

## 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.

ART. V.—*Case of Urethral Calculus successfully removed, by operation, from a Child.* By GEORGE E. FENWICK, M. D., Lecturer on *Materia Medica*, St. Lawrence School of Medicine; Physician to the Montreal Dispensary.

On the 21st of November last, I was requested by my friend Dr. Scott, to visit a patient of his—he being confined to the house through illness. The history of the case is as follows:—H. P., a boy, ætät 3 years 11 months, a fine healthy, stout little fellow, has been laboring for the past twelve months under the following symptoms:—He had had what the mother called “a weakness of the parts;” he was unable at times to retain his urine, so that frequently, while at play, he would be suddenly seized with a desire to make water, and before he could prepare himself, it would pass away in his clothes. There was considerable itching about the glans, so much so that he had been in the habit of forcing back the prepuce and scratching, on several occasions, sufficiently hard to draw blood; lately much mucus was observed to be mixed with the urine. About a fortnight before I saw him, he was attacked one afternoon with sudden pain; the mother said he ran up and down the room like a mad person, complaining of great urgency, at the same time inability, to make water; and when she took up his clothes, she found that blood—in quantity about half a table-spoonfull—had flowed from the urethra. Towards evening he became worse; great pain was experienced, and constant desire to

make water, which came away after much straining in small quantities.

The parents did not seek medical advice until the second day after the passage of the blood above alluded to. Dr. Scott was requested to see the child; he found the bladder much distended;—a catheter was introduced, and about half a pint of strong ammoniacal urine was drawn off. He left instructions with the parents to apply hot fomentations to the parts, should the difficulty return, and prescribed a diuretic mixture. His directions were strictly attended to; and from that time to the 28th, a period of 8 days, they did not deem it necessary to trouble the doctor. On that day, however, Dr. S. being unable to leave the house, the case fell under my observation.

On entering the room, I found the little fellow lying across his mother's knee; there was great anxiety expressed in his countenance—a constant moaning, with occasional cry indicative of a desire to make water. The bladder was enormously distended; and there was a slight bloody discharge from the mouth of the urethra—no constitutional disturbance to speak of. The little fellow would seize the penis and draw it outwards, at the same time strain, upon relinquishing his hold—a small quantity of urine would gush out of the urethra mixed with blood.

I proceeded to introduce a catheter; it went down with perfect ease for about two inches and a half, when there was a sudden stop put to its progress,—the point seemed to strike against some

foreign body. Upon examining the perineum, a hard tumour was found, about the size of a hazel nut, situated a little in front of the anus; with slight manipulation, the point of the instrument was passed on with a grating feel for about one-eighth of an inch, when a quantity of mucus—urine mixed with some pus—flowed out by the side of the catheter; each time it was moved, a distinct grate was felt against some foreign body, as I supposed an impacted calculus. I did not deem it advisable to use force; and as the little fellow was much relieved by the water which had come away, I determined for the present to remove the instrument.

I met Dr. Sutherland in consultation that evening; he confirmed my diagnosis.

We determined to remove the calculus, by operation, the following morning. In the mean time, an anodyne was prescribed, there being considerable restlessness.

The following morning, I proceeded to remove the calculus, aided by Drs. Sutherland, Gibb, and Mr. McMicking.

At the request of the mother, chloroform was administered. The little fellow was placed on his back, with the buttocks raised; a grooved staff was passed down to the calculus. All being in readiness, I proceeded to cut down in the *raphéc* behind the scrotum; after exposing the calculus, there was some difficulty in disengaging its head, which as soon as accomplished, the force of the urine was such as to drive it out several feet across the room. The urine pumped out of the wound in a jet, mixed with blood and pus; the quantity was considerable, fully a pint and a half. Cold cloths were applied, and the little fellow removed to bed; an anodyne was administered, to be repeated in two hours if necessary.

The day following, the patient was much better, quite easy, and cheerful; had taken a hearty breakfast; bowels twice open since the operation. The following day, Sunday, I handed him over to Dr. Scott, who persevered in the treatment, which consisted simply in keeping the child on his back with the buttocks supported, frequent ablutions being enjoined, so as to prevent excoriation from the urine, which almost wholly passed through the fistulous opening.

From this date up to the 2nd January, the wound gradually shrank; on that day it was quite closed, and the urine passed wholly through the natural passage. The calculus, from its unusually large size, deserves some attention. It resembles a bolt or rivet in shape, having a rounded head, the largest end of which presented forwards; the caudal extremity is also round and greater in circumference than the body; it stretched backwards towards the bulb of the urethra; it measures, in its largest diameter, an inch and one-eighth; the head is one inch in circumference, its weight is thirty-six grains; it presents the external characters of the lithates, most probably the lithate of ammonia.

It may be asked, why a catheter was not passed into the bladder after the operation? From its previous enormous distention, it was as well to avoid all sources of irritation. The result, however, of the case has been most satisfactory, and proves that 'tis not always necessary or judicious to follow any set rule in practice.

Montreal, 73, Craig Street.

---

ART. VI.—*Thoughts on Strangulated Hernia.* By HAMNETT HILL, M.D., *Bytown.*

If we might judge of the comparative frequency of hernia from the occurrence of cases where this malformation exists,

in that form calling for the operative assistance of the surgeon, we should undoubtedly infer that it was rather a rare disease (if disease it may be called) in this country,—for during a residence here of two years, I have not seen in print any account of the operation for strangulated hernia having been performed,—whence I do not imagine that during this period no cases of such lesion have occurred; on the contrary, within the past eighteen months, I have met with three cases of strangulation, and doubtless my confreres have had a proportionate amount, but they have all yielded to the taxis except in one instance; and this non-occurrence of the operation would lead me to infer (perhaps erroneously) that hernia reducible, irreducible, and strangulated, must be of rarer occurrence here than amongst an equality of population in the old country, although I am unaware of what is the per centage of ruptured persons in Great Britain, but I believe it to be very large—whence it follows that the necessity for the performance of the operation is somewhat frequent. In referring to my memory, for I am not supplied with notes, I think that in public and private practice I have witnessed and assisted at the operation, in England, about twenty times; and, in giving an opinion as to the results, I should say that fully one half were unsuccessful—that is to say, although the intestine was safely and carefully returned into the cavity of the abdomen without any injury from the knife and without any accident from hæmorrhage, yet death supervened on the second or third day from the continuance of peritoneal mischief already in existence prior to the operation. In opposition to what is usually observed in surgery as well as in disease, this operation is perhaps more frequently attended with success amongst the aged and infirm than amongst the young and plethoric. A very striking instance of this fact recurs to me, happening in very high life at Brighton, in England, under the care of my relative Mr. Lawrence, Surgeon to the Super County Hospital,

and one of the Surgeons Extraordinary to his late Majesty William IV. The subject of it was the Countess of Guildford. She was 60 years of age; of a weak and attenuated frame, labouring at the very time under apoplexy; the coma was complete and had existed for about forty-eight hours, when the nurse accidentally discovered the presence of a tumour in the femoral region, which, upon examination, proved to be a femoral hernia; and from the irreducibility of it, coupled with obstinate constipation, which was the only symptom, it was decided, in consultation with the other medical men, to operate. In those days chloroform was not invented, nor was it needed, for the anæsthesia was perfect during the apoplectic stupor; the sac was opened, and there sure enough was found a small knuckle of intestine, which was easily returned into the abdomen. After a few hours, catharsis was established, and not a single bad symptom supervened; on the contrary, about 30 hours afterwards, the coma began to give way to the remedies in use, and finally her recovery, both cranially and abdominally, became complete.

Another case of some obscurity, I witnessed whilst a dresser at the London Hospital. The subject of it was a female. She was brought in labouring under the usual category of hernial symptoms, including a small tumour in the femoral situation; she was taken to the operating theatre; the steps of the operation were most carefully gone through; layer after layer of fascia or condensed cellular tissue was dissected on the director, and at last the contents of the tumour were arrived at without however the satisfactory exuding of serum. On entering the hernial sac, it turned out to be nothing but a melanotic inguinal gland in its capsule; this was excised, and the patient was once more put to bed, with the idea that the intus-susception was the cause of the hernial symptoms. The patient died; and on the autopsy taking place, the original diagnosis proved to be too correct. A very small knuckle of intestine was still dis-

covered under Poupart's ligament—but that melanotic gland had deceived the surgeons, for in femoral hernia the strangulated portion is generally small.

I will proceed to relate the particulars of a case on which I recently performed the operation. It is interesting, from the fact of the stricture being at the external ring; and also from its being of that description known as congenital, although the descent of the intestine took place for the first time but two days before the operation was performed, and immediately became strangulated. On the 22nd February, I was sent for, in consultation, by Dr. Church, of Aylmer, L.C., to a patient distant about 12 miles from Bytown. I arrived there near 4 o'clock, p.m., and learned that my confrere had been there since 9 in the morning. He had found the young man—John Foley, æt 20—labouring under all the symptoms of strangulated hernia, and made many attempts at reduction by the taxis with the usual adjuncts, including tobacco injections, but without any success; and failing in this, he sent off for further assistance. On my arrival, I found the patient on the bed, with a tumour in the scrotum on the right side extending upwards towards the internal ring; it was very painful on pressure; there was obstinate constipation; great tenderness all over the abdomen; constant vomiting; occasional hiccough; small but frequent pulse with distressed countenance; and that strange but unmistakable cord-like feeling or sense of constriction about the diaphragm. On enquiring how long this tumour had been in existence, the answer was to the effect, that on the Thursday morning previously (about 56 hours before) he was teaming oxen in the bush, drawing saw-logs, and that whilst shouting lustily at the oxen, he felt a sudden pain and giving way in the upper part of the "purse," as if stung by a bee; that he immediately went home, and went to bed; that the pain kept on steadily increasing; that vomiting soon supervened; and that no operation of the bowels took place since the early part of the morn-

ing before the commencement of his illness; and that this was the first time he ever found any swelling in the groin or scrotum—in short, nothing was ever amiss with him before. There was evidently no doubt about the case; the swelling was from incarcerated intestine, the result of an oblique inguinal hernia,—the cord being found on its outer and somewhat posterior aspect, and the neck of the tumor being traceable to midway between the anterior and superior process of the ilium and the pubis; the testicle was very indistinct, the tumour being very tense from the existence of much fluid in the sac, and the intestine being also of course in contact with it in the cavity of the tunica vaginalis. I lost very little time in reapplying the taxis, as there was but little day light left wherewith to perform the operation, which we thought it advisable to do immediately, as time was evidently of great importance. The patient was put under the influence of chloroform, and an incision, corresponding with the long axis of the tumour, was carried about four inches in length through the integuments, which was prosecuted carefully down to the tunica vaginalis: this was punctured and about three tea-spoonsfull of serum were discharged, which accounted for the great tenseness of the tumour, and the difficulty of making out the testicle. The tunica vaginalis was then sufficiently exposed to lay bare the intestine, which appeared to be a portion of the ilium; it was about three and a half inches long, of a claret color, but smooth and free from gangrenous spots, and was returned with facility into the abdomen after division of the stricture, which was situated at the external ring. The edges of the wound were brought together with sutures and strips of plaster, over which a compress of lint was applied, and a sedative was given, and the patient instructed to be kept extremely quiet and free from disturbance, although I believe not much attention was paid to this last injunction, for immediately on his being put to bed the mother rushed into the room and fell

down at the bed side in a hysterical fit, and at least forty people ran in to congratulate the boy and assist in helping the mother. I saw him no more, but was informed that on the succeeding day he had got out of bed, and that on the third day after the operation he died; the bowels acted well prior to his death, but the pain and tenderness I believe increased; and I suppose that the peritonitis went on unchecked and aggravated by the want of good nursing and attendance, so indispensable to the success of this operation.

The prognosis of this case was of a very doubtful nature, from the bowels having been incarcerated for so long a time; but yet the patient's general appearance, coupled with the state of the intestine, was such as infused a reasonable degree of hope that the result would be successful, more especially if the bowels began to act, which they did very soon and very regularly; but notwithstanding these good indications, the nursing and treatment he would receive, away from constant medical surveillance, were adverse to his recovery, as there is always so much reluctance to attend to points of minor detail, and which, in the aggregate, frequently turn the balance in favor of the patients. Perfect quiet and abstinence from stimulating drinks are two things, the importance of which you never can inculcate amongst ignorant people.

The chief points worthy of remark in this case are the occurrence of the hernia, for the first time, so late in life, whilst the communication between the abdomen and tunica vaginalis must have been always patent; and, 2ndly, the situation of the stricture. Every one conversant with anatomy is aware that the cavities of the abdomen and tunica vaginalis are originally continuous, but that at birth or shortly after the testicle descends behind the peritoneum, as it were, and finally reaches the scrotum, and that this continuation or communication of peritoneum gradually becomes obliterated by the adhesion of its opposing surfaces in the inguinal canal. This

is by no means an invariable occurrence; and it is in these cases when the potency exists, that the bowels can and will descend frequently from birth,—whence the term “congenital,”—but occasionally not until puberty as in the case above referred to, or even so late as at 30 years or more, as admitted by Sir Astley Cooper. With regard to the situation of the stricture, it is remarkable in this case as having been formed at the external ring, differing in this respect very materially from the description given by the same authority, who quotes it as almost invariably occurring at the upper part of the canal; he even goes so far as to say, that “if a surgeon is called upon to operate for strangulated hernia and expects to find the stricture at the abdominal ring, he is not fit to perform the operation at all; and if any of you were to state, in your examination at the College, that the abdominal ring was the seat of stricture, such a man ought to be immediately turned back; it is contrary to truth; and every man who has dissected the disease, and understands anatomy, must know it to be an abominable error,” &c. &c. &c.

The recital of the foregoing case must tend, therefore, to call in question this fact, although it emanates from so great an authority—for that the stricture was relieved, and the bowels returned completely into the abdomen by division at the external ring, must be evident from the free and regular stools that were passed subsequently to the operation. In conclusion, I would add, that the expected success from this operation must be in the ratio of time elapsing after the strangulation exists; and that so soon as well directed efforts to reduce it by the taxis have failed, there is no time to be lost in having recourse to the knife,—for of all surgical cases, there are none requiring decision of judgment and action so much as these cases of strangulated hernia; and if the practical surgeon should adopt a motto, in reference to this particular lesion, none would be so appropriate as “carpe diem,”

: Bytown, May, 1851.

ART. VII.—1. *Essays on Asylums for persons of unsound mind.* By JOHN M. GALT, M.D., *Superintendent and Physician to the Eastern Lunatic Asylum of Virginia, at Williamsburg.* Richmond: 1850. pp. 22.

2. *Report of the Eastern Lunatic Asylum in the city of Williamsburg, Virginia, 1850.* Richmond: 1850.

1. The pamphlet under notice contains two well written papers, the one "on the organization of asylums for the insane," the other "on the medico-legal question of the confinement of the insane." The first paper enunciates views so perfectly in accordance with our own, previously expressed in this journal, on occasion of the late difficulties in the Toronto Lunatic Asylum, that we are pleased to have it in our power to corroborate them by such men as Dr. Galt, one of the most eminent writers on this subject in the United States. Dr. G. observes, 1st, that the medical superintendent should be appointed before the erection of the edifice, for the purpose of securing the combined influence of self interest, experience and study. 2nd. That the government should be lodged in the hands of Trustees, and a Superintendent acting under their direction; that all the subordinates should be under the controul of that officer; and that they should be dismissed by him when occasion demands, and selected by the Trustees on his recommendation; and, 3rdly, Dr. G. advises the appointment of a consulting Physician, selected by the superintendent. The paper contains a notice of a resolution adopted by the Association of Medical Superintendents of American Institutions for the Insane, which it would be a dereliction of duty not to quote:—

"Whereas, in the selection of Medical Superintendents to American Insti-

tutions for the Insane, it is important to choose men with the highest qualifications, both as respects professional acquirements and moral endowments, therefore

*Resolved*,—That any attempt, in any part of this country, to select such officers through *political bias*, (italics are ours) be deprecated by the Association, as a dangerous departure from the sound rule which should govern any appointing power, of seeking the best men, irrespective of any other consideration."

In this politics-ridden country, the only passports to situations under existing governments, are the number of heads broken at election periods, or the rabid violence of leading editorials. Qualifications like these outweigh all other considerations.

The question of the "confinement of the insane," is ably discussed.

2. The annual report of the Eastern Asylum, details the number of patients admitted during the year, and the results of treatment, with some general remarks by the Superintendent. We would cheerfully enter upon an analysis of the cases, could we by comparison with others, during the same period of time, effect any good object by doing so. The report is carefully drawn up, and contains a physiological register of the patents admitted, enumerative of some important particulars.

ART. VIII.—*Success in the Medical Profession. An Introductory Lecture delivered at the Massachusetts Medical College, Nov. 6, 1850.* By JOHN WARE, M.D., *Hersey Professor of the Theory and Practice of Physic in Harvard University.* Boston: 1851. pamp. pp. 28.

We have perused this lecture with pleasure and profit. It is most fluently written. We select the following passage, as there is far "more truth than poetry" in it, and there are heads

which some of the caps may fit most admirably:—

“One man who succeeds is a boaster. He is a living advertisement of his own recommendations. His talk is of great cures, of which he tells long and marvellous stories; of the distinguished and well-known families whose attendant he is; of the great distance from which patients come to seek his advice. He loses no opportunity of impressing on mankind his great skill and his extensive reputation. There is another who develops his self-complacency in a different manner. He is lofty and oracular. His style of discourse is that of a superior; he cherishes something of the old mystery in which the profession used to delight. He talks obscurely; he entrenches himself behind technicalities, is magnificent upon trifles; he even deals out his pills with an air of majesty. There is still another, who is irritable and arbitrary; who is a tyrant in the sick room; who resents every little disobedience as a personal insult, and regards the natural expression of doubt and anxiety as so many reflections on his professional character. As his opposite, there is one who is all gentleness; who always assents—never finds anything or anybody in the wrong; who courts the patient, the friends, and the nurse—and has a flattering word for each; who is all things to all; who is a cyco-phant and almost a hypocrite—whose countenance is the index to his character;

“Eternal smiles his emptiness betray,  
As shallow streams run dimpling all the way.”

Then there is on the one hand the man of invincible taciturnity, in whom silence is taken by some as the sign of wisdom; and on the other, the man of invincible loquacity, whose never-ending stream of words flows on as innocent and as empty of meaning as the babbling of a summer brook.

“In this picture there is perhaps a little exaggeration of what we meet in actual life; yet men exhibiting these various peculiarities do oftentimes succeed. Their currency, however, is usually with a limited class; those who like one, naturally dislike his opposite. But there are some physicians whose mode of intercourse with the sick, re-

commends them equally to all, independently of any mere reliance on their medical skill.

“To most persons a fit of sickness is an important event; the physician is associated with all its recollections; and he will best secure the confidence and regard of the patient and his friends who has most distinctly contributed to make those recollections agreeable; who has succeeded best in beguiling its wearisomeness, diminishing its discomforts, relieving its anxieties, dispelling its fears, and raising its hopes.”

## PRACTICE OF MEDICINE.

*Obstructions of the Intestines.* By JOAN BURNE, M.D., *Fellow of the Royal College of Physicians, late Physician to the Westminster Hospital, Lecturer on the Practice of Medicine, &c. &c.* &c.—*Read at the Quarterly Meeting of the Bath and Bristol Branch, March 26.*—The frequency of obstructions of the intestinal canal, the variety of causes, the difficulty of diagnosis, the diversity of opinion as to treatment, and the imperfect consideration given to the subject hitherto, have without doubt determined the Royal College of Surgeons to select for competition “The Causes, Diagnosis, and Treatment of Obstructions of the Intestines within the Abdomen.”

The causes of obstruction may be divided into—

1st. Intrinsic, or those causes which affect the intestine from within.

2nd. Extrinsic, or those causes which affect the intestine from without.

3rd. Those causes which do not range themselves under either of the foregoing divisions.

The intrinsic causes embrace—

a. Accumulations of ingesta, taken as food or otherwise.

b. Pathological, or, more correctly speaking, patho-anatomical conditions of the intestines, namely, intra-intestinal tumours, stricture from scirrhus or other organic cause, and organised bands stretching across the channel of the bowel.

c. Enteroliths, or intestinal concretions.

The accumulation of ingesta, in the form of residuary alimentary matter or



faeces, may be seated in the small intestine, in the caecum, the colon, or the rectum; in the caecum more commonly as an impacted mass, in the colon as a mere accumulation, in the rectum as a tough or friable hard ball; the last more generally in females. In addition to these causes are ingesta of an insoluble indigestible character, as pieces of bone, of sinew, of apple, fruit stones, seeds, magnesia, sulphur, and the like; also hard substances accidentally or intentionally swallowed, of which medical records furnish a catalogue of extraordinary instances.

Of the pathological causes stricture from scirrhus is the most frequent, and is located more generally at the termination of the sigmoid colon in the rectum, often indeed in the rectum itself, but here, though it narrows, it rarely obstructs the channel of the bowel completely.

In the caecum, too, disease is not uncommon, the morbid condition being contraction of its cavity from thickening and induration of the submucous and subserous areolar tissue, the product of previous inflammation; but this contraction, again, seldom leads to complete obstruction.

The most remarkable cause of obstruction from morbid growth is that of organised bands stretching across the cavity of the gut, like a net-work, entangling the faeces, and producing sooner or later a total obstruction. These bands are met with in the rectum likewise, and are supposed to result from a muco-enteritis with effusion of fibrin and consequent adhesions, which, acted on by the peristaltic power of the bowel and the faeculent matter, become elongated, and persist thereafter in the shape of organised bands. Obstructions in the rectum from this cause may be only partial, in the caecum complete, of which a remarkable case is related in my first "Memoir on the Caecum and Appendix," in the 20th vol. of the "Medico-Chirurgical Transactions."

Enteroliths are formed either in the intestinal canal itself, and are true intestinal concretions, or they are formed on contiguous viscera, and find their way into the intestinal canal; as, gall-stones and pancreatic calculi. Those originating in the intestinal canal may form upon a nucleus of effused fibrin or blood;

or around some foreign body by the aggregation of the salts of lime and other matters; or may be formed of indigestible fragments of food, as woody fibre, the husks of fruit, and the like. So in countries where oatmeal is a common article of diet—Scotland for instance—they are made up of the husks and beards of oats.

According to the authority of the Munros, many concretions have been found in the same individual. A single concretion may lodge and produce a complete and fatal obstruction; or may become impacted in a diverticulum, or in the appendix vermiformis caeci, where, by continued irritation, it may produce a perforative ulceration, followed by peritonitis and obstruction, in this case sympathetic.

The extrinsic causes embrace—  
Strangulated hernia.

Adhesion of a convolution of intestine, after the operation for strangulated hernia.

Twist of the sigmoid flexure of the colon.

Diverticula.

Pseudo-membranous bands attached to the mesentery and peritoneum.

A punch or hole in the mesentery.

Tumours extra-enteric.

The adhesion of the opposite free surfaces of a convolution of intestine, previously strangulated and relieved by operation, has been witnessed by myself in one instance. It is rare, because of the precaution taken by surgeons after the stricture has been divided to draw out the gut, and to separate any adhesions before returning it into the abdomen. In the instance mentioned, the operation had been performed by an excellent surgeon, the late Mr. White, and it is probable that agglutination may have again taken place after the return of the gut. It is worthy of remark, moreover, how slight an agglutination, separable by the least force, may be sufficient to obstruct the action of the bowel and prevent recovery.

Twist of the sigmoid colon, with or without laceration, is favoured by a relaxed state of the meso-colon, and may be caused by a sudden blow or movement; or, as O'Beirne suggests, by the sudden propulsion into it of excrementitious matter from above. The twist may be half a rotation, or, it may be a

turn and a half, sufficient in either case to produce an invincible obstruction.

Twist of the small intestine, the axis being the mesentery, occurs also as a cause.

The diverticulum is an abornal appendix to the small intestine, often several inches in length and wide as the bowel itself, communicating openly with the gut, but closed at its distal extremity. When congenital, it often hangs unattached to the abdomen, but occasionally a band proceeds from its blind extremity and adheres to some point of the mesentery or peritoneum, and under this band convolutions of intestine may become strangulated and cause obstruction.

Pseudo-membranous formations in the shape of organised bands, the product of previous inflammation, may also incarcerate the intestine. To these the female sex, in the opinion of Rokitsansky, is more prone than the male, the pseudo-membranes being frequently attached to the internal sexual organs.

The third division of causes includes—

Intus-susception.

Enteritis.

Colica a plumbo, and

Spasm of the intestine.

A spasmodic constriction, though rare, must be recognised as a cause of obstruction. In a case which occurred to Dr. Todd, and proved fatal in about thirty hours, there was found a contraction in the lower portion of the ileum, from which the transition to the dilated portion above was abrupt, and there was no mark of external compression of any kind.

Of 169 cases of obstruction, collected with great industry by Mr. Benjamin Phillips—

63 were instances of invagination.

16 were tumours pressing from without.

19 were the result of stricture from disease of the parietes.

11 were the result of intra-intestinal tumours, hardened fæces, or concretions; and

60 were caused either by constriction, by bands, by adhesion, by the passage of the intestine through some abnormal opening, or by a twisting of the intestine upon itself.

Of the 169 cases, 133 terminated fatally, viz. 7 out of 9, or about 78.7 per cent.

Seeing that the causes of obstruction are so many and various, the diagnosis becomes a question for our earnest consideration, as upon it the principle of treatment much depends. In the exploration of the abdomen, by touch and by percussion, too great pains cannot be bestowed; the attention, at the same time, being alive to the fact that disease is prone to establish itself at those parts of the intestinal canal where the dimensions vary and the organization changes.

Holding in mind all the causes of obstruction, we may best guard ourselves against overlooking any; and by comparing the symptoms present in any particular case with those which are known to be proper to some and common to several, we shall be able to cast out from the list one after the other till we arrive at the single true cause, or reduce the number to a narrow limit of remaining causes, which have much in common, and to which the same treatment is applicable. By pursuing this plan of analysis the risk and fatal error of overlooking a strangulated hernia may assuredly be avoided.

In our enquiry into the special symptoms of each cause, or group of causes, we should be exact in our examination of the situations of hernia, not forgetting that strangulation may exist at the inner ring of the inguinal canal, and offer but slight evidence of tumour, especially in a stout person. Or, tumour being present in a hernial site, doubt may exist as to whether there is or is not strangulation, and an exploratory operation be required. A case of this nature occurred to myself, in which, in consultation with Mr. James, of Exeter, it was deemed advisable to explore by incision an elastic swelling at the navel.

Intus-susception, internal strangulation, and twist of the sigmoid colon, rank in the same category and have signs in common; as sudden attack and great suffering, perhaps after some strain or exertion, the patient having up to the moment of seizure been in his usual health. Signs referred to the left ilio-inguinal region may point to the sigmoid colon, while deep-seated circumscribed tenderness, with resistance to the touch and dullness on percussion, may point to strangulation or invagination, to the latter especially if blood is voided from the intestine, a sign in this case almost pathognomonic. Yet doubt will exist.

Impaction of fæces in the cæcum may be recognised by a distinct circumscribed tumour in the right ilio inguinal region, in conjunction with a costive habit; accumulation in the colon by a solid feel in the course of the gut, with dulness on percussion; impaction in the rectum by urgent tenesmus, verified by digital exploration.

Scirrhus disease at the termination of the colon in the rectum, may form and exist without any other symptoms than those of dyspepsia, attended often with a diphtheritic or aphthous state of the mouth—a suspicious sign; the action of the bowels, formerly regular, having become difficult and uncertain, the dejections at the same time being scanty, soft, and very offensive; followed sooner or later, by complete obstruction. Pains of a neuralgic character in the abdomen and about the trunk of the body are the frequent attendants of organic disease of the intestine, tending to occlusion of the canal.

The symptoms described may excite suspicion, and suggest the necessity of examining the gut itself, in doing which fact is required, for if the course of the rectum be followed the finger will be lost in the hollow of the sacrum. To reach the colic extremity of the rectum the index finger should be introduced up to the knuckle, and direct across the pelvis from the coccyx to the projection of the sacrum. Not holding in mind these particulars, two persons failed to detect scirrhus in the case of a gentleman who had been under my care, and in whom these symptoms led me to suspect disease, which, on examination, I was just able to detect with the tip of the finger at the colic extremity of the rectum. On this being announced a consultation was desired, and another physician was called in. He failed to reach the disease; upon which a surgeon was requested to meet us. It happened that the surgeon, not being able to keep his appointment, visited the patient alone, and, having made an examination, assured him that there was no disease. Next day we all met, when both these gentlemen were able to satisfy themselves of the existence of a scirrhus stricture.

The existence of spasm as a cause is indicated by intense exacerbating pain, restlessness, the absence of febrile movement and of the other symptoms of

inflammation, and by the successive development of the signs of obstruction.

The signs common to all obstructions are constipation, pain, vomiting, and depression of the powers of life; and in direct proportion as these are sudden and violent, so is the danger. So tight sometimes is the strangulation from a diverticulum, that gangrene and death will ensue in less than forty hours. The violence of the symptoms may in some degree assist our diagnosis. In the obstructions from fecal accumulation the countenance does not betray extreme suffering, nor is the general aspect that of imminent danger; accordingly, these cases will hold on day after day, yielding at length on the fourth or sixth, or as late as the tenth day.

A sign of some interest, and in part diagnostic is the powerful peristaltic action often observed, so powerful as to be obvious to the touch and sight, like a snake coiling and moving in the abdomen. This effort of nature to overcome the obstacle is a sign common to most obstructions where the cause is mechanical; with the exception, however, of strangulation, in which, as in enteritis, there is a perfect stillness in the abdomen. This differential sign, if verified by others would determine between obstruction from strangulation and from other mechanical causes.

Tenesmus and resistance to the passage of enemata point to the rectum or sigmoid colon as the seat.

Blood voided per alvum indicates invagination.

Tumour, deep-seated resistance to the touch, with dulness on percussion and pain and tenderness, indicate the point of obstruction; also the point is indicated when injections reach a certain spot and there stop, and the intestines propel their contents downward to the same spot and no further. It is said that the vomiting and pain is more severe when the obstruction occurs in the small than in the large intestines, and there may be some truth in the remark, but the exceptions to the rule are many. It has also been said that if the urinary secretions be copious the obstacle must be far removed from the stomach, and *vice versa*: but the exceptions to this rule are also many.

With every aid that our present knowledge can supply, the diagnosis will often be perplexed in consequence of the

great diversity in the situation of the colon, and of other abnormalities in the cavity of the abdomen.

The treatment of obstruction of the intestines will depend much on the opinion formed of its cause. Should a strangulated hernia be discovered, the established remedies leave no doubts as to the course to be pursued. Should the symptoms favor the belief that the obstruction is caused by an accumulation of feces, the question at once arises,—What, and to what extent, purgative medicines should be administered? a question to be determined partly by the acute character of the symptoms and partly by the manner in which purgatives are borne by the stomach.

In any case it may be proper, at the outset, to give purgatives in strong doses, as colocynth, calomel and opium, followed by senna and salts, the dose to be repeated in six hours. But these proving ineffectual, are we to persist in the further and frequent use of them?

The presence of fecal obstruction seems so naturally to call for the aid of purgatives, that one is tempted almost irresistibly to persevere in their administration, even though the stomach reject them; and such has been the too general practice. But observation and experience teach us to pause in this course, so frequently do we find that the strongest purgatives, resolutely administered, are not only given in vain, but have a prejudicial effect, which compels us to desist; and yet, by and by the bowels act and the patient recovers. To what extent then are we called upon to prescribe purgatives? My own experience decides in favor of limiting their use, and the experience of the profession is fast tending in that direction.

It must be remembered, that often the intestine above the obstruction is itself making the most powerful efforts to overcome the obstacle, as is evidenced by the striving action of the convulsions attended with acute suffering. Can good, then, arise from urging the intestine to greater efforts? We may truly answer—No. On the contrary, serious harm; for the irritation of purgatives may aggravate the tendency to inflammation, a tendency always present; and certain it is, that they aggravate the irritability of the stomach, encourage and increase the vomiting, and combine

with the disease to exhaust the powers of the patient. This they do by exciting not merely more frequent vomiting, but by actually inducing a secretion from the stomach and upper portion of the intestinal canal to an extent which drains the blood of its more fluid constituent, exactly as does the Asiatic cholera. The continued use of purgatives, then, is objectionable on this score, besides that it is ineffectual.

On what remedies then are we to rely? Calomel may be admissible once in twelve hours, in full dose, if the stomach do not reject it; but the remedy that gains favor by experience, and promises the best results, is opium, crude in the first instance, afterwards in the form of salts of morphia.

The criterion of the extent to which opium should be given is the degree and frequency of the pain, and on this we may fairly rely. Opium in the dose, first of a quarter then of half a grain, and later the acetate of morphia in the dose of a quarter of a grain, may be repeated every four hours so as effectually to relieve the pain; and, if it should narcotize the patient in any slight degree so much the better.

A very instructive example of the propriety of this treatment occurred at Tiverton, in January, 1850, my friends Mr. Jervis and Dr. Paterson, in conjunction with myself, being in attendance. In this case purgatives were given with perseverance till their ill effect in keeping up the vomiting and aggravating the throes of pain was so obvious, and the powers of life were sinking so rapidly that we were of one mind as to the necessity of suspending them and relying on opium. This course having been adopted, the vomiting diminished, the morphia soothed the pain, the patient slept during the night, and the obstruction yielded the following day.

In another case to which I was called in consultation, some years ago, every resource had been tried, feculent vomiting was present, and the powers of life were at a low ebb, and all treatment was abandoned, morphia excepted, which, in doses of a quarter of a grain, was exhibited as the throes of pain returned. On the tenth day the obstruction yielded and the patient recovered. Very lately also, a case of obstruction has been treated at Guy's Hospital suc-

cessfully with opium, to the exclusion of other means.

Although experience may decide us to abandon the frequent repetition of purgatives, it sanctions the occasional exhibition of a saline aperient,—as the *sodæ potassio-tartras*, in the state of effervescence, which salt in the dose of one drachm, often proves grateful, and tends to liquefy the feces; but even this should not be repeated oftener than once in twelve hours, as, independent of other reasons, salts produce distressing thirst.

In obstruction from feces impacted in the cæcum, there being seldom so much irritability of the stomach, purgatives are more admissible, and conjoined with calomel and opium, constitute the main treatment. Here, however, saline aperients are particularly valuable; and it does happen that the stronger purgatives of senna, salts, and jalap, are efficacious. Yet, as the impacted mass requires time to be liquefied, purgatives should not be pressed too assiduously. When feces are impacted in the rectum, the mass requires to be broken up and extracted by mechanical means. When the symptoms lead to the inference that the obstruction is either from internal strangulation, twist of the bowel, or intus-susception, we recognize here invincible obstacles which forbid the use of purgatives in any form or dose. All the resources which medicine can supply avail nothing. Under these desperate circumstances, with no other prospect than prolonged torture and inevitable death, desperate remedies are justified, may we not say demanded? The obstruction admits of relief if the parts involved could be got at, and surgery has made the bold attempt. My friend Mr. Hilton has opened the abdomen twice, though unsuccessfully, and has had occasion to regret the omission of the operation several times, once in the last summer, where a post-mortem examination proved the diagnosis to have been correct.

However hazardous to life wounds of the peritonæum may be, the dread which formerly deterred surgeons from making incisions into the abdomen no longer exists; they are of constant occurrence in operations for hernia, and recovery after them is common. Dr. F. Bird has made small incisions into the abdomen in eighteen cases as a means

of diagnosis or relief, and in no case did a bad result ensue from such incisions. Nor is recovery unfrequent after the incisions of great extent in the modern operation of ovariotomy. On this ground then, need we hesitate? That which makes men unwilling to risk an operation, is the doubt which involves every case as to the exact seat and nature of the obstruction. But doubt will ever remain. Weighing all the circumstances, and judging as best we may of the seat of the obstruction, and an operation having been determined on, is it advisable to open the abdomen at the particular spot? In cases where the nature of the obstruction is clearly indicated, the incision may be made as near as practicable to that spot; but where the point of obstruction is well defined, if the abdomen is opened on one side, and the cause of obstruction proves to be on the other, the operation will have been performed in vain; and the probability of such a result is great. Only within a few weeks two of my friends differed in opinion, the one thinking the obstruction was near the cæcum, and the other in the sigmoid colon. The same difference of opinion existed between Recamier and Dupuytren, two eminent men. How then decide? In the midst of such difficulties would not the large incision on the median line, as practised in the Cæsarian section and in ovariotomy, be preferable? Would it not afford the best chance of discovering and removing the cause of obstruction, wherever seated?

This proceeding my own opinion would countenance; it has been practised on various occasions by eminent surgeons—by Messrs. Hilton and Erichsen recently, and is recommended by Mr. Phillips, but its propriety must be decided by experience.

Of the treatment of obstruction from scirrhus of the rectum much need not be said. Nor can relief be hoped for from attempts directed to the stricture itself, which force might lacerate, but could not dilate, and surgeons wisely desist. It may, perhaps, be possible to pass a gum-elastic catheter through the stricture, even when high up, though I have seen the late Sir Astley Cooper make the attempt and fail; but, supposing this accomplished, it would be hazardous to inject fluid with a view to liquefy

the feces and favor their escape, or force must be employed which would endanger the rupture of the colon, distended already to the utmost. One resource remains, scarcely preferable to death perhaps, but which it is our duty to suggest—the opening of the colon, after the plan proposed by Callisen and practised by Amusat and others. This may succeed, and an artificial anus being established in the left loin, life may be prolonged.

The feasibility of this operation is placed beyond doubt by no fewer than three successful cases, lately published in the 33rd volume of the *Medico-Chirurgical Transactions*; the operations having been performed respectively by Mr. Field, Mr. Clarkson, and Mr. Pennell. The region, the left lumbar, selected for this operation is most favorable, there being a space on the outer margin of the quadratus lumborum muscle, where the wall of the abdomen is thin, and admits of the colon being opened without wounding the peritoneum. By Mr. Field and Mr. Clarkson, the operation by transverse incision was preferred; by Mr. Pennell, that by the vertical incision. By Mr. Field difficulty was experienced in distinguishing the gut, fascia having been mistaken for it, a difficulty to be obviated by recollecting that the tissues to be divided, as stated by Velpeau are—

The very thick skin.

The cellulo-adipose tissue.

Its origin of the transversalis muscle or its aponeurosis, and a second layer of cellulo-adipose tissue; of which a mass lying between the colon and transversalis must be dissected through, and much of the fat removed before the bowel can be reached.

The relief consequent upon this operation is complete. But, as time advances, a decided disposition in the outer orifice to contract manifests itself, and leads, eventually, to renewed difficulty and danger. Would tents of sponge densely compressed, as used by Dr. Simpson to dilate the uterus, have power by expansion, to keep the orifice patent?

The inflammation developed in cases of obstruction may call for the abstraction of blood, either from a vein or by leeches; but, inasmuch as the inflammation is the consequence, not the cause of the obstruction, blood should be drawn

cautiously, with a view to its control, for it cannot be extinguished, the cause remaining. Moreover, when the cause of obstruction is not insuperable the signs of tenderness and pain (which would seem to demand the loss of blood) are due to irritation and spasm rather than to inflammation, and are best relieved by opium; and hence the value of this remedy. The alleviation of pain, indeed is a main point in the treatment of obstruction from any cause, for pain may destroy life; and in proportion as pain is urgent so should opium be given. In a case related to me by the late Sir Astley Cooper, of obstruction caused by the lodgment of a concretion in the ileum, the excruciating pain destroyed life in eight hours.

If blood be drawn too freely at the outset it would leave the patient ill prepared to bear up against prolonged suffering with want of nourishment, and might in this way turn the balance against him. In case of intus-susception, not relieved by operation, the only chance of life is the separation of the invaginated portion of the gut, gangrene having first occurred; a process which requires time: so that if the powers of life have been reduced by excessive blood-letting, as well as by the disease, the patient will sink before nature can accomplish her task. Blood, therefore, should be drawn with circumspection.

Fomentations and warm baths are valuable adjuncts; they soothe pain, relax spasm, and, by diminishing suffering, save power.

Of all the remedies at our command, enemas in conjunction with opium, are perhaps the most essential, and where the obstruction is not invincible, contribute more than any others to bring about a happy termination. Enemas composed of bland fluids, should be injected twice in the day, to the fullest extent the bowel will receive, by the aid of O'Beirne's colon tube, a most valuable instrument in these cases.

Among the other remedies employed, as a last resource are tobacco, fluid mercury, the cold douche, and galvanism; the two last said to be successful occasionally. But mercury is of no use as far as I have seen, and is otherwise open to great objection. Tobacco is a valuable, because often a successful remedy; but on account of its poisonous proper-

ties it is administered only in the form of enema, the infusion for which, on the score of safety, should not be stronger than fifteen grains to a few ounces of boiling water

Strychnia may deserve notice, and has been given in one case, in the dose of 1-16th of a grain dissolved in distilled vinegar with remarkable success.—*Prov. Med. & Sur. Jour.*

*Inoculation in Rubcola.* By John E. McGERR, A. M., M. D., L. L. D., *Professor of Chemistry, Physiology, &c., in the University of St. Mary's, Physician to the Catholic Male and Female Orphan Asylums, Chicago.*—Inoculation in Rubcola is no new experiment. As to the advantage of the process, diversity of opinion exists. Drs Home, in Edinburgh, Dewees, and Chapman, at the Dispensary in Philadelphia in 1801, practised inoculation without any satisfactory results, while the experiments of Prof. Speranza of Mantua, and others, were varied, decisive and successful. Having no opinion of my own to confirm, wishing only to arrive at the truth, if possible, I determined when the very opportunity presented, by the breaking out of Rubcola in these Asylums, to test the point. The Asylums are situated, (the female in north, and the male in south Chicago,) without the thickly settled portion of the city, having the advantage of healthy locations. The houses are large, well ventilated and are under the charge of the Sisters of Mercy; thus the best nursing could be secured, and the best opportunity which might ever again occur to me of watching every stage of the progress of the disease. Early in December the first case of measles was brought into the female asylum. I proceeded to inoculate from this case, when the eruption was at its height. Blood was drawn from a vivid exanthematous patch on the diseased child's arm, and inserted into the arms of the three children first mentioned in the list below. On the fourth, sixth, and seventh day after the inoculation, the measles appeared, pursuing a regular and mild course. The result of these cases determined me to carry the experiment farther, and that the trial might be a fair one, I selected for comparison those whose physical conformation and constitutional idiosyncrasy, seemed most

nearly alike, giving the disadvantage of age to the inoculation. The following table contains the names, ages, and results of all the cases whether inoculated or not:

NOT INOCULATED.		INOCULATED	
Died.	Age. yrs		Age. yrs.
		<i>Recovered.</i>	
Ellen Brown,	3	Ellen Kehoe,	11
Katy Russell,	2	Ellen Grant,	4
Philomena Kehoe	3	Mary M'Carthy,	8
Elizabeth Patton,	2	Rosa Mack,	5
Ellen Crowley,	5	Mary Grant,	9
<i>Recovered.</i>		Eliza Hurley,	4
Mary Carroll,	9	Ann Cahill,	8
Ann Brennan,	6	Ella Welsh,	5
Mary Patton,	7	Ann Mulhall,	9
Johanna Cahill,	5	Ann Hagan,	3
Emeline Hurley,	4	Mary Mulhall,	4
Mary Nugent,	5	Ellen M'Carthy,	10
Mary Brain,	10	Anna O'Brien,	13
Elvira Gilmartin	5	Cath. Power,	9
Fanny Mooney,	12		
Mary Ann Tell,	10		

This table gives us 29 names, 24 recoveries and 5 deaths, all occurring among those not inoculated. The cases of all those inoculated, commencing from the fourth to the ninth day after inoculation, proceeded regularly, with the ordinary symptoms of simple measles, to convalescence, which was speedy and complete, with one exception viz. the first case. The child entered the asylum about a year ago, suffering with violent ophthalmia. She had been cured. On the disappearance of the measles, the ophthalmia returned, and though the sight was much endangered, yet there now only remains a little weakness which is disappearing. All these cases occurred consecutively from the first week of December to the second week of January. Four children who were known to have had measles in the spring of 1850 were inoculated; nothing else was observed than the inflammation which would follow any ordinary lancet puncture.

Of those not inoculated with four exceptions, the antecedent symptoms were very severe. The fever was violent; distressing vomiting occurred in three cases. The catarrhal symptoms were violent; throat soar, hoarseness, rigors, cough almost continuous, dry, the whole chest sore, difficult respiration, delirium at night in some of the cases.

Four had the "congestive modification," the eruption appeared slowly and imperfectly; one of these died. Two others presented the Typhoid variety; one died of the diarrhoea, the other recovered, but afterwards four dangerous ulcerations appeared on the limbs, and gangrenous stomatitis, in the left lower jaw. All of the teeth of that part of the jaw, fell out, the left side of the tongue and the cheek was involved in the disease. This case was ultimately recovered. Bronchitis supervened in six cases. Three had partial aphonia, one complete; this one died.

When these last mentioned cases attempted to swallow any liquid, it was thrown back through the mouth and nose with violent expulsive effort.

In the male Asylum, there were 23 cases and 6 deaths. None were inoculated, but 3 of the whole number had the disease mildly, and these were the three first attacked. The others had violent antecedent symptoms, and tedious convalescence. Five of those who died had the aphonia and difficult deglutition before spoken of, the other died of Phthisis.

In review of these facts much might be said. I have chosen, however, to give them as they occurred, without comments, leaving to the readers of the Journal, to estimate them at what they are worth; merely adding, that if there is no advantage in inoculation, the result which the second column furnishes, would be a strange anomaly.—*North Western Medical and Surgical Jour.*

*Diagnosis of Fatty Degeneration of the Kidney.*—By Dr. G. JOHNSON.—The urine in cases of fatty degeneration of the kidney has characters sufficiently destructive to render the diagnosis a matter of ease and certainty. It is commonly of a pale yellowish color. When just passed it is clear, but after standing some hours it deposits a light cloudy settlement; sometimes in the early stages the urine has a dark smoky color, from containing blood. The quantity secreted is less than normal, and its density in most cases exceeds the healthy standard. It is by no means unusual to find the specific gravity ranging from 1025 to 1030. The albumen is generally very abundant, so that when boiled the urine becomes almost solid. On a microscope examination of the sedi-

ment, there may be seen transparent casts, of rather small size, in many of which oil globules are entangled; also cells containing oil globules in greater or less abundance. The majority of these cases have terminated fatally, while in a few instances the symptoms continue in a greater or less degree, the urine continuing highly albuminous, and presenting unequivocal microscopic evidences of the true nature of the disease. For the purposes of prognosis, it is important to distinguish between a case in which the urine presents the characters above described, and a case of simple desquamative nephritis, as it is to distinguish tubercular disease of the lung from acute pneumonia.—*London Journal of Medicine.*

## SURGERY.

*Remarks on the Treatment of Stricture of the Urethra with Gum-Elastic Catheters.* By RICHARD G. H. BUTCHER, F. R. C. S. I., *Examiner on Anatomy and Physiology in the Royal College of Surgeons in Ireland, Surgeon to Mercer's Hospital, &c. &c. &c.*—The following case I am inclined to place on record, nay, I am induced to do so, more particularly as a part of the practice adopted has altogether been overlooked in Mr. Syme's monograph, and the rest condemned, while he arrogantly urges the propriety of an operation at variance with the matured experience of some of the first surgeons.

John Clarke, aged 40, a servant, was admitted under my care into Mercer's Hospital, February 28, 1851. His early life was very dissipated, and he refers to the fact of having had a succession of claps. So far back as twelve years ago, he was first seized with the retention of urine, and relieved by the catheter; for three years before this he was labouring under great difficulty in passing water, frequent micturition, and many of the harassing symptoms of stricture. Dating from that period up to the present, he has had four attacks of retention of urine, which were relieved by instrumentation, warm baths, enemata, &c. &c.; while, during the intervals, he has been under the treatment of different surgeons, and generally with marked good effect.



Five months previous to the above date, he was seized with the retention, and the urine drawn off by an eminent surgeon in the following manner:—No ordinary-sized instrument could be got into the bladder, so he had recourse to the following procedure. The end of a long piece of catgut was made to traverse the urethra fairly into the bladder, and over this, acting as a director, was slid a fine gum-elastic catheter; the catgut was then withdrawn, and the urine flowed off. During the consecutive five months from this date to the period of his admission, he never sought the aid of surgical advice, though for the last month the stream has never been thicker than a fine packthread, and very frequently the bladder has been emptied drop by drop.

On the night before his application to the hospital he had been drinking, and early in the morning was admitted with the retention of urine. An ineffectual effort had been made to pass a catheter before I saw him, and I did not think it prudent to try him again. By my directions a very full cathartic enema was administered, which acted freely. He was placed in a warm bath, and a full opiate given. When in the bath about a quarter of an hour, the urine began to dribble away, and the bladder emptied itself. I made no farther examination then, but ordered a hip-bath at night, and an oil draught with tincture of opium immediately after.

March 1st. The bladder has perfectly emptied itself, and I saw the patient make water to-day in a stream not much thicker than a thread, accompanied by great straining. On examining the urethra externally, it is hard and firm to the touch, about two inches and a half from the orifice, and there is a firm, hard, unyielding mass behind the scrotum, in the perinæum. On exploring the canal with a No. 7 bougie, it was abruptly stopped at the point above noted; instruments of various sizes were tried ineffectually, until a No. 1 gum-elastic catheter, mounted on a firm silet, was made to pass. This grated along a firm unyielding stricture, at least an inch in extent; the instrument then moved freely on, until in front of the bulb, when it met with the same kind of resistance as that which it had just overcome. This part of the urethra was so contracted, that with great difficulty the

catheter was made to pass, and having arrived at the membranous portion, it was arrested altogether. Having gained so much, I commanded the patient to let the instrument remain in as long as it did not produce much uneasiness there. He was able to wear it for two hours and a half. On its being withdrawn, ordered—

R Mist. camph. ℥i.

Tinct. opii gutts. xxx.

Liq potass. gutts. xv M. Ft. haust.

And immediately a hip-bath.

2nd. Made a trial of the No. 1 catheter again to-day, but with no better effect than on yesterday; it remained wedged in the stricture for three hours, and was borne without pain. The draught and hip-bath as on yesterday, and at night an oil draught with opium.

3rd. The stream of the urine passed to-day not enlarged, but attended with less straining. I passed the finest gum-elastic catheter made, and succeeded in getting it into his bladder. Retained it there in the usual manner, by means of an ivory ring and tapes. An opiate immediately, and a hip-bath at night.

4th. The catheter retained in the bladder all night; suffers no inconvenience from it; takes out the wooden peg occasionally to pass water. Repeat the anodyne draught and hip-bath at night.

5th. On yesterday, getting into bed after going to stool, the instrument slipped out. I saw him immediately after, and by very gentle manipulation slipped in a No. 2 gum-elastic catheter firmly mounted, without giving the least pain; retained it as before; administered an anodyne immediately after, and ordered a hip-bath at night.

6th. Has suffered no pain from the presence of an instrument since yesterday; relieves the bladder through it occasionally, by removing the wooden peg; slight purulent discharge from the urethra, showing the effect of pressure on the strictured parts. To have a hip-bath and anodyne at night.

7th. Slept all night; feels no uneasiness from the catheter, which has not been disturbed for forty-eight hours. Repeat the hip-bath and anodyne at night.

8th. Withdrew the catheter; slightly incrustated with lithic acid deposit, it being retained in the bladder seventy two hours; has suffered no inconvenience from it; passed a No. 3 gum-elastic catheter

firmly mounted; for a short time it was resisted at the membranous portion of the urethra, but in five or six minutes was allowed to glide into the bladder; retained it as before; administered an opiate immediately, and to have a hip-bath at night.

11th. Suffers no pain from the instrument, though undisturbed for the last seventy-two hours; withdrew it incrustated with lithic acid deposit; purulent discharge from the urethra not increased; passed into the bladder a No. 4 gum-elastic catheter: retained it as before; after doing so, ordered at once--

R Mist. camph.  $\zeta$ i.

Tinct. opii gutts. xxv.

Liq. potass. gutts. xv. Ft. haust.

An oil draught at night and a hip-bath.

12th. Feels very comfortable; bowels gently freed, without pain; no uneasiness referred the bladder. Omit the opiate at night; the hip-bath to be repeated.

14th. Same urine and pus passes at the side of the catheter, indicative of the dilatation of the contracted parts; introduced a No. 5 gum-elastic catheter today. Stopped the opium; hip-bath at night.

16th. Urethra and bladder so quiet, passed in a No. 6 gum-elastic catheter, and retained it as before; immediately after giving his opiate and alkaline draught; hip-bath at night.

20th. Last night the instrument slipped out; I tried this morning to pass it and could not readily do so; therefore administered a full opiate, placed him in a warm hip-bath, and in an hour after, without the least difficulty, passed the same catheter into the bladder, and retained it there.

22nd. Passed into the bladder a No. 7 gum-elastic catheter, and immediately after put him into a hip-bath, and gave a full opiate, and at night the bath to be repeated.

26th. Has had a hip-bath every night since last report, but the opiate was suspended; removed the No. 7 catheter from the bladder; though creating no irritation, yet I wished to substitute a larger one. This last was undisturbed for ninety-six hours; scarcely any purulent discharge from the urethra; the urine let off by it, four or five times in the twenty-four hours, is quite clear, deposits no sediment on cooling, which, taken together with the patient's feel-

ings, point to, and substantiate the fact, that there is no irritation of the bladder. Tried to pass a No. 8 gum-elastic catheter, but failed; administered an opiate, and had him placed in a hip-bath, and I returned in two hours, when I readily passed the No. 8 instrument into the bladder, and retained it there.

29th. Has not had the least annoyance since last report; the urine is quite natural in colour, and no mucous or sediment deposited on cooling. I withdrew the No. 8, and passed into the bladder a No. 9 gum-elastic catheter, and retained it as before. Hip-bath every night.

April 1st. Removed the No 9 instrument and quickly introduced a No. 10 gum-elastic catheter, and fastened it as before. Hip bath with oil draught and opium at night.

2nd. In going to stool this morning the catheter slipped out, but without difficulty I replaced it. To have his hip-bath.

6th. Is not suffering the least pain or inconvenience from the presence of the instrument; there is merely a trace of pus from the urethra, and no evidence whatever of irritability of the mucous membrane of the bladder. On this morning I readily introduced a No. 11 gum-elastic catheter firmly mounted and retained it as before; an opiate was given soon after, and a hip-bath ordered at night. On examining the urethra, externally, the hardness and adventitious structure, deposited both anteriorly and behind the scrotum, are nearly all removed, and no pain whatever is elicited on pressure along the entire track of the canal. Not the least remarkable feature in the history of this case, is the improved appearance and general health of the patient. He has lost the sallow haggard look and anxious countenance—those features so peculiar as to be almost pathognomonic of the affection under which he laboured; he has now pulled up flesh, and his entire appearance bespeak happiness.

The mode of cure by the catheter—the practice adopted in this case—was introduced by the celebrated Desault, who made all strictures amenable to its employment. The treatment by this method has also met with warm supporters in the names of Brodie, Liston, and Miller. The former says:—

"When the gum catheter has entered the bladder, withdraw the stilet, and leave the catheter with a wooden peg in its orifice, which the patient is to take out whenever he has occasion to void his urine, it being at the same time secured by a suitable bandage. After three or four days, you may withdraw the catheter for twelve hours; or if much suppuration is induced in the urethra, you may withdraw it for a longer period; then introduce a larger catheter than the first; and thus you may, in the course of ten days or a fortnight, dilate a very contracted urethra of its full diameter. This is a very certain and expeditious method of curing stricture.—*Brodie, op. cit., p. 51.*

Mr. Liston, at p. 472, *Practical Surgery*, expresses himself to this effect:—"If the operation has been performed on account of retention, or if it has been threatened—and it is very apt to follow the swelling which always supervenes more or less upon the use of an instrument in very bad stricture—it may be prudent to retain the catheter. This is a very efficient, safe, and quick method of freeing the patient from bad stricture. It matters not how small the foreign body may be, nature soon sets about a process to free herself from it; the passage is widened remarkably, and a most profuse discharge established, so that within forty-eight hours the instrument, which had been grasped most tightly, lies now quite loose, and the urine flows along it; it may then be withdrawn, and a large-sized catheter or bougie immediately substituted without difficulty."

Now, as to the two points of practice in my case, the wedging of the catheter in the stricture day after day until it reached the bladder, and then the retention of the instrument, and the substitution of larger ones, according to circumstances, until perfect dilatation was accomplished, is borne out by Professor Miller of Edinburgh in an admirable paper on the treatment of stricture of the urethra by perineal section, read before the Medico-Chirurgical Society of Edinburgh, and published in the *Lancet* for March 22, 1851.

"We must not lose sight," says this eminent professor, "of the two modes of using the catheter and bougie, well adapted to the final subjugation of cases even of great obstinacy. The method of *tunnelling*, as it may be called,

founded on the fact, that immediate penetration of the stricture is not essential to its cure. Instead of a small bougie, one of medium size is selected, and is passed down to the contracted part, into the anterior portion of which the extremity of the instrument, made somewhat conical for the purpose, is sought to be insinuated. There it is allowed to remain for a longer or shorter time, according to the feelings of the patient, and such use of the instrument is repeated at the ordinary intervals. On each occasion the penetration may be expected to deepen; ultimately the whole obstruction having been removed, as it were by instalments, the instrument glides unopposed into the bladder, and from this high platform, the surgeon then proceeds in the ordinary work of final dilatation." "In my own experience, many an obstinate stricture has given way satisfactorily to this means, often without much or even any delay, and always without any unpleasant complication." "The other method is by tying in the catheter for forty-eight hours or thereby, a method well suited to the gristly and resilient stricture."

One of the striking features in the case just detailed, is the fact, that very little irritation was produced by the presence of the instrument, and this is the more remarkable when we bear in mind that the urethra was so narrowly contracted, in many inches of its course, as only to admit the finest catheter made; indeed so tight did it fit when it had reached the bladder, that it was with great difficulty moved either backwards or forwards. At the end of fifty hours, vital dilatation had taken place to such an extent that, when the patient went to stool, the instrument readily slipped out. Now, the increased calibre produced in the urethra was not attended at any period with very considerable amount of purulent secretion, and towards the end of the treatment it had nearly subsided altogether. During an uninterrupted period of thirty-seven days, this man had a catheter retained in his bladder, and through which the urine was voided for that time. By this means the fluid rarely or never came in contact with the walls of the urethra. To prevent such an occurrence, whenever the instrument felt loose, I always withdrew it and substi-

futed a larger size, so as to prevent the urine trickling along its sides. There are other minutiae to be attended to in the local management, which were closely watched here, and though apparently trifling, I conceive of great moment in warding off irritation. The first is, not to allow the catheter to project far into the bladder; and secondly, to permit a small quantity of urine always to remain in the bladder. By these precautions, the instrument is prevented fretting the mucous membrane of that viscus. After changing the catheter, a full opiate was in every instance immediately administered, and the patient placed in a hip-bath; indeed, to the constant immersion of the parts under treatment in hot water, the free exhibition of opiates and gentle laxatives, I attribute mainly the exemption from irritation and rigors, which so strikingly characterized this case all through. I have selected the foregoing case to show that the most unpromising and advanced callous stricture may be brought to yield to the judicious application of the gum-elastic catheter—unfortunately a mode of treatment which, without good reason, has been allowed to fall into disuse. I could adduce other cases to bear upon this point—one, in particular, of a gentleman aged about 50, who suffered long and severely from the distress attendant on an aggravated form of permanent stricture, and in whom perfect dilatation was effected by the method which I advocate. I forbear entering into the details of this case, because it occurred in private, and I have fairly submitted the outline of the other, because it occurred in hospital practice, and was witnessed from day to day by a class of at least from sixty to seventy pupils. I have no fear of relapse in those cases if the ordinary precautions be adopted. In the case that I have transiently alluded to, though occurring three years ago, nevertheless there is no tendency to avert such an occurrence was the introduction of a full-sized catheter, at first once a week for some time, and afterwards at intervals of three or four. If the urethra be dilated to its full dimensions, I do conceive that the tendency to contract will be very limited, and can be obviated by the occasional introduction of an instrument; whereas

if the dilatation be stopped half-way, the liability to a recurrence will be confirmed and very rapid. It is strange how Mr. Syme has altered his opinion on this point. In his Principles of Surgery, vol. ii., p. 179, not only does he admit the feasibility of dilating the canal, but he says "the urethra should always be dilated to its full size, as a relapse is *otherwise* apt to happen, but any other extension than this can do no good." I have underlined the word "otherwise," because the sentence is clearly meant to imply, if the urethra be dilated to its normal size, a relapse is not likely to occur; while, in his monograph upon the subject lately published (1849), p. 16, he directly contradicts what he had written before. After detailing a case in which he had used dilatation, restoring the canal from the most contracted state to its natural calibre, he terminates by saying:—"At the end of ten days I withdrew the full-sized catheter then employed, and before twenty four hours had expired, found the complaint in every respect exactly as it had been before the process was commenced." On this case he afterwards performed his favorite operation; and now I would candidly ask, how can such statements apply to the following remarkable passage occurring in the *Monthly Journal* for March:—"In conclusion, I beg to remark, that the mode of treatment which I have proposed is intended for the relief, not of stricture in its ordinary form, which readily yields to dilatation, but of that which resists this and other known means of remedy." In his former assertion, he admits he dilated the urethra to its natural capacity, and that in twenty-four hours it had contracted as before his interference. Surely such a statement is not consonant to the experience of other surgeons. Professor Miller, in his admirable paper before alluded to, states:—"But let the dilatation be complete till a full-sized instrument has on many occasions passed the whole canal unopposed, then let occasional introductions be maintained (the protesting bougie) at gradually lengthened intervals; at the same time the general health, and especially the functions of the kidneys, being carefully attended to; and I believe that under these circumstances, tendency to unusual resiliency and relapse will be

sought for in vain. In other words, I believe that in most cases of stricture, as perfect and permanent a cure may be obtained in this way as by any other means of treatment, however heroic that may appear." Indeed there is so great a discrepancy in Mr. Syme's statements that it is hard to reconcile them; for in commenting on a passage in Sir B. Brodie's work, where he dwells on the necessity of occasional introductions of the bougie, where the treatment has been conducted on the principle of dilatation, he continues at p. 50 of his monograph on strictures:—"My own experience would not lead me to a statement quite so discouraging, and the difference may perhaps be attributed to the dilatation practised in Edinburgh being more ample than that which appears to be thought sufficient in London."

We cannot but admire the daring candour of Mr. Syme in his letter to the editor of the *Lancet* for May 18, 1850, where he challenges the profession to produce a case of stricture impermeable to his adroitness. I do not at all wish to detract from Mr. Syme's merits as a most accomplished surgeon, but we have evidence of men with whom Mr. Syme need not be ashamed to have his name associated, yet who have both foreseen and felt the impracticability in all cases of passing an instrument into the bladder, and have been foiled in their best efforts; indeed, the arrogant exhibition of feeling expressed by Mr. Syme in the following sentence can best be met by an extract from Mr. Liston's vast experience and judgment.—Mr. Syme continues to say—"The operation by external incision hitherto employed, has been resorted to as the refuge of awkwardness or failure in the introduction of instruments, there being no truly impermeable stricture; while the one now advocated can be accomplished only by steps requiring the nicest manipulation." Mr. Liston estimates the difficulties very differently, and thus expresses himself in *Elements of Surgery*, 2nd edition, p. 599:—"It is no easy matter to pass the instrument in many cases, and particularly when ineffectual attempts have been made previously. By gentle insinuation, and perseverance in moderate pressure, properly directed, the obstacle can always be overcome, and that without

the infliction of any injury to the parts. I may here observe that I have never yet been foiled in passing the catheter, though very many severe and difficult cases have fallen to my lot; in other words, I have never been obliged to abandon my attempts, and as a last resource mutilate and endanger a patient by making an unnatural aperture in his bladder; yet circumstances may soon occur to me in which the introduction of an instrument along the urethra shall be impossible: no man, it has been said, can always be wise or always fortunate, and he who pretends to invariable success must be either a knave or a fool."

I do not at all mean this extract to apply to Mr. Syme. As Professor Miller says, in commenting on this quotation, it only shows the modest opinion Mr. Liston held of his own resources and dexterity in comparison with the difficulties that might present themselves, and defeat his best efforts; and before his premature death, he was compelled to puncture the bladder through the rectum.

Mr. Syme, in the *Monthly Journal* for October, 1844, distinctly contradicts his assertion as above quoted, and gives a case where he operated, and where even "the guidance of a director was not available for this purpose." The experience of the first surgeons, then, prove the fact, that there may be such a thing as an impermeable stricture; it is proved in the works of Dupuytren, Brodie, Liston, Miller, and many others.

But looking most favourably upon Mr. Syme's contradictory statements, and admitting that "there is no truly impermeable stricture" in his hands, this renders the operation which he has so frequently performed the less excusable. The weight of authority is steadily against such procedure. Mr. Samuel Cooper says—"If the end of a small bougie, let it be ever so small, can be introduced through the stricture, the cure is then in our power," and the celebrated French surgeon, Desault, reprobates the treatment by incision. "The operation known under the name of *la boulonnicre* (an operation which consists in an incision made into the urethra or the neck of the bladder,) although apparently better adapted to the nature of the disease, is generally

either useless or dangerous. It is useless if, in order to perform it, there be a necessity to pass a sound, or a grooved staff, into the contracted part of the canal, since a hollow catheter could be applied there in the same manner."

So highly did Desault estimate the importance of having once reached the bladder, that he invented a mode by which the instrument could be replaced without danger or risk. He continues (at p. 271):—"These catheters, affording a passage to the urine, may remain a long time in their place, and the canal being enlarged by their habitual presence, permits them to be renewed easily. Besides, if we fear finding some difficulty in passing the second catheter, it would be easy to obviate this inconvenience by making use of catheters open at both ends; we should introduce the first by means of a stilet with a button, and before changing it, we should furnish it with a stilet about two feet long, which should be pushed some lines into the bladder; then we should withdraw the catheter upon the stilet, which must be left in its place, upon which we may thus conduct a new catheter without trouble, and with safety. Desault once had recourse to this expedient for a patient who could not succeed in introducing the catheter himself, and who made false passages almost every time that he attempted it. This method succeeded so completely that Desault proposed to have catheters constructed with which he might often put it in practice." The very beautiful instruments lately brought before the notice of the profession by Mr. Wakely, and figured in the *Lancet* for March 22, 1851, forcibly brought this quotation to my recollection.

Mr. Syme comes to the conclusion that his operation is preferable to dilatation, "as affording relief more speedily, permanently, and safely." The first is denied in the case which I have detailed, where everything was most untoward and unpromising for dilatation; the second assumption is met by the case which I have alluded to, of three years immunity from return of annoyance; while Mr. Syme's cures have been criticised and doubted by many. As to the "safety" of Mr. Syme's operation, it has not been so successful in other hands. Mr. Wade says—"I witnessed the performance of

this operation by a gentleman who, if report speak truly, is quite as dexterous an operator as Professor Syme. No operation could be more skilfully performed, and what was the result? The death of the patient fifteen days after he had been cut." Again, it has proved fatal in London, and last of all in Edinburgh. The case recently published by Mr. Mackenzie must arrest the attention of every surgeon. Where the operation was performed with great dexterity, and admittedly so by all—where the minute points of medical treatment were so carefully enforced—where the patient had the advantage of Mr. Syme's observation from day to day; and lastly, where transfusion was employed to avert death, yet the termination was fatal!

No doubt there are some desperate cases in which the urethra may be laid open as a *dernier resort*, but I never can believe it to be an operation of safety, even though recommended by so eminent a surgeon as Mr. Syme.—*Dublin Medical Press.*

*Case of Permanent Stricture of the Oesophagus.* By PAUL F. EVE, M. D., of Augusta, Ga.—During the course of lectures in the University of Louisville, Ky., I was invited by Prof. Rogers to see, with him, a case of *dysphagia constricta*, which had been under his care for a few weeks. The patient was a mulatto boy, aged 3 years, who, some four months previously, had swallowed, through inadvertence, a portion of caustic potash. In its deliquescent state he had taken it for candy. The act was immediately followed by alarming symptoms, but which unfortunately were attempted to be combated exclusively by domestic remedies.

When Dr. Rogers first saw the case, the dysphagia was so great that fluids could with difficulty be swallowed; and a bougie was now at once arrested in the oesophagus by an apparently permanent stricture. Various attempts were subsequently made to reach the stomach, but without success. We were not certain that any nourishment ever entered it. The patient's constant cry was for water, which he would swallow down to the obstruction, retain it a few minutes, and then reject it from his mouth. He rapidly emaciated. Ice-cream, milk, and water, beef tea, &c., were recom-

mended; and if none of these could be gotten down, nutritious enemata to sustain his system.

The stricture was situated six inches from the dental arches—below the most usual seat for such affections—which is the connection of the pharynx with the œsophagus.

The middle of December last, this patient becoming daily more feeble, was presented to the class at the college clinic, with the view to an operation, should one be deemed advisable. He was now reduced almost to skin and bones; neither could his pulse be discerned at the wrist. It was not until he arrived at this low condition that his master consented to consider the question of œsophagotomy. It was decided in consultation not to operate, and the death of the patient was predicted as probable during the first cold spell of weather.

About ten days after this, a post-mortem revealed a permanent contraction with thickening of the tissues of the œsophagus—the diameter of the strictured portion being reduced to about a line for an inch and a quarter, and which was also quite tortuous in its course. The stomach was contracted and reduced to a very small capacity; but the ilium, to our surprise, was largely distended fœces.

It is highly probable that an attempt at œsophagotomy would have failed.

This is another case added to several noticed in our Journals, of permanent stricture of the œsophagus produced by caustic preparations.—*Southern Medical and Surgical Journal*.

*Wound of the heart, penetrating the right ventricle, from which the patient recovered.*—Read before the Association, by CHARLES E. LAVENDER, M. D.—James H—, student, aged 19 years, of good health and sound constitution was stabbed, on the 9th of April, 1850, in the left breast, by a fellow student, with a pocket knife, the blade of which was about three inches long and three-fourths of an inch wide in the middle, and very narrow at the point.

When I saw him, at 4 o'clock, P. M., about five minutes after the wound was inflicted, he was laid on a long table, on his right side, with his head slightly raised. He was vomiting, with jaws rather rigid; countenance rather pale and dead-

ly; respiration irregular, interrupted and terminating in deep sighs; action of the heart entirely suspended; clothes dripping with blood. On tearing away the clothes from his chest, a wound presented itself on the left side, between the sternum and the nipple, about two inches anterior to, and three-fourths of an inch below the left nipple, between the fourth and fifth ribs, at the cartilaginous extremity, the greater extent of wound being between the cartilages. The wound, from which venous blood was flowing in a full, continuous stream, was about one inch in extent, in a direction across the body; the edges of the knife having struck the lower side of the cartilage and the upper side of the rib. The cut edges of the intercostal muscles were distinctly seen, through which a dark opening, about the size of a man's forefinger, allowed the blood to flow. One gallon and a half of blood was supposed to be lost; it could not have been less than one gallon. The right ventricle of the heart was evidently opened, and I supposed he could not live fifteen minutes.

I turned him hastily on his back, raised his right arm, which was pendulous, and placed it by his side, dashed a large towel, just dipped in a bucket of cold water, on his chest; sprinkled cold water and spirits of camphor in his face, and secured free ventilation. The bleeding stopped instantly, but the breathing continued oppressed, interrupted, and somewhat stertorous. About five minutes after the bleeding ceased, a slight flutter was felt in the heart, and was distinctly appreciable under the palm of my hand, at irregular intervals, for a minute or more, when pulsation became perceptible, and in a few minutes more there was pulsation at the wrist. He now swallowed water, and spoke inchoerently; breath during this time cold. A mattress was drawn under and blankets thrown over him, and he was kept on his back, with his shoulders slightly elevated. About 5 o'clock, he recognized persons, spoke hurriedly, called for persons, and supposed he was dying; but he afterwards remembered nothing that occurred before 6 o'clock, at which time he became exceedingly restless, complained of a pain in his breast and head, with some thirst. Pulse feeble, interrupted, and over one hundred.

When the external bleeding ceased, I apprehended internal hemorrhage; but no evidence of this presented itself at that time or subsequently. About 9 o'clock, he began to grow warm. At 10, he became exceedingly restless, and complained of intense suffering, but of no acute pain. Pulse about 120, intermitting; respiration interrupted, and at times as frequent as 60 to the minute. From 12 till 3 A. M., but little hope was entertained of his living till daylight, when his nervous system yielded to the quieting influence of morphine, about two grains of which had been given, at intervals. Towards morning he enjoyed some refreshing sleep.

Fearful of the return of a hemorrhage, or of disturbance to the nervous centres, I did not allow him to be removed from the academy, where I first found him, till 3 P. M. on the following day. He was then removed to his boarding house, with such care as to cause no disturbance. He suffered somewhat from restlessness and thirst. The first was remedied by small doses of morphine, the latter, by cool sub-acid drinks. At night, he suffered from distension of the bladder; not being allowed to change position, he had not been able to empty it. Catheter was used.

11th. Passed a restless night; interrupted slumber; frequent starting; hot head; some delirium. Considerable febrile excitement through the day; skin hot and dry, but pale; countenance shrunk, and indicative of much distress; tongue red and dry; pulse thready and irregular, about 120; complete prostration of muscular power; lies on his back; if turned to the right side, evinces but little pain, but soon turns back, with a sigh and heavy breathing; if turned on the left, suffers pain in the direction of the wound, is much distressed, and rolls back immediately. Bowels inactive, gave enemata. Bladder so torpid as not to expel the urine, when the catheter is introduced, without external pressure, Cooling drinks, laxatives, occasionally, small doses of morphine.

12th. Rested rather better last night. But little alteration in symptoms; rather more thirst. Skin and pulse somewhat softened by small doses of antim. morph. Bowels and bladder as before.

13th & 14th. Rests some better. Pulse ranging about 100, rather light; still some starting in sleep; respiration not so

quick, but still heavy some light delirium; tongue coated with fur; loathing of food; no voluntary evacuations. Use catheter every 12 hours, and enemata occasionally.

15th & 16th. Slowly improving; rests better. No change in condition of bladder or bowels. Use spirits turpentine, with mild mercurials, to act on secretions.

17th & 18th. Not doing so well. Constant fever; pulse rather full, about 100; veins full. Can lie on neither side; occasional pains, more or less acute, from the external wound through the chest to the spine. Some action on bowels; bladder totally inactive, air passing in through the instrument when pressure is removed, after emptying the viscus. Gave him a few grains of quinine, and small doses of morph. and ipecac.

19th. Rested pretty well last night. Fever subsided: skin cool and soft; moderate action on bowels. Drew off a pint of urine; yet notwithstanding this distension of the bladder, some air rushed in when the catheter was first introduced. Tongue becoming clean, no thirst. Uses strawberries, which have constituted his only subsistence. Looks more lively; breathes well.

20th. Improving. Wound healed; no pain; can lie comfortably on his right side. Some appetite; takes tea and toast, and this day ate a young pigeon broiled. Pulse 84.

21st. Rested well, without anodynes. This day passed urine without help, for the first time. Bowels in a healthy condition; appetite good. Sat up in a chair for some minutes, but with much fatigue. Pulse soft, 82; breathing good.

May 1st. Has continued to improve slowly. Sets up for hours, and walks about the house.

2d. Rode out, without fatigue.

4th. Left for home, on steamer Isabella.

There was a distinct bellows sound in the heart, for about two weeks, whose swells were not synchronous with arterial pulsation. This sound grew less distinct, till it was entirely lost.

I have seen Mr. H. frequently during the summer. He has been well, and is now enjoying fine health. December, 1850.

Wounds penetrating the cavity of the heart are considered, by most professional



men, as necessarily fatal. In the N. Y. Journ. Med. is reported a case of wound of the heart—the patient living ten days—external wound near the sternal end of the fourth rib. On the 9th day, the patient “fell on the floor of the ward, while crossing it.” The pericardium was found perforated within the mediastinal space. The heart itself was perforated half an inch to the right of the septum; perforation passing entirely through the right ventricle, through the septum, into the left ventricle. The orifices were lined with coagulated lymph. The learned editor of the Am. Jour. of Med. Science, in commenting in this case, which he re-publishes, says: “Wounds of the heart, when penetrating its cavities, are always fatal, though the patient often lives for a considerable period after the accident.” He then alluded to large collection of cases, to establish this negative proposition—that penetrating wound of the heart *cannot be cured*. Had the case just alluded to been well managed, it might possibly have been cured; in which case, our profession never would have known it. But “he fell on the floor of the ward, while crossing it,” on the ninth day, died on the tenth, and the knife revealed the surprising fact, that both ventricles of the heart had been penetrated.

In the Journal of Medical Science, for July, 1850, there is an interesting case of wounds of the left ventricle of the heart, which survived five days; reported by Dr. Frugien of Portsmouth, Va. A young negro man was found lying on the floor, in a state of the most profound collapse. “A wound was discovered, equi-distinct from the nipple and the left edge of the sternum, and just over the left costo-sternal cartilage of the fourth rib. There was no hemorrhage from the wound.” “The Doctor’s first impression was that the heart had been wounded, and that the case would terminate fatally. “The arrest of the probe by the cartilage,” he says, “and its deflection to the right, caused me to come to an opposite conclusion.” The collapse was then attributed to the presence of crude, indigestible food in the stomach. The wound was received on Monday night, and the patient continued to improve till Saturday, when in disobedience of orders, “he went out, and used other improper exertions.” At 8 o’clock he died. He had

been setting up a few minutes previously, and conversing cheerfully, when he sunk down from his chair and expired. Autopsy showed a wound passing through the walls of the right ventricle, without penetrating its cavity, thence through the septum into the cavity of the left ventricle. Through the opening thus made, the blood had escaped into the pericardium, until it put a stop to the movements of the heart. The wound through the pericardium had completely cicatrized, as well also as that of the heart for two thirds of its extent. Had this patient been confined on his back, and restricted to water gruel for twenty days he possibly might have lived.

It is the recorded opinion of Dorsey, Dupuytren, and others, that wounds of the heart are not necessarily fatal. But Taylor, in his medical Jurisprudence, says, “until some clear instances of recovery from penetrating wounds of the cavities are reported, the majority of practitioners will continue to look upon them as necessarily, although not immediately fatal.” As *one* instance of such recovery, I offer, with some diffidence, the above case. It may not be improper to state, that the youth who suffered was, at the time, a member of my own household. I was by his side constantly, night and day, for two weeks. The facts were noted down as they occurred with all the exactness of which I was capable. The case is deeply interesting, in many points of view, especially so in a practical one: showing, what the two cases alluded to unfortunately showed before, that, in wounds of the heart, the horizontal position should be strictly maintained, and the utmost quiet and relaxation enjoined, for at least two or three weeks after the infliction of such injuries.—*Southern Medical and Surgical Journal*.

---

## MIDWIFERY.

*Cephalic Version.*—*Nine hours after the Rupture of the Membranes.* By B. F. RICHARDSON, M.D., Cincinnati.—I was called to see Mrs. S. at 8 o’clock A.M., July 9th, 1850, aged about 25 years, medium height, robust and compactly built. Upon enquiry of the midwife, (who had been in attendance from early in the night previous,) I ascer-

tained that she had been in hard labor during the night, and that the membranes had ruptured seven hours prior to my arrival. Her pains being very strong with but brief intervals, I at once resorted to an examination. I found the right arm in the vagina, with the palm of the hand presenting towards the inner side of the left thigh of the mother. In the upper portion of the vagina were several folds of the funis, in which I detected strong and distinct pulsations. After having remained with the patient about half an hour, observing, during each pain, whether the child advanced or changed position, (neither of which occurred,) I determined on an exploration, in order to determine the practicability of bringing down the feet. After placing the patient in a convenient position, I slowly passed my right hand up into the uterus. As soon as my hand reached the axilla of the child, it encountered considerable constriction from the uterus. After exploring for the neck and head, I directed my hand in search of the feet—passing it up, with the palm applied to the right side of the child, until it reached the ilium; beyond this point my hand would not pass, with the degree of force employed, which was sufficiently great to be compatible with safety or advantage. The uterus had firmly and persistently contracted around the pelvis and over the crest of the ilium. I retained my hand for some time in its position, hoping to be able to insinuate my fingers beyond this point of constriction, and gain the feet, but was compelled to desist and withdraw my hand, and give over the attempt. My exploration discovered the position of the child to be as follows: its right side presented towards the left iliac fossa—inclining somewhat towards the sacrum. The right side of its neck was projected against the pubic arch, near its junction with the right ilium, the head occupying the right iliac fossa anteriorly. In this position it seemed to be firmly and persistently maintained. The impossibility of the expulsion of the child (it being evidently above the medium size) without decided manual interference, the great risk to the mother from an attempt to turn, so long after rupture of the membranes, with the firm and constant constriction of the uterus about the child, induced me at once to propose the ad-

vice and co-operation of another physician. By agreement, Professor M. B. Wright was sent for, it then being between nine and ten o'clock. Expecting some delay (on account of the numerous engagements of physicians, generally, at that time,) I left the patient for the purpose of visiting some cases of cholera; with the understanding that word should be left at my residence, when it would suit Dr. Wright's earliest convenience to meet me in the case. Unexpectedly to me, the attendance of Dr. W. was secured immediately—a contingency provided for, however, by my request, that should he return with the messenger; and before my return, to accompany my partner, Dr. Morgan, and do in the case as they thought best for the safety of the parties concerned. Being absent about one hour and a half attending to prior professional engagements, I returned by the house of the patient, and was informed that Drs. Wright and Morgan had been there about half an hour before, and that Dr. Wright had interposed in the case, being in too great haste to await the uncertain period of my return, I at once made an examination and found the arm returned and the *vertex* presenting. The funis was prolapsed, but without pulsation; observing the progress of the head during three or four pains, I found it disposed to descend, and only delayed by the resistance of the parietal protuberances. I then ordered *secal cornutum* in twenty-five grain doses every twenty minutes (as she seemed very much exhausted, and the pains inefficient) of which she took two portions. The pains became more energetic, and in about one hour from the time of taking the first dose, the child was expelled—lifeless. I judged its weight to be about nine or nine and a half pounds. A careful external examination gave no clue to the probable cause of death—it had been dead but a short time prior to delivery.

Mrs. S. had a rapid and uninterrupted convalescence.

Dr. Wright's mode of manipulation in the case, was as follows:—The patient being on her back—across the bed (in the usual position for *turning*) he introduced his right hand, passed a couple of loops of the prolapsed funis around the child's arm, and then returned it—converting it into a shoulder presentation. He then grasped the shoulder

and thorax, and pushed the body of the child upwards and to the left side; in consequence of which the head was brought near the axis or pelvis. He then relinquished his hold of the body and grasped the occiput—bringing it down so as to enable the head to engage.—*Western Lancet.*

*Medical Society of London.*—Dr. HENRY BENNET read a paper on the *Diagnosis of Inflammatory Diseases of the Cervix Uteri, and on the use of Potassa Fusa or Potassa cum Calce in their Treatment.*—The mucous membrane lining the cervix uteri and its cavity, a highly organized membrane, and one abundantly supplied with mucous follicles, was extremely liable to inflammation and ulceration. The slighter and more fugitive forms of inflammation to which this mucous surface was liable, no doubt gave rise only to slight and fugitive symptoms, and were consequently scarcely ever seen by observers who, like himself, never even thought of bringing the organs in question into view unless the local symptoms were intense, or, being slight, were intractable to ordinary treatment, and connected with equally intractable general symptoms. Owing, no doubt, in a great measure, to the circumstances of the molimen hæmorrhagicum of menstruation generally aggravating and feeding the diseased condition, inflammation in this region, however, too slight in the first instance to be noticed, often became confirmed, and ended in ulceration, when a host of decided local and general symptoms usually appeared. The tendency of confirmed inflammation of this mucous membrane to end in ulceration was so great, that out of 243 cases of inflammation, attended with decided uterine symptoms, treated by him at the Western General Dispensary, in 222 slight or severe ulceration was present. The local symptoms were, pains in the lumbo-sacral, ovarian, hypogastric, and inguinal regions, as also pains down the thighs and legs; sensations of weight and bearing-down, accompanied by more or less difficulty in standing and moving; derangement in the menstrual function, assuming the form of dysmenorrhœa, menorrhagia, amenorrhœa; vaginal discharges; constipation or diarrhœa; irritability of the bladder, &c. The general symptoms

were principally dispeptic, neuralgic, and hysterical conditions, entailing, secondarily, defective general nutrition, and consequent debility and anæmia. When all, or nearly all, the local symptoms enumerated existed, the examination of the uterine organs was at once indicated and sanctioned, as it was all but certain, not only that disease existed, but that it was of long standing, and had produced structural changes which could only be remedied by local surgical treatment. If one local symptom was present but in a marked and constant manner, with or without general symptoms, the existence of disease was very probable, but no examination was warranted until ample local means, such as injections and proper general treatment, had been tried. Lastly, the mere existence of disordered general health, of depraved functional activity, of dyspepsia, hysteria, anæmia, &c., in the absence of uterine symptoms, was no proof whatever of the presence of uterine disease; although the lengthened duration of these conditions, and their proving intractable to the usual treatment, ought to lead us to minutely scrutinize *verbally* the state of the uterine functions. By thus minutely weighing the symptoms, general and local, and by submitting *doubtful* obscure cases to the test of general and non-surgical local treatment, a conscientious and scrupulous practitioner need seldom, if ever, make an unnecessary physical examination. Even when such an examination was deemed advisable, the use of the speculum ought never to be thought of until a careful digital investigation had confirmed its necessity. The morbid conditions of the body of the uterus, as to size and position, could only be recognised by the finger, the speculum giving no information, and the finger of the practitioner, with whom it had been educated by the eye, was also the safest guide as to the necessity for further examination. If the os was found open, so as to admit one or two fingers, or even the tip of one finger; if the cervix was enlarged and indurated; or of its surface was velvety and soft, the use of the speculum was indicated. The open state of the os was a very valuable symptom, as it was nearly always the evidence of ulceration occupying the surface, or of inflammation penetrating the cavity of the os uteri. If a speculum examination was

then decided on, the cervix ought to be brought fully into view, so as to reveal even its vaginal attachments, and in a sufficiently good natural light to show even a speck of dust on any part of its surface. If, moreover, the lips were morbidly open, they should be separated by a bivalve speculum, with the assistance of uterine sound, so as to allow the eye to penetrate into the os as far as possible. The lesions thus brought to light were the lesions which characterize mucous membrane similarly diseased in all parts of the human economy—those produced by inflammation and ulceration. He, and the continental pathologist who had preceded him, had described, under the head of granular inflammation, chronic inflammation of the cervical mucous membrane, unattended by any solution of continuity, and characterized by the hypertrophical condition of the mucous follicles strewn over its surface, which give it a kind of strawberry appearance. They also gave the name of ulceration to all solutions of continuity, the result of morbid action, and characterized by the existence of pus or sanies secreting erectile granulations, such as are formed on all gores or wounds healing by second intention, and that whether the granulations were so microscopic as to constitute a mere abrasion or superficial ulceration, or so large as to constitute a luxuriant fungus sore. Such conditions responded to and tallied with the definitions of ulceration given by all classical writers. Some of his opponents had denied that the lesions found in this region were ulcerative, and had endeavoured to make the profession believe that they were merely forms of "granular inflammation." They had never, however, deigned to explain what they meant by granular inflammation, or given a definition of it. If it was their intention to repudiate the established nomenclature of surgery, and to give to what had hitherto been called ulceration the name of granular inflammation, he for one would not object to the change, provided it could be established that such a change was desirable and necessary. But in the meantime, he repudiated the term as thus applied. In a communication recently read before the society, it had been stated that there was no proof before the profession that ulceration

ever existed in the virgin. Although he was fully aware that he did not, unfortunately, possess the confidence of the author of the paper alluded to, he was surprised to find such a statement made, considering the publicity given to the case furnished to him by Mr. Anderson, his late colleague at the Western Dispensary. It would be seen by the examination of the uterus of Mr. Anderson's patient, a young female of eighteen, who died of acute disease, with an intact hymen, which uterus was in the hands of the members, that a large inflammatory ulcer occupied the os and its vicinity. Even if his experience and statements were repudiated, this case ought to have brought conviction to the mind of the practitioner to whom he referred. He would take this opportunity of again asserting, as he had ever done, that the physical examination of a virgin female could only be warranted by severe and intractable disease, and ought always to be looked upon as a last resource,—as one not to be contemplated until after months or even years of unavailing general and non-surgical local treatment. Indeed, as he had stated in his work, it ought not to be taken by any practitioner on his own responsibility, unless his position as a consulting authority in female disease warranted his so doing. The rules which guided him in the treatment of the local element in these inflammatory affections of the neck of the uterus might be stated in a few words—it was the treatment followed in all chronic inflammatory diseases, situated in a position attainable by surgical means. If acute or sub-acute inflammation was present, it ought first to be subdued by antiphlogistics and astringents; and if the morbid action still persisted, it should be modified and converted into healthy vital action by direct stimulation of the diseased tissues. This indication was obtained, in successive stages of intensity, by the nitrate of silver, solid or in solution, by the mineral acids, and lastly, by the actual cautery and potassa fusa, or potassa cum calce, which he preferred. Potassa cum calce was first introduced as means of stimulating unhealthy uterine sores, and of melting induration in this region, by M. Gendrin, of Paris. When, however, he himself left Paris, nine years ago, it

had not been adopted by other practitioners. He could claim the merit of having introduced it to the profession here, and of having greatly simplified its action and use by running it into free cylinders, which could be used as easily as those of nitrate of silver, and with nearly as little risk. He had used it in scores of cases, for fourteen years, without accident, and did not consider there was any reason for apprehension, provided the operation was skilful and cautious. At the same time he never applied it to *destroy* indurated tissues, but merely to set up eliminatory inflammation, under the influence of which the indurated parts softened and melted. When applied to the os, care ought to be taken that the orifice of the cervical canal did not subsequently close too much. He had had several cases from the country, treated by other practitioners, in which the os uteri was all but closed, for want of these precautions.—He had never found any difficulty in redilating the narrowed os; but it was better to prevent such a result occurring than to remedy it when produced.

Dr. BECK spoke at great length on the subject of the paper. He denied many of the statements of the author. First, he said that the mucous membrane of the cervical neck was not highly vascular. He denied that the uterus was connected by the sympathetic nerve with most of the other organs of the body. He declared that cellular tissue did exist in the uterus. He denied that ulceration of the uterine neck frequently existed in virgins, and declared that the use of the speculum was not warranted in some of the cases mentioned by Dr. Bennet, in which a single symptom was persistent. He then ridiculed the notion that severe disease of the womb could exist for a long time in connection with a state of "robust health" as had been stated in one of Dr. Bennet's cases. He called into question the accuracy of the definition of ulceration, as given by Dr. Bennet, and denied that an open state of the os uteri was necessarily pathognomonic of inflammation. He denounced the potassa fusa as a dangerous remedy, and related a case in point, in which this remedy, with a series of what appeared to be barbarous operations, had been performed upon a young woman, who it was said had closure of the os uteri. Dr.

Beck, however, refused to furnish the society with such information as was thought necessary by the President and some of the fellows to substantiate the case.

Dr. TILT spoke of the difficulty of diagnosing between mere erosion and ulceration, and mentioned a case in point; but in practice the distinction is not so important, as they required the same kind of treatment. With respect to a patulous condition of the os uteri, it at all events indicated that something was wrong. He agreed in the main with all that had been advanced by Dr. Bennet.

Dr. BARNES, in relation to the open state of the os uteri, did not regard it as necessarily pathognomonic of inflammation; it might exist as the consequence of fibrous tumors spreading into the cervix, and opening the os by mere mechanical pressure, or the open state might be the result of previous inflammation. He agreed, however, with the proposition of Dr. Bennet, that when it did exist local treatment would be required. He was surprised to hear Dr. Beck speak against examination of the virgin uterus when certain symptoms were present, seeing that he (Dr. Beck) had resorted to the practice in a case lately related to the society. He (Dr. Barnes) had used the potassa fusa in four cases with the best results. He had followed Dr. Bennet in the Western Dispensary, and had therefore seen the same class of cases as those referred to by that gentleman in his work; and candour compelled him to bear his testimony that his observations carried out the correctness of those of Dr. Bennet in the main.

Dr. HENRY BENNET, in reply, stated that Dr. Beck seemed so thoroughly to disagree with him in all his views on uterine pathology, that he thought it best to leave the questions raised in the hands of the members and of the profession. He would merely correct two or three of the many misrepresentations and inaccuracies into which Dr. Beck had fallen in the course of his criticisms. He would first, however, remind the society that the anatomical details which he had given respecting the uterus was given on the authority of the first classical writers of the day, and represented the present state of science. If Dr. Beck, or any other anatomist,

was able to throw any additional light on the subject by bringing the microscope to bear on it, he would be the first to adopt the data thus obtained when once they were fairly established. No one could or did appreciate more highly than himself the great amount of labour and skill shown by Dr. Beck in his dissections on the uterus; and he could only regret the unmitigated opposition which he (Dr. Beunet) met with from Dr. Beck. He would briefly add, that he had never said or written that severe uterine disease was common in virgins, but exactly the reverse; that he had most positively given no case in his work in which a virgin female was examined because she had a slight pain in her back the first day of menstruation; and that, on examining the uterus Dr. Beck had shown to the society that evening he did not see any evidence of an abnormally open state of the os uteri. This condition in inflammation he referred to paralysis of the muscular fibres that lay underneath the inflamed mucous membrane. This paralysis also occurred in acute bronchitis, giving rise to emphysema; and in enteritis, giving rise to tampanitis. Of course there were exceptions to the rules which he had laid down, as Dr. Crisp and Dr. Barnes had very properly said. What he had stated was merely that inflammation of the os and cervical canal opening the external orifice—an open state of the os, as recognised by the finger—was a conspicuous circumstance which authorized further inquiry. A fibrous tumor, or pregnancy, or even cancer, might evidently render the os patulous without inflammation being present.—*Lon. Med. Gaz*

MATERIA MEDICA.

*Water Mellon Seeds as a Diuretic.*  
—In the November No. of the *Charleston Medical Journal*, Dr. Hook, of St. Matthews, S. C., bears strong testimony to the value of the seed of the water-mellon as a diuretic, and gives a very interesting case illustrative of its powers. The editors of the *Charleston Journal* join their testimony with that of Dr. Hook, and we are able to corroborate their favorable opinion. Dr. Hook recommends that two ounces of the seed be bruised and a pint of boiling water

pooured over them. After cooling, one gill of this is taken at a dose, and in this way, is not only a demulcent, but an excellent diuretic.

But we can assure Dr. Hook that we have seen much finer diuretic effects from the formula we subjoin, than from any other diuretic we have ever used. It has often succeeded when all others failed. In 1838, we reported in the predecessor of this Journal, a very remarkable case of suffering in the kidneys and bladder, in which the calls to urinate was almost incessant for two days and nights, and only one or two drops could be passed at a time. The pain complained of resembled that described as an attendant upon stone in the bladder. Hip bathing, purgatives, emetics, opiates, and the usual round of diuretics failed to give any relief. The patient seemed to be sinking rapidly under the combined efforts of pain, agitation, vigilance, and exhaustion. The anti-lithic paste was then resorted to for the first time, by the writer, and in less than half an hour after it was given the patient was easy, and slept for several hours. The kidneys acted freely, and all suffering ceased. Since that time abundant opportunities have presented themselves for the use of this paste, and its effects are uniformly all that the physician and patient can desire.

The formula for this paste was taught by Professor John E. Coke, and he gave strong testimony to its value.

The following is the receipt :

R	Castile soap,	ʒiv.
	Spermacetti,	ʒviiij.
	Ven. Turpentine,	ʒvi
	Ol. Anniseed,	ʒiiij.
	Tumeric,	ʒij.
	Honey,	q. s.

Rub the soap and spermacetti well together, then add the tumeric; after rubbing them well, add turpentine and ol. anniseed; and sweeten with honey.

Of this paste, a piece the size of a nutmeg is given two or three times a day. The diseases in which it is most useful are those in which the mucous membrane is involved. There is a species of hoarseness which follows inflammatory action, and which often approaches aphonia, in which this paste is a very valuable remedy.—*Western Journal of Medicinc & Surgery.*

## MEDICAL JURISPRUDENCE.

*Medical Society of London*—Dr. BURKE RYAN read an abstract of a paper *On the Communicability of Gonorrhœa, in reference to Medical Jurisprudence.*—He was called on the 15th of the present month to examine two children, sisters, aged respectively one and four years. He found both labouring under a profuse puriform discharge, on the elder child of a fortnight's duration, in the younger of nine days. There was much fever; the parts, particularly in the elder, much swollen, and both suffered great pain in passing water.

The mother had no notion of the nature of the affection until an old woman, calling accidentally, told her the children were diseased. The explanation soon followed. A young woman in the house laboured under profuse gonorrhœal discharge, as the mother of the child saw by her linen. This young woman was observed washing herself in the same vessel used for washing the children, and using the same sponge to her private parts as was used for them.

Had there been but one child, Dr. R. remarked, he might have passed it over as an ordinary, yet aggravated, case of vaginal discharge in a child; but as there were two consecutively affected sisters, of this tender age, with the infection's cause so easily traceable, he thought it worthy of record, and endeavoured to make it as plain as possible by further enquiry. He therefore saw the young woman. She had gonorrhœa, under which she laboured during the last two months, using no means for curing it. She said she *did* use the children's sponge, as mentioned, but thought it more probable that the eldest child having sat upon the same vessel as herself, to pass water, was thus infected, and that the second took it from the sponge used for both. Some of the discharge was taken from each of the three, and the valuable assistance of Mr. Quackett sought for. He examined them under a magnifying power of 500 diameters. In that from the children there was scarcely anything but pus globules, thick and well defined. The discharge from the young woman, in whom the disease had been wearing itself out during two months, was of a more sanious character. There was

epithelium in abundance; a few mucous, and also pus globules, diffused, but occasionally more aggregated.

Mr. B. Ryan remarked on the paucity of well recorded cases of this nature given by elementary writers. Indeed, some of our best authors say that gonorrhœa is communicated by impure connection, and there leave the matter. Thus, Cooper says, "From the manner in which the disease is contracted," &c. Liston:—"That people come with all sorts of stories—as of water-closets," &c. Forsyth speaks of it as a disease "after impure coition." Beck, speaking of vaginal discharges in children, where strong suspicions were entertained by a third party, of the discharge being gonorrhœal, bestows not the least attention in pointing out how the disease may be contracted by the manner above related, and how, consequently, undeserved suspicion may attach to an innocent person, to be followed perhaps, as heretofore, by punishment. And Taylor, in giving, as one of the four sources of evidence of rape, the existence of gonorrhœa, adds shortly after:—"If the child be labouring under syphilis or gonorrhœa, this is positive evidence of impure intercourse either with the ravisher or some other person."

Now, in the cause of humanity Dr. Burke Ryan considered it our duty in such cases as these to take care that no innocent person suffered, for had this disease not been so easily traced to its source, or that there could have been any suspicion of foul play from lads or men who had access to the children, or had the character of the inflammation, instead of the red and sthenic, partaken of the epidemic form, with its deep coloured appearance and dark tints, bespeaking signs of violence, as spoken of by Lawrence and others, then the same fate might per chance befall the suspected individual as befell the boy whom Beck mentions as having been condemned to die on account of the death of Jane Clampden, aged four, who, from a vaginal discharge, died in a few days, having slept in the same bed with the boy. The surgeon on whose evidence he was condemned soon had reason to believe the child had fallen a victim to an epidemic. Or, suspicion might be awakened as in the parents of two children, one aged four, and the other six, mentioned by Capuron, where they declared violence had

been used. The mother of the child in the present case, while agitated extremely, was yet thankful that it was not to her own person that she had applied the sponge, as in such case nothing could ever clear her with her husband. As many well authenticated cases as possible should be placed on record. There is no reason why people should not contract disease from the seats of water closets; and in the case of a virtuous and truthful woman who labours under gonorrhœa, and yet denies having had improper connection, it would be a painful thing, and repugnant to all feelings of charity, not to give her the benefit of a doubt. Her after happiness might depend on our decision, and we should well weigh the *pros* and *cons* before giving an adverse opinion.—*Lon. Med. Gaz.*

*Fatal Poisoning from Bromine.*—By Dr. SNELL.—This case is considered by the narrator to be the only instance on record in which the poisonous effects of bromine have been witnessed in the human subject.

Dr. Snell was called to see Mr.—, Tuesday morning, May 28, 1850, about half-past six o'clock. He was informed by the friends that half an hour previous the patient had swallowed bromine, with suicidal design. At this time the patient was complaining of incessant pain, which he described to be of a burning character; breathing slightly accelerated, short, and thoracic; pulse somewhat frequent, small, and quick, slight borborygmus and eructations from the stomach; several times during his illness partial tremors of his hands and arms were observed, but no decided convulsive movements were manifested, and the tremors were doubtless, the result of excitement and fearful apprehension upon a naturally nervous temperament.

An ounce bottle, with its tin case, was found upon the walk, below his bedroom window, and he confessed having taken the whole but a few drops spilled upon his hand and clothing in the act of swallowing. It was taken undiluted, directly from the mouth of the phial, hence the violent inflammation of the lips, tongue, mouth, œsophagus, &c. Another fact not to be omitted in the detail of the case is this, the poison was taken into an empty stomach; this circumstance alone, doubtless, caused a

greater intensity, as well as an earlier commencement of the symptoms of gastritis. At the expiration of two hours and a half from the time the fatal dose was taken, the symptoms began to indicate some degree of prostration, surface cold and clammy; breathing short and laborious, with prolonged expiration, attended with considerable mucous throat-rattle. The mucous secretion of the Schneiderian membrane was copiously discharged, and saliva flowed very freely; pulse frequent, quick, and hard; no thirst, retching or vomiting; pain more intense. In three hours and a half pulse more frequent and feeble; breathing thoracic, difficult, and slightly convulsive; mucous throat-rattle more extensive, and deglutition, which has been growing more and more difficult, is now found to be impracticable. The patient is becoming quite restless, throwing his hands and arms frequently into different positions. Cold perspiration breaks out, and the skin in many parts appears tinged slightly blue, and shrunk; countenance haggard, and blueish pale; features pinched; eyes sunken, pupils natural; conjunctiva has lost its lustre, and appears corrugated; no abatement of pain; frequent but ineffectual desire to stool; restlessness and other symptoms, indicative of extreme prostration and impending dissolution, increase rapidly. In four hours, pulse small, frequent, and almost imperceptible; no retching, vomiting, or thirst; patient is unable to protrude his tongue; cold perspiration increases; constant restlessness; pain moves lower down. Four hours and a half, no pulse; extremities cold; respiration decidedly convulsive, with the prolonged expiration peculiar to dying persons. The above symptoms continued to grow more intense till death relieved the sufferer, about seven hours and a half after the poison was taken.

*Autopsy sixteen hours after death.*—The head was not examined. Lower portion of the lungs congested, and a limited number of tubercles in the upper lobe of both sides. There was considerable serous effusion in the pericardium, but nothing more of particular importance was found respecting the viscera of the chest. The mucous surface of the œsophagus was not examined, but from the symptoms evinced during the illness of the subject, it is to be inferred



that the mucous membrane of the entire œsophageal passage was in a high state of inflammation, and perhaps partial disorganization. The peritoneum was tinged reddish-yellow throughout the upper two-thirds, and highly injected in the parts lining the stomach, duodenum, and liver. The lesser omentum, great omentum, and transverse meso-colon, were all deeply tinged with bromine, and injected to a considerable extent. On the anterior surface of the stomach, near the middle of the lesser curvature, is a large ecchymosed spot, two inches in diameter, the centre point of which is softened and gelatine-formed, this may be owing to the post-mortem changes. The whole anterior surface is very much injected, especially about the lesser curvature. On the posterior portion are several ecchymosed spots, surrounded by red borders. The internal surface was covered with a thick layer like tanned leather, and peeled off readily. The mucous membrane was softened, and intensely injected. The lower part of the stomach is hard and tanned. The same appearances extended to the duodenum.

The treatment pursued was experimental, and consisted of emetics, followed by starch, white of eggs, and ammonia.—*N. Y. Journal of Medicine.*

### MISCELLANEOUS.

*Observations on the Emmenagogue properties of Polygala Senega.* By CASPAR MORRIS, M. D., of Philadelphia.—Among the articles contributed to the materia medica by our own country, not one is more important than the polygala senega. How little its virtues may be esteemed abroad, there are few American physicians who do not recognise its importance in the treatment of certain stages of croup and bronchitis. My present object, however, is not to celebrate its praises in affections in which its value is so generally appreciated, but to draw attention to its effects in a class of cases which often baffle the efforts of the physician and cause no little anxiety to the patient;—to properties which, though recognised before, have been overlooked or forgotten. It is now more than twenty years since my attention was first directed to the emmena-

gogue properties of this root. I cannot recall the source from which the knowledge of its virtues was derived, but am disposed to ascribe it to the teaching of Professor Chapman, as I find on reference to his work on therapeutics, that he speaks of them in very strong terms of commendation, and gives the credit of first drawing the attention of the profession to them to the late Dr. Joseph Hartshorn. At the period to which I refer, I was induced to direct the employment of the senega for an unmarried lady, of about thirty years of age, suffering from suppression of the menstrual discharge of several months duration, combined with a catarrhal affection. So prompt was the restoration of the uterine discharge, that I considered it a mere coincidence, and remarked it as one of those cases of facts which may be misapplied so as to teach error instead of truth. Since then I have had ample opportunity to verify its claims to the credit of the result.

The tendency of its influence to the sexual and urinary organs has often since arrested my attention, in cases of children to whom I have given it for croup, in which I have found difficult micturition follow its use, sometimes to a degree quite inconvenient. Pereira mentions among its physiological effects, "increased secretion of urine and feeling of heat in the urinary passages," and adds, "it appears to excite moderately the vascular system, to promote the secretions (at least those of the kidneys and skin, uterus and bronchial membrane), and to exert a specific influence over the nervous system;" he mentions the fact that "it has been used as an emmenagogue in amenorrhœa." In the Dispensatory of Wood and Bache there is a mere casual allusion to its having been recommended in amenorrhœa; while Dr. Eberle refuses credence to the assertion that it possesses any emmenagogue properties. The strong testimony of Dr. Chapman deserves to be disseminated anew, as it may be overlooked among the many modern works on materia medica and pharmacy. I shall therefore furnish it for the benefit of your readers.

He introduces it first on the list of emmenagogues in the following terms:—

"To Dr. Hartshorn of this city, we owe the credit of having discovered the properties of this article as an emmena-

gogue. Conversing with him some years ago on the difficulty of managing certain forms of amenorrhœa by the common treatment, he told me that he thought he had used it with advantage, in these cases. Confiding in the accuracy of his observations, I determined to lose no time in making trial of the medicine. This I have done since, both in my public and private practice, to a considerable extent, and with sufficient success to warrant me in recommending it as one of the most active, certain, and valuable of the emmenagogues. It may be used either in powder or decoction, though I prefer the latter mode. My rule in the administration of the medicine, is to direct about four ounces of the decoction, more or less, during the day, according to the circumstances of the case. But at the same time when menstrual effort is expected to be made, and till the discharge is actually induced, I increase the dose as far as the stomach will allow, having given sometimes as much as two ounces every hour. In the interval of the menstrual periods, I lay aside the medicine for a week or two, as, without these intermissions, if it does not lose its power, it becomes "disgusting to the patient." Dr. Chapman directs the decoction to be made by putting one ounce of the bruised root in a pint of boiling water, in a covered vessel, and reducing it one third by slowly simmering; and recommends that its nauseating tendency should be averted by the addition of an aromatic bitter. I have not found my patients able to bear so large doses as those indicated by Dr. C., and have been wont to add liquorice root, which disguises the peculiar taste of the senega, and continue the process until it is reduced to one-half. A tablespoonful three times daily of this strength, is generally tolerated without difficulty. My habit is, when I can determine the period at which the natural tendency to the discharge will occur, to give the medicine in these doses for a fortnight before; and then, as Dr. C. advises, I have suspended it until the same period is again approaching. The causes of interruption to the menstrual discharge, being various, it is of course impossible to find any remedy which will meet every case. Where it depends on debility, or accompanies an anemic state of the system other remedies than senega are more appropriate, or should be conjoined with

it. Iron, aloes and myrrh, in combination, form an excellent remedy in such cases. The senega is appropriate to those cases where the suppression has been caused by improper exposure, and to those very frequent instances in which there is but little disturbance of the general health.

Every practitioner in our large cities, must have had his attention arrested by the numerous calls for advice on account of obstruction, on the part of newly arrived immigrants; who complain of headache, and miserable general feelings, with swelling of their lower extremities. To what cause we are to ascribe the interruption of the natural functions under such circumstances, it is difficult to say. The same result has been noticed in the cases of young women coming from the country to Paris. It is not, therefore, due to any impression made by the sea atmosphere, but, very probably, is caused in both cases by a less nutritious diet than has been customary, and the confinement in a vitiated atmosphere.

In those cases in which hemorrhoids, or an irritable condition of the lower bowels, prohibit the resort to the formulæ into which aloes so generally enter, the senega may be resorted to with benefit, and also, when there is a diseased state of the ovaries or uterus itself. I have not tried it in cases of dysmenorrhœa, with scanty secretion, but believe it will be found a very admirable remedy for these cases, which are so distressing to the habitual sufferer, and vexatious to the physician. I shall certainly take an early opportunity to test its powers, combined with some of the narcotic extracts. Hellebore and hyoscyamus, have been the agents on which I have heretofore relied, with a good degree of satisfaction; and the senega appears to me to partake of the same character as the hellebore, without that tendency to purge, which is often displayed by the hellebore when given in full doses. I am aware that some of our best teachers are disposed to deny the existence of a class of remedies having a specific tendency to promote the menstrual flow, and rely on general treatment for the restoration of this function when suspended. This is, perhaps, a natural reaction from the disposition to rely on specific remedies in all cases. Either extreme is unsound. We may not disregard the state of the general health, but must adapt our spe-

cific means to meet special indications. I know of no reason to doubt the tendency of certain remedies to produce an action on the uterus in its unimpregnated state which would not lie with equal force against the action of calomel on the liver and salivary glands, or ergot on the same organ at the time of parturition.—*Western Lancet.*

*Medical Coroners.*—"Judge Jackson stated emphatically in Court, on Thursday, during the progress of a trial in which reference was made to the Coroner's Court, that none but medical men ought to be appointed to the office of Coroner, as from their education they were peculiarly qualified to discharge efficiently the duties of the office. This opinion of his lordship appeared to be acted upon of late, very generally, both in Ireland and in England, as medical men are selected in almost every place where a vacancy occurs."—*London Lancet*, March 15, 1851.

We transfer the above most cordially to our pages, well knowing that in very many instances, the ends of justice have not only been subserved, but greatly injured by the appointment of non-medical coroners. Of the many cases which we could bring in support of this assertion, we adduce one only, which occurred not long since.

A fine boy, two years of age, was heard to have been scolded and ill-used by a drunken, brutal step-father; suddenly all was still; the next morning it was reported that the child had had fits, since which time it had remained in a deep state of unconsciousness;—he died in the evening, and was hurriedly interred on the following morning. The Coroner being apprised of the circumstance, on the second day summoned a jury to investigate the matter, when an old, respectable, but timorous physician, gave it as his opinion, that to exhume the body was unnecessary, seeing that decomposition had already commenced, the weather being extremely warm, and that all marks of external violence or contusion would have disappeared!—The jury was satisfied with this evidence, and a verdict, "died of natural causes" was accordingly returned. Now, had the Coroner, been a well informed medical man, he would have insisted upon the disinterment of the

body, seeing that the symptoms under which the poor child succumbed denoted concussion and compression of the brain; and moreover, that the period from the time of death was far too short to have completely effaced all indications of injury, even of the soft parts, but the skull, if fractured or depressed, would for a very long time bear marks of the violence. The consequence would have been that a bolder practitioner would be called for, and not having the fear of putrefaction before his eyes, to blind his judgment, would have manfully acquitted himself of the important duties devolving upon him; and if violence had been inflicted, he would no doubt have detected it. That this would have been the case, subsequent circumstances warrant the conclusion.

It has not seldom happened, that cases of poisoning have occurred in the country parts, and on the opinion of the neighboring physicians, innocent of all knowledge of the action of poison, and the proper methods of detecting it either pathologically or chemically, persons implicated in a most nefarious deed, have escaped detection and punishment. But, had the Coroner been a physician, he would have assisted the less initiated practitioner, or would have ordered the attendance of a man better qualified in such matters; one familiar equally with pathology, chemistry, and the present state of science; one on whose testimony a jury could rely. And on the other hand, he might on very many occasions, save the country the expense of *post mortem* examinations in cases of sudden deaths or accidents, where no suspicion of foul play could be anticipated.

The country, society, law and justice, would be alike benefited, if professional men of ability and experience were appointed or elected to these important and responsible offices. We will in a future number return to this subject.—*Northern Lancet.*

*Establishing the Science.*—De Bonneville has been electrifying Detroit by his more than galvanic effects upon the muscles of scores of his impressibles, when an enormous sized Wolverine, "trying the thing" himself, found he was quite equal to the professor in

setting folks to sleep and "makin' on em cut up" afterward; and, accordingly, in the furor of his discovery, off he went to the country to lecture and diffuse the new light which had been dispensed to him. His success was tremendous; town and village said there was something in it, until his reputation, as in other cases, begat him enemies. The Wolverine mesmerizer, after astonishing a "hall" full, one evening, at some very "promising town" or other, and which bade fair, shortly, to be quite "a place," returned to the tavern, to be arrested in the bar-room by a score of "first citizens," who had then and there congregated, "jest to test the humbug," any how!

"Good evening, *Perfessor*," said one.

"Won't you take a little of the fluid?" said another; and this being an evident hit in the way of a joke, the "anti-humbugs" proceed to more serious business.

"*Perfessor*," said the principal speaker, a giant of a fellow, before whose proportions even the huge magnetizer looked small, "*Perfessor*," said he, biting off the end of a "plug," and turning it over in his jaws very leisurely, "a few on us here, hev jest concluded to hev you try an experiment, appointin' ourselves a reg'lar constituted committee to report!"

The professor begged to appoint a more proper place and hour, &c., or, according to the apprehensions of "the crowd," evinced the evident desire to make "a clean back out."

"*Perfessor*," resumed the *big dog*, "ef we onderstand right, you call your mesmerism a *remeejil* agent, which means, I s'pose, that it cures things?"

The disciple of science referred to several cases about town, in which he had been successful, to say nothing of the "pulling teeth" operation which he had just concluded his lecture with.

"Yes," said the challenger, "you're death on teeth, we know; but can mesmerism come the *remeejil* over the rheumatiz?"

"Inflammatory or chronic?" demanded the professor.

"Wal, stranger, we ain't much given to doctor's bottle names, but we reckon it's about the wust kind."

The mesmerizer was about to define the difference between inflammatory at-

tacks and local affections, when he was interrupted by the inquisitor, who *rather allowed* that as far as the location of the disorder went, it had a pre-emption right to the whole critter; and that, furthermore, it was jest expected of him that he should forthwith visit the case, and bid him take up his bed and walk, or he himself should be escorted out of town, astride of a rail, with the accompanying ceremonies. This was a dilemma, either horn of which promised a loss to his reputation, but the crowd were solemnly in earnest. Already triumphing in his *detection*, they began to look wolfish at him and wise at each other, so that Wolverine had nothing left for but to demand boldly "to see the patient." We will give the rest of the story as it was related by the disciple of Mesmer himself:

"Up stairs I went with 'em, mad as thunder, I tell you; first, at being thought a humbug, and next, that my individual share of the American eagle should be *compelled* into a measure, by thunder! I'd a gin 'em a fight if it hadn't been for the *science*, which would a suffered, any how; so I jest said to myself, let 'em bring on their rheumatiz! I felt as if I could have mesmerized a horse, and I determined, whatever the case might be, I'd make it squeal, by thunder!

"Here he is," said they; and we all bundled into a room, and gathered round a bed, with me shut in among them, and the cussed big, unenlightened heathen that did the talking, drawing out an almighty bowie knife at the same time.

"That's your man," said he. Wal, there lay a miserable looking critter, with his eyes sot and his mouth open, and his jaws got wider and wider as he saw the bowie knife, I tell ye.

"That's the idee," said the old Injin.

"Rise up in that bed," said I; and I tell you what I must a looked at him dreadful, for up he jumped, on end, as if he'd jest got a streak of galvanic.

"Git out on this floor," said I, with a wuss look, and I wish I may be shot, if he didn't come, looking wild, I tell ye.

"*Now cut dirt damn you!*" screamed I; and Jehu Ginral Jackson! if he didn't make a straight shirt-tail for the door, may I never make another pass. After him I went, and after me they cum, and *prehaps* there wasn't the or-

fullest stampede down three par of stars that ever occurred in Michigan. Down cut old rheumatiz, through the bar-room; out I cut after him; over went the stove in the rush after both on us. I chased him round two squares—in the snow at that—then headed him off, and chased him back to the hotel again, where he landed in a fine sweat, begged for his life, and said *he'd give up the property!* Wal, I wish I may be shot if he wasn't a feller that they were offering a reward for in Buffalo! I made him dress himself—cured of the rheumatiz—run it right out of him; delivered him up, pocketed the reward, and, *established the science, by thunder!*—*Scalpel.*

---

## British American Journal.

---

MONTREAL, JUNE 1, 1851.

---

*Organization Meeting for Incorporating the Profession of Upper Canada.*—A meeting of the profession was called, pursuant to advertisement, at Toronto on the 2nd inst., and continued by adjournment to the 3rd. On the first day Dr. Rankin, of Vaughan, presided, and on the second, Dr. O'Brien. The *U. C. Journal* states that the meeting was satisfactory, although not full in respect to numbers. The draft of a Bill was agreed to, (which we give on another page,) and we regret to perceive that it contains a clause, No. XII, which we little looked for from our U. C. brethren. What the "free trade principle" has to do with the matter, as expressed by our U. C. contemporary, we cannot perceive; much less can we perceive upon what good or sufficient grounds "any University or College in Her Majesty's dominions can receive a diploma from the Medical Board to be appointed under the Act, without which reception such diploma or degree from said College or University shall not entitle the holder to exemption from examination. The proposer,

and supporters of that clause, should have defined what they meant by the words "recognize" and "receive." If they imagine that their diploma or license to practice in this Province will be necessarily followed by a diploma of membership with the Royal College of Surgeons of England, e.g., or by a degree of M.D. from a University, upon the presentation of the said license or diploma, then are they most mightily mistaken—and a consequence follows—the rejection of every British degree and diploma, a consummation which we vain hope is little sought for by our U.C. brethren. We subjoin the following protest against this portion of the Bill, signed by twenty-nine Toronto practitioners; and we cannot doubt that it will be very extensively signed as well by U.C. as L.C. practitioners.—

### PROTEST.

Toronto, May 7, 1851.

We, whose signatures appear below, adopt this means of expressing our entire dissent from the principle sought to be introduced into the proposed Bill for Incorporating the Medical Profession in Upper Canada; namely, that British Graduates and the members of British Colleges shall be excluded from the right of practising in this Province, unless they undergo an examination in addition to that by which they have obtained their British credentials; and we are confident we shall carry the voice of a very large majority of the profession with us.

C. Widmer, F.R.C.S., London.

John King, M.D.

Lucius O'Brien, M.D.

W. R. Beaumont, F.R.C.S., London.

William Telfer.

Patrick Trenor.

E. M. Hodder, M.C., M.R.C.S., England.

Charles W. Buchanan, M.D. and M.R.C.S., England.

William Hallowell, M.D., M.R.C.S., Edinburgh.

Ed. Clarke, M.R.C.S., England.

S. Robinson, M.R.C.S., England.  
 George Herrick, M.D., A.B.  
 J. Bovell, M.D., and M.R.C.P., Eng.  
 Henry Melville, M.D.  
 Thomas M. Derry, M.D.  
 John Scott, M.D., M.R.C.S., England.  
 Francis Badgley, M.D.  
 Francis F. Primrose.  
 James Hackett.  
 J. McMurray, M.R.C.S., England.  
 S. J. Stratford, M.R.C.S., England.  
 James H. Richardson, M.D., M.R.C.S.,  
 England.  
 A. M. Clarke, Surgeon, E.I.C.S.  
 W. C. Chewett, M.D.  
 Alex. Burnside, M.D.  
 R. J. Westropp, A.M.  
 James J. Hayes, M.D.  
 C. S. Eastwood, M.D.  
 John Cronyn.

For the information of our subscribers,  
 we now copy from the *U.C. Journal*

THE PROPOSED BILL.

*AN ACT to Incorporate the Members of the  
 Medical Profession in Upper Canada.*

WHEREAS the laws now in force in Upper Canada for regulating the practice of Medicine, Surgery, and Midwifery require amendment; And whereas it is highly desirable that the Medical Profession of Upper Canada aforesaid be placed upon a more efficient and respectable footing, and that better means should be provided for the conviction and punishment of persons practising the same without proper authority; and also that the said Medical Profession of Upper Canada be empowered under certain restrictions to frame its own statutes for the regulation of the study of Medicine, to grant the power to practise Medicine, Surgery, and Midwifery to properly educated and qualified persons, and to frame and pass Bye-laws for its own government: Be it therefore enacted, &c.

I. That from and after the passing of this Act, the Act of the Legislature of Upper Canada, passed in the eighth year of the reign of His late Majesty King George the Fourth, and intituled, "An Act to amend the laws regulating the practice of Physic, Surgery, and Midwifery in this Province;" and all other Acts, and parts of Acts in any manner relating to the practice of Physic, Surgery, and Midwifery in Upper Canada, or in any manner relating to the mode of obtaining licenses to practise Physic, Surgery, or Midwifery therein, shall be and are here-

by repealed, except in so far as relates to any offence committed against the same or any of them before the passing of this Act, or any penalty or forfeiture incurred by reason of such offence: Provided always, that the Act of the Session held in the fourth and fifth years of Her Majesty's reign, intituled, "An Act to enable persons authorized to practise Physic, Surgery, and Midwifery in Upper or Lower Canada, to practise the same in the Province of Canada," shall not be repealed or affected by this Act.

II. And be it enacted, &c., That all persons resident in Upper Canada, and licensed to practise and actually practising Physic, Surgery, and Midwifery therein, at the time of the passing of this Act, shall be, and are hereby constituted a body politic and corporate, by the name of the "College of Physicians and Surgeons of Upper Canada;" and shall by that name have perpetual succession and a common seal, with power to change, alter, break, or make new the same; and they and their successors, by the name aforesaid, shall be able and capable in law to have, hold, receive, enjoy, and possess and retain for the ends and purposes of this Act, and for the benefit of the said College, all such sums of money as have been or shall at any time hereafter be paid, given, or bequeathed to and for the use of the said College; and by the name aforesaid shall and may at any time hereafter, without any letters of mortmain, purchase, take, receive, have, hold, possess, and enjoy any lands, tenements, or hereditaments, or any estate of interest derived or arising out of any land, tenements, or hereditaments for the purpose of the said College, and for no other purposes whatever; and may sell, grant, lease, demise, alien, or dispose of the same, and do or execute all and singular the matters or things that to them shall or may appertain to do: Provided always, that the real estate so held by the said Corporation shall at no time exceed in value the sum of  
 pounds.

III. And be it enacted, &c., That from and after the passing of this Act, the persons who compose the College of Physicians and Surgeons shall be called "Fellows of the College of Physicians and Surgeons of Upper Canada."

IV. That the affairs of the said College shall be conducted at the city of Toronto, by a Board of Governors, who shall be elected biennially from among its fellows, in the manner hereinafter mentioned; that is to say, six from among its fellows resident in the city of Toronto, four from among its

fellows resident in the city of Hamilton, and four from among its fellows resident in the city of Kingston, and two from among its fellows resident in each of the Counties or Ridings into which Canada is at present or may hereafter be divided.

V. And be it enacted, &c., That the election of Fellows to serve on the Board of Governors shall be conducted in the manner following, that is to say, either on the day upon which the election of municipal officers takes place, or on some day of the week previous thereto, each Fellow of the College residing in the Cities, Counties, and Ridings respectively, shall personally tender his vote according to the form to this Act appended, in duplicate, in writing, with his name thereto subscribed, and containing the names of the Fellows for whom he votes as Governors, and the grounds on which he claims so to vote, to the Clerk of the respective City or Township in which the voter may reside; one of which votes shall be filed on the records of the said City or Township, and the other certified by the aforesaid City or Town Clerk shall be by him transmitted forthwith to the President of the College for the time being.

VI. And be it enacted, &c., That upon the receipt of the said City and Township returns it shall be the duty of the President for the time being, with such members of the Board of Governors as shall be by them elected to serve with the said President as a Committee for the purpose, to enter upon a scrutiny of the votes and decide upon the validity or otherwise of all doubtful ones, and upon the eligibility of the persons voted for as aforesaid.

VIII. And be it enacted, &c., That it shall be the duty of the President for the time being, with such members of the Board of Governors as shall be elected by them to serve with the said President for the time being, as a Committee for the purpose, to prepare a general, final, and alphabetical roll, according to the form to this Act appended, for each City and County, from the County returns made therefrom.

VII. And be it enacted, &c., That it shall be the duty of the President for the time being to make out alphabetical certified lists of the Fellows of the College duly elected as Governors in the manner aforesaid, and to file one such list in the archives of the College, and also to transmit one such list duly certified by him to such City or Township Clerks as shall have made their returns as aforesaid, which City or Township Clerks shall file the said list

among their respective archives and transmit a copy of the same to each Fellow of the College who may have voted as aforesaid in their respective Cities or Townships.

IX. And be it enacted, &c., That should any person elected as Governor as aforesaid, in writing, decline to serve, then it shall be lawful for the said Board of Governors when constituted to elect any other Fellow in his place.

X. And be it enacted, &c., That from and after the passing of this Act, no person shall be permitted to practise Physic, Surgery, or Midwifery in Upper Canada, unless he be a Fellow of the said College, or unless he obtain a diploma from the Medical Board, under a penalty of five pounds currency for each day on which any person shall so practise contrary to the provisions of this Act; and such penalty shall be recoverable on the oath of any two credible witnesses, before any Justice of the Peace for the County in which the offence shall have been committed; and in default of the payment of such penalty on conviction, the offender may be committed to the common gaol of the County until the same be paid: Provided always, that nothing herein contained shall extend to prevent any person duly authorised to practise Physic, Surgery, or Midwifery in Lower Canada from practising the same in Upper Canada, according to the provisions of the Act passed in the session held in the fourth and fifth year of Her Majesty's reign, intituled, "An Act to enable persons authorized to practise Physic or Surgery in Upper or Lower Canada to practise in the Province of Canada."

XI. And be it enacted, &c., That the Board of Governors when so selected shall form and are hereby declared to be the Medical Board of Upper Canada; and they shall meet twice in every year, namely, on the first Wednesday in the month of May, and on the last Wednesday in the month of October, at the city of Toronto, nine to be a quorum, for the purpose of examining all persons intending to study or practise Medicine, Surgery, or Midwifery, for granting diplomas for the practice of Medicine, Surgery, and Midwifery, and for transacting all such other business as may be necessary and provided for in this Act.

XII. And be it enacted, &c., That all persons holding a diploma from any University or College in Her Majesty's dominions, by which University or College the diploma of the Medical Board appointed under this Act shall be recognised and re-

ceived, shall be entitled to a diploma from the said Medical Board to practise, without any examination, but upon presenting their credentials from the aforesaid British Universities or Colleges, and satisfying the Medical Board as to the authenticity and genuineness of the same.

XIII. And be it enacted, &c., That the said Board of Governors shall have the power

*Firstly*—To make rules and bye-laws to regulate the study of Medicine, Surgery and Midwifery, as to the preliminary qualification, duration of study, and curriculum to be followed by the candidate applying for a diploma to practise: Provided always, that such rules shall not be contrary to the provisions of this Act.

*Secondly*—To make all such other rules and regulations for the government and proper working of the said corporation as to the members thereof may seem fit and expedient: Provided always, that nothing contained in this Act or in such rules or bye-laws shall be construed to affect any person who may have commenced the study of Medicine prior to the passing of this Act, in as far as the preliminary qualifications, curriculum of study, or duration of study may be concerned.

XIV. And be it enacted, &c., That no bye-law, rule, or regulation shall be passed, repealed, or amended by the aforesaid Board, except a notice of at least six months be first given to the Fellows of the said College, with a copy of the intended proceedings; such notice and copy to be transmitted by the Secretary or other proper officer appointed by the Board through the post-office.

XV. And be it enacted, &c., That the first election of Governors shall take place in the manner aforesaid on a day to be named by the Governor-General immediately after the passing of this Act; and the Governor-General shall issue his proclamation naming the day on which such election shall be held as well as appointing the first President of the College and a Committee of five of its Fellows, who shall in all respects proceed to scrutinize the City and Township returns, and to perform the other duties as hereinbefore provided for to be done by the President of the College for the time being and the Committee elected by the said College; and the said President so named by the Governor-General shall preside over and organize the first meeting of the said College to be held on the last Wednesday in the month of October, one thou-

sand eight hundred and fifty-one, after which his authority and that of the Committee appointed with him by the Governor-General's proclamation shall cease and determine.

XVI. And be it further enacted, &c., That the President for the time being and the Committee of scrutineers who shall be selected by the Board to conduct the proceedings of the biennial elections shall continue in office until the election of their successors by the said College.

XVII. And be it enacted, &c., That this Act shall be a public Act, and taken and received as such in all Courts of Justice and by all persons in this Province.

#### *A Row in the Enemies' Camp.—*

In a previous number we have adverted to the fact, that two measures were to be submitted to the Legislature—the one, the examination of graduates of the Canadian Universities by the Medical Board; the other, the conferring upon the French Canadian School of Medicine of Montreal the privilege of granting diplomas. The gun thus double shotted is the more likely to hit. Like Dr. Paris' Apothecary, the enemy fires a profusion of shot, in order that some may hit the mark. Both of the schemes are French Canadian; and the manner in which they intend to dispose of the Universities, without even Paddy's polite "by your lavé," is, as our American neighbours would say, "a caution." Equally amusing is the certainty of success which each party boasts. Both must win; but they prefer sailing on different tacks. On one point, both are agreed—hostility to the Universities. "They hate the excellence they cannot reach." Dr. Painchaud, of Quebec, has taken Dr. Laterriere's Bill to degrade the Canadian Universities under his special protection. Like all hens during the incubating process, he has become remarkably bellicose, yet withal witty in his replies to Dr. Bibaud of Montreal, the self-avowed champion



of the other party. The *Minerve* contains a series of letters from both, in one of which Dr. P. applies to Dr. B. the quotation "asinus asinum fricat." There may be more truth than poetry in the application for aught we know or care; but we strongly suspect that it might with at least equal propriety, be retorted, (as a matter of course) *politely*, especially when we consider the *length of years (ears)* which Dr. P. has spent in the profession, this gentleman being the *Prest-Senior* and *Doyen* of Quebec, according to his own designation. The whole correspondence, however, is rich, and we have carefully filed it away for future reference. With Dr. Bibaud, however, who is a graduate of M'Gill College, we cannot part without one word; not that the University of M'Gill College values *his* friendship or *his* enmity an iota, but simply to contrast his *open and avowed "hostility"* with the affirmation which he made on the day of his graduation; after which we leave him to his reflections.

"I have already stated it, *we are the enemies of M'Gill College*, but we wish not to revenge ourselves on them, by depriving them of the advantages which they possess.—*Dr. Bibaud's Letter in Minerve, dated April 22nd, 1851.*

"Sancto coram Deo, cordium scrutatore, spondeo, me in omnibus grati animi officii, erga hanc Universitatem ad extremum vite halitum perseveraturum, &c. &c. Ita præsens spondenti adsit Numen."—*Extract from Graduation Affirmation of M'Gill College.*

It is Dr. Bibaud's business to reconcile the practice with the affirmation, *if he can.*

*The University of Toronto.*—In the *Toronto Examiner* of the 21st instant, we have perused a severe article on the University, condemnatory of a proceeding lately adopted by it, viz., the reduc-

tion of its class fees to a mere nominal sum, the object being the attraction of medical students, who have hitherto annually passed it, either for the purpose of attending the Lectures at the Toronto School of Medicine, or those in this city, in preference. If the facts stated in the *Examiner* be correct, we think that the University has acted most wrongly towards the profession, in endeavouring to educate young men for it, "*in forma pauperis*;" and we question much, if it will find its classes enriched in numbers by the adoption of any such means. One thing is certain that the practice is an anomaly, as regards the British dominions and the United States. It may find a parallel in the French Schools of Medicine, but there the practice is a compulsory one on the part of the government, and has existed from the earliest times. Students, now-a-days, are attracted to schools from no other consideration than the amount of information, practical and theoretical, which they can glean from them; and those schools flourish the most, whose lectures are deemed by them the most beneficial in these respects. The Students well know that they have to be *examined* before they can be admitted to practice, and they have, in the large majority of cases, no idea of frittering their time away. We regret the course which the Toronto University has seen proper to adopt; we consider it to be based upon a most erroneous principle, and we are much afraid that the University will find out, at a later period, and to its damage, that those lectures are not worth attending, the cost of which has been placed by the Professors themselves at a merely nominal sum. Students, although students, are reasoning beings, and they *will* ferret out motives; and divining, what may not even prove to be realities,

will pause and hesitate, then decide, and give the University the go-by, as they have hitherto done. The University should pretend to something more substantial, and found its claims on something better, than the attraction which it now offers.

*College of Physicians and Surgeons of Lower Canada.*—The semi-annual meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada, was held this day, (May 13th,) when were present:—

Drs. Nelson, Von Iffland, Jackson, Weilbrenner, Campbell, Brigham, Peltier, Arnoldi, Barty, Valois, Gilmor, David, Sutherland, Chamberlin, Russel, Michaud, Holmes, Glines, Hall, Marsden, Kimber, Fowler.

Dr. Nelson, V. P. in the chair.

The minutes of the last meeting having been read and confirmed, letters of excuse for non-attendance were read, from Drs. Blanchet, Foster, Johnston, Nault, Morrin, Sewell, Bouthillier, Badeau and Dubord. After some preliminary business, the following gentlemen presenting Degrees from M'Gill College, were duly sworn and granted their Licenses:—

Duncan McCallum, M.D.; George Leclerc, M. D.; Peter O'Carr, M. D.; S. T. Brooks, M. D.; Chs. E. Casgrain, M. D.; Geo. McMicking, M. D.; Onesime Bruneau, M. D.; J. W. Mount, M. D.; J. J. Blacklock, M. D.; Robert Walker, M. D.; W. H. Hingston, M. D.; and Mr. H. T. Lamplough, with his diploma from the Pharmaceutical Society of Great Britain, was granted a License to practise as a Druggist.

The Board then proceeded to examination, when the following gentlemen were granted Licenses, viz:—

Messrs. Chas. Deguise, Alexander Munroe, Pierre Lefort, Thomas S. Parker, Addison Worthington, Horace S. Brown, Helarian, Blanchet, Asa Landon, Gaspard Dauth, Gustavus Cox: and five gentlemen were rejected.

The following gentlemen were duly admitted to enter upon the study of Medicine, viz:

Messrs. Chas. Belhumeur, Ovide Gauvreau, Dan. Arnoldi, Onesime Peltier, Jules Leblanc, Geo. Van Felson, Antoine Desaulnicr, Guillaume Robillard, Michel Gaudet: and three were refused.

Drs. Holmes and Kimber were named to examine the Treasurer's books and accounts—and reported them correct.

On motion, the likeness of the late Dr. Arnoldi, painted for the College under directions of a Committee, was entrusted for the present, to the care of the Treasurer, with instructions to him to have it always present at all the meetings of the College.

A. H. David, M. D.,

*Secretary.*

#### *Ignorance of French and English.*

—At the late semi-annual meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada, two young gentlemen were refused admission to the study of medicine,—the one a Canadian, for ignorance of the English language, the other, of English descent, for ignorance of the French language. The Act of Incorporation is precise upon this point. It states, “that the qualifications to be required by the Board of Governors, from a person about to commence the study of medicine in this Province, shall be: a good moral character, and a competent knowledge of Latin, History, Geography, Mathematics, and Natural Philosophy; and that from and after the end of the year, one thousand eight

hundred and fifty, a general knowledge of the French and English languages shall be indispensable." We understand that the two gentlemen, who were thus unfortunate, passed otherwise very creditable examinations. But the Board had no other alternative than to carry out the law, and we state these facts as a warning to students.

*Convocation, University of McGill College.*—At the convocation held on Thursday, May 8th, the following gentlemen were admitted to the degree of M. D. The valedictory address was delivered by G. W. Campbell, M. D., Lecturer on Surgery. With the names of the gentlemen, we subjoin their residences and the subjects of their Theses :

R. C. Weilbrenner, Boucherville, C. E., on Difficult Labour; Peter O' Carr, Simcoe, C. W., on Diseases of the Bones; W. H. Hingston, Montreal, C. E., on Plethora; G. M. McMicking, Chippewa, C. W., on Puerperal Fever; Robert Walker, Simcoe, C. E., on Intermittent Fever; S. T. Brooks, Sherbrooke, C. E., on Hæmoptisis; J. J. Blacklock, Cornwall, C. W., on Epilepsy; George LeClere, Montreal, C. E., on Apoplexy; Onesime Bruneau, Montreal, C. E., on Cancer; Chas. E. Casgrain, River Ouelle, C. E., on Epilepsy; John W. Mount, Mascouche, C. E., on Tetanus.

The three last were students from the School of Medicine of Montreal.

On the same occasion, Mr W. Molson, was admitted to the degree of B. C. L.

*Nominations in Faculty of Medicine—McGill College.*—W. E. Scott, M. D., has been nominated to supply the place of Dr. Arnould in the vacant Lectureship of Forensic Medicine; and Dr. W. Wright has been nominated Demonstrator of Anatomy, in place of Dr. Scott.

*The Medical Board of U. C.*—Rows are now the order of the day, and a signal one has occurred between the Medical Board of U. C. and the members of the Toronto School of Medicine. Several students of the latter school, intending to present themselves before the board for License, applied to have certain of the Lecturers of the School admitted to their examination—which was certainly a reasonable request—and which, we think, ought not to have been objected to. But the Medical Board, after a day's deliberation, thought otherwise, and a notification to that effect was served. Now, the Medical Board was either right or wrong. Absolutely they were right. The board has it in its power to render its examinations either *private* or *public*, as it thinks best. The Board voted for *private* examinations; and, although we do not agree with it, as regards the policy, yet we do consider that it had a perfect right to do so. At the College of Physicians and Surgeons here, Medical men, not members of the Board, are never denied access to the examinations. At the last meeting, a large number, not members of the board were present, and we were pleased to see it.

It will be satisfactory to the public to know, that Mrs. Buchanan has been succeeded in the University Lying-in Hospital, by Mrs. Smith, a properly qualified Midwife, who received her diploma in Edinburgh—has been fourteen years in respectable practice, and is favorably known to some of the first physicians of Montreal.

Mrs. Buchanan's resignation, caused great regret to all interested in the University Lying-in Hospital, and it is the intention of the Committee of Management, to present her with a testimonial as a mark of their approbation and esteem.

*Homœopathic Conversation*—A few days since, when the several delegates from Upper Canada to the Church Union, were in this city, a Rev'd gentleman passing along King street, by chance espied the name of Thomas Gamble, homœopathist. It forcibly struck the Rev'd gentleman, that perchance the said Thomas Gamble, might be a cousin of his own—recently imported from Ireland. Accordingly, he essayed to make the acquaintance, when the following conversation occurred between them :

*Rev. Gent.*—Once upon a time I had a cousin, of the name of Thomas Gamble.

*Homœopath.*—And sure enough I am the boy, jist out from Ireland.

*Rev. Gent.*—And how do you get along, Tom? When I last saw you, you were a Methodist.

*Homœopath.*—I now calculate I am a Baptist, and manage to keep my family quite well; I have eighty patients and have cured them all.

*Rev. Gent.*—Sure, Tom, it is just showing them the physic you are.

*Homœopath.*—That is all that is necessary now-a-days, for when they're really sick they don't come to me, but when they fancy themselves sick, I manages to cure them quite readily. They are the best patients; they tries to humbug me, but, I humbugs the cash out of them and that's the point you know.—*Communicated.*

OBITUARY

At St. Eustache, on the 24th April, last, of Pththis Pulmonalis, Severe Dorion, M. D., aged 29 years.

METEOROLOGICAL REGISTER at MONTREAL, for the Month of APRIL 1851.

DATE.	THERMOMETER.				BAROMETER.				WIND.			WEATHER.		
	7 A. M.	3 P. M.	10 P. M.	Mean.	7 A. M.	3 P. M.	10 P. M.	Mean.	7 A. M.	3 P. M.	10 P. M.	7 A. M.	3 P. M.	10 P. M.
1	+35	+47	+38	+41.	30.16	30.12	30.06	30.11	W	W by N	S NW	Fair	Fair	Fair
2	" 31	" 42	" 39	" 36.5	29.95	29.66	29.45	29.69	N	S E	S SE	Fair	Rain	Rain
3	" 38	" 43	" 35	" 40.5	29.46	29.38	29.46	29.43	S	S	S SE	Clo'dy	Snow	Clo'dy
4	" 31	" 38	" 33	" 34.6	29.66	29.75	29.88	29.76	W	W	W	Clo'dy	Fair	Snow
5	" 23	" 32	" 33	" 27.5	30.03	29.84	29.70	29.85	NNE	N by E	NE b N	Snow	Snow.	Rain
6	" 41	" 52	" 39	" 46.5	29.45	29.49	29.69	29.54	NNE	S	S W	Fair	Clo'dy	Fair
7	" 40	" 50	" 41	" 45.	29.85	29.92	29.90	29.89	WSW	W by S	W by S	Rain	Fair	Fair
8	" 42	" 47	" 46	" 44.5	29.72	29.45	29.34	29.50	SSE	SE	S S W	Clo'dy	Rain	Rain
9	" 34	" 44	" 38	" 39.	29.67	29.82	29.89	29.79	S W	S W	S W	Clo'dy	Fair.	O'cast
10	" 36	" 42	" 32	" 39.	29.87	30.05	30.15	30.02	N	W	W	Rain	Fair	Fair
11	" 29	" 38	" 30	" 33.5	30.23	30.26	30.32	30.27	S E	N	N	Clo'dy	Fair	Clo'dy
12	" 26	" 36	" 27	" 31.	30.41	30.39	30.29	30.36	NNE	NNE	NNE	Fair	Fair	Fair
13	" 28	" 39	" 31	" 33.5	30.15	30.03	29.87	30.02	N	W	W	Fair	Fair	Fair
14	" 30	" 35	" 34	" 32.5	29.73	29.65	29.64	29.67	N by E	N by E	N by E	O'cast	Clo'dy	O'cast
15	" 38	" 48	" 40	" 43.	29.72	29.71	29.76	29.73	NNE	NNE	NNE	Rain	Clo'dy	Clo'dy
16	" 36	" 42	" 37	" 39.	29.73	29.65	29.67	29.68	NNE	NNE	N by E	Rain	Rain	Rain
17	" 34	" 40	" 36	" 37.	29.61	29.58	29.55	29.58	N	N	N	Fair	Clo'dy	O'cast
18	" 35	" 44	" 38	" 39.5	29.63	29.50	29.49	29.51	N	N	N	Fair	Fair	Clo'dy
19	" 37	" 46	" 37	" 41.5	29.45	29.39	29.44	29.43	N	N	N	Clo'dy	O'cast	Clo'dy
20	" 39	" 49	" 41	" 44.	29.42	29.40	29.43	29.42	N	N	N	Clo'dy	Fair	Clo'dy
21	" 40	" 53	" 42	" 46.5	29.44	29.33	29.40	29.39	NW	N W	N W	Fair	Fair	Fair
22	" 42	" 51	" 48	" 51.5	29.45	29.39	29.62	29.46	WNW	W b N	N W	Fair	Fair	Fair
23	" 43	" 60	" 44	" 51.5	29.57	29.49	29.44	29.50	N W	N W	IN W	Fair	Fair	Fair
24	" 42	" 57	" 42	" 49.5	29.56	29.46	29.52	29.51	N W	W b N	W b N	Fair	Fair	Fair
25	" 40	" 56	" 43	" 48.	29.62	29.59	29.65	29.62	W by N	W b N	N W	Fair	Fair	Fair
26	" 42	" 57	" 48	" 49.5	29.72	29.70	29.68	29.70	N W	N W	W	Fair	Fair	C lo'dy
27	" 44	" 48	" 46	" 46.	29.69	29.61	29.65	29.65	NNE	NNE	NE	Clo'dy	Rain	Rain
28	" 45	" 49	" 45	" 47.	29.67	29.70	29.76	29.71	NNE	NE	NE	Rain	Rain	Rain
29	" 43	" 53	" 47	" 49.5	29.80	29.87	29.85	29.84	S b E	SSE	SSE	Clo'dy	Fair	Fair
30	" 47	" 44	" 43	" 45.5	29.75	29.71	29.67	29.71	SE by S	SSE	SSE	Fair	Rain	Clo'dy

Therm { Maximum +61° on the 22nd, at 3 P. M.  
 Minimum, -23° " 5th, at 7 A. M.  
 Mean of the Month, +41.8°

Barom. { Maximum, 30.41 in, on the 12th, at 7 A. M.  
 Minimum, 29.33 " " 21st, at 3 P. M.  
 Mean of the Month, 29.711 inches.

