in the application of half an ounce of strong mercurial ointment, and two drachms of extract of belladonna.—*Id.*

Holmes' Lintment for Lumbago.—Powdered chamomile, 8 parts; common salt, 2 parts; camphor, (previously dissolved in turpentine,) 1 part; oatmeal, 100 parts; black soap, 30 parts.—*Id.*

Compound Fractures.—M. Sraour details in a series of papers, numerous cases of compound fracture he has witnessed in M. Chassaignac's wards, illustrative of the favorable results that have followed their treatment by "occlusion." This consists in the immediate application of a cuirass of adhesive plaster, which is retained *in situ* for several days, all surrounding inflammation being kept down by leeching, if necessary.—M. Sraour's report is highly favorable; under this plan the wound far more rapidly heals, pain and traumatic fever are much diminished, as is the chance of the occurrence of nervous delirium, tetanus, erysipelas, and purulent infection. In cases in which it may be doubtful whether amputation will be required, it enables us to wait with safety for the decision; and brings these traumatic cases in nearer relation to the cases in which amputation is performed for disease, and in which its results are so much more satisfactory. Since he has adopted this practice M. Chassaignac never amputates for traumatic injuries of the fingers, however violent the injuries may have been. Even when re-union does not take place, very much longer and better stumps result from leaving the case to nature.—*British and Foreign Med. Chir. Rev.*

Syphilis.—Dr. Gamberini, of Bologna, reports 116 cases of syphilis

treated by the *iodide of sodium*, which he believes may be substituted advantageously for the iodide of potassium, as it does not disturb the digestive apparatus. The dose was ʒi., raised to ʒii a day.—*lb.*

Somaitis Ulcerosa.—Dr. Mackenzie recommends sponging with the dilute nitric acid of the Pharmacopœia, and giving internally carbonate of ammonia and citrate of iron.—*lb.*

Phlegmon.—Polli confirms the statement of Bellini, as to the abortive cure of sub-inflammatory swellings of the skin and subcutaneous cellular tissue by the application of a few drops of liquor ammonia. In syphilitic bubo this method is also useful.—*lb.*

Intestinal Obstructions.—Mr. B. Phillips advises, in intestinal obstructions, that the drastic purgatives, such as croton oil, should not be given at an early period; but one or two full doses of calomel and opium (8 to 10 grains of calomel to 2 grs. of opium) should be first given, and large emollient enemata be thrown up every six or eight hours. If these means fail, Mr. Phillips pushes mercury to salivation, mercurial inunction as well as administration by the mouth, being employed.—*lb.*

PERISCOPE.

New Mode of Applying Leeches.—Dr. Sloan states that he has hit upon a plan by which very indifferent leeches may be rendered most efficient bloodsuckers.

"The idea," he says, "first occurred to me some years ago, while waiting the effect of a dozen, which were remaining attached to the skin, but scarcely drawing blood.

"It struck me that, as leeches are remarkably influenced by atmospheric changes, it might be worth while trying the experiment of partially exhausting the air over them, and thus inducing the sensation of a low barometer. On covering them with a cupping-glass, and by means of the air-pump producing a moderate degree of rarefaction, an immediate change in the style of sucking took place; the leeches displayed an activity I have rarely seen equalled by those of the best quality when applied in the usual way; they rapidly became fully distended, and fell off. By continuing the exhausting process afterwards, which is a common enough practice, a sufficient quantity of blood was readily obtained; and I remarked that the erysipelatous appearance, which usually followed leech-bites, in this patient was prevented.

"It is quite possible that the increased activity under the exhausted cupping-glass may arise from the skin being rendered more vascular, and thus yielding its blood more readily; or we may even view the leech in these circumstances as an elastic sac, communicating with the circulation by a firm canula, so that the blood may flow into the animal without much exertion on its part; but, whatever the cause, the result will be found satisfactory. I have never had occasion to try the effect of snipping off the tails of the animals under this plan, but possibly it would be eminently successful.

"The operation is almost as quickly performed as cupping, and has this advantage, that it requires no dexterity. I think any nurse of

ordinary intelligence might acquire the necessary skill in a single lesson.

"In charitable institutions, this plan would be especially advisable, as by it two leeches might be made, on the average, to do the work of three, thereby effecting a considerable saving, and the necessary apparatus would always be at hand. Nothing could be better for the purpose than these cupping instruments in which the vacuum is produced by an air-pump. Increasing the vascularity of the skin by a cupping-glass previous to applying the leeches, seems to make them bite more readily, probably by rendering the odour of the blood more perceptible."
—*Monthly Journal of Medical Science.*

Of the Cure of Aneurisms by the Injection of the Perchloride of Iron.—Lallemand lately stated to the Academy of Sciences:—

I have received from Dr. Serre (of Alais) the history of a case of varicose aneurism at the bend of the elbow, which was treated and cured by the method of Dr. Pravaz. I cannot enter into the details of this operation; I will only mention the most remarkable features of it.

The clot formed promptly under the influence of the injection; the pulsation in the tumour ceased upon the removal of the compression of the humeral artery; subsequently the ulnar and radial arteries ceased to pulsate; the walls of the sac were invaded by inflammation, and a puncture practiced upon a fluctuating point, evacuated a small quantity of sero-purulent matter. Lastly, an eschar was detached from the walls of the sac without the supervention of the slightest hæmorrhage, and cicatrization occurred rapidly.

Thus the clots formed in the aneurismal sac, and in the brachial artery and its divisions, induced a cure as perfect as if a ligature had been applied above and below the arterial lesion, as is usually done in varicose aneurisms.

This case deserves to be placed by the side of that which Dr. Niepce reported at the last meeting, in which the aneurismal sac was formed by the popliteal artery. Five minutes after the injection of the perchloride of iron the tumour became very hard, and when the compression of the femoral artery was removed, it was found that pulsation no longer existed in the sac: when the canula was drawn out, not a drop of blood followed it. The next day intense inflammation sprung up; on the eleventh day fluctuation was manifested at the internal face of the tumour, and a puncture gave exit to about two drachms of sero-purulent matter, after which all inflammatory symptoms subsided; on the twentieth day nothing could be felt of the aneurismal tumour, except an indurated lump of the size of a walnut. The cure was then effected in as short a period as ligatures require in order to divide vessels to which they are applied in order to cure aneurisms.

These two observations fully confirm the anticipations of Dr. Pravaz in regard to the efficacy of coagulating injections in aneurisms, and their superiority to galvano-puncture.

These cases were attended by severe inflammation. Is this an inseparable condition in this method? Facts are not yet sufficiently numerous to permit us to decide this point. I should observe, however, that in these cases three times as much perchloride was injected as would

have sufficed to procure the formation of a clot. This excess must be rather hurtful than otherwise, considering the tendency of coagulating fluids to dissolve the clot that has been formed when they are added in excess.

We can understand this exaggeration on the part of operators employing a method which they consider insufficient rather than too energetic. Allow me on this point to present some comparisons deduced from this very subject. When ligatures were first employed in arterial lesions, it was thought necessary to use a number of waxed threads prepared like a riband, in order to prevent the too speedy section of the arterial walls; the fear of consecutive hæmorrhage induced surgeons to apply precautionary ligatures, which were more dangerous than those which were tightened. They took care also to place a ligature beyond the aneurism, puncture or wounded point, in order to avoid recurrent or anastomotic hæmorrhage. This is not all; they opened the sac and turned out the coagula, and filled the chasm with charpie and tow and absorbent substances. Time and experience were necessary to efface these exaggerated terrors and to do away with this profusion of manipulations, which only produced abundant suppuration, the destruction of obliterating clot, and the very secondary hæmorrhage they wished to guard against. Let us hope that the history of injections of perchloride of iron will be the same; that its application will be simplified daily, and its styptic proportions judiciously determined.

In the cases of MM. Serre and Niepce, cures might have been obtained by the ligature; but in M. Raoult-Deslongchamps the tumour was seated on the supra-orbital artery, and it would have been very difficult to tie the ophthalmic within the orbit. But the superiority of this over all methods hitherto proposed, would be still more striking in the case of an aneurism of the femoral artery at the groin, or of the termination of external iliac, which requires, by the ordinary operation, a division of the abdominal walls and peritoneum, the separation of the artery from the vein, &c. The dangers and difficulties of the ordinary method are equally great in aneurism of the axillary, the subclavian, the innominate artery, &c.

The successes which have already resulted from the method of Dr. Pravaz, confirm me more and more in the conviction of its superiority over every other plan. I am thoroughly persuaded that it will produce a revolution in the treatment of aneurisms, as complete and important as that which lithotripsy has brought about in the treatment of calculous disorders. The instruments first invented for crushing the stone were very complicated and very imperfect, and for a long time success was counterbalanced by serious accidents and numerous failures. But lithotripsy is a different affair now. The history of the method of Dr. Pravaz will resemble this—*Virginia Medical and Surgical Journal*.

Operating in Cancer.—The following is a brief abstract of the Report of Dr. Gross, read before the American Medical Association:—

From the facts and statements which have now been presented, embracing the opinions of many of the most intelligent, experienced, and distinguished practitioners in different ages, and in different parts of the world, the following conclusions may be legitimately deduced:

First.—That cancerous affections, particularly those of the mammary glands, have always, with a few rare exceptions, been regarded by practitioners as incurable by the knife and escharotics. This opinion, commencing with Hippocrates, the father of medicine, has prevailed from the earliest records of the profession, to the present moment.—Nature never cures a disease of the kind, nor can this be effected by any medicine, or internal remedies, known to the profession.

Secondly.—That excision, however early and thoroughly executed, is nearly always, in genuine cancer, followed by relapse, at a period varying from a few weeks to several months from the time of the operation.

Thirdly, that nearly all practitioners, from the time of Hippocrates to the present day, have been, and are still averse to any operation for the removal of cancerous tumors, after the establishment of ulceration, rapid growth, firm adhesion, organic change in the skin, lymphatic invasion, the cancerous dyscrasy, or serious constitutional derangements; on the ground that, if had recourse to, under these circumstances, the malady almost inevitably recurs in a very short time, and frequently destroys the patient more rapidly than when it is permitted to pursue its own course.

Fourthly.—That in all cases of *acute carcinoma*, or, in other words, in all cases of this disease attended with very rapid development and great bulk of the tumour, extirpation is improper and unjustifiable, inasmuch as it will only tend to expedite the fatal result, which, under such circumstances, always takes place in a very short time.

Fifthly.—That all operations performed for the removal of encephaloid cancer and its different varieties, are more certainly followed by rapid relapse than operations performed upon schirrus or hard cancer.

Sixthly.—That in nearly all the operations for cancerous diseases, hitherto reported, the history has been imperfectly presented, being deficient in the details which are necessary to a complete and thorough understanding of the subject in each case. This remark is particularly true in reference to the diagnosis of the malady, the minute examination of the morbid structure, and the history of the case after the operation, as to the period of relapse, the time and nature of the patient's death, and the result of the post mortem examination.

Seventhly.—That cancerous affections of the lip and skin, now usually described under the name of cancrioid diseases, are less liable to relapse after extirpation than genuine cancerous maladies, or those which are characterized by the existence of the true cancer cell and cancer juice.

Eighthly.—That although practitioners have always been aware, from the earliest professional records, of the great liability of cancer to relapse after extirpation, a great majority of them have always been, and still are in favor of operation in the early stage of the disease, especially in schirrus, before the tumor has made much progress, or before there is any disease of the lymphatic ganglions, or evidence of the cancerous cachexy.

Ninthly.—That many cases of tumours, especially tumours of the breast and testicle, supposed to be cancerous, are in reality not cancerous, but of a benign character, and consequently readily curable by ablation, whether effected by the knife or by escharotics. It is to this

circumstance that we must ascribe the astonishing success which is said to have attended the practice of Hill, of Scotland, Nooth, of England, and Flajani, of Italy.

Tenthly.—That all operators insist upon the most thorough excision possible; removing not merely the diseased mass, but also a portion of the surrounding and apparently healthy tissues, as well as all enlarged and indurated ganglions.

Eleventhly.—That the practice has always prevailed, and still obtains to save, if possible, a sufficient amount of healthy integument to cover the wound and to unite, if possible, the wound by the first intention, on the ground that these precautions will tend much to retard, if not to prevent, a recurrence of the disease.

Twelfthly.—That much stress is laid by writers upon a properly regulated diet, and attention to the bowels and secretions after operation, as means of retarding and preventing relapse.

Thirteenthly.—That there is no remedy, medicine, or method of treatment which has the power, so far as we are enabled to judge of its virtues, of preventing the reproduction of the morbid action after operation, no matter how early or how thoroughly it may be performed.

Fourteenthly.—That life has occasionally been prolonged and even saved by operation after relapse, as in some of the remarkable cases mentioned in a previous part of this report; but that, as a general rule, such a procedure is as incompetent to effect a permanent cure as a first extirpation.—*New York Medical Times*.

Hooping Cough and Asthma.—Dr. Perry of Matagorda says:—"The recent epidemic of hooping cough was unusually severe, and along the Colorado very fatal. During the acute stage I did not find nitric acid beneficial; after that had passed, any alterative or nervous sedative seemed to exercise a beneficial effect.

In young children (under three years) the disease was attended with high fever, bilious vomitings, inflammation of the bowels, and spinnage-colored stools, which, if neglected or treated with mercurials, generally proved fatal in four or five days.

In such cases I found a solution of nitrate of silver, of from four to five grains to the ounce, administered in teaspoonful doses every three or four hours, to act admirably, relieving the cough, and soon changing the nature of the discharges.

I administered chloroform internally in every stage without benefit. Perhaps I was too cautious. Externally over the throat, on the spine and abdomen, it sometimes seemed to act well.

During paroxysms of asthma, I have seen no relief from nitric acid. During the interval, when there has been torpor of the liver, as is apt to follow repeated attacks of the disease, and doubtless attributable to the remora of the blood in the organ and destruction of its vessels during the paroxysms, I have thought it very useful, but not otherwise. In the internal use of chloroform, however, we have almost a specific. Administered when the paroxysm is forming, it will generally prevent its full development, and given during its height, will moderate all the urgent and distressing symptoms. I have used it ever since the discovery of the article, and have been generally successful, if not in curing, at least in palliating.—*Boston Med. and Surg. Journal*.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

MARINE AND EMIGRANT HOSPITAL.

The noble edifices, erected and set apart for the reception of the houseless and friendless sick, which are now found in nearly every city throughout civilization, are in the highest degree creditable to our common nature, and may be regarded as so many monuments of the humane tendencies of the times we live in. Hospitals were unknown to the ancients. Egypt had her magnificent mausoleums for the reception of the dead, and carried to perfection the art of embalming the bodies of the departed. Greece and Pagan Rome embellished their cities with stately structures, dedicated to the worship of their mythological deities, and to the gratification of the senses, the architectural beauties of which, even as exhibited by their ruins, has commanded the admiration and astonishment of all succeeding ages. Their sages and philosophers reasoned acutely on the nature and destinies of man, and occasionally inculcated sublime lessons of virtue; but we look in vain in their works for those higher teachings which place man in his proper relations to his fellows; nor do we detect the results of the operation of such teachings on their mind, in their public buildings. No edifice, unpretending or otherwise, for the shelter of the helpless victim of disease, can be discerned amidst the profusion of temples and palaces—no asylum for the aged, decrepid, or weak. To the humanizing influences of Christianity alone, are we, at this day, indebted for this sight. To the revolution effected in our natural feelings, by her pure unselfish teachings, must we attribute the pleasure which we experience in the erection and sustentation of various charitable institutions.

The first Hospitals established for the benefit of poor and sick persons, was in Rome, in the early part of the fourth century. Fabiola, a pious Roman lady, was among the first to erect an institution for such a purpose. When Christianity had triumphed over Paganism in the empire, the emperors at Constantinople built numerous asylums for strangers—helpless infants and orphans—infirm old persons, &c. So numerous were those institutions when Julian assumed the imperial purple, this apostate attributed the rapid spread of Christianity to their influence, and recommended their erection to those who seconded his efforts to re-establish Paganism.

At no period, however, in the history of the world, were there so many or such vast and imposing Hospitals as are now open for the reception of diseased humanity. And at no other time did they excite so much attention in the public mind. Many have been established, and are sup-

ported by the State, others by individual subscription. In both cases a rigid supervision is usually maintained over the management. And properly so, for in all public institutions, laxity in the performance of duties, and positive ill practices on the part of the different parties connected with their working, are too apt to occur. Abuses will sometimes creep in, requiring the purifying process of a special investigation, ere they can be got rid of. The promptitude with which the authorities appoint commissions of enquiry, whenever serious charges are brought against the general management of a public hospital, is a pleasing evidence that public opinion on this subject is sound and healthy. And so favorable to a community do we consider this feeling, springing, as we believe it does, from an anxious desire that all attention be paid to our suffering fellow-men, we would rather see an over-sensitiveness existent than otherwise.

Two investigations have now been held on the affairs of the Marine and Emigrant Hospital. The former enquiry had reference, more particularly, to charges of immorality, which were brought against certain subordinates of the hospital, who, being found guilty, were immediately discharged. Counter-charges of a similar nature were, at the same time, trumped up against the resident medical officers, from which they were most honorably acquitted.

The latter enquiry was more comprehensive in its character. The appointed commissioners, Drs. Wolfred Nelson and R. L. MacDonnell, and Zephirin Perrault, Esq., advocate, were instructed to report "generally upon the internal management of the hospital, with a view to suggest a remedy to any abuses or irregularities" which might be found to have previously existed therein. In compliance with their received instructions, the commissioners met at Quebec, and proceeded to investigate the entire working of the institution; and by the authority vested in them, summoned before them a number of witnesses, whom they examined, as to the truth or falsehood of charges brought against certain members of the medical staff. A voluminous "Report," of 124 pages, has been the result. They report that the hospital is most miserably situated—the ground on which it is erected having an elevation of only a few inches above the level of the river at high water, thus rendering the emptying of the sewers almost impossible. Marshes surround it on every side, the emanations from which must have a deleterious effect on the health of the unfortunate inmates. The building, although comparatively new, has a decayed appearance, and requires extensive repairs. They strongly recommend, therefore, that the present hospital, and ground attached, be sold immediately, and another building erected on a more salubrious site. We think there can be but one opinion among the profession, as to the importance of this recommendation. A structure enveloped in miasmatic vapors, and exposed to the pestiferous emana-

tions arising from surcharged cess-pools and drains, is no place for an invalid. It should be instantly disposed of, and that at any sacrifice. The returns of the hospital for five years show a rate of mortality double that exhibited by the returns of other hospitals in the country, for the same five years. This does not excite our surprise. We wonder only that our Quebec *confreres* manage to save as many as they do from the conjoined effects of disease and a poisoned atmosphere.

They report further, that the hospital is destitute of many necessaries and conveniences, to be found in all modern infirmaries. The rooms for the servants are insufficiently large; and the servants take their meals off an uncovered table, without knives, forks, or tumblers—the kitchen is situated on the basement story, and is a damp, gloomy, ill-ventilated, apartment—the water closets are useless, and there are no baths attached to the wards, or bathing room to the building. Should a new hospital be built, these things can easily be rectified; and if the old building is retained, they ought to be remedied as far as possible.

The commissioners offer the following “suggestions for the future management of the Marine and Emigrant Hospital.” First:—That, instead of a commission of five, as heretofore, three “Trustees” be appointed by Government to superintend the entire affairs of the hospital. The chairman of the trustees to be a medical practitioner; the remaining two to be the Chief Emigrant Agent, and the President of the Board of Trade for the time being. Each Trustee to be paid £50 currency yearly. Second:—That the Secretary and Treasurer be a medical man, appointed by Government, subject to removal at the solicitation of the trustees, they showing cause why their prayer should be granted. His salary to be £100 currency *per annum*, at least. Third:—That, instead of six visiting physicians, two receiving and four not receiving remuneration for their services, as at present, four visiting physicians be appointed, graduates of some University or College in the British dominions, of at least three years’ standing, and in possession of the license granted by the Province. Each physician to receive a yearly salary of £100 currency, and to be appointed by the Executive, and placed under the control of the trustees. Fourth:—That, instead of the house surgeon and apothecary being appointed by the Executive, without reference to other authority, the practice of other hospitals in the selection of those officers be followed, viz.,—The appointment to rest with the Executive—the power to examine candidates, and to recommend to the office, to be held by the trustees and visiting physicians. The salary of the house surgeon to remain unchanged; £125 currency yearly, alimentary allowance £30 currency, with lodgings, fuel, &c. Fifth:—That a person holding the responsible situation of matron should be paid a salary superior to that of a maid-of-all-work. Instead of £18 currency *per annum*, she

should receive a salary of £40, with board and lodging at the expense of the hospital.

The great bulk of the "Report" is taken up with the examination of the mutual charges of Dr. James Douglas, and the late commissioners, and Dr. James Douglas and his colleagues. The assumption of an antagonistic position by the lay managers against the medical staff of a hospital, is no uncommon occurrence. Governors and trustees, feeling their incapability of deciding in many matters referring to the management of a hospital for the sick, naturally look upon those who are competent to pronounce an opinion with suspicion and distrust. They are fearful lest any portion of their authority should be taken from them and bestowed on others. They consider it, therefore, of importance that the visiting physicians should be made to feel that they occupy a subordinate position. Consequently, they carp at and thwart the medical staff as often as they conveniently can. It is seldom, however, that serious disputes exist between professional colleagues. The report painfully exhibits how much bad feeling may be engendered, among the members of a medical staff, by the assumption, on the part of one member, of a superiority over others.

COLLEGE OF PHYSICIANS AND SURGEONS, C. E.

The triennial meeting of the members of the College of Physicians and Surgeons, Lower Canada, was held at the Court House of Three Rivers on Wednesday 13th ultimo.

Dr. Morin having taken the chair, the meeting was called to order. The minutes of the last meeting having been read by the Secretary, were approved and received.

The Treasurer then announced the names of the newly enrolled members, and of those who were entitled to vote.

The Secretary next read a report containing an outline of the proceedings of the College during the past three years. It was directed to be published for the information of the members. From this report it appears that during that period 75 students presented themselves before the Governors for license, and that of this number 61 were admitted to practice as Physicians, Surgeons and Accoucheurs, 2 as Chemists and Druggists, and 12 were rejected. 70 gentlemen came up for preliminary examination, of whom 60 passed and 10 were remanded.

The Treasurer then submitted his statement, from which it appears that there is now a balance of £127 16s. 9d. to the credit of the College.

Petitions from the students of McGill College and the Montreal School of Medicine were then read, and after having been discussed, it was declared inexpedient to recommend any alteration to the act of incorporation, at present.

On motion by Dr. David, seconded by Dr. Russell, it was unanimously resolved that a delegate be named by this meeting to attend the American Medical Convention, and that the Secretary be instructed to ascertain whether the person so attending can take his seat as our representative. And it was further resolved, that "the President elect be the first delegate, and afterwards the delegate chosen by the board of Governors."

The ballot having been taken for the election of Governors, it resulted in favor of the following gentlemen:—

For Quebec.—*City*—Drs. Morin, Fremont, Marsden, Sewell, Landry. *District*—Drs. Michaud, Marmette, De Salles Laterriere, DeChene, Von Iffland, Dubois and Boudreau.

For Montreal—*City*—Drs. Holmes, Munro, Campbell, Jones, Sutherland, Peltier, Bibaud, and Tavernier. *District*—Drs. Weilbrenner, Saborin, Chamberlin, Brigham, Boutillier, Valois and Foster.

District of Three Rivers—Drs. Badeau, Gilmour and Dubord.

District of St. Francis—Drs. Glines, Fowler and Johnson.

The newly-appointed Governors having met together, elected the following office-bearers, the two first and fifth unanimously:—

President.....	Dr. Holmes.
Vice-President for Montreal,.....	Boutillier.
Do. Quebec,.....	Fremont.
Registrar and Treasurer,.....	Jones.
Secretary for Montreal,.....	Peltier.
Do. Quebec,.....	Landry.

H. PELTIER, M.D.,	} Secretaries.
J. E. LANDRY, M.D.	

There are now 75 registered members enrolled on the books of the College. 43 to Montreal, 31 to the city and 12 to the district: 25 to Quebec, 19 to the city, 6 to the district: 5 to the District of St. Francis and Three Rivers, and 2 to Three Rivers. Of these but 38 were present, one of whom was entrusted with 16 proxies.

TORONTO LUNATIC ASYLUM.

"An unfortunate boy, named George Black, threw himself from one of the windows of the Lunatic Asylum, a few days since, and was instantly killed."

We copy the above notice from the daily press. We are not acquainted with the construction of the Toronto Lunatic Asylum, but we have always understood that it was built on the most approved modern principle. The architect, we believe, visited nearly all the recently erected asylums in the United States, for the purpose of examining the improve-

ments introduced into each, and adopting such as commended themselves to his judgment. Now, we know from personal inspection, that the windows of many, and we doubt not of all, the modern asylums of Great Britain, are so constructed, that it is impossible for any of the inmates to open, or break through them. In some institutions the frames are made of metal, and painted so as to resemble wood; in others, screens of strong wire gauze are placed between the individual and the window. To ensure proper ventilation, some have a pane which admits of being opened by means of a secret spring; others have an arrangement, by which the upper division of the window can be lowered a limited distance.

At all times, the importance of having properly-secured windows in Lunatic Asylums has been recognized. The strong iron bars, which gave the old institutions so dismal, prison-like an appearance, were placed before the windows for security. Why then, we would ask, are the windows of the Toronto Asylum in such a condition, that an unfortunate lunatic, with suicidal propensities, may, at any time, obey the promptings to destruction, of a diseased mind, by opening one of them, and precipitating himself therefrom? The Commissioners had better attend to this matter immediately, else the unfortunate lad, Black, will not long remain the only victim.

The Queen's late Accouchement.—A report was current in the London daily papers, and found its way into some of the American journals, professional as well as lay, that Chloroform had been administered to Her Majesty Queen Victoria during her late accouchement. The *Lancet* of the 14th May contained an editorial article, leading its readers to suppose that such was not the case, and commented at some length, in rather unmeasured terms, on the extraordinary nature of the rumor, the possible danger of such practice, and the awful responsibility of advising and administering the letheon to a sovereign, whose royal example would no doubt be followed by every anxious woman about to become a mother. We were, therefore, not a little amazed to read in the leader of the *Medical Times and Gazette* of the subsequent week, a rebuttal of its contemporary's denial, and a confirmation of the original report. The truth appears to be, that chloroform was administered to the Queen by Dr. Snow in the presence of Sir James Clark, that she continued to inhale it for the space of an hour—the last of parturition—but just sufficiently to experience its anodyne effects, with which she expressed herself well pleased, for she never took enough to be rendered completely insensible. It was administered by holding a handkerchief, into which it was dropped, over her face. The labor, the seventh she has undergone, was perfectly natural.

HOSPITAL REPORTS.

UNIVERSITY LYING-IN HOSPITAL.

Funis Presentation.—(Reported by Mr. Thomas Simpson.)

Mary Mack, ætâ 30, a stout, healthy Irishwoman, in labour with her third child. The pains set in on Tuesday, 17th May, 1853, and occurred regularly though weakly. At about a quarter to 6 o'clock, upon examination, the os uteri was found soft, cushiony, dilated to nearly the size of a half crown piece, and the bag of waters protruding so far that the presentation could not be made out. At a quarter past 6 the membranes ruptured and a handful of cord was found filling the upper part of vagina, preventing any part of the child from being felt. The pulsations in cord were strong in interval, but completely absent during the presence of the pains, which were of short duration, and not of very frequent occurrence. Dr. McCulloch, the attending physician, was now sent for, and arrived within half an hour: he found the head still at the brim of the pelvis, and without loss of time introduced the hand, and in a few minutes succeeded in pushing all the prolapsed cord above the superior aperture, and detained it there with the fingers about twenty minutes, until the head had advanced far enough to prevent it again descending. The pains continued weak, and returned at long intervals: on that account, although ergot is seldom prescribed to patients during labour in this institution, it was thought necessary, under the circumstances, to order 20 grs. to be administered to the patient, and this dose not having had the desired effect, an equal quantity was again given within half an hour; the pains then became more frequent and strong, and a male child weighing 8½ lbs. was born alive, at half-past 8 the same evening, and, with the mother, continued well. The placenta was delivered at a quarter to 9. There was no flooding.

[Dr. McCulloch informed us that he met with a case of this kind, in his private practice, a few years ago, where he returned the cord, and prevented its descending again by the same means, and the child was in that case, also born alive.—Eds.]

MONTREAL GENERAL HOSPITAL.

Gun shot wound entering and traversing knee joint.—(Reported by Mr. John D. Clendinnen.)

Solomon Corcoran, æt. 36, a native of Ireland, a spare, delicate looking man, was admitted into the Montreal General Hospital, on Monday, 1st November, 1852, under Dr. Crawford. He stated that on or about the 25th of September last, there was a riot at New Glasgow, where he then resided, and as he was standing at his own door at a little distance from the rioters, he received a wound of the left leg, caused by a ball which entered on the anterior part of the tibia about 1½ inches below the knee, and made its exit at 4 inches distance from the entrance; on the posterior part of the leg, traversing the joint obliquely.

At the time of receiving the shot, he positively says he was not con-

scious of the least shock, he did not fall, he did not feel the slightest weakness, but was so far in the possession of his mental faculties as to be able to describe the appearances of both the wounds caused by the ball, remarking that the posterior one was much the larger and most painful.

After the exit of the ball, he noticed a clear oily looking fluid (which he compared to lamp oil flowing from the anterior opening, which continued for some hours, at first without blood, afterwards tinged with it.

About a fortnight afterwards an abscess formed on the outside of the thigh about 12 or 14 inches above the wound, accompanied by severe pain and swelling for which he had applied some liniment. On his admission the limb was very much swollen, and the abscess was opened and fomentations ordered.

Nov. 8. The whole limb is much swollen, and inflamed. He complains of severe pain, especially about the knee joint. The abscess is discharging freely. The anterior wound is closed up. He was ordered an anodyne, and hot fomentations locally, also calomel and Dover's powder 2gr to 6, every 4 hours.

9. Pulse 96 full, skin cool, bowels free, pain in limb not so severe, the limb appears less inflamed and not so swollen, ordered $\frac{1}{2}$ gr quinae ter in die.

10. Pulse 102, skin hot and dry, tongue brown and furred, an erysipelatous blush appears on the inner side of the limb, immediately surrounding the point of exit of the ball, the swelling of the limb is increased, it was ordered to be slightly scarified, and a cupping glass applied as long as he could bear it, To have an aperient draught at bed time if necessary. Omit quinine.

11. Pulse 102, tongue clean, skin hot but moist, bowels free, limb not so swollen nor painful, the scarifications have visibly relieved him by reducing the inflammation, he complained of inability to sleep, which was caused by irritation of his back from his being kept constantly in the same position, of which he complained for the first time to-day. Tr. Iodine was ordered to be applied to the knee joint and around the limb, and solution of nitrate of silver to the bed sores. Poultices to abscess which is discharging freely.

12. Pulse 100, bowels regular, tongue slightly coated, skin cool, limb less swollen and painful, but there is œdema of the ankle joint, the circumference of the limb is much less and the pain is considerably decreased, the bed sores are superficial and improving. Continue fomentations.

14. Pulse 100, has had an attack of diarrhœa last night, the limb feels painful, ordered 8 oz wine, rice and milk, with fomentations of decoct papav to the whole limb, the abscess is still discharging freely.

16. Manifest improvement to day, diarrhœa stopped, pain in the limb less, œdema of ankle nearly all removed, ordered to recommence the quinine, in grain doses, three times daily.

29. Continued to improve till this day, when inflammation again set in with much pain and increase of swelling, pulse 100, quick and incompressible, ordered calomel and Dover's powder, fomentations continued, the limb to be cupped over the seat of pain.

Dec. 2. Pulse 96, inflammatory symptoms have somewhat disappeared the limb is less painful and swollen but the œdematous condition of the ankle has returned, the abscess discharging freely.

6. Pulse 100, the limb is exceedingly painful, which is increased by

pressure, deep seated fluctuation detected in the upper and external part of the thigh, ordered to be assiduously fomented as before.

9. A large quantity of matter was discharged by the lancet from the situation of the fluctuation, and the limb ordered to be poulticed and fomented as before. Continue quinine, the patient is improving.

17. Continues to improve since last report, takes quinine 1 gr ter die, and finds his strength slowly returning.

From last date to 22nd Feb., on which day he was discharged cured, with the exception of unavoidable ankylosis of the knee joint, he slowly improved, regaining health and strength daily.

A remarkable feature of the foregoing case, was the absence of the shock, which generally follows a gun shot injury, be it ever so trifling; although the injury was of a very serious character, involving one of the most important joints, the man positively stated he received no shock, and, if my recollection serves me, he told me he carried his child from the door into the house, after being shot. Hennen, and all the authors on Surgery I am acquainted with, distinctly state that the shock after gun shot wounds is almost universally present, of course felt with more or less severity.

MONTHLY RETURN of Sick in the Marine and Emigrant Hospital, Quebec, from the 29th May to the 2nd July, 1853.

Description.	Remaining 28th May	Since Admitted.	Total.	Discharged	Died.	Remaining 2nd July.
Men,.....	41	205	246	150	2	94
Women,.....	14	30	44	21	1	22
Children,.....	2	8	10	3	5	2
Total,.....	57	243	300	174	8	117

C. E. LEMIEUX, House Surgeon,
Marine and Emigrant Hosp.

JOURNALS RECEIVED IN EXCHANGE.—Boston Medical and Surgical Journal—New York Medical Times—Nelson's American Lancet—North Western Medical and Surgical Journal—Southern Medical and Surgical Journal—Virginia Medical and Surgical Journal—Nashville Journal of Medicine and Surgery—Dental Register of the West—Dental News Letter.

To Correspondents.—Dr. Foster, Froste Village. We thank him for his flattering approval and kind wishes.—Dr. Vincent, Malbaise, and Dr. White, Durham. Their requests have been complied with.—Dr. Travers, Fingal. We hope so too, and do not anticipate disappointment.—Forceps. Miller's Surgery.

MEDICAL NEWS.

380 deaths, on the average, occur every week in New York. Of 1520 deaths in this city during the month of June, 191 are referred to Consumption. The maximum number of deaths in one week was 561, the minimum 310. Of the former 55 are put down to consumption, of the latter 52.—Dr. Wm. H. Van Buren, Professor of Anatomy in the University Medical College, has been chosen surgeon to the New York Hospital, in room of Dr. A. C. Post, resigned.—Dr. Joseph Leidy, of Philadelphia, has been elected to fill the vacancy of the Anatomical Chair in the University of Pennsylvania, occasioned by the death of Dr. W. E. Horner.—Drs. Wood & Bache, the well known authors of treatises on Practice of Physic and Materia Medica, are on a visit from America to Paris.—The best manikins are made in France. The different sizes and prices are as follows:—About 18 inches high may be had at \$90; 1 feet high, with 1700 objects, at \$350. Same size, with 1200 objects for \$200. 6 feet high, with 1200 objects, \$400, with 1700 objects \$950.—The female medical college of Pennsylvania is to have a female faculty. Miss Mory, M.D., of Providence is one of them. It is located at Perkiomoon Bridge, Montgomery County.—An act of incorporation for the Ladies' Physiological Institute was obtained in March, 1850. All the members are females, and they have conducted its affairs admirably. Usually a lecture is given once a week. Besides skeletons, models of individual organs, and one of the finest manikins in the city, they have a choice library. With small means, they have made themselves known and respected for their intelligence, and their praiseworthy determination to study, the art of promoting the health of themselves and others.—Dr. Bailey, a London physician of distinction, recently committed suicide.—A jury has returned a verdict of \$800 against Dr. Crosby in New Hampshire, for malpractice in a case of fracture.—The New York Medical Gazette states that 29 suicides, 5 murders, and 209 cases of insanity are directly traceable to spiritual manifestations as the cause.—Owen Duffy, of Monaghan County, Ireland, is 122 years old. When 116, he lost his second wife, and subsequently married a third, by whom he had a son and daughter. His youngest son is 12 years old, his eldest 90. His mental and corporeal faculties are still vigorous, and he often walks a distance of 8 miles.—60 deaths by black vomit were recently reported at Vera Cruz.—Yellow fever and dysentery are raging at Rio Janeiro.—A serious riot occurred in New York in latter part of June, by a mob, who riddled the house of Dr. George A. Wheeler, because some human bones were found on the premises.—Several petitions were presented during the first week of June to the House of Commons, praying for medical reform. At the 14th anniversary of the Hospital for Consumption, London, it was stated that during the year 443 patients were admitted, of whom 292 were discharged relieved, and 61 died. The out-patients numbered 3671. Since its opening, 2115 in, and 21,451 out-patients have been treated.—On motion of the Chancellor of the Exchequer, the following important modification of the mode of assessing the Income Tax has been carried. The duty on professional incomes is to be charged on an average of the profits of three years, instead of on the amount of the profits within the preceding year.—The Empress of the French desires that an hospital for children be erected in the Faubourg St. Antoine, and to start with 200 beds, as the present one, in the Rue de Sevres, although containing 626 beds, does not afford sufficient accommodation.—Dr. Lionel J. Beale has been appointed joint Professor of Physiology with Mr. Bowman at King's College.—According to Macaulay all the medical men of note were summoned to Charles II during his last sickness and one of the prescriptions was signed by 14 Drs. "He was bled largely, a hot iron was applied to the head and a volatile salt extracted from human skulls was forced into his mouth." He survived this treatment 4 days.—Dr. Josiah Crosby, of Manchester, N. H., refused to dress a fractured limb the other day unless the patient would place himself under bonds not to prosecute in the event the limb should not be perfect. This is the only safe course in the present rage for getting money from surgeons in unsuccessful cases, which is only paralleled by the suits against railroad companies.—Trousseau recommends as a substitute for cod liver oil, fresh butter $\text{ʒ} \text{iv}$; Iodid of Potassium gr. ʒ Bromide of Potassium gr. iij common salt $\text{ʒ} \frac{1}{2}$ to be eaten during the day on very thin slices of bread.—A man known as Dr. Watts was mulcted in a sum of \$1,100 damages in New York, for injury inflicted on a patient by giving *Wall's nervous antidote*.—Java papers say that in two districts of the Province of Menado not less than 219 mad dogs had been destroyed and 45 persons bitten. Numerous pigs had also gone mad. The malady there is attributed to the volcanic temperature arising from recent earthquakes.—Dr. Beaumont the author of the justly celebrated researches on digestion has recently died at St Louis, aged about 68 years.—Prince Albert is now convalescent from measles.—Dr. Marsnall Hall is now in Quebec. He is expected in Montreal in a few days. We hope the profession here will show him some mark of their admiration of his great abilities.