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ORIGINAL COMMUNICATIONS.

ART. XXX.—*Case of Hæmaturia, treated by Pulv. Gallæ.* By F. S. VERITY, M.D., Hemmingford.

About 7 years ago, I visited J. D., a farmer, about 60 years of age, of good constitution, though somewhat impaired by intemperate habits.—At that time, owing to diseased prostate, he failed to void his urine, and I had to employ the catheter several times. Upon ceasing my attendance, I taught him to introduce the instrument, since which time he has occasionally used it. On 19th January last, I was hastily summoned to him in the night. I reached his house about 4 A. M. He then told me that about midnight, previous to going to bed, he had used the catheter and emptied his bladder, as before, without any pain or difficulty, and then lay down; in about a quarter of an hour he became very uneasy, felt pain in his kidneys, and wanted to make water again, which much surprised him, as he had so recently emptied his bladder. He tried to introduce the instrument and failed, upon which he became alarmed and sent for me, and finished by telling me "he should burst if I did not quickly help him." His appearance at this time indicated mental and bodily suffering. His countenance was anxious, face blanched, skin cold and clammy, pulse 110 jerking and feeble, great pain in the inguinal and hypogastric regions. Upon examination I found the hypogastric region was occupied by the distended bladder, as high up as the navel, and could be felt as a round, firm and prominent tumour: the inguinal regions were full and tense. The history of the case and the symptoms left no doubt on my mind that the bladder was filled with blood. Without loss of time or any difficulty I introduced the catheter, and to my surprise nothing came away;—I withdrew the instrument and found the eye of it obstructed by a clot of blood. After clearing, I introduced it again, still nothing flowed: the poor fellow hereupon became greatly alarmed, lest he should be kept suffering until I could send home for a syringe to accomplish his relief. I now got a quill and adapted it to the

mouth of the catheter, and taking some warm water into my mouth, forcibly drove it into the bladder, when a stream of bright blood issued from the instrument until a chamber utensil was more than half filled, and the bladder emptied. While examining the blood, I was hurriedly called to my patient, who said that his bladder was again filling, and that he felt dizzy and faint; I again introduced the catheter, drew off about a pint of blood, and injected cold water into the bladder, at the same time I put a piece of ice into the rectum, a bladder of cold water to the perineum, and gave him some cold brandy and water, and sent off for some pulv. gallæ. In ten minutes he rallied and said he was easy; it was very apparent, upon examination, that hemorrhage was still going on, but as he was comparatively easy, I did not again disturb him, and resolved to await the effects of the astringent I was going to administer. In about 2 hours I gave him pulv. gallæ. 3ss., and at the expiration of another hour ten grains more. His bladder was then emptied, and I had the satisfaction of seeing the blood well diluted with urine. I waited 5 or 6 hours with him, again used the instrument, when urine flowed very slightly tinged with blood. At the end of 24 hours his urine was clear and without a trace of blood in it. After he recovered from the effects of the loss of blood, he was as well and hearty as ever, and up to this time has never seen the appearance of blood, although he uses the catheter once and sometimes twice a week.

In many cases of hæmaturia it is often difficult to say with certainty from what part of the urinary organ the hemorrhage proceeds; but in this case, the history and symptoms clearly shew the hemorrhage to have proceeded from the prostrate gland, which was probably injured that night in introducing the catheter. I have no hesitation in saying the man owes his life to the pulv. gallæ. The cold treatment was of very material temporary service in *checking* the hemorrhage, until the administration of the astringent, but the patient was so prostrated by the loss of blood, and complained so much of the uneasiness occasioned by the cold applications, that I was obliged to suspend them from time to time, and whenever I did so, the hemorrhage recurred; the credit of the cure is due, therefore, to pulv. gallæ., and the chief point of interest in the case is the rapidity and completeness with which the cure was effected. After the first dose the man's life was no longer in jeopardy, and in 24 hours all trace of blood in the urine had disappeared. I learned the use of the pulv. gallæ. from a hint furnished by Dr. Watson, as to the power of Ruspini's styptic, which is a solution of gallic acid in alcohol. I venture to assert that it is the most efficacious of the vegetable astringents in the suppression of hemorrhage from the urinary organs, and that any one who uses it in Hæmaturia will not be disappointed in his expectations.

ART. XXXI.—*Death from Uterine Hemorrhage.* By W. MARSDEN, M.D., Governor of the College of Physicians and Surgeons of Lower Canada.

(*Continued*)

Dr. ROY re-examined.—Being predisposed to hemorrhage, violence would have accelerated deceased's death. The convulsions were those which ordinarily precede death. He saw the tongue lacerated after these convulsions were over. If spirituous liquors had been taken by deceased, previous to her death, there would have been some odor of them.

Dr. VINCENT MARTIN deposed, that he, together with Dr. Roy, made the postmortem examination of the body of the deceased. The external marks of violence upon it may have been caused by the blows of a fist or stick. The congestion of the pia mater could not have produced death so suddenly. There was slight congestion of the lungs on both sides, but not sufficient to cause death. There were some remains of food and fluid in the stomach, but no particular odour came from them. The uterus was the same as that of a woman who had had several children, and it was contracted to its ordinary size. He found nothing in the uterus when he opened it; in the neck of it there were remains of a portion of fluid. There were marks of considerable congestion in the right iliac region; the iliac vessels, though much bruised, were not divided. There was no extravasation in the cavity of the pelvis. He opened the bladder, and no urine escaped from it. He attempted to discover some arteries, from the rupture of which so great a quantity of blood escaped, but without success. The congestion in the right iliac region may have been caused by a blow or a fall. This congestion could have produced a great flux of blood. The hemorrhage was the cause of death. Considering the general condition of deceased, the bruises, &c., it would be difficult for him to say that deceased died from natural causes, and therefore it was that he was of opinion that she died from acts of violence. Had deceased been predisposed to hemorrhage, acts of violence would have accelerated her death.

Cross-examined.—The hemorrhage could have been produced by deceased's falling down stairs, though in such a case there would likely have been some excoriation or abrasion of the skin.

Dr. JOSEPH MORRIN had heard the most of the medical evidence, and would say, from the facts sworn to by the medical men, that the deceased died from uterine hemorrhage. He had reason to believe that the hemorrhage had been caused by acts of violence or wilfulness. There was a predisposition to hemorrhage in deceased, and any violence might have increased it. He had never known a case where uterine hemorrhage, from natural causes, was fatal; violence, whilst such he-

morrhage was taking place, would accelerate death. From the testimony adduced, he could not assign any cause of the hemorrhage in this case. The knee of a person pressing against a particular part of the body might produce it, and yet leave no external mark of violence.

Dr. JEAN BLANCHET deposed, that from the facts sworn to by the medical gentlemen who made the post mortem examination of deceased's body, he was of opinion that the hemorrhage was caused by acts of violence.

Dr. JAMES SEWELL had heard the evidence in the case. The deceased died from excessive uterine hemorrhage. He had known cases of hemorrhage of the same kind occur without being able to assign any cause for it. In cases of the same description to arrest the hemorrhage plugging of the vagina is resorted to. He had never seen a case in which death occurred from hemorrhage. Wine, brandy, or other stimulant, combined with complete rest, is the treatment followed in cases of the description of deceased.

Dr. LANDRY not having been examined by Mr. Solicitor-General Ross for the Crown, was placed in the witness box by the Defendant's Counsel, Andrew Stuart, Esq., and deposed to the fact that spirituous liquors pass rapidly from the stomach into the system, having recently examined the body of a person who died drunk, and yet no traces of liquor were discovered in the stomach.

Dr. WM. MARSDEN deposed that he had heard the evidence of Drs. Martin and Roy. The immediate cause of death was hemorrhage, the remote cause, he believed, to have been the deceased's habits. The period at which the hemorrhage took place was a critical or likely period. He was of opinion that there was impregnation at this early period, in which opinion he was confirmed by the fact of coagulable blood being so copious. The pains in the loins and back were such as frequently exist at an early period of gestation. Impregnation often takes place immediately after a miscarriage, where lactation does not occur. Intoxicating drinks, violence, mental excitement, or passion will produce hemorrhage, or aggravate it. Among the essentials in the treatment of such hemorrhages, are, total and complete rest and quiet, bodily and mental, the horizontal position, &c. He regretted to differ in opinion with Dr. Blanchet, for whose judgment he entertained the highest respect, but he did not think that any or all the injuries put together were sufficient to have caused death. The hemorrhage alone was the immediate cause of death. He did not think that the injuries were the direct cause of the hemorrhage. The deceased was of hemorrhagic temperament, and died from uterine hemorrhage, for the arrest of which proper and efficient means were not used. He attributed the hemorrhage to a

combination of causes, and among them the chief was drink and its consequences. Death might result from spontaneous hemorrhage alone.

In order to appreciate the medical testimony, it will be necessary to say a few words about the evidence of the non-medical witnesses. I have already said that it was of a most partial character, and they all, both male and female, seemed to have made up their minds that the prisoner was a brutal monster, although the only act, even of *unkindness* towards the deceased was, having, on the morning of her death, *pushed* her from the door as if to get her into the house. On the defence it was proven that prisoner was uniformly kind to deceased, who, on the contrary, was much addicted to drink, neglected her domestic duties, frequently leaving prisoner either to cook for his children himself, or get some neighbor to do so. That deceased had frequently struck the prisoner, and he had never resented it, and that she had occasionally barred him out of his own house at night, so that he was compelled to sleep at a neighbor's, unless he had broken into his own. A witness from an adjoining parish proved that he had called at the house of prisoner, on the morning of the death of deceased, on his way from Quebec, and that he found her intoxicated at 8 o'clock in the morning, and *blood flowing from her as she staggered across the floor*, and that he, witness, prevented her from falling into the cellar, the trap-door of which had been opened to bring up something for witness. It was also proved that the marks and bruises which one of the above-named medical gentlemen declared were recent, "and had most likely been caused the same day!" had existed for several days. The push referred to was such an one only as was necessary to remove an unfortunate creature from the door, where she was exposing herself in a state not fit to meet the public gaze.

There are several points of pathological interest in this case which it will not be possible to touch upon in this paper as I desire, without making it too long, but I purpose resuming it in your next. It establishes the necessity of the Coroner being furnished with competent and disinterested testimony; that is, testimony unbiassed by any local prejudices or knowledge, but what the evidence before a jury never brings forth. In the present case, such testimony would have prevented the immense cost to the Province, and the harassing persecution of a public criminal prosecution. The medical evidence, also, or medical notes of the gentlemen examined before the Coroner, seem to have been very lously taken, as one gentleman swears that there was no hemorrhage from the bladder, although it *was not opened*, and the other states distinctly that it *was* opened. Such errors, (for errors there evidently are,) are not creditable to the profession in any case; but more especially so where life and death are involved.

One of the medical gentlemen swears that the violence was the cause

of death, although the injuries were afterwards proven not to have been of recent origin.

(*To be continued.*)

ART. XXXII.—*Short Sketch of an Epidemic of Scarlet Fever, with a few general Remarks.* By JAMES BARNSTON, M.D., Edin.; Extr. Member of the Royal Medical Society, Edinburgh; Member (ex officio) of the Parisian Medical Society, &c.

I am induced to submit the following outline of the origin and progress of an epidemic of scarlet fever which lately appeared in Selkirk, in the south of Scotland, as it presents many points of importance to interest the medical man. Having possessed a favorable opportunity of observing it from the commencement to its termination, its leading characteristics were faithfully noted down at the time; and however imperfectly they be now conveyed, I trust they will prove in themselves sufficiently interesting to the reader.

During the month of May, and previous to this period, the town of Selkirk, was considered very healthy, in spite of much variable cold and stormy weather. Subsequent to these atmospheric changes, which are common in spring, in situations so highly elevated, a genial warmth succeeded, accompanied by dampness and occasional rain. It was at this time that scarlet fever made its first and unexpected appearance, by attacking, simultaneously, three families living at some distance from each other in the town. In one of these families, all the children, six in number, labored successively under the disease, which affected two of them very severely. The two children of the second family—both under two years of age—took the disease; the eldest in the malignant form, which proved fatal. The only child of the third family, who lived in another part of the town, was seized with the typhoid variety—which also proved fatal in this case.

The disease next appeared in a family who lived a mile and a half distant from the town, and whose communication with it was entirely cut off. Here seven out of eight, including the mother, suffered from the disease, and out of four of these cases which proved typhoid in their nature; three deaths resulted. Not to particularise any further into individual cases, the disease increased very rapidly after its commencement. It was not observed to localise itself in particular localities, and gradually spread from one house to another in the neighborhood; so far from this, the epidemic diffused itself widely and rapidly over the whole extent of the town, various sections of it appearing to be *poisoned*, as it

were, at one and the same time. Again, it was particularly observed that those close restrictions which many parents put upon their children in separating and confining them from the beginning beyond the boundaries of contact with others, who had either been already infected, or had mingled with the diseased. I say, these restrictions, just and appropriate as they were, proved no guarantee for their preservation and safety. Their constitutions were not proof against the infectious principle which pervaded the atmosphere throughout. To verify this statement, I select the three following cases.

The first was that of a merchant, who lived at one end of the town, and who, from the first, confined his only child at home, and carefully preserved her from any inter-communication with others; yet, strange to say, she was among the first to take the disease in that quarter, and although the fever was mild, she suffered severely from secondary symptoms.

The second was that of a gentleman whose residence was situated on an elevation at some distance from the other extremity of the town, and although he prohibited his children from overstepping the precincts of his private domain, one of them suffered from scarlatina in the form of anginosa, and hat, too, in spite of the previous administration of belladonna globules.

The third instance to be mentioned was that of another private gentleman, whose family resided two miles from town, in a fine healthy situation, yet three months' seclusion did not exempt one of his children from the disease. Nay more, this same one suffered from a second and more severe attack about a month subsequent to complete convalescence from the first.

Another feature of this epidemic, worthy of being observed, was the relationship between the evident changes in the atmosphere, and the condition of the disease, not only in respect to the numerical increase or decrease in the scarlatina patients, but also in reference to the different types the disease assumed.

At the commencement of the epidemic, the disease was very frequently of a typhoid nature, demanding the use of powerful stimulants; but as the heat of summer advanced, and the temperature of the atmosphere rose, it assumed a nature more decidedly inflammatory, in conjunction with the rapid increase in the number of persons infected. In July abundance of rain fell for a few days, followed by high winds, which effectually cleared up the atmosphere, and checked, in some measure the progress of the disease, and in no small degree diminished its intensity and virulence.

This mitigation was unfortunately, however, of short duration. At no distant period a fresh impulse was given to the extension of the disease,

which not only broke out with new vigour and intensity, but was likewise possessed of this peculiarity, viz., the invariable tendency to serious renal disorder, accompanied by inflammatory effusions; for it was especially observed that in almost every case which occurred at this stage of the epidemic, however mild the fever itself, the kidneys became prominently affected, either during the existence of the primary fever or at the first commencement of convalescence from it—exhibiting symptoms of the most decidedly inflammatory nature, and evincing the greatest obstinacy to every means of remedial treatment. A feature so marked and characteristic could not be overlooked when compared with the circumstance that, at the commencement of the epidemic, the disorder of the kidneys was slight, and effusions, partial or general, seldom or ever occurred. No change for the better took place in the epidemic till the beginning of October, when the decrease in the number of scarlatina patients became evident. From that time the disease gradually declined and dwindled away—simultaneously with a gradual variation in the state of the atmospheric constitution. The disease was not wholly confined to the town. It encroached upon some rural families living in the neighborhood—almost all within two miles of the town, excepting in one direction along the windings of the River Ettrick to the extent of twenty miles. In connexion with this part of the subject, it is peculiar to know that during the time scarlet fever prevailed in Selkirk, there appeared but five cases of it in Melrose and Galashiels, the two nearest towns to Selkirk. In the latter, whose population is twice that of Selkirk, only two instances were observed of its occurrence during the whole period of summer.

The disease was not solely confined to children. On referring to the statistical account which was carefully made, I find that the majority of those who suffered from it were under the age of six, while beyond that period the relative number of infected decreased in proportion to their advancement in age up to that of fifteen; and there were only six instances of its occurrence in individuals who had exceeded that age. I may here state, however, as worthy of observation in reference to the limited number of adults who were affected with genuine scarlet fever, that during the first two months of the epidemic and occurring afterwards, severe suppurating sore throats were very prevalent among adults, and although doubt might at first be entertained regarding the true nature of these cases, that is to say, whether they were scarlatinal or not, the whole train of evidence when combined sufficiently proves that they were local complaints, producing secondary or symptomatic disturbance in the system—at least a marked line of distinction could always be made between such cases and those of genuine scarlet fever. Occurring, however, as they did, at one and the same time, it is not improbable nor

unreasonable to suppose that the same exciting cause which gave rise to the one class of cases operated materially in the production of the other.

The main points of interest and importance connected with the history of this epidemic are as follows;—

1. The sudden and unaccountable origin of the disease.

2. Its rapid diffusion over the whole town, immediately following its induction.

3. Its introduction into many families in spite of all the appropriate preventive measures employed.

4. The remarkable relation observed between the evident changes in the atmospheric constitution and the variable condition of the disease in respect both to its limitation or extension and to the typical form it assumed.

5. The occasional prevalence of severe inflammatory affections of the throat in adults during the scarlatinal epidemic among the children.

And 6. The limited sphere of the epidemic influence which acted solely within the boundaries of this particular district, although constant intercommunication existed with the several villages and towns surrounding it.

The summary of evidence given regarding this epidemic serves to show pretty clearly the operation of atmospheric agency in the diffusion, if not the production of scarle' fever, and the exercise of its influence on the variable progress as well as the different forms of the disease.

The histories of many epidemics of scarlet fever have led some to entertain the belief that it originally sprang from a malaria or specific miasm, generated from local or accidental circumstances in the atmosphere itself. It cannot be denied that the atmosphere in certain localities may become contaminated with the exhalations proceeding from vegetable or animal matter in a state of decomposition or decay, and thus prove a source of disease. The origin of ague, or intermittent fever in malaria, as its exciting cause, is a manifest instance of this. But there is no proof whatever of scarlet fever, or any other exanthema, originating or diffusing itself in this way. On the other hand, when we analyze the respective histories of various disorders (with which scarlet fever is in this respect associated), the symptoms in each being specifically the same at all times, it seems reasonable to attribute their origin to specific exciting causes, which are primarily generated in the atmosphere at the period of their occurrence, and rapidly diffused through its medium. It is upon this supposition alone that we can at present with any amount of satisfaction account for the epidemic occurrence of many diseases, such, for instance, as catarrhs, epidemics, hooping cough, and occasionally small-pox and measles.

Respecting scarlet fever, it is well observed by Dr. J. Brown, in his article on contagion:—"Scarlatina appears suddenly in the latter end of autumn; many are simultaneously attacked, so many at the commencement of the epidemic, that it is wonderful where the foci of contagion exist to contaminate them. In its course it manifests signs of contagious power; it disappears sometimes suddenly, at others gradually, but long before subjects susceptible of the disease are wanting. No cases are seen for some months; and in the following autumn the same course is recommenced, and the same phenomena are displayed. Where lurks the poison whilst thus in abeyance, or does it exist any where?" Such phenomena, Dr. Brown suggests, displayed by some of those diseases which are contagious, tends to excite the suspicion that such causes, as atmospheric, may occasionally engender them.—(Encyclop. Pract. Med., vol. 1.)

It has been remarked by various acute observers that scarlet fever frequently arises suddenly, and rages epidemically in localities or districts where no sporadic cases have existed for a long time, even for many years, and it is equally certain that, at the present day, it does arise suddenly, and spread in the epidemic manner in various parts of the world, in localities where its previous existence was before unknown, and where its first appearance in the human subject could not in any wise be traceable to any previous exposure or communication, and since we cannot with safety adhere to the doctrine which supposes the original or primary production of the morbid germ in the system itself, it is, on the contrary, more consistent with fact and reason to regard the atmosphere as the exciting agent in generating and diffusing the morbid poison which, after its introduction into the system, produces those peculiar effects or symptoms which invariably characterise scarlet fever as a distinct disease. There is no subject, perhaps, in medical science involved in so much obscurity as the origin and nature of poisons in general, which we know to circulate through the medium of the atmosphere and produce specific effects upon the human body when introduced into the system. Our means and opportunities for investigation are but limited and uncertain, and the results of our researches, however carefully made, are liable to all those fallacies which necessarily depend upon obscure and imperfect evidence.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXV.—*The Etiology, Pathology and Treatment of Fibro-Bronchitis and Rheumatic Pneumonia.* By Thomas H. Buckler, M.D. Pp. 150. Philadelphia: Blanchard & Lea. Montreal: John Armour.

Surely that critic deserves commiseration, who, flattered by the gain of acquisition, searches its reputed hiding place till, toil-worn, his profitless labors sink into hopelessness, and no other prospect of return awaits him than "the spurns that patient merit of the unworthy takes." We appeal to our readers for their sympathy, for thus have we been rewarded by our exertions in their behalf.

Dr. Buckler, in the middle of the 19th century, would have us confess with him that the only lung affections of which we are certain are three —pleuritis, pneumonia, and bronchitis—and that our knowledge of bronchitis has not improved at all, since the time of Lænnec, (p. 20); but we do not join him in these acknowledgments, for they are too singular, and can only be true when put in the singular number and first person. He gives himself the credit of now, for the first time, elucidating the true pathology of bronchitis. With marked precision he divides the disease into mucous, or that known to other folks, and fibrous, or that they have to learn; and this last is separated into fragments such as would suggest themselves to a physician in arms.

Of fibrous bronchitis he is indeed the first elucidator, and in his work is its description ingenuously constructed and cunningly devised, there, and there only, will be found its symptoms, peculiarities and management; recorded cases and their analysis. And yet, despite of all this, we believe that he is destined to stand alone—a forlorn student, unsurrounded by supporters, and without a follower; for in lieu of the conclusiveness of reality, we have only detected the falsity of misconception.

Would it not be improbable that Dr. B., whose knowledge of chest pathology has been illustrated, should recognise a disease of common occurrence that has hitherto escaped the observation of all the great masters of the stethescope—Skoda, Grisolle, Louis, Stokes, Williams, Davies, and the rest. Would not the improbability be heightened if this disease were the very one that Andral, Recamier, Deziemier, and many others, in the look out for the visceral diseases in relation to rheumatism, had spent many wearied years in search for. Would not the chances against him increase when we knew that he was wholly unacquainted with the microscopical researches of Henlè, Gluge and Vogel, who have revealed the minutest physical conditions of the bronchial tubes in disease. And would not any possibility in his favor lose all tenability when we fur-

ther ascertained that his real claims were those of invention, vested with the flimsiness of speculation, unaided by the solidi y of duly appreciated facts, unfounded in morbid anatomy, and inferred by a wrong analogy. Such, indeed, we have found them, and unhesitatingly deny the existence of the diseases he has elucidated. Our position is maintained by the simplest proof.

Fibro-bronchitis, according to Dr. B., is seated in the fibrous and cartilaginous tissues of the tubes, p. 18, which he believes to be more frequently the seats of rheumatic inflammation than any *other white* tissues in the body, p. 125.

These passages expressly declare the site of the disease, and that it is of the nature of the tissues affected by rheumatism. Other quotations, if necessary, might have been added in confirmation. The author's belief is evident, and it is easy to conceive the happy extension—the new disease—it suggested. He has, however, been too premature in its announcement, for rheumatism is a disease peculiar to white fibrous tissue, not a strip of which is to be found in the bronchi. The walls of the bronchi are partly formed of yellow elastic tissue, which is as different to white fibrous tissue as caoutchouc is to leather, and which is never the seat of rheumatism. The two textures are as unlike in elementary constitution and physical properties as they are subservient to separate uses and distinct diseases. Had Dr. B. first made sure of the kind of fibrous tissue in the bronchi, where now would be his fibrous bronchitis? Passing from this to the other so-called site of the disease, the cartilaginous tissue of the bronchi, Dr. B. is opposed by equally insuperable objections. Cartilage never inflames, and only becomes diseased by contiguity with other textures so that as there is no adjoining tissue diseased in fibro-bronchitis, the cartilaginous structure of the bronchi cannot be involved. And again, this texture is only present in the larger tubes; it does not exist in the smaller, which, as we glean, fibro-bronchitis always, and often alone attacks. From the preceding, then, it is evident that a disease has been forced upon structures to which it has no relation, and with which it is incompatible; in consequence of an erroneous conception of their normal constitution and disposition.

Let us now turn to Dr. B.'s other disease rheumatic pneumonia. This may be dismissed with a shorter notice, for it is merely a caudal appendage to the first, without which it could not be developed, and upon the extinction of which it inevitably perishes, because "it is never idiopathic, but occurs as a secondary lesion, and is always symptomatic of and directly dependent on pre-existing fibrous bronchitis," p. 17. This simply means, as may be learned 109 pages further on, that the bronchitis, by extension, causes the pneumonia. If these were the ordinary diseases, then would we most emphatically contradict the statement; for

with Walshe and others, we hold that in the adult, idiopathic inflammation of the tubes does not pass on to the parenchyma,—inasmuch as the vascular seats of disease in the two are dissimilar and unconnected. As, however, the diseases are believed to be extraordinary and illusory, such denial is unrequired, and we let them pass without it on their road to the tomb of the capulets whither they are consigned.

In taking leave of Dr. B., we have only to say that he has evidently got hold of something. We sincerely trust he may yet understand it, and respectfully recommend him to study the modern writers on rheumatism as diligently as he has scanned some of their ancestors.

LXVI.—*General Therapeutics and Materia Medica, adapted for a Medical Text-Book.* By Robley Dunglison, M.D., Professor of Institutes of Medicine, &c., in Jefferson Medical College of Philadelphia, &c. &c. Fifth edition, with 187 illustrations in 2 vols. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

Dr. Robley Dunglison is well known to the profession; for years back he has been an indefatigable worker in its behalf. Of the very few physicians who enter the literary arena, none have left it in the same space of time with a greater number of marks of industry. He has both made books of his own and edited those of others. There is hardly a department of medicine in which he does not appear. Already do 6064 pages of print testify to his handiwork, and to his alone. Such a man commands admiration, and fixes attention upon his productions, whatever they may be.

The present volumes have been called out by the new editions of the pharmacopœias of London, Dublin, and the United States, that have lately been issued. All the works on the subject published since the fourth edition, have been carefully examined and used when demanded. Dr. D. has undoubtedly fulfilled the part of a compiler faithfully. In treating others well, we fear he has not done justice to himself. We have been astonished to discover much lack of originality, and in a gentleman of his distinction, this is truly surprising. Even subjects of common place observation, and extensible by very ordinary intelligences are treated of according as to what Drs. So-and-so say, and have found; to the exclusion of everything which the author himself must have seen and noted. For example, we are told that the general opinion of ergot is, that its operation is confined to the uterus in action; while, on the contrary, some think it is capable of originating uterine action, and inducing premature labor; but we are left in the dark as to what Dr. Dunglison believes, or must have observed. It is true we

have here a sort of epitome of the present state of knowledge on the points considered; but we would have preferred that Dr. Dunglison's experience had been thrown into the balance, so that one or the other scale might have been turned. In the physiological portion there is the same deficiency; but here, as results are more often arrived at by experiment than by experience, it might be less remarkable, were it not that Dr. D., from his position, leads us again to expect something else than disappointment. In the discussion of the modus operandi of medicines, the old difficulties of the subject, to our mind, are not cleared up. Speaking of the general action of medicines through the nerves, the experiments of Dupuy and Blake are stated; the first of which incline to the necessity of nervous agency, while the latter that absorption and circulation are competent to account for the most rapid effects. Dr. D. simply expresses himself rather in favor of the former, and then briefly gives as a reason the difficulty of conceiving any other explanation to be possible.

A prevailing fault with prolific writers is to refer the indulgent reader from the book he is engaged upon to some other of their lengthy series; it being assumed that if he have one, he is in possession of the whole. But unless he be thus fortunate, he soon feels that a mention of the source is not equivalent to a detail of the information. In Dr. D.'s present work, it is announced that chloroform has many special uses; but when we search, be it ever so diligently, for their enumeration, we are disappointed in only learning that they may be found in the author's work on *new remedies*, in the possession of which we cannot rejoice.

Dr. D. has constructed a different classification of medicines to that adopted in the earlier editions. He makes six orders of medicines; as they affect prominently the alimentary canal; the respiratory organs; the glandular organs; the nervous system; the organs of reproduction, and various organs. To these he adds two more orders of medicines, as their actions are chemical or mechanical. The last only includes demulcents and diluents: we wonder which of these would claim for its own a pound dose of crude mercury when given on mechanical principles in intussusceptio? Antilithics do not fall under the chemical, as might be supposed, but are included in a class with errhines, diaphoretics, and some others, because the three specified affect, *par excellence*, glandular organs!

Writers on materia medica do not seem to keep in view the actual wants of the student. The best production is not suited to his capacity, and cannot be used as a vade mecum, while the less ponderous falls short somewhere or other of his requirements. To the latter class belongs the treatise before us, for it is occasionally silent, though more often deficient in description of the physiological effects; chemical characteristics;

mode of preparation, and rationale of changes during formation of medicinal substances. Of this, the account of Prussic acid is a striking illustration. The toxic relations and incompatibles are also imperfectly dealt with. The discussion of drugs derived from the vegetable kingdom is much more complete than of those peculiarly inorganic.

XXVII.—*A Treatise on the Venereal Disease.* By John Hunter, F.R.S., with copious additions by Dr. Philip Ricord, Surgeon of the Hôpital du Midi, Paris, etc. Edited, with notes, by Freeman J. Bumstead, M.D., Physician to the North Western Dispensary, New York. Pp. 612. Philadelphia: Blanchard and Lea. Montreal: B. Dawson.

Hunter's work on the venereal disease, with notes by Sir Everard Home and Mr. Babington, and additions by M. Ricord, requires no lengthened notice at our hands to commend it to the favorable notice of our readers. Hunter has long been looked upon as a great authority in, what the modern school somewhat magniloquently term, the science of "syphilography." And as for M. Ricord, pox never had a more enthusiastic investigator since it first appeared as a punishment on mankind for free indulgence in erotic pleasures.

Of all the consequences resulting from an attack of gonorrhea, stricture of the urethra is certainly the most unpleasant to the patient. It is not only frequently difficult to cure, but is often accompanied by various diseases of the organs and parts in the vicinity of the pelvis, the presence of which serves to render his life thoroughly miserable. Some surgeons, indeed, assert that stricture cannot be permanently cured; that, although the canal be restored to its normal calibre by the treatment pursued, the contraction is certain to return at some future period.—Whether all permanent strictures are to be considered as absolutely intractable, is, in our opinion, a question that cannot be answered in the affirmative. Many, doubtless, are very obstinate, and resist all the means and appliances at the command of the surgeon; but there are also many which yield to continued and persevering attempts to affect their cure, Dilatation, by means of bougies, &c., as our readers are aware, has long been the favorite practice in stricture of the urethra. To meet certain cases of an obstinate nature, the following modes of treatment have been adopted and found to be more or less successful:—Cauterization of the stricture, effected by means of variously contrived urte-caustiques: deep and superficial internal incisions by means of concealed lancets, &c. &c.; rupture by mechanical dilatation. Lately,

Prof. Syme, of Edinburgh, has proposed a new treatment for obstinate stricture, which has given rise to a most virulent controversy, abounding in broad invective and spicy recrimination, anything but creditable to the parties engaged in it. From a careful perusal of all we have met with relating to this now celebrated dispute, we believe that Prof. Syme has clearly shewn, that *division of the stricture by external incision through the perineum*, is capable of effecting a permanent cure in cases that have resisted all other forms of treatment. In a recent article, published in the Edinburgh Monthly Journal, Prof. Syme says:—"Having performed the external incision in eighty cases of obstinate stricture, without hemorrhage, extravasation of urine or other fatal consequence, I think the most determined opponent to this procedure will hardly venture to plead the danger attending it as an argument against the operation." The great objection brought forward by the opponents of the operation, aside from that of immediate danger to the life of the patient, was, that the good effect observable after the parts healed, were not permanent. Relapses have certainly occurred, which Mr. S. attributes to the incision "not being sufficiently free for dividing the whole extent of the contracted part of the canal." Having experienced the inconvenience of determining the seat and extent of a stricture at the time of operation, he "tried the effect of slipping a piece of elastic catheter over the director, so as to leave it exposed three inches from the point, and thence covered up to the handle." As he found this contrivance to answer the purpose in view, he had a solid steel director made of the same form.—These directors are grooved, and used either straight or curved, according to the site of the stricture. "The slender part having been passed through the contracted part of the canal, the director is confided to an assistant, who keeps it steadily pressed down upon the stricture with one hand, while he holds up the scrotum and penis with the other. The operator then cuts through the integuments and subjacent textures until he distinctly feels the guiding instruments, when, ascertaining at once where the stricture is seated, he inserts his knife in the groove at least an inch below the thick part, runs it forward to the termination, and then, taking the director in his left hand, withdraws it, together with the knife, still held at the extremity of the groove, so as to divide the strictured parts completely, which is shewn by the thick portion of the instrument freely passing the seat of its previous obstruction, when urged towards the bladder. If the operation has been properly performed, the catheter is passed with the same facility as in a perfectly sound urethra."

Among the novelties of treatment, lately recommended for primary syphilis, that of Dr. Sperino of Turin, (Med. Chir. Review), is entitled to notice, if it were only on account of its disgusting character. He ad-

vises and practises repeated inoculations, in various parts of the body, with matter from the primary sore, to preserve the system from the effects of the syphilitic poison. M. Auzias Turenne, of Paris, who holds the same views as Dr. S., having requested the Préfet of Police, M. Pietri, to allow him to experiment on the patients in the prison of St. Lazarre, a commission, consisting of MM. Melier, Ricord, Denis, Conneau and Marchal, was appointed by that gentleman to inquire into the merits of syphilization. After a careful and patient investigation, they arrived at the conclusion "that M. Auzias ought not to be allowed to try experiments with syphilization in any public institution whatever."

XXVIII.—*A Treatise on the Anatomy, Physiology and Diseases of the Human Ear.* By James Bryan, M.D., Professor of Surgery in Geneva Medical College; Professor of Institutes of Medicine and Medical Jurisprudence in the Philadelphia College of Medicine; President of the Medico-Chirurgical College of Philadelphia, &c. &c. Pp. 124. Philadelphia: Published by the Author. 1851.

When we wrote our review on Wilde's Aural Surgery, we were not aware of the existence of Professor Bryan's excellent little work on Diseases of the Ear. Unpretending in size, it contains a great deal of valuable practical information on the subject of which it treats. The Author states in his preface, "that personal observation (which has now extended over twenty years) in his profession, has been relied on for many of the facts and principles in the treatment of aural diseases; while the best authorities have been freely, though carefully, quoted."

We cordially recommend this treatise to our readers, feeling assured that they cannot spend five shillings to better purpose than in its purchase.

CLINICAL LECTURE.

Clinical Lecture on the removal of a particular kind of Opacity from the Cornea. By H. Haynes Walton, Esquire, F.R.C.S., &c. &c.

(Condensed from the Medical Times and Gazette.)

The treament of opacity of the cornea by practical surgery is not of modern invention. Authors who are now considered too obsolete to be received as authority discuss it. Notwithstanding the misgivings in the minds of our standard writers concerning its practicability, it has, within the last few years, been discussed in France and Germany, adopted in those countries, and, still later, executed in England. I certainly re-

cognize in the measure a considerable auxiliary in the treatment of affections of the cornea. It enables us to rescue eyes from conditions that are without the pale of ordinary means.

Elizabeth Wheeler, aged 29, became a patient here in 1845; attended some months, then resorted to some other ophthalmic institution; and ultimately replaced herself under my care in the summer of last year—1852. She was virtually blind, requiring to be led, and unable to perform any act demanding eyesight. The centre of each cornea, to an extent a little beyond the pupil, was occupied by a dense opacity, slightly raised, and which gave in profile somewhat the appearance of "conical cornea." The form of each was irregularly spherical, with sharp outline. The colour, French white, with dots or mottlings, not unlike those which appear on the back of the cornea in the affection called "aquo-capsulitis." Altogether, the appearance was peculiar and striking, conveying the idea of being due to a deposit of a substance probably cretaceous. The remainder of each cornea was transparent; otherwise the eyes seemed healthy. When the pupils were dilated she could see to move about in the house alone; but there was not sufficient sight for any employment.

Reflecting on the insufficiency of previous treatment, and on the physical character of the disease, I concluded that I had before me a case that warranted operation. I decided to employ the miniature gouge in preference to the knife. I selected the right eye, picked away at the outer edge of the opacity, detaching some, and found that it was superficial, and not deeper than the anterior elastic lamina. Finding my attempts successful, the opacity reduced, and transparency of the cornea thus far restored, I repeated my little process four times, at intervals of a month, and operated twice on the left eye. Now, there was vision enough with the right for her to read large type, and with the left she could move about alone. Still, on both, especially the left, some opacity remained.

She ceased to attend me from this period till the present summer, when I operated twice more on the right eye and nearly, but not quite, established a clear cornea, a small spot of opacity passing deeper than I deemed it prudent to penetrate. The left eyeball, too, was scraped a few times, and here, also, a central deep bit resisted removal. The appearance of the eyes is now so far natural, that it needs a careful examination in a clear light to detect the remaining opacities. The form and outline of the cornea are normal, and their entire surfaces reflect the light. Vision is nearly perfect.

The first points of practical import that demand remark, are the fitness of the case for the means used, and the signs by which such cases may be diagnosed. Concerning the first, the opacity being raised, and to all appearance of an earthy nature, and superficial, induced me to interfere. I suspected that there was a circumscribed deposit of a foreign substance which could be removed, just as one would extract a particle of iron, or any other extraneous matter, imbedded in the cornea. As to the second, I trust it is sufficient to put you on your guard to prevent you from mistaking small staphylomata of the cornea or fungous growth from the conjunctiva, for this affection. Of the precise nature of the substance scraped away, I cannot speak, as neither minute chemical nor microscopical examination were made.

This class of treatment is not restricted to opacities that are raised. So long as we have tolerable assurance that the loss of transparency of a part of the cornea is due to deposit of earthy material, there can be no reason against operating, although such deposit does not interfere with the natural outline of the part. At the same time, the opposite state renders diagnosis more certain, insomuch as it goes to prove that there is some material superadded. Nor does the practice end here; it has been applied to opacities the result of cicatrices from loss of substance of the cornea, or from opaque deposit, the consequence of inflammatory attack. Mr. Wells saw Malgaigne perform his second operation, of paring opacities of the cornea, as follows:—He made an incision above the upper edge of the cornea, and divided the external laminæ. He then fixed the edge of the opaque portion with fine forceps, and on raising it, this peeled off very easily, and the separation was completed by another incision round the lower edge. Mr. Wells saw the first patient upon whom M. Malgaigne had operated six months before, and the cornea was perfectly transparent.

You should realize to your mind that this application of practical surgery has reference to a portion of the eyeball, about the thickness of one's thumb nail, and to separate the component parts of which, even on the dead eye, demands exquisite manipulation.

Let us now enquire into the conditions essential to the success of scraping the cornea. It is necessary that that portion of it posterior to the operation, do retain its transparency, and that the repair of the injury inflicted by the instrument be effected by transparent material. I strongly suspect that the perfection of repair differs in the two instances of loss of structure from ulceration and from wounds, being by far more complete in the former. That a breach by ulceration, provided it be small, which will penetrate far into the laminæ,—may even go through them,—may under favorable conditions be filled by a material in no respect inferior in transparency to the original structure, while the removal of any of the laminæ by art, or the separation of them, must be attended with the greatest risk of opacity, and that in proportion to the extent of the wound. It is said that Malgaigne sought to convince himself of its practicability by removing laminæ from the cornea of animals, and obtained success that encouraged him to operate on man. The chance of inflammation of the cornea supervening on any of these operations, and so spoiling that which had been transparent, must be taken into the general account in deciding on the mechanical treatment of opacities. The dread of this was the reason of my proceeding cautiously and in so piecemeal a manner. I have nothing to regret from my caution. But slight action followed each application of the gouge, and the effect so caused passed off in two or three days. It is probable, judging from the results of the operation, that the instrument never penetrated beyond the anterior elastic lamina. The restoration of epithelium, always rapid in slight abrasions of the cornea, was quickly effected.

THERAPEUTICAL RECORD.

(British and Foreign Medico-Chirurgical Review.)

Spasmodic Asthma.—M. Trousseau observes, that although the *modus operandi* is difficult of explanation, he has relieved many patients during the paroxysm of asthma, by the old plan of burning in the room paper impregnated with nitre.

Collodion.—Two varieties are recommended by Clarus, the first for closing wounds, and the second especially for cutaneous eruptions, in which collodion is useful. *Collodion terebinthinatum:* a scruple of turpentine dissolved in ʒi. of collodion, forms a very tough and adhesive fluid. *Collodion ricinatum*: a scruple of castor oil and ʒi. of collodion forms a thin and soft solution well adapted for the skin.

Intermittent Fever.—Two years since M. Bartella brought forward his plans for the more economical treatment of ague, by administering equal parts of sulphate of quinine and tartaric acid. He now reinforces his former statements by new facts, having treated together 208 cases in this way, 196 of these being simple intermittent, and 12 pernicious fevers. Dr. Bastille, too, who has been pursuing the same experiments, states as his conclusions—1. That sulphate of quinine given with equal parts of tartaric acid is more active than the simple sulphate: 2. As a general rule, half the quantity of quinine so combined, suffices; but in some descriptions of fever, as in the pernicious of Italy, larger doses are required.

Furunculus.—M. Nelatin observes, that the development of furunculus may be always arrested by keeping the part covered by a linen compress which has been dipped in concentrated alcohol. This must be accurately applied to the part, and care taken to keep it constantly moist, so that evaporation may be continually taking place from its surface.

Neuralgia.—Crasio recommends the endermic application of atropine; 1 grain dissolved in alcohol is mixed with ʒi. of lard and applied to a blistered surface. The belladonna soon produces its physiological effects, and sometimes these are intense. In all cases, however, the neuralgia disappears, or is much lessened.

Opthalmia: Granular Lids.—M. Hirson, who so strongly praises tannin as the most valuable astringent application in granular lids and other affections of the eye, recommends the following formula as insuring the equable diffusion and application of this substance, which, when not used in an impalpable state, may induce irritation:—Tannin 5 parts; distilled water 30; dissolve, and add 10 of gum Arabic, and strain.

Otalgia.—M. Delioux recommends in otalgia, and also in cases of tinnitus aurium, arising from excessive sensibility of the nerve, that the vapour of ether should be conducted into *the meatus by means of a small tube;* at the same time the hand is kept over the ear for five or six minutes. Absorption rapidly takes place, and a cure is sometimes at once produced. If necessary, the process may be repeated several times a day.

Incontinence of Urine.—In cases of involuntary micturition at night, Dr. Deiters praises extremely the effects of cubebs, given in tolerably large doses twice a day, for three to eight weeks. The same remedy is useful in nocturnal seminal emissions.

Creasote.—M. Arendt states that the great advantage he had derived from the use of creasote in asthma and bronchitis, induced him to employ it in various other affections, especially of mucous membranes. In *chronic varicose ophthalmia* he found from 1 to 3 drops of creasote to 1 ounce of water a valuable collyrium, dropped into the eye several times daily. *Cardialgia*, and especially the idiopathic form in women, was speedily amenable to creasote, 3 drops in sugared water relieving the severest pain, a repetition in two or three hours being rarely required. *Leucorrhœa*, whether vaginal or uterine, even when very obstinate, often yielded in a few days to a lotion of two drops to the ounce, thrown in two or three times a day. So also three or four injections usually suffice for the cure of *gleet*. In *menorrhagia* in non-pregnant women, and in some cases of hemorrhage prior to delivery, due to *placenta previa*, it has been found very useful. In some of these cases a more concentrated mixture is required, as 10 to 20 drops to the ounce.

PERISCOPE.

Male-shield-fern as a remedy for Tapeworm.—Dr. Robert Christison extols (Monthly Journal Medical Science, July, 1853), the oleo-resinous extract obtained by ether from the root of the male-shield-fern, as a more efficacious and less disagreeable anthelmintic for the expulsion of tænia, than either the kousso, the pomegranate or the turpentine. Upwards of twenty cases, have been communicated to him in which that remedy had been used, and in "every case without exception the worm was discharged after a single dose, and usually in one mass. In some, it was brought away without any laxative, and occasionally in that case with very little feculent discharge accompanying it. For the most part there was no pain or other uneasiness, either before or during its action. This was the case even in an instance in which the tendency to the disease had existed for no less than seventeen years, and in which the worm evacuated was the largest and strongest I have ever seen. Several patients, who had often previously used other anthelmintics, have noticed this absence of uneasiness during the action of the male-shield-fern, as something different from what they had experienced invariably before. It must be allowed, however, that several other individuals have complained of griping, sickness, or indescribable discomfort in the abdomen, and sometimes even of vomiting. But it admits of question, whether these occurrences depend on any direct action of the remedy on the human body, or upon the disturbed condition of the worm under the poisonous operation of the remedy on it. In fact, we have yet to learn that the male-shield-fern exerts any action on the human stomach or intestines, in the course of its deadly action on the parasitical inhabitants of them."

Dr. C. recommends twenty-four grains for a dose.—*Amer. Jour. of the Med. Sciences.*

On the internal uses of Chloroform.—By Henry Hartshorne, M.D., of Philadelphia. Since 1848, when some account was given in this jour-

nal of experiments with chloroform, internally administered, it has been variously and extensively used by practitioners in different parts of the world. It is now generally recognised as being, when so used, a narcotic of the mildest and yet most powerful character, and as possessing in its pungency, also, a quality which recommends it in some cases above other anodynes.

The object of this article is chiefly to make some remarks upon its dose and mode of administration. Many practitioners within the writer's knowledge hesitate, from their recollection of its power as an anæsthetic to give it in doses of more than a few drops; and as the drop is exceedingly small, such doses are really often insignificant. The writer can assert, from positive experience, that a fluidrachm of chloroform, taken by the stomach, is not more than equal, in soporific effects, to 30 or 35 drops of laudanum. In doses of 50 to 75 drops (about 15 minims), I have given it every half hour for several hours together. It differs from the opiate preparations in the promptness of its hypnotic action, the much shorter period of its duration, a less degree of cerebral oppression, and the absence of all stimulus to the circulation. It might be called a 'diffusible narcotic,' comparing in this respect with opium as ammonia does with alcohol. To produce much effect with it, repeated doses, at short intervals, will be necessary.

The pungent property, already alluded to, causes it to require plentiful dilution, which is, of course, facilitated by the addition of some demulcent. Perhaps the orgeat syrup is the best. Every fluidrachm of chloroform should have at least two fluid ounces of water with it when taken; and it will need, if in ordinary gum mucilage, considerable agitation to resuspend the particles immediately before swallowing. When taken in aqueous mixture alone, however, unless in very small doses, it produces nausea with some persons. This is entirely prevented by the addition of a strong aromatic, or, still better, by giving the chloroform in aromatic tincture. From the ready solution and kindred action of camphor with chloroform, their combination has become a very common one. For many purposes, however, a still better preparation is a sort of chloroform paregoric, or tincture of chloroform, *e. g.*; ℞ Chloroform ʒij; sp. camph. et tinct. opii, aa ʒiss; Ol. cinnamom. gtt. viij; alcohol ʒiij. M. et fiat tinctura. Dose from 5 to 30 minims, or more, as required.

The most admirable effects have been witnessed from the administration of chloroform, as above combined, in malignant cholera. In the summer of 1849, my attention was first called to it while attending a very severe case of cholera with the late Prof. W. E. Horner. The prompt and signal restoration accomplished in that case, from a state of collapse, was evidently due to the exhibition by Prof. Horner, every five minutes, of a few drops of a combination of chloroform, oil of camphor, and laudanum, with ice, and warm frictions, externally. The writer's conviction was very strong that the short interval between the doses was an important item in the treatment.—Ibid.

On the external application of Belladonna in Delirium Tremens. By James Grieve, M. D., Consulting Physician to the Crichton Institution, Physician to the Dumfries and Galloway Royal Infirmary.—I believe it accords with the experience of every one conversant with the manage-

ment of this peculiarly interesting malady that, during the second or developed stage, so graphically described by Dr. Blake, the pupil is always more or less contracted. It occurred to me, while reflecting upon this fact, that by dilating the pupil we might so influence the disturbed visual sense as to dispel, or at least modify, those "false creations proceeding from a heat oppressed brain" which characterize this disease, and thus conduce to the comfort and tranquillity of the distressed patient. I resolved therefore to avail myself of the first opportunity to test the reality of this idea.

On the 25th of March last I was called to attend D. W., æt. 49, a man naturally of a robust constitution, but who, of late years, had been much given to intemperance. On inquiry I found that he had been more or less intoxicated for the last three weeks, that he had slept none for several nights in succession, and that the present was his fourth attack of delirium tremens. I found him suffering under great nervous excitement and commotion; labouring under all sorts of optical delusions, fancying that lizards, centipedes, and other entomological horrors were crawling in and around his bed, from which he was convulsively making vain efforts to dislodge them. His pulse was upwards of 120, soft and compressible; his whole body was bedewed with a cold clammy perspiration, and the pupils of both eyes were much contracted. Having obtained some ext. belladonna I rubbed a little on the eyelids, and remained by his bedside to mark the result. My expectations were soon more than realised, for no sooner was the physiological effect of the drug manifest in the dilated state of the pupils than the spectral illusions gradually became less and less distinct, the nervous tremors and excitement began to subside, and he soon became comparatively quiescent and tranquil. Soon after this I had the satisfaction to see him fall into the much coveted sleep. Thus I left him; and on revisiting him in a few hours I found that he had slept for two hours; his pupils were then still much dilated; his pulse was below 100, firmer, fuller, and of better character; and altogether his condition, mental and corporeal, was much ameliorated. On interrogating him about his recent hallucinations, he replied, "They were all stuff and nonsense; I see no more of them."

From data so limited it is neither legitimate nor safe to draw any conclusions as to the actions of a remedy, still I cannot help thinking that the belladonna has probably some specific effect in soothing the cerebral irritation, and inducing a quiescent condition of the nervous system. If further experience confirm the accuracy of the above observations, belladonna may yet prove the best hypnotic, not only in delirium tremens, but also in all those diseases of the cerebro-spinal system in which the primary object is to tranquilize and obtain sleep.—*Monthly Jour. of Med. Science.*

Hot Water and Soap in Ptyalism.—A great variety of remedies have, from time to time, been employed in the treatment of ptyalism, every practitioner having his own favorite remedy. Tar water, solution of creosote, lead water, sumach root tea, sage tea and honey, alum, spts. turpentine, &c., have each acquired more or less reputation in the hands of different practitioners; but we have never been satisfied with any of

these remedies, though we have repeatedly prescribed them. Very recently, having to treat a very severe case of accidental ptyalism, we prescribed a *hot* solution of soap. The patient was suffering with severe pain of the gums and copious salivary discharge—a few drachms of spirits of soap were added to one pint of *hot* water, and the patient directed to take it into the mouth, as hot as he could bear, and retain it until the surplus heat was exhausted, and repeat for an hour, allowing an interval of half an hour for rest. At the end of twelve hours, we had the gratification to find the patient almost entirely relieved of the pain—the swelling and redness of the gums and soft parts about the mouth rapidly diminished, and in a few days, by the persevering use of the hot water, the patient was free from all uneasiness about the mouth.

The first effect of hot water in mercurial sore mouth seems to be relief from the painful distension of the soft parts; and secondly, an anemic condition of the blood vessels from contraction or collapse of the capillaries. The stronger preparations of soap are powerfully astringent—the kind used in preparing the spts. sapo. was the Castile; it may be that turpentine soap is preferable.—*Southern Jour. of Med. and Phys. Science.*

Mammary Abscess, treated with Iodide of Potassium. By J. Y. Carithers, of Hendricksville, Ala.—Mrs. S., on the fifth day after being delivered of her second child, complained of pain in her left breast, which suppurated, in despite of the efforts made to prevent it. The abscess was opened and a large quantity of pus discharged; but this gave relief only for a short time, after which other portions of the gland became indurated and proceeded to suppuration, requiring to be punctured. The usual antiphlogistic treatment was tried with only partial relief, when the following treatment was adopted:—Three grains of iodide of potassium to be taken in solution morning and night, and to use as a local application the ung. iodini; her diet to consist of nothing but rice. In a few days relief was evident. This treatment was continued for twenty days, when all signs of soreness disappeared. The lady is now suckling her child with no inconvenience, four months having elapsed since the accident.—*Southern Med. and Surg. Jour.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

CHOLERA—NECESSITY FOR A CENTRAL BOARD OF HEALTH.

Since the last epidemic visitation of cholera, cases have occurred sporadically during the summer months in our large cities. The undetectable cause of this dread disease, whatever it may be, appears to have lurked in certain localities, bursting forth under favoring circumstances

and exhibiting its innate and undiminished malignancy by prostrating its victims in a few brief hours. These localities have always been distinguished for their defective sanitary condition; they are the favorite haunts of typhus, dysentery and diarrhœa; and the inhabitants, as a general rule, are noted for uncleanly and dissipated habits. We have heard physicians express the opinion that, judging from its annual reappearance, Asiatic Cholera was becoming a local disease; and that, in all probability, it would diminish in fatality, and never again pass through the Province, carrying death and sorrow in its train. Similar opinions prevailed to some extent in Great Britain, but recent events have exhibited their utter groundlessness. An epidemic of cholera has, during the last year, been passing with slow but certain steps through the Eastern part of Europe. Russia, Poland, Denmark, Sweden, Prussia and England have been successively visited. From east to west, as heretofore, it has undeviatingly pursued its course. The shores of America will be invaded next spring, if it be true to its antecedents. Now this epidemic differs in no respect from previous ones. It is equally as fatal, the mortality amounting to fully 60 in every 100 seized; it is quite as uncontrollable by all forms of treatment as yet adopted, and it exhibits the same predilections for filthy, ill-drained places—filthy, ill-ventilated, over-crowded houses, and poor, miserable beings, with the vital powers below par.

If all the investigations into the nature and causes of cholera have been entirely barren of results, the observation of its progress and development, and the study of its history have made us acquainted with some important facts. In the first place, we have learned that *cholera can be arrested*. It is now admitted that the vast majority of cases of cholera begin with simple diarrhœa. When seen in this stage, and proper remedies administered to check the inordinate dejections, the chances are that the disease will not proceed to the stage of collapse. Secondly, That when it has advanced to the stage of collapse, the probabilities are that it will eventuate in the death of the patient. Thirdly, That hygienic regulations strictly enforced among communities, have a great influence in limiting the extent of its ravages. With a knowledge of these facts, and in the almost certain prospect of a speedy visit from this dreadful scourge, a fearful responsibility rests on our Provincial Government. Inaction, under these circumstances, becomes criminal. It is no time when the disease is in our midst, committing havoc in our families, to adopt measures to keep it out. The time of panic and confusion is not the time for well-directed and effective action. Besides, the duration of the epidemic is so short, measures adopted to diminish its virulence, on its first appearance, are scarcely brought to completion, ere the disease has expended itself. We are left to mourn our dead with the anything but consoling reflection that, had the same amount been expended and the

same steps taken at an earlier period, *before* the disease manifested its presence, many valuable lives would have been saved.

A Central Board of Health, with power to appoint local boards throughout the Province, should at once be established. A rigorous investigation of all the cities and towns, more particularly their suburbs, should be instituted under the direction of this board. At this season of the year, masses of animal and vegetable matter in a congealed state, admitting of easy removal, are to be seen in the yards and enclosures of the various suburbs of our cities. If left to the summer, the putrefactive process sets in, giving rise to gaseous emanations which are exceedingly deleterious to the health of all within their influence. An effective system of drainage, for the purpose of removing stagnant pools of water, should be put into operation early in the spring. People should be obliged to thoroughly cleanse and whitewash their habitations. All public drains and sewers should be cleansed, and care taken that they have free vent. A plentiful supply of fresh, pure water should be afforded to the poorer portion of the population. And lastly, preparations ought to be made for a medical house-to-house visitation. Of all the means adopted in Great Britain to check the progress of the epidemic, "visitation" has been the most efficient.

We hope to see this matter taken up immediately by those in authority, for should cholera visit us in our present unprepared condition, a great mortality would inevitably be the consequence—a mortality, moreover, which we firmly believe may, by the timely adoption of the measures adverted to, be materially lessened.

RECENT PATHIES.

Shroot, a German, not long since set up an establishment near Graefenburg, in opposition to Preissnitz, wherein all diseases are to be cured solely by wine and good diet. His wonderful successes have established a new system of medicine to which the name of *Oinopathy* has been given. Another pathy, as yet too embryonic for a distinctive prefix, is also receiving countenance and support in France. It owes its origin to a Prussian groom, who, wearied with cleaning the King's horses, saw in medicine a more honorable and lucrative trade, and henceforth resolved to be a blessing to the sick. His plan is to bleed—to make pills of the drawn blood, and administer them, *ubi opus sit*. *Metallopathy*, or the application of metals in the treatment of disease, upon the theory of a peculiar relevancy or specific adaptation, is receiving considerable attention. The experimenters find the results highly interesting, and full recompense for the time and labor bestowed on their attainment. A Swedish gymnast, Ling, advances *Kinesipathy* as the summum remedium,

and the advantages of energetic muscular exertions over other restorative measures, have found advocates in almost all languages. A Dr. Mayer suggests a more passive course of exercise—*Massopathy*, which he predicts will "soon become a serious art," and make those who follow it rich and esteemed.

The effulgence of these new lights is to be regretted, lest the old familiars, Dypsopathy, Homœopathy, Hydropathy, Electropathy, &c. &c., should be obscured. All, however, we believe, are destined to fade away, and in the transformations of decay, assume, by joint amalgamation, the shape of *Coffinpathy*, which, without disguise or mummery, openly repudiates medical philosophy and the experience of centuries.

Civic Honors.—We are glad to perceive that the highly intelligent citizens of the wealthy municipality of Boston do not consider the profession of medicine as one which unfits a man for occupying a high civic position. In the election of Dr. J. V. C. Smith, the learned and travelled Editor of the Boston Medical and Surgical Journal, to the Mayoralty, they have manifested their appreciation of learning and talent in a way which does them honor.

By the way, we notice in the daily papers, a numerously signed requisition to Dr. Wolfred Nelson, to allow himself to be named as a candidate for the Mayoralty of this city. As the Doctor has returned an affirmative answer to the requisitionists, it is very probable that Montreal may select her next civic chief from the ranks of the medical profession.

Mortality in the Marine and Emigrant Hospital, Quebec.—Many of our readers will remember, that in our August number, in noticing the report of the Commissioners appointed to enquire into the management of the Marine and Emigrant Hospital, we drew their attention to the great mortality which the records of the hospital exhibited—double that of similar institutions in the Province. At our request, Dr. Lemieux has kindly furnished us with monthly returns, showing the number of persons admitted into the Hospital, &c., and we are happy to perceive that the average number of deaths is now *less* than usually obtains in the practice of kindred institutions.—During the last six months, from the 3rd July to the 31st December, 1853, inclusive, there were admitted, of men, 549; women, 134; Children, 28—in all 711. Out of this number 38 died; or, on an average, 1 to 18.7 admitted. This is a striking improvement on 1 to 5.57, the statement made in the report of the Commissioners, and we congratulate our *confreres* on the fact.

ADDITIONAL EXCHANGES.

The American Medical Monthly. "Non progredi est regredi." Conducted by Horace Green, M.D., LL.D.; E. H. Davis, M.D.; B. Fordyce Barker, M.D.; R. O. Doremus, M.D.; J. M. Carnochan, M.D.; E. R. Peaslee, M.D.; E. H. Parker, M.D.—Edward H. Parker, M.D., Editor. Vol. 1, No. 1. Pp. 80. New York: George P. Putnam & Co. If rapid multiplication of journals be an evidence of progress, then our professional brethren in the neighboring Republic exhibit an activity which is highly commendable. Among the many excellent periodicals, devoted to the interests of the medical profession, now existent in the United States, the American Medical Monthly will, we are confident, take a high position. The conductors are gentlemen possessing more than a local reputation, and Dr. Parker is not unused to editorial duties, having, for three years, edited with ability the New Hampshire Journal of Medicine.

The paper on which the Journal is printed is excellent, and the typographical execution is in the highest degree creditable to the publishers, Messrs. Putnam & Co.

The American Journal of the Medical Sciences.—Edited by Isaac Hays, M.D.

Worcester Journal of Medicine. Edited by Frank H. Kelly, M.D.

HOSPITAL REPORTS.

RETURN of Sick in the Marine and Emigrant Hospital, Quebec, from the 4th December to the 31st December, 1853, inclusive.

	Men.	Women.	Children.	Total.
Remained,	27	21	3	51
Since admitted,	37	13	0	50
	64	34	3	101
Discharged,	19	13	1	33
Died,	1	1	1	3
Remaining,	44	20	1	65
	64	34	3	101

Fever,	13	Fractures,	2	Mennorrhagia,	1
Inflam. of Lungs,	5	Dislocations,	1	Pregnancy,	2
Inflam. of Bowels,	2	Abscess,	2	Hypochondriasis,	1
Rheumatism,	2	Ulcers,	2	Erysipelas,	1
Syphilis,	4	Febricula,	8		

C. E. LEMIEUX, House Surgeon.

Report of St. Patrick's Hospital, from 10th August, 1852, to the 9th December, 1853.

Total number admitted—Males, 477; Females, 453; Total, 930.
Died—Males, 30; Females, 24; Total, 54.

Com. Cont. Fever,	122	Measles	4	Synovitis	6
Typhus Fever	13	Small Pox	6	Ulcers	33
Intermittent Fever	2	Chicken Pox	4	Cancer of Breast	3
Acute Rheumatism,	18	Diabetes	2	Cancer of Lips	1
Chronic do	23	Menorrhagia	1	Cancer of Tongue	1
Acute Bronchitis	27	Amenorrhœa	5	Caries of Bones of Nose	1
Chronic do	14	Chlorosis	4	Caries of Metacarpal bones	4
Phthisis	24	Erysipelas	9	Caries of Foot	1
Diarrhœa	14	Hypochondriasis	1	Deformity of Face	1
Dysentery	8	Hysterical Mania	1	Deformity of Lip	1
Pneumonia	13	Cynanche Tonsillaris	14	Mammary Abscess	4
Pleurisy	11	Chronic Laryngitis	4	Lumbar Abscess	2
Chronic do	2	Lumbago	8	Abscess of Abdomen	1
Pleuro-pneumonia	2	Pleurodynia	2	Abscess of Thigh	1
Acute Hepatitis	2	Hooping Cough	2	Abscess of Tibia	1
Chronic do	1	Delirium Tremens	6	Abscess of Scalp	2
Jaundice	7	Encephaloid	1	Spinal Disease	3
Chronic Peritonitis	2	Scabies	3	Hip Disease	3
Chronic Gastritis	2	Herpes	1	Frost Bite	6
Puerperal Fever	1	Psoriasis	1	Injury of Shoulder	1
Dropsy	8	Tinea Capitis	13	Injury of Arm	4
Anasarca	5	Lepra	1	Injury of Hand	3
Prolapsus Ani	2	Eczema	2	Injury of Forearm & hand	2
Do Uteri	5	Rupia	2	Tumor of Hand	1
Sympathetic Bubo	1	Purpura Hæmorrhagica	3	Wound of Leg	3
Nasal Polypus	1	Sycosis Menti	2	Fibrous Tumor of Leg	1
Neuralgia	5	Hypertrophy	1	Gunshot Wound of Head	1
Paralysis	4	Enlarged Tonsils	1	Injury from Gunpowder	1
Scrofula	6	Hydrocele	2	Contusions	5
Cholera	3	Worms	3	Concussion of Brain	4
Miscarriage	1	Uterine Disease	3	Burns	3
Epilepsy	2	Varicose Veins	2	Contraction of Elbow Joint	2
Urinary Disease	2	Paronychia	10	Sprain of Ankle Joint	5
Retention of Urine	2	Furunculus	4	Fracture of Clavicle	4
Constipation	6	Gonorrhœa	1	Fracture of Ribs	4
Dyspepsia	6	Disease of Prostrate Gland	1	Frac of Head of Humerus	1
Morbus Cordis	2	Influenza	5	Fracture of Radius	3
Facial Paralysis	10	Emphysema	1	Do of Radius and Ulna	4
Hæmoptysis	10	Syphilis	4	Fracture of Femur	3
Hæmatemesis	4	Secondary Syphilis	2	Fracture of Patella	1
Asthma	5	Periostitis	4	Frac of Tibia & Fibula	4
Hysteria	2	Bursitis	3	United Fractures	2

R. L. MacDonnell, M.D.
A. H. David, M.D.

Ophthalmic and Aural Wards.

Granular Lids	40	Inflammation of Cornea	12	Ophthalmitis	22
Symblepharon	2	Ulcers of do	17	Syncheia	3
Trichiasis	6	Wounds of do	3	Cataract	32
Ophthalmia Tarsi	3	Nebula of do	4	Simple Tumor of Eyeball	1
Cancer	1	Leucoma of do	5	Malignant do	1
Fistula Lachrymalis	6	Staphyloma of do	3	Deaf from Inflammation &	
Simple Ophthalmia	5	Sclerotitis	6	Suppur. of Middle Ear	8
Purulent Ophthalmia	16	Iritis	11	Thickening of Membrana	
Phlyctenular (or Strumous)		Choroiditis	2	Tympani	2
Ophthalmia	6	Retinitis	17		

Operations Performed.—Cataract, 46; Artificial Pupil, 8; Staphyloma, 8; Excision of Eyeball, 2; Extirpating Tumor from Eye, 2; Removal of Cancer, 1; Fistula Lachrymalis, 6; Trichiasis, 6; Symblepharon, 2; Foreign body removed from Iris, 1; Paracentesis oculi, 6; Cutting down to mastoid process, 4; Cutting into mastoid cells, 1; Total, 88.

HENRY HOWARD, M.D., M.R.C.S.L.

CORRESPONDENCE.

Observations on the Case of Retention of the Menses reported in the last number.

To the Editors of the MEDICAL CHRONICLE.

GENTLEMEN,—I believe few, if any, well qualified physicians, can have read the history of a case of retention of the menses in your last number without feeling with myself there was mismanagement evinced in the treatment of the case, and I cannot, as one of your readers, allow such a one to be published without at once taking exception to both the treatment and remarks on it.

I would merely state that in my opinion no physician can be justified under any circumstances in allowing a case of this nature to proceed to the eight month, or nearly so far, without fully satisfying himself and the patient's friends as to the cause of the suppression, for the following more weighty reasons (though numerous lesser ones might be mentioned):—In the first place, of course the practitioner must be acting perfectly in the dark, and consequently quite empirically. Next, the patient's life may be endangered from his neglect, as appears to have been the case in the present instance. And last, though by no means least, in my estimation is the fact, that a virtuous woman may be subject to the taunts and remarks of all who see her, and, as in the present case, even incur a father's malediction from no other fault or misfortune than the selection of a physician. And even after the case may have resulted as the present appears to have done, perfectly satisfactorily to the medical attendant and parents of the young lady, I know enough of human nature to be well aware very unpleasant rumours may still be circulated by malicious persons well calculated to embitter the future of the unfortunate patient.

Next, with respect to the remarks submitted on the case, I acknowledge I never heretofore read any of those quoted, and therefore am not prepared to dispute any but the paragraph on Lady Flora Hastings' case, which is simply untrue from beginning to end. This I can vouch for from the fact of my being at the time a pupil under, and intimate friend of one of Her Majesty's medical attendants at Windsor, from whom, as well as from other reliable sources, I learnt the whole history, it was

briefly as follows:—Lady Flora was maid of honor to H. R. H. the Duchess of Kent (not to Her Majesty), and after being absent on a visit to her friends returned to court, certainly evincing some signs of pregnancy, which, though not very manifest at the time, were observed by Sir James Clark, merely as an observer, without examination, on which he advised Her Majesty to dispense with Lady Flora's attendance at court.

She accordingly received an intimation to this effect, together with the cause of it. The lady knowing of course the injustice of the dismissal, at once put herself under the protection of her brother, the Marquis of Hastings, who insisted on seeing Her Majesty, and demanding an examination by eminent medical men. This was immediately accorded and an unanimous opinion at once expressed that the case was one of ovarian dropsy, from which disease she eventually died, though not till long after her character had been fully vindicated, as I myself saw her repeatedly afterwards riding and walking in public with Her Majesty, who, with her accustomed justice and kindness, appeared to take every means of publicly vindicating the character of the aspersed lady. As I said before I know nothing of the other cases referred to, but this one of Lady Flora's would certainly tend to confirm my remarks rather than Dr. Peltier's treatment, as had the case been allowed to proceed without an examination, very much more unpleasant results would inevitably have followed.

I am, Gentlemen, &c.,

Hatley, E. T. F. D. GILBERT, M.R.C.S.L.

[The above arrived too late for insertion in the first form, we nevertheless publish it here, and in doing so feel that it is but justice to our friend Dr. Peltier to observe that it is not at all uncommon for the circumstantial part of a case to be variously rumored, as seems to have been so with Lady Flora Hastings, while the substance is retailed unchanged; and that, with regard to the treatment of the case, we have sufficient confidence in his skill and judgment to believe that when he discovered the time for interference he would not let it pass without putting into practice the means indicated. In reply to the few remarks of Dr. G. that have been omitted, as being of a private nature, we have only to say, that Editors are too courteous and consistent to asperse such productions of their contributors as they deem worthy of publication. Nor do they hold themselves accountable for the practises and views of any other individuals than themselves. In answer to Dr. G.'s last inquiry they assure him that the facts published are credible, and that the parties concerned are or have been of the School of Medicine of this city, as the daily papers have openly stated.—EDS. MED. CHR.]

Books received for Review.—Lawrence on the Eye. A new edition, by Isaac Hays, M.D. 1854.—Bennet on the Uterus. Fourth American from the third and revised London edition. 1854.—Fownes' Chemistry for Students. A new American from the last and revised London edition. From Messrs. Blanchard & Lea, Philadelphia.—Corson on Functional and Sympathetic Affections of the Heart. From the Author.—The Medical Application of Electro-Magnetism. By Samuel B. Smith.

MEDICAL NEWS.

Mr. Walker, Secretary of State of Massachusetts, has prepared a table of the vocations as well as the ages of several thousand persons who died between 1823 and 1850, showing the following results: average age at death of farmers 63.8; professional men 57.5; merchants 51; carpenters 49.2; laborers 45.3; shoemakers 43.—Dr. Haldane has been appointed pathologist to the Royal Infirmary of Edinburgh.—M. Jacobi has invented an apparatus for employing electricity in attacking whales. By means of it, several successive shocks can be given to the huge leviathan, with the effect, it is assumed, of rendering him powerless.—M. Louis, the distinguished author of "Researches on Phthisis," &c., &c., has resigned the physicianship of the Hotel Dieu, on account of the delicate health of his only son, whose case he himself will anxiously take charge of during his residence at Pau.—Drs. Kerrieue and Pellarin have proposed that all the patients who enter the French Hospitals should be vaccinnated.—If any one should sneeze in company in North Germany, those present will say, "your good health". in Vienna, gentlemen in a *cafe* will take off their hats, and say, "God be with you"; and in Ireland, a native will say, "God bless your honor," or, "long life to your honor." In Italy and Spain similar expressions are used, and in Bengal the natives make a "salam" on these occasions. All this is owing to a popular idea of sneezing having some connection with Satanic agency.—Prof. George Hadley, of Buffalo Medical College, has accepted the appointment of Professor of Chemistry and Natural History in Castleton Medical College.—A Hydropathic School has been organized in New York. Water, of course, is taught to be the invariable remedy of every disease.—An apothecary's boy was lately sent to leave at one house a box of pills, and at another six live fowls. Confused on the way, he left the pills where the fowls should have gone, and the fowls at the pills place. The folks who received the fowl were astonished at reading the following directions: "Swallow one every two hours."—Dr. Marshall Hall has been performing vivisections on young alligators, at Charleston, S.C.—Dr. Walker, of Portland, took from the face of Mr. Gilmour, near the right eye, a porcupine's quill about two inches long. Last winter Mr. G. killed a porcupine, and in eating some of the flesh got the quill into his throat, from whence it gradually worked its way to his eye, causing him considerable inconvenience in its peregrinations.—For twelve months or more St. Louis has been blessed with extraordinary health. The deaths for the last week were only 28, in a population of about 100,000, continually recruited by Europeans.—Stockton is reported as being very unhealthy. One hundred and forty cases of chill and fever were reported in one day. This disease, says the Journal, seems to be epidemic, as almost every citizen has had more or less of it. Every countenance, almost, wears a cadaverous look, and every inquiry produces but one unwilling answer, "the shakes."—Dr. Daniell, of Grosvenor Street, London, has been for some time in a very precarious state of health, through attendance on fever from sewerage effluvia, connected with choleraic symptoms.—A committee is in the course of formation in France to promote the erection of a statue to the distinguished *savant*, the late M. Arago.—During the month of November, 1141 deaths from cholera occurred on board of emigrant ships bound from Europe to New York, and between four and five thousand were afflicted with it during the passage.—Dr. R. J. Breckenridge has been elected to the chair of materia medica, in the Kentucky School of Medicine, at Louisville, in place of Dr. E. D. Force, resigned.—Dr. Socrates Maupin has been elected Professor of Chemistry in the University of Virginia, to fill the vacancy caused by the recent resignation of Dr. J. Lawrence Smith.—Drs. Willard Parker and W. H. Van Buren have resigned their respective situations as surgeons to Bellevue Hospital, New York, and Drs. Lewis A. Sayre and John J. Crane have been duly appointed to the vacancies thus created.