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THE MEDICAL CHRONICLE.

VOL. II.]

AUGUST, 1854.

[No. 3.

ORIGINAL COMMUNICATIONS.

ART. X.—*Remarks on the Use of Ice and Cold Water in the Collapse of Cholera.* By J. M. GRANT, M.D., Surgeon 54th Regiment.

Will you allow me to make a few remarks through the medium of your Journal on a letter which I have just read in the Kingston Daily News of yesterday's date, on the subject of the saline treatment of Cholera. The letter in question was addressed to the editor of the London Medical Times, in October 1849, by Dr. Mair of this town, and is now republished by that gentleman in the Daily News, for the guidance of the Canadian public.

The saline treatment of Cholera, in all its possible modifications, and the theory on which it is based, viz., the supply of deficient salts to the blood, either immediately by injection, or more remotely by absorption, are both familiar to the profession; but the mode of treatment more particularly recommended in Dr. Mair's letter, is one with which I am not so familiar, viz., the application of ice and cold water externally, and the internal exhibition of the same remedies—"a light covering only being thrown over the body," and the use of spirits, wine, or hot drinks, being, as a general rule, "interdicted."

With reference to this plan of treatment, Dr. Mair observes:—"I have treated cases of collapse very much on the principle of frost-bite, and I have had no cause to exchange cold for hot applications." Dr. Mair has evidently fallen into the popular, but very natural error of supposing that because snow is applied, the principle on which frost-bite is treated is that of applying cold; but that this is a mistake it needs only a moment's reflection to convince us. Frost-bite generally occurs at a temperature below freezing, or even below zero. Let us suppose a part to become frost-bitten at a temperature of ten degrees below zero, it will be at once apparent that when we apply snow or ice at a temperature of thirty-two degrees to that part, we apply not cold but warmth, the application having an excess of temperature over the chill, or the absorption that

caused it, of 41 degrees. Let us now, in prosecution of the rationale of Dr. Mair's treatment, as stated by himself, turn to the result of his observations on the temperature of the surface in cases of Cholera. In three cases examined by him, the heat indicated by a thermometer in the arm-pit was 90—94, and 92 degrees respectively. In points further removed from the centre of circulation the temperature would of course be lower, so that we may take, as more favorable to his hypothesis, an average surface temperature of 70 degrees. Now, if we apply ice to a surface at that temperature, and keep it long enough applied, *we cool the surface down* 38 degrees, or, in other words, our application is 38 degrees *colder*, instead of 41 degrees *warmer* than the surface, as we found it to be in the case of frost-bite supposed, so that the parallel which Dr. Mair has attempted to draw between the treatment of frost-bite and of collapsed Cholera, by "*cold applications*," has no existence.

The pathology of Cholera is no doubt very obscure, and its treatment proportionably uncertain ; but I think that we are most likely to combat this fearful malady with success, if we take as our guide the recognized and established principles of the profession,—and I may add that I consider it most dangerous to give to the public through the medium of an ordinary newspaper any suggestions which have not these as their base, or which, on the most close and searching scrutiny, can be found inconsistent with the known laws of physiology,—I believe it will be universally admitted that the primary indication of treatment in collapsed Cholera is to *cause reaction* ; and it appears to me, that, reasoning from analogy, we can have no more hope of doing so by the application of cold than we can have of resuscitating a drowned man by keeping him immersed in cold water,—of curing a frost-bite, produced by a temperature of mercury 10 degrees, by the application of frozen mercury (39 degrees), or restoring a limb affected with senile gangrene, or the main artery of which has been tied, by "*packing in a cold, wet sheet*."

It is proverbial that "*Doctors differ* ;" and on no subject is a difference between them more legitimate than on the treatment of Cholera. I trust that Dr. Mair will not consider that I have transgressed the fair bounds of discussion in having stated my objections, not so much to his practice, as to the theory on which it is based.

KINGSTON, 13th July, 1854.

ART. XI.—*A case of complete loss of the power of Deglutition accompanied by partial loss of the power of motion and sensation in almost every part of the body especially the left side.* By C. R. LAFONTAINE, M.D., Chambly.

June 5th.—Mrs. St. Day, aged 36, of a good constitution, and the mother of five children, states that she was perfectly well yesterday, when she was suddenly seized about 7 P.M. with violent vomiting speedily followed by purging which continued till next morning at 6 A.M. when I was sent for. There was then complete loss of the power of deglutition, great diminution of the powers of motion and sensibility in every portion of the body especially the left side. The extremities were cold, the pulse hardly perceptible. The vessels of the eyes were injected, the upper eyelids were drooping, and the pupil much dilated but controllable by a strong light. She complained of no particular pain; the vomiting and purging had ceased. I ordered bottles of warm water to the feet, friction and sinapisms to restore the circulation. I also gave a teaspoonful of brandy which she kept in her mouth. Before I left partial reaction had been excited. I saw her again at 6 P.M. The pulse was better and the warmth on the surface increased. Otherwise there was no change.

June 6th. Passed a good night: pulse 95: surface natural: bowels and bladder inactive: complained of great drowsiness.

June 7th. Suffering from hiccough but free of other unfavorable symptoms: pulse as before: extremities cold. She complains of thirst, but still quite unable to swallow.

June 8th. I carefully examined her head and spine, and introduced a large bougie into the œsophagus, but could find no proof of disease there.

From the history of the case and from the absence of all the affections of the head and spine, and also of any stricture or spasm of the œsophagus, I concluded that it was paralysis of the œsophagus.

I applied a narrow blister along the spine from the nape of the neck to the sacrum, and dressed with mercurial ointment. I also administered, by means of a tube, calomel and jalup which produced no effect.

June 9th. Ordered a turpentine enema followed by a large dose of castor oil. They were followed by several loose stools of a green color.

From the 9th to the 20th. no remarkable change took place: the bowels were inactive though easily moved by enema; she rested well at night and sat up for some time daily.

June 21st. She was subjected to the influence of electricity several times during the day. From the 20th to the 24th she slowly improved. Her appetite was good; she slept well and was able to read the news-

papers. During all this time she was fed by means of a tube attached to a syringe.

June 25th. One grain of strychnine was dissolved in ℥ii. of water with a few drops of acid, (acet. dis.) of which twospoonfuls were given twice a day. The dose was gradually increased till the 5th of July.

July 6th. Seemed to have benefitted greatly by the above mixture. She complained of great numbness on the right side of the face; but otherwise felt much better and thinks she swallowed a little wine.

July 7th. Much better: swallowed wine and beef tea: walked a few steps without any assistance, but still complains of numbness.

Since that time she has steadily improved and has recovered to a great degree her proper sensibility. Her left arm and leg have partly recovered their normal strength so that she is able to walk a quarter of a mile without assistance and to busy herself in the affairs of her household.

Chambly, 1854.

ART. XII.—Pickings from some of the Parisian Hospitals By JAMES BARNSTON, M.D., Edinburgh; Extr. Member of the Royal Medical Society, Edinburgh; Member (*ex. of.*) of the Parisian Medical Society, &c.

Hopital du Midi... With reference to the special nature of the syphilitic virus, M. Ricord holds very decided opinions, viewing the poison as distinct and specific in its source, nature and consequences. It is hardly possible to believe that, at the present day, there should be some authorities of high repute confirmed in the opinion that syphilis is a specific disease, and that its virus manifests a specificity of action, and who would, at the same time, think that the uncertainties of contagion, the mysteries of inoculation, and the plurality of accidents consequent upon sexual intercourse, should perfectly justify them in denying to a special ulceration, as chancre, a special source, at all times and in every circumstance; in other words, they are willing to ascribe to purulent matter, of a kind not essentially syphilitic, effects analogous to those dependent upon virulent infection. Inoculation, however, is perfectly conclusive upon this point, and demonstrates the fact that the pus or muco-pus, furnished from any diseased surface other than a chancre, is ineffectual. As far as experiment and vigorous observation shew, it is chancre and chancre alone as a primitive ulcer, which can reproduce chancre, and determine syphilitic disease. This would appear too exclusive, since it rejects the belief, so generally entertained, of the transmissibility of sy-

philis, through the infecting medium of secondary accidents, as mucous papulæ, tuberculæ, &c. It is well known that chancre, during the period of reparation, frequently assumes the aspect and characters of mucous papulæ; and in no small number of instances it is extremely difficult to make a differential diagnosis. It often thus becomes an important point to decide between primary sores and secondary accidents, particularly when touching the contagion of the latter. The evidence given in regard to the transmissibility of secondary diseases from nurse to the nursed, and *vice versa*, is very imperfect and wanting in essential proof. For this reason, among other facts, tending strongly to the contrary conviction, Hunter denied to secondary accidents the power of communication, and M. Ricord partakes in this opinion.

The primitive ulcers or chancres are of different kinds. There are four well-marked species—the simple, the inflammatory, with tendency to acute gangrene, phagedenic, and the indurated. Let us here follow out a lecture given at the bedside, illustrating different points of doctrine regarding chancre, especially the indurated variety and its consequences. It is comparatively a small number of chancres that indurate, and it might be asked, What is the cause or necessary condition of induration? It is found in certain persons that a first chancre, for example, will not indurate; the second does, and those subsequent do not. It is conceived that, as small pox, once taken, gives immunity from subsequent attacks, and as vaccination preserves against a second inoculation, at least for a certain period, when the system seems to be under its modifying influence, so in syphilis, as a general rule, a person who has once had an indurated chancre will not have another. There are probably exceptions; *i.e.*, a second indurated chancre may occur, which would intimate the destruction of the syphilitic diathesis, acquired with the first!

At what period does this variety of primitive ulcer commence? The solution of this question is important; for the moment induration takes place, the disease is no more local, the syphilitic disposition is established, in virtue of which the subsequent manifestations present themselves. In most cases this is difficult; for it is often next to impossible to trace out the time and circumstances of the contagion, and being essentially *indolent*, it frequently passes for a long time unperceived, and previous to the patients presenting themselves. M. R. is able, however, to gather that induration never occurs before the third day. It is always manifested during the course of the first and second week. It appears even certain that if a chancre exists more than three weeks, without induration, it will not indurate! It is sometimes masked by common inflammation, which may lead to a wrong diagnosis, or it may become phagedenic, when one would be apt to attribute the constitutional

symptoms to the non-indurated phagedenic chancre. Specific induration is the certain, absolute proof that constitutional infection has taken place. As a consequence ganglionic engorgement supervenes. As a general rule, more than one gland is affected; the swellings are *multiple*, distinct, hard to the touch, very indolent, and terminate ultimately in slow revolutions. Suppuration is rare, and can be traced to some foreign cause. Indurated chancre being determined in conjunction with multiple bubo, M. R. lays down the following law, which can ably be evaded by specific treatment, that six months will not pass without the manifestations of syphilitic diathesis. Even previous to this period there are indications of constitutional disorder, as chloro-lœmia, feebleness, alopecia, neuralgic pains of the head, intermittent nocturnal pains of the extremities, intensified by heat. The lymphatic glands, especially in the posterior cervical and cephalic regions, become engorged, and form what M. R. calls *secondary buboes*. They are indolent, multiple, seldom or never suppurate. The first cutaneous manifestations are exantheas, to which succeed papulæ, squamæ, &c. The same affections invade the mucous membrane, but their progress is somewhat more rapid. After the first six months, rarely before, accidents, called tertiary, of a much more serious nature, follow. Such are affections of the subcutaneous, submucous, fibrous, and osseous tissues, and of certain organs, as the testicles, lungs, liver, &c. M. R. is inclined to think that after the tertiary symptoms the specific influence of the morbid diathesis on the body gradually diminishes, and ultimately becomes one of the most powerful causes of scrofula.

Mention is here made of the indurated chancre alone, and of its fatal effects upon the constitution. What testimony is there in reference to the non-indurated chancre and its varieties? That they are essentially local affections, never producing constitutional symptoms, unless under the supervention of indurated chancre, and only giving rise to lymphangitis and buboes, which are of two distinct varieties; 1. The lymphathetic or simple inflammatory, which is generally confined to one ganglion, yields readily to antiphlogistics, and rarely suppurates, and when it does, it does not yield inoculable pus; 2. The bubo *d'absorption*, which is common, generally confined to one gland, which is always superficial, and always tends to suppuration, the pus yielded being inoculable, and, therefore, contagious. These buboes *d'absorption* are nothing less than ganglionic chancres.

It is the firm conviction that chancre is always at the commencement a local affection, and that sooner or later it will determine, though not fatally, to accidents either of a simple inflammatory kind, or of a specific nature, that M. R. so strongly advocates the ectrotic or abortive method

of treatment, the objects in view being—1. To destroy the nucleus of contagion; 2. To prevent the production of buboes; 3. To cut short the progress of the ulcer, and to counteract constitutional infection. In order to success, canterization is necessary at an early period, and must be repeated if a healthy surface does not succeed the first. Even if too late to work ectotically, it may be otherwise beneficial, in modifying the ulcer, abridging its duration, and furthering the period of reparation. It being necessary to destroy the infected tissue extending a little beyond the confines of the ulcer, nitrate of silver is generally considered too superficial in its action. M. R. recommends Vienna paste as the caustic most successful in his hands, also the strong nitric acid (so much extolled in England, but very painful), and sometimes the actual cautery. Should the abortive treatment fail, and there be evidence of constitutional infection, mercury is employed internally. It is much more powerful against secondary than tertiary accidents. In some cases it prevents their manifestations, in others it retards them for a considerable time. It must be used rationally, and rejected when injurious or contra-indicated. It is to the tertiary symptoms that M. P. reserves more especially the iodide of potassium, when its action is considered all-powerful. The mixed treatment by mercury and iodide of potassium is frequently employed against tardy secondary accidents, or when complicated with tertiary symptoms.

Hopital Lourcine.—It is difficult to obtain from the regular authorities more than two tickets of admission to this hospital, which is exclusively reserved for female syphilitic patients, but through the kindness of M. Cullerier, the surgeon to the institution, I was enabled to attend his ward for some time, and make the few following notes. It is observed, that, when blennorrhagic inflammation is liable to attack the different parts of the genital organs in the females, as the vulva, urethra, vagina and uterus, either conjointly or separately, it is more commonly seated in the vagina. Vulvitis is not unfrequent; urethritis is comparatively rare, but it is believed more frequent than is generally supposed by surgeons. It may exist alone, but it is often consecutive to vaginitis, which is the most common. Catarrhal uterine blennorrhagia is also considered frequent, and often leads to ulcerations of the os and neck, which are tedious to heal. In the treatment of urethritis, copaiba and cubeba are generally had recourse to, and with good effect. When observed at the commencement, it is sometimes cut short by cauterization, with the nitrate of silver in substance. When caustic is applied in vaginitis, as it frequently is; the stick is introduced as far as the os uteri, and is then retracted in a spiral manner, so as to touch every part of the vaginal walls. The isolation of the inflamed surfaces is much recommended. This is easily and

effectually done, by the introduction of small "tampons," or meshes of charpie, or of thin folds of lint, which, when saturated, are removed and replaced. Injections of a strong solution of nitrate of silver will sometimes cut short uterine blennorrhagia at its commencement. Its powder is occasionally sprinkled on the uterine mucous membrane, by means of Lallemand's *porte caustique*. M. Cullerier had prepared small *pencils* of tannin, sulphate of copper and of zinc, similar to those of nitrate of silver; and at the time of my attendance, was employing them in cases of uterine catarrh. He introduced a pencil once every second or third day, and allowed it to remain till it gradually dissolved away. So far as his observations had extended, the results seemed satisfactory.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

ART. VI.—*The Science and Art of Surgery*. Being a Treatise on Surgical Injuries, Diseases, and Operations. By JOHN ERICHSEN, Professor of Surgery in University College, London; and Surgeon to the University College Hospital. Edited by J. H. BRANTON, M.D. Illustrated by 311 Engravings on Wood. Pp. 908. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

The past and present appreciation of Surgery afford memorable illustrations of the homespun truth, that time works wonders.

Seven centuries ago the Council of Tours denounced Surgery as unworthy the attention of men of learning; its votaries were degraded for being brutish mechanics, and its practice was consigned to farriers, tinkers, *et id genus omne*. When Henry V. invaded France, the surgeons of his army were merely camp followers, and received about the same pay as the drummers and fifers. And even after a hundred and more years the stigma was deepened by Henry VIII, associating barbers and surgeons into a joint corporation of barber surgeons, as its members were graciously styled.

But thanks to time, these old things have passed away, and the middle of the nineteenth century exhibits Surgery rescued from its depression, elevated in high ascendance, and tending towards a zenith of eminence—noble as a science, inimitable as an art, and honorable as a calling. The science, awakened from chaotic repose—the art, brilliant after the murky aurora of its birth; and both conspicuous by a galaxy of illustrious men, who in fortune, prowess, or acquirements, have not been surpassed by collaborateurs in other fields of science.

If the taste of a people be evident from the character of their literature, Surgery has certainly become fashionable with the profession. A few years has witnessed the publication of very many valuable treatises on this subject, and the student who once had but few guides, now has numbers placed at his service. Even in text-books he has the command of several of merited excellence. Druitt, Fergusson, Liston, Miller, Bransby Cooper, Malgaigne, Skey, Orr, Pirrie, &c.; and now another has been prepared for him, which is, at least, as worthy of his selection as any of its predecessors, and which may not unlikely usurp their place in his good opinion; for "ERICHSEN'S SURGERY" has claims of the highest order upon his confidence.

Mr. Erichsen has given an elaborate and scientific discussion upon tumors, having availed himself of the recent lectures of Mr. Paget upon these morbid growths. The more recent views of their Histology have been elucidated in a succinct and satisfactory manner. He has entered fully into the subject of Aneurism, and his description will well repay a careful perusal. After considering this lesion generally, he dwells upon it as it occurs in particular situations, and then takes the opportunity of treating upon the delegation of the respective arteries, which may demand the operation for its cure. He has arranged a number of statistical facts in a tabular form, derived from cases which had been operated upon, shewing sex, age, result, cause of death, and an appendix of remarks. These will be found to afford very valuable information: they are highly creditable to his industry, and manifest his anxiety to put the reader in possession of such authenticated facts as were within his reach. In his table of aneurism of the innominata, treated by ligature of the carotid, are only seven cases, but one of which recovered. This instance, which was reported by Mr Evans, is remarkable, inasmuch as inflammation of the sac set in at the end of the first week, followed by obliteration of the arteries of the right upper extremity and the branches of the carotid: at the end of a year the tumor still existed with constant pulsation, so that the operation cannot be said to have been successful. The next year the sac suppurated, and discharged much pus, disease arrested, but not cured. The longest existence after the operation, was in a patient of Surg. Morrison's, who may be said to have recovered from its immediate effects, for he died 20 months after, cause not stated. The tumor was found post mortem, but it is not mentioned how far it had decreased or been ameliorated. The same remark applies to Valentine Mott's case, where the patient survived the tying of the vessel 7 months. One of the most interesting of those adduced, is a case of Professor Campbell's, of McGill College, as there the tumor began to disappear after the vessel was ligatured; the man died on the 19th day, of pneu-

monia, and at the necropsy, aneurism of the innominate, and transverse portion of arch and dilatation of descending aorta, as far as diaphragm, were found.

For our knowledge of the mortality arising from the ligature of the principal arteries, we are largely indebted to Dr. B. G. Norris, who has carefully prepared a series of excellent articles upon this point, and originally published them in the American Journal of the Medical Sciences. They do not seem however to have yet received that attention to which they are entitled by their importance. Mr. E.'s work is the first of the kind in which they have been referred to; but even there they have not been turned to as much account as they might have been. And to one of the most valuable, the subclavian artery, it makes no allusion whatever. Dr. N. collected together 69 cases in which the operation had been performed in some one part or other of the subclavian's course; 36 recovered and 33 died. 56 were for the cure of aneurism, 3 for diseases supposed to be aneurismal, the remainder for various accidents. The mortality was greatly dependent upon the particular part tied, the best chance of recovery always being when the operation was performed between the external border of the scalenus muscle and the first rib. In some of the cases the ligature was a long time in coming away; in one it did not separate until the 85th day. It is worth remembering that even the most celebrated operators have failed in their efforts to pass a ligature round the subclavian. Suffice it to record, that Dupuytren after laboring for an hour and 20 minutes, believed he had succeeded in tying the vessel in its third stage, though there had been no arrest of pulsation. The patient, who had a very large aneurism, died on the 9th day, and then it was discovered that the ligature was loosely knotted on that portion of the fourth cervical nerve, which afterwards becomes the musculo-cutaneous nerve, and the artery was not included.

Two years ago, M. Roux set an example which every surgeon might profitably follow. He detailed in *l'Union Medicale* the results which had attended his numerous applications of the ligature to the large arteries, during a period of 48 years; and although the circumstance is not mentioned in Mr. E.'s work, we may take this opportunity of alluding to it. M. Roux ligatured 82 arteries, of these 49 were for aneurisms; of these latter 33 were for true, 10 false, and 6 arteriovenous aneurisms. All but 2, which were successful, were treated by Hunter's operation. Of the 33 true aneurisms, 31 occurred in men and 2 in women; 23 were cured, and 10 treated without success. In 2 cases superficial, and 2 complete gangrene occurred. In 4 secondary, hemorrhage took place, viz., on the 4th, 22d, 34th, and 50th days. All the false aneurisms arose from venesection, and were cured. 2 of the arterio-venous aneu-

risms failed from subsequent hemorrhage, with gangrene, which necessitated amputation.

Mr. E. is exceedingly brief in his treatment of dislocations, and usually confines himself to an enumeration of the common method of reduction, upon which his information is never by any means full and particular. The surgeon in practice will scarcely be satisfied with what he reads, as he will naturally expect to be prepared for cases of difficulty or failure that may occur. Dislocation of the femur on the dorsum ilii, from its great importance, may be taken as an illustration in point. Mr. E. sums up the whole management of such a case in less than half a page of print, and confines himself to some very general directions as to the manner of effecting the procedure ordinarily adopted. We once had a case of this dislocation, where considerable difficulty was experienced in obtaining reduction. The ordinary plan was used; but after a patient trial, it was feared that it would be unsuccessful, and the hip might possibly continue out of joint. Fortunately, however, our worst fears were not to be realized, for it occurred to the gentleman in consultation to put into execution Mr. Skey's proposal, to buckle the belt with the pulling straps above the ankle instead of the knee; when after a very short extension, and a few coaptatory movements, the head of the bone slipped into its socket. Now, by this novel expedient, our minds were at once relieved, and our labours ended. We did not, however, believe that the case by any means decided the relative advantages of the knee and ankle extensions; for the latter was only had recourse to after a protracted trial of the former, and therefore under more favorable circumstances, as the muscles had already been pretty much fatigued. The superiority of the method, that was here followed by reduction, consists, it is said, in the additional power gained by the increased length of leverage. Even in this dislocation, other procedures are spoken of by most authors except Mr. E.; but their specification is unnecessary here. We would, however, remark, that very recently an American Professor of Surgery, whose name we do not now remember, has stated that the element of resistance to reduction is not muscular but ligamentous, and that the unbroken part of the capsular ligament is the sole impediment to the return of the head into the acetabulum. The efforts of the surgeon then merely effect this object, and before they can be successful it must be attained. If such a view be correct, it becomes highly necessary to determine whether there be not some other method which would more surely and readily effect reduction than the ordinary one of extension, counter-extension, &c., so painful to the patient and laborious to the surgeon.

ART. VII.—*Clinical Lectures on Pulmonary Consumption.* By THEOPHILUS THOMSON, M.D., F.R.S., F.R.C.P.L., Physician to the Hospital for Consumption and Diseases of the Chest; author of 'Annals of Influenza,' etc. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson.

These Lectures are preceded by an introduction which contains some admirable remarks upon auscultation. It is shewn that from the multiplicity of terms which have been employed to designate the same sign, and from the diversity of meanings which have been given to the same name, much complexity and misunderstanding now exist on the subject of stethoscopic phenomena. Two persons acquiring their knowledge from different sources and conversing upon a case of lung disease would be as nearly intelligible to each other as a Chinese and an Indian who had never acquired any other than their native languages. The author classifies the pulmonary sounds of disease into five groups: the bubbling, clicking, crackling, crepitation, and vibration, which are analogous to the commonly received mucous, subcrepitant and cavernous rhencus: humid crepitation: dry crepitation: crepitant rhoncus: sonorous and sibilant rhoncus. His nomenclature is certainly an improvement on its predecessors, for it has the advantage of simplicity and uniformity. It has been constructed upon the principle of naming every sound according to the impression it makes upon the ear. These preliminaries are necessary to a right comprehension of what follows.

The lectures, 13 in number, are confined to an exposition of the principal symptoms and an observation of the more important remedies. They are truly of a clinical character, and though as complete a description will not be found in their pages as in more systematic treatises, yet the practitioner will find their perusal yield a store of carefully-selected facts and duly-considered reflections.

The greater part of the second lecture is taken up with hemoptysis. This symptom was noted in 73 per cent. of his cases. But while it is thus a common attendant upon phthisis, its occurrence by no means implies phthisis, for it may be due to disease of the heart, suppression of the catamenia, or mechanical injury, so that the popular belief that a "breaking a blood vessel" will cause consumption is not altogether true. Sudden death is by no means a common event of phthisis. In men it is very rare, and in women has never been witnessed. It is also a popular mistake that all bleeding from the lungs is produced by a ruptured blood-vessel, inasmuch as the usual cause is compression or obliteration of the pulmonary veins by the tubercular deposit, in consequence of which blood interrupted in its natural channels overflows or exudes into the

neighbouring bronchi. Hemoptysis, moderate in amount, he regards as rather beneficial than alarming, and even when copious the case has been remarkably slow in its progress; hence, in practice, there should be no undue haste used in arresting hemoptysis, and it will be found better to moderate this symptom by producing determination to other organs than to employ direct astringents.

His experience of the pulmonary sounds in phthisis bears out the opinions of present authorities. He is disposed to place considerable reliance upon prolonged expiratory murmur, as a sign of incipient deposition. In the ninth lecture he speaks of "jerking inspiration"—the inspiration '*entre coupée*' of Laennec—the '*inspiration saccadée*' of Fournet. He calls it as most expressive the waving inspiration. He has met with three varieties of this sign. The first occurs about equally on both sides, is often heard with friction murmur, and is due to obstruction of the respiration from pleuritic adhesion. The second is apparently associated with rheumatic conditions, is usually high in tone, often rather widely diffused, variable in situation, accompanied by pain, and has been relieved by lemon juice, colchicum, &c. The third occasionally accompanies bronchial affections, co-exists with rhonci and other symptoms of bronchitis, though in most cases it has no relation to either of these conditions. It is usually limited to the left side, near the apex; and this fact the author says "is inconsistent with the idea of its necessary dependence either on pleurisy or phthisis." The eleventh lecture, a very instructive one, is devoted to the conditions resembling phthisis. It concludes with the following deductions concerning hysteria:—"1st, That in persons not affected with tuberculosis, hysteria may induce many symptoms, and even local signs much resembling those of phthisis; 2d, That when phthisis exists in hysterical subjects, some of its symptoms are often aggravated to an extent disproportional to the amount of organic change; 3d, That as phthisis advances, hysteria usually retreats, so that the presence of hysterical symptoms may encourage a hopeful prognosis, pretty much in proportion to their severity, hysteria and phthisis, although not incompatible, being apparently uncongenial. To this rule, hysterical affections of the joints is perhaps an exception; for I have occasionally known hysterical hip complaint continue at advanced periods of consumption; 4th, That, when hysteria and phthisis are associated, the treatment serviceable for the one disorder tends also to relieve the other; excepting that exposure to the air, and other parts of a hardening treatment, are available to a greater extent in hysteria than in cases of established consumption."

The fifth lecture is upon codliver oil, and the sixth upon its substitutes. He gives a very strong verdict in its favor, based upon numerous cases.

Next to it he is disposed to place Neat's foot oil, which he administered to 14 phthisical patients; of these 3 derived essential benefit, the disease being arrested; 4 were slightly relieved; 5 received no obvious advantage; and 2 retrograded rapidly. When these results are contrasted with those yielded by other modes of treatment, the benefit is found to be greater than under any remedy previously employed, excepting the cod oil. After the Neat's foot oil he has found most benefit from phosphoretted oil, and suggests that its action may be due to the phosphorus attracting oxygen, so as to complete the conversion of the alkaline lactate and albuminate of soda in chyle into phosphates, and thus lessen the unfavorable oxidation by which pus is largely formed in the lungs.

VIII.—*Handbook of Chemistry, Theoretical, Practical and Technical.*

By F. A. ABEL, Professor of Chemistry at the Royal Academy, Woolwich, and Assistant Teacher of Chemistry at St. Bartholomew's Hospital, and C. L. BLOXHAM, formerly First Assistant to the Royal College of Chemistry. With a preface by Dr. Hoffmann, and numerous illustrations on wood. Pp. 681. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

The authors of the present volume received their chemical education in the laboratory of the distinguished gentleman who consented to do the preface, and who bears testimony to the ample opportunities he has had of witnessing their talents for imparting information, and smoothing the path of the student in every department of analysis. It gives us great pleasure to express his opinion—"That the present volume is a synopsis of their experience in laboratory teaching; it gives the necessary instruction in chemical manipulation, a concise account of general chemistry, as far as it is involved in the operations of the laboratory, and lastly, qualitative and quantitative analysis. The plan adopted in the instructions for analysis, is *essentially* that which was first introduced by Baron Liebig, and which, modified in accordance with the requirements of the English student, I (Dr. Hoffmann) have daily practised myself for the last 8 years in this laboratory."

LEÇON CLINIQUE.

Des Complications de la Scarlatine. Par M. Trousseau, Médecin de l'Hotel Dieu, Paris.

(Gazette des Hopitaux.)

Parmi les complications de la Scarlatine, il en est quelques-unes qui sont plus graves, mais heureusement moins communes que les autres; et quelques-unes aussi de celles qui se présentent fréquemment peuvent, sous certaines influences qu'il serait difficile de déterminer, revêtir un caractère des plus redoutables, et doivent attirer sur la maladie un pronostic presque constamment funeste. C'est ainsi que l'hématurie et l'abumimurie, qui se présentent dans un assez grand nombre de cas, peuvent différer d'intensité à ce point d'être presque insignifiantes et de passer inaperçues ou de causer rapidement la mort. Mais parmi les complications de la scarlatine, celle que doit le plus attirer l'attention du médecin, c'est sans contredit l'angine. Il est rare qu'un individu atteint de scarlatine n'ait pas une angine; et cela est tellement rare d'observation, que dans les cas de scarlatine où il n'y a pas apparence de mal de gorge, il faut admettre qu'il a passé inaperçu, plutôt que de croire qu'il ait pu faire défaut. Ce fait est vrai, surtout en temps d'épidémie; et quelquefois alors l'éruption manquant, c'est l'angine seule que annonce et que caractérise la scarlatine. Il importe donc extrêmement de pouvoir distinguer cette angine scarlatineuse de toutes les autres, qui, pour avoir une fin différentes, n'en ont pas moins un grand nombre de caractères communs. L'angine scarlatineuse diffère de l'angine simple tout d'abord par la violence et l'instanéité de ses symptômes. Dès le début, il y a un sentiment de roideur et de tension extraordinaires dans les muscles du cou; les mouvements du voile du palais et des piliers sont gênés ou même impossibles; la déglutition est excessivement douloureuse, la voix est rauque; et enfin la bouche, la langue, la gorge, l'isthme du gosier, sont rouges, violacés, luisants, d'une sécheresse absolue et intolérable. Le poulx alors acquiert une élévation et une vitesse extraordinaires. Dans les angines catarrhales et phlegmonieuses, on retrouve les mêmes caractères, bien qu'à un degré moins marqué. Mais surtout les phénomènes ne s'accroissent pas avec une aussi grande rapidité, et tandis que dans l'immense majorité des cas l'angine purement inflammatoire; au bout de quelques jours, huit, neuf ou douze, a parcouru, toutes ses périodes, et s'est terminée par un abcès ou par résolution simple, dans l'angine scarlatineuse, au contraire, dès le quatrième ou cinquième jour, les amygdales, les piliers du voile du palais et le voile du palais lui-même se sont recouverts d'une exsudation visqueuse, de taches d'une matière blanche, lesquelles, décollées dans le principe, ne tardent pas à se réunir de telle façon que l'arrière-gorge en est bientôt entièrement couverte.

Il faut bien faire attention ici que la maladie ne débute pas par un point circonscrit, mais que les fosses nasales, les amygdales et le pharynx sont envahis d'emblée; cette remarque aura, comme on le verra plus tard, son importance dans le diagnostic de l'angine scarlatineuse et de l'angine diphthérique, et l'on doit également savoir que cette affection n'a en général aucune tendance à descendre dans le larynx, qu'elle oc-

cupe de prime abord le pharynx, qu'elle s'y localise, et que, s'il y a des symptômes de suffocation, ils sont dus au développement des amygdales, à la tuméfaction des parties de l'isthme du gosier, et ne tiennent en aucune façon à une lésion du tube laryngo-trachéal.

En même temps que la gorge se prenait ainsi, les ganglions du cou se sont développés; ils ont acquis un volume considérable, forment entre les muscles un chapelet de grosseurs dures, très douloureuses, excessivement sensibles au toucher; le tissu cellulaire environnant s'est enflammé à son tour, et enfin, au deuxième jour, le malade porte de chaque côté du cou, au-dessous des oreilles, des tumeurs volumineuses; la peau est rouge, tendue; une teinte érysipélateuse s'étend sur les parties voisines. La réaction fébrile augmente d'intensité: une ardeur brûlante se fait sentir dans tout le corps; l'agitation est extrême, et souvent il y a un délire très violent. Cependant l'exsudation pharyngienne se modifie; les plaques deviennent molles, grisâtres; quelquefois elles sont teintées en jaune, ou brunâtres quand il se mêle quelques gouttelettes de sang provenant de la muqueuse sous-jacente qui est énormément tuméfiée; il s'en écoule un ichor fétide qui sort par la bouche restée entr'ouverte et par les narines où l'on voit que l'exsudation a gagné. Tout semblerait indiquer alors que les parties où siège la maladie sont atteintes de mortification, et que ces portions de substance molle, grisâtre et infecte, qui en sont détachées avec le doigt au moindre contact ou qui tombent d'elles-mêmes, sont des débris de tissus sphacelés; mais, en réalité, il ne s'agit que d'une production de fausses membranes qui se sont faites ici à la langue et au contact de l'air, et ont pris en définitive une apparence de tissus gangrenés. Quand le malade guérit, ces parties revenant en quelque sorte sur elles-mêmes, après que la tuméfaction a disparu en entier, tout reprend sa forme et sa disposition primitives, et on constatait qu'il n'y a eu aucune perte de substance dans les organes du larynx. C'est même un fait reconnu que dans les angines scarlatineuses la gangrène de la gorge est excessivement rare, et encore ne se produit-elle qu'avec des conditions spéciales chez des enfants qui ont beaucoup souffert, dans les salles d'asile, les hôpitaux, les crèches, et alors la gangrène, gagnant successivement de proche en proche, atteint le tissu cellulaire des joues et des lèvres, et les malades meurent. De leur côté, les ganglions enflammés ont survécu une marche en rapport avec la maladie des organes auxquels ils correspondent; à mesure que celle-ci a fait des progrès, leur état s'est aggravé. A cette inflammation phlegmoneuse que nous avons décrite a succédé la suppuration. De vastes collections purulentes se sont faites dans leur substance; elles s'étendent isolément, se réunissent, se font enfin jour au dehors, et la peau du cou est perforée de trous nombreux et souvent très larges qui donnent issue à des flots de matières purulentes mélangées de flocons fibreux et blanchâtres; reconnaissables pour des fragments d'aponévroses et de tissu cellulaire que la violence de l'inflammation a fait tomber en gangrène. On conçoit tout la gravité d'une pareille situation. Le malade, déjà si affaibli par la scarlatine et par l'angine, devient la proie d'une suppuration excessive; il a de chaque côté en son cou une source intarissable qui l'épuise sans qu'il puisse trouver en lui assez de force pour réagir. Ces vastes foyers purulents, en contact direct avec l'air, ne tardent pas à

s'altérer; des frissons, une fièvre hectic surviennent; et le malade succombe dans le maresme.

L'angine scarlatineuse heureusement n'a que rarement un tendance aussi funeste. Mais, quoique conservant toujours dans son type des caractères qui la font différer d'une manière notable des autres angines, il arrive des cas, comme on la verra plus loin, où il est difficile de ne pas se méprendre. L'angine scarlatineuse ne s'écarte pas moins de l'angine diphthérique, bien qu'elle ait avec cette dernière ce caractère commun d'une exsudation dans la gorge. La diphthérite est remarquable par trois conditions spécialement; l'état fébrile au commencement est nul ou presque nul, relativement à la gravité de la maladie, et comparativement à cet état fébrile violent qui accompagne toujours l'angine scarlatineuse; au lieu de débiter par une exsudation en quelque sorte générale sur toutes les parties de la gorge, elle s'annonce sur un point circonscrit, sur une amygdale en général, par une tache grisâtre unique qui s'étend d'une manière suivie, mais le plus souvent avec lenteur, sur les autres parties de la gorge; de l'amygdale elle gagne le pilier du voile du palais voisin, puis le voile du palais lui-même, la luette, et enfin l'autre amygdale. Bien souvent, avant qu'on ait été averti de l'éruption, la diphthérite s'est développée comme une toile sur tous les organes profonds de la gorge, et lorsqu'on est invité par quelque phénomène à explorer la gorge, on la voit revêtue entièrement d'une couenne plastique nacrée au début, et qui ne prend une apparence grisâtre et mollesse qu'à lors qu'un séjour d'une certaine durée dans la gorge en amené l'altération. Enfin, signe distinctif d'une haute importance, sur laquelle M. Bretonneau a fortement insisté, la diphthérite a une tendance constant à envahir les voies aériennes, à descendre dans le tube laryngo-trachéal; c'est alors qu'elle forme le *croup*. Ces trois caractères: l'exsudation débutant par une tache unique qui s'étend progressivement, le peu de pyrexie, et la propension fatale à envahir les voies aériennes, se retrouvent constamment, quoique à un degré plus ou moins marqué il est vrai, dans le développement de la diphthérite. Souvent on n'est averti au début que par un simple mal de gorge auquel le malade, s'il est adulte, n'attache pas d'importance quand il n'est pas renseigné sur la gravité de l'affection dont il est menacé, et les enfants se plaignent à peine. C'est ainsi que périssait dans le mois de janvier dernier une jeune dame espagnole; après avoir soigné jusqu'à la fin son enfant qui succomba au croup, elle fut prise elle-même d'un simple mal de gorge, lequel était devenu un croup des plus graves quand elle fit appeler.

Dans l'angine diphthérique, des ganglions lymphatiques se prennent aussi consécutivement, mais leur tuméfaction est bien moins prononcée, et ce sont surtout les lymphatiques situés sous la mâchoire inférieure, et non ceux de la région cervicale, qui sont attaqués de préférence. La nature de l'exsudation varie quelque peu: dans l'angine scarlatineuse elle est crémeuse, pultacée et blanchâtre; dans le croup elle ressemble plutôt à de la couenne. Mais ces distinctions, qu'il est possible d'établir au début, deviennent illusoire lorsque le contact de l'air a modifié les produits, et que la diphthérite, en raison de sa gravité, a jeté dans l'organisme des désordres profonds qui se rapprochent de ceux de l'angine scarlatineuse.

Le caractère spécial qu'on pourrait tirer de l'extension de la maladie dans le larynx, la dyspnée, symptôme qu'on ne devrait pas retrouver dans l'angine scarlatineuse, puisque la maladie ne s'étend pas dans le larynx, perd bien de sa valeur lorsque les amygdales, le voile du palais et la luette sont boursoufflés, tuméfiés et tendus par la plus violente inflammation; car l'acte respiratoire est certainement alors aussi difficile que lorsqu'il y a des fausses membranes étendues dans le larynx.

Les indices tirés des symptômes cérébraux sont plus sérieux. L'apparition de la diphthérie ne cause aucun désordre; l'angine scarlatineuse grave est au contraire constamment accompagnée, même au début, de délire et d'agitation. Ce délire cesse parfois, lorsque l'inflammation s'est apaisée, pour reparaitre vers la fin. Mais alors ce n'est plus un symptôme différentiel, comme celui du début, c'est un signe de prostration, c'est un état subdélirant, phénomène commun qu'on retrouve chez tous les individus qui vont succomber à une maladie qui a longuement altéré l'organisation.

Malgré ces distinctions, il faut le dire, le diagnostic différentiel de l'angine scarlatineuse et des autres angines présenterait souvent le plus hautes difficultés si l'éruption cutanée n'était point là pour indiquer le point de départ primitif de la maladie: aussi doit-on, quand il se présente quelque cas d'une angine extrêmement violente, rechercher s'il n'y a pas eu aux environs quelques traces, quelques vestiges d'une maladie scarlatineuse. Je dis aux environs, car on sait que la maladie scarlatineuse, particulièrement en temps d'épidémie, ne se manifeste pas constamment d'une manière absolue par une éruption rouge à la peau. Il arrive fréquemment, au contraire, dans une famille, dans une masse d'individus où la scarlatine a fait des ravages, que quelques individus échappent à l'épidémie; mais parmi eux quelques-uns seront pris sans autre manifestation extérieure de quelque chose ou de plusieurs des symptômes de la scarlatine. C'est ainsi que les uns auront une attaque d'albuminurie, les autres une hématurie et enfin quelques autres une angine seulement; et dans ces cas, où il n'y a aucun vestige de scarlatine, ces symptômes uniques peuvent avoir une violence, une impétuosité qu'on voit rarement, même lorsque la maladie a déployé l'appareil de symptômes le plus complet.

Il est un symptôme de la scarlatine sur lequel on n'a pas suffisamment insisté et qui pourtant ne manque pas d'une certaine valeur, c'est une sorte de roideur qui dans les premiers jours s'empare des mains et s'oppose complètement à tout mouvement de flexion. Dans la variole, on le sait, c'est vers le treizième jour qu'apparaît la tuméfaction des mains, que Sydenham, le premier, a signalée; dans la scarlatine, c'est du deuxième au quatrième jour que dure la roideur dont nous parlons, et souvent elle est le seul symptôme qui indique qu'une angine ou une albuminurie survenues inopinément, sans autre signe précurseur, appartiennent à l'ordre des affections scarlatineuses. Parfois c'est l'albuminurie qui accompagne l'angine, et dès le troisième ou quatrième jour, après des symptômes fébriles très intenses, soit qu'il y ait ou non perte de sang par les urines, la présence de l'albumine en grande quantité peut se constater par les moyens les plus vulgaires; souvent des douleurs articulaires extrêmement intenses compliquent la scarlatine; souvent ces sont

en temps d'épidémie les seuls symptômes apparents de cette fièvre exanthématique. Des douleurs, après avoir parcouru toutes les jointures les unes après les autres à la manière d'un rhumatisme, se localisent quelque part, et il s'y fait de la suppuration, ou bien, quand l'exanthème a disparu, elles persistent encore et tourmentent le malade longtemps après. L'angine scarlatineuse pour son intensité ne se lie point du tout à la gravité de l'éruption : telle angine excessivement violente complique une scarlatine qui dans l'espèce est très simple ; au contraire, une scarlatine des plus violentes peut être accompagnée d'une angine très légère. On a vu que l'angine est parfois le seul symptôme de l'invasion scarlatineuse ; quelquefois l'angine apparaît lorsque tout symptôme alarmant s'est apaisé, quand l'éruption a atteint sa période de desquamation. Ordinairement à cette époque la pyrexie a disparu ; tout à coup la fièvre se rallume plus violente que jamais, le pouls prend une intensité extrême, les organes pharyngiens se tuméfient au dernier degré presque instantanément ; la respiration est obstruée, le malade tombe dans une sorte d'assoupissement ; il fait entendre un ronflement bruyant et sonore, et puis il meurt le deuxième ou le troisième jour, bien avant que l'angine ait pu parcourir toutes ses périodes.

THERAPEUTICAL RECORD.

(*Virg. Med. and Surg. Journal.*)

Anasarca.—In the dropsy which supervenes upon scarlatina, Prof. Mauthner, of Vienna, (*Journal für Kinderkrankheiten*,) employs with success urea, or else the nitrate of urea, as a powerful diuretic. The dose of this remedy is the third of a grain, given in powder with sugar, every two hours.

Burns.—The use of collodion in burns is highly lauded by Blumhardt, *Wertenburg Corresp.*, as promoting healing and preventing suppuration. It should be applied to the skin by a camel's hair pencil. He considers the collodion to act beneficially in two ways: First, by affording a protective covering to the exposed cutis, and second, by giving a uniform support to the part, and relieving the capillaries from all undue distention.

Cure of Itch.—Take finely powdered brick dust and rub the body well with it, so as to expose the *acari* to the sulphur ointment, which is then to be carefully applied ; the friction to be kept up for half an hour. After this the patient is subjected to a good ablution of soap and water. The whole time occupied by this proceeding is less than an hour and a half. A perfect cure will be the result.

Gleet.—The "*Rep. de Pharmacie*" recommends the following prescription as being useful in gleans of long standing. *R. Pulv. secule*

cornut, ʒj.; Ferri sulph., gr. j.; camphoræ, vanillæ aa gr. ss. M. et to divide in chart., No. xx. One to be taken morning and evening.—*Boston Medical and Surgical Journal*.

Hiccough.—After sugar and water have failed, Rayer advises that the pharynx should be touched with a pencil dipped in liquor ammonia. On the continent it is common to administer syrup of currants, or the vinegar of beer; different ethereal preparations, and Hoffmann's anodyne liquor especially, are relied on by many physicians; some authors advise chloroform in potion and even in inhalations. Dr. Ossieur states, in the *Ann. Med. de Roulers*, that having treated a case of hiccough, which had lasted for eight days, with the remedies we have enumerated, without success, he finally checked it by administering fifteen drops of aromatic sulphuric acid, with forty-five drops of currant syrup in three table-spoonfuls of water, every half hour.

Pityriasis of the Scalp or Dandriff.—In two cases of this disease of the scalp occurring in patients in the Middlesex Hospital, glycerine was found effectual in clearing away branny scales from among the hair. It is used as a hair oil, once or twice a-week. Mr. Shaw (*Med. Times and Gazette*) states that he has often used it with great success.

Purpura Hemorrhagica.—Dr. George Willis (*Edinburgh Monthly Journal*) reports a case of purpura which was promptly cured by the administration of oil of turpentine. This case corroborates the opinion of Nelligan in respect to the efficacy of terebinthinate preparations in this disease, which has been advocated by Dr. Patterson, in the March number of this Journal. (See vol. ii., p. 483, *et. seq.*)

Rheumatism.—Our readers may be fond of new remedies, and to gratify their desire in this respect, we present them with the following formula, suggested by M. Blanco Y. Millan. *Rev. Therap. du Midi*:

Take a pound of earth worms, clean them without washing them; put them into a glass bottle well corked at the moment of fermentation, bury it in the ground, and at the end of twenty-four hours, the worms are converted into a turbid liquid of a strong, earthy and disagreeable odour. Soak some clothes in this fluid, and apply them upon the painful part, covering them with warm tracing paper.

Rheumatism.—We recommend to our readers the following prescription for the cure of this most unmanageable disease:—R. Liq. potassæ, gtt. xv.; potass. iodidi, grs. ij.; mucil. acaciæ, ʒj.; aq. distill., ʒxi. M. ft. haust.—B. Potass. iodidi, ʒij.; morph. muriat., ʒss.; ung. cetacei, ʒiss. Ft. ung.—B. Opii. purif., gr. j.; extr. colch. acet., grs. ij.; pulv. scam. co., grs. iij. M. ft. pil. ij.

Syphilitic Eruptions.—Mr. Simon is accustomed to employ in the wards of St. Thomas's, for the cure of tubercular syphilitic eruptions, the application once daily, of a small portion of unguent. hydr. mite to every spot, in addition to the ordinary constitutional measures.

PERISCOPE.

(*Dublin Hospital Gazette.*)

On Pulmonary Congestion, considered as an habitual element in intermittent Fever.—Dr. Woilloz, in two papers published in the Archives Medicales, comes to the following conclusions:—1st. At the same period at which the general phenomena of the invasion of febrile intermittents are developed, there occurs a state of pulmonary hyperæmia, which we may term the pulmonary congestion of ague. 2nd. This congestion presents three stages of advance, of complete development, and of decrease, in harmony with these stages of the primary malady; differing thus from the febrile exanthems, in which the pulmonary symptoms diminish as the eruption appears. 3rd. Enlargement of the chest, with diminished resonance; puerile respiration; weakness of the respiratory murmur, with or without sonorous rales; sometimes fine crepitus, and comparative dulness of the posterior part of the lungs; all afford us signs of this engorgement, which is not in the majority of instances, attended with either cough or dyspnœa. 4th. The existence of sonorous rales are more frequently found to indicate this state of hyperæmia than one of bronchitis. 5th. Measurement alone enables us to recognize the three phases of this congestion and the thoracic enlargement which results from it. 6th. This peculiar condition occurring in ague, the state of congestion produced by chronic pulmonary disease, that caused by a mechanical obstacle to the circulation, and finally that due to certain alterations in the blood itself, embrace all the variety of hyperæmia of the lungs. 7th. The etiology of the affection is as obscure as that of the other general febrile symptoms of ague. 8th and 9th. Its decrease is a favorable prognostic of the disease, accompanying or announcing its resolution. This decrease is contemporaneous with those rapid ameliorations which occur during ague: its persistence, on the contrary, indicates the long duration, or the unchecked progress of the primary affection. 10th. This pulmonary hyperæmia, being only an element of the disease, requires to be treated alone when it is the principal symptom of the attack; we can then employ bloodletting and revulsive remedies, especially emetics.

Galvanic Cautey.—At the North London Medical Society, Mr. Marshall, after alluding briefly to the nature of the case which first led him to employ the galvanic cautey, viz., that of a young man who suffered from a long and sinuous perforating ulcer of the cheek, which had resisted all attempts previously made to close it—then described the two modes of employing this agent, according as it is employed in the destruction of soft parts, such as hemorrhoids, vascular growths from the female urethra and nævi, or for the purpose of obtaining contraction in the walls of relaxed passages. *Hemorrhoids*, when small, and not very vascular, may be easily removed by the heated wire; but when large and vascular, the best mode is to employ the cautey as a surface appli-

cation, by which the tumor is destroyed over any extent, or to any desirable depth; in this way the liability to hemorrhage is obviated, and the pain is said to be less severe than that produced by a ligature. Dr. Mackenzie recommends the use of the cautery for removing uterine polypi.

Vascular Tumours of the Urethra:—Experience has shown Mr. Marshall that these tumours, so painful, so liable to bleed on being interfered with, and so apt to return if not completely eradicated, could be easily, safely, and permanently cured by the electric cautery. This is used, not as an excising agent, as at first tried, but as a surface application, the wire being shaped accordingly, and applied carefully and deliberately to the required extent and depth; pains being taken not to snatch away the heated wire at each application until it had burned itself quite free, or it might pull off the scar, and so cause annoying hemorrhage.

Nævi:—These are sometimes so small, or if large so easily dealt with by other methods, that Mr. Marshall does not recommend the electric cautery indiscriminately; in extraordinary positions of nævi, as, for example, when situated in the substance of the lip or in the nostril or the ear, it is of use. One very good case is mentioned, of a nævus of the ala of the nose, cured with scarcely any deformity, in a child three years old. The electric cautery has also been used by many dentists, for destroying the pulp of decaying teeth. The examples of cases in which this cautery can be advantageously used as a means of closing sinuses or fistulæ are very numerous. In one instance, the remains of an encysted tumour, the interior of which secreted hair and sebaceous matter, was effectually destroyed, after no less than seven previous unsuccessful attempts by extirpation, laying open the cyst, or the application of escharotics. It had been situated on the back of the sacrum and coccyx; and when the patient, a clergyman, was sent to Mr. Marshall, by Sir B. Brodie, (who advised the electric cautery to be tried), there were two openings, leading into an irregular cavity, which still, from time to time, gave exit to balls or tufts of hair. By passing in a bundle of fine wires, and opening them apart, by pressing their ends together when lying in the sac, the interior was thoroughly destroyed, and a cure completed. A similar cyst, on the cheek of a lady, was subsequently cured. Mr. Marshall has shown that fistulæ in ano may also be divided by the incandescent wire, but the simplicity of the operation by the knife renders it unnecessary in ordinary cases. By means of the electric cautery, however, both imperfect and even perfect fistulæ in ano have been made to fill up and unite. In one case of each kind the cure was permanent; in another, of perfect fistulæ, the track of the wound again opened; while in three the attempt failed. Of urinary fistulæ, Mr. M. has cured one; and has another, once most formidable, now under treatment, with every prospect of cure. In cases of vesico-vaginal fistulæ, it appears superior to any other mode of applying heated wires. Mr. Marshall detailed one case (of which he exhibited sketches) of a most satisfactory nature, in which a large communication between the vagina and bladder, admitting at first three fingers, was finally completely closed by successive applications of the cautery, although the cure was delayed by the occurrence of typhus fever in the patient. He has another case under treatment, which promises to be equally successful. Perseverance is necessary to the cure of these diseases, but no peculiar precautions seem to be needed. The cure allud-

ed to was accomplished without any confinement of the patient, except at the earlier stages of the treatment. Of instances in which the cautery has been employed to aid in the contraction of relaxed passages, the accidents of prolapsus uteri, complicated with descent of part of the rectum and bladder also, furnishes the only examples. Four cases have been under Mr. Marshall's care, in neither of which could the patient maintain the parts within the pelvis, even by the aid of the best appliances or pessaries. In three of these the result has been that the ordinary funnel pessary (made by Mr. Coxeter) is worn with the most perfect comfort, and in one even this instrument is to be now discontinued. The fourth case has not been much relieved.—See *Medical Times and Gazette*.

Collodion in Inflammation of the Epididymis, &c.—Dr. Lange, of Königsberg, has, in the second number of the "*Clinique Allemande*," quoted by the *Gazette Medicale*, mentioned that he has cured five successive cases of epididymitis by collodion. In three instances a single application was sufficient, recovery ensuing in the course of three, five, and six days. In one of the remaining cases he used two applications, and in the other three applications, recovery taking place on the seventeenth and eighteenth days. In the last case there was also present an orchitis of six months' duration; unfortunately no details are given as to the exact nature of the affections which were so treated. M. Lange also employs collodion in erysipelas, and out of nine cases of this disease, attacking the head and face, and also in fifty-three instances in which it occurred on the lower extremities, he found it to yield, in general rapidly, to a single application; in eight of these cases alone, it seems to have failed in his hands. He occasionally gave emetics to meet the gastric symptoms. In about twelve hours, it is stated, the redness and pain were considerably diminished, and usually disappeared after forty-eight hours, although sometimes tumefaction remained for a longer time. In eczema, collodion failed to afford relief in four out of five cases in which it was tried, but in the fifth case it succeeded remarkably well, recovery ensuing in about five days, after two applications of the remedy.

On the treatment of Pneumonia by Digitalis.—Dr. Heusinger, from the peculiar effects of digitalis on the circulation, was led to use it in the treatment of pneumonia. He employs an infusion (made from fifteen to thirty grains of the digitalis in five or six ounces of water), which is to be taken in doses of a teaspoonful every hour. It is prescribed without any adjunct, and from the very commencement of the disease. He also employs cupping, but only when there is pleuritic stitch present; and if there are signs of gastric irritation, he directs from one half to one grain of tartar emetic every hour, and continues the treatment until there is a decided amendment, when he replaces it by the infusion of digitalis. He asserts that usually at the end of the first, or on the second day, the symptoms which denote the constitutional effects of the digitalis appear,

and to these effects, which consist in a perversion of the digestive functions, and a considerable diminution in the frequency of the pulse, is added a marked remission of the symptoms of the disease. He then omits the digitalis, and directs a simple mucilaginous mixture. It is further stated that convalescence is much more rapid than when the disease has been treated antiphlogistically, by repeated blood-lettings.—*Gazette Medicale*.

Treatment of Cholera by Muritic Acid, &c.—Dr. Caron reports most favorably of the effects of this acid, with bark, calumba, &c., in many cases of cholera. He gives the following formula for the preparation:—Vinous tincture of ciuchona, twenty-five parts; tincture of orange peel, three parts; tincture of juniper, three parts; tincture of calumba, three parts; muriatic acid, four parts; mix. He considers its effects to be tonic, anti-spasmodic, and slightly excitant. According to the nature of the case, the intensity of the symptoms, and the patient's susceptibility, he employs it in doses of a small spoonful every quarter of an hour, every half hour, or every hour; in some instances, to favor its tolerance, syrup of tolu or of poppies may be added. The first effect of this medicine is a sensation of warmth in the epigastrium, which speedily extends over the body; the vomiting moderates, and finally ceases; after the fourth or fifth dose, the alvine ejections generally diminish in quantity and frequency; and the secretion of urine is re-established, but more slowly. The indulgence of thirst, by the free use of cold water, Dr. Caron considers productive of most serious consequences; and even in cases which otherwise promised a favorable issue, he has seen it prove fatal. He does not advise the acid to supersede the employment of other suitable treatment, as general and local rubefacients, sinapisms, frictions, &c. He further states that, in the hands of M. Malin, muriatic acid, combined with opium, has been found effectual in the treatment of dysentery.—*Gaz. des Hopitaux*.

Influence of Arsenurcted Hydrogen upon the Urine.—Professor Vogel reports the case of a young man who inspired this gas: amongst other effects, it caused a blackish discoloration of the urine, depending upon the presence of altered blood globules. From experiments with dogs, Professor Vogel states that a similar condition is always caused by inhaling this gas; the urine usually containing albumen at the same time, but the blood globules themselves are seldom recognizable: and he considers that the gas has some special action upon them, probably analogous to that which occurs in several diseased conditions, as in typhus fever, where we have a similar destruction of the globules, with the elimination of pigment by the urine.—*Archiv. des Vereins*.

On Gelatiniform Cancer.—Colloid or gelatiniform cancer has, since its first recognition in 1816 by Otto, been the subject of numerous researches,

both as to its structure and the position which it should occupy amongst morbid growths of heterologous formation. Rokitansky has especially investigated these subjects, and has succeeded in distinguishing well marked species or varieties, differing from each other both in their appearance and nature. The first form which he describes is that especially termed alveolar cancer, and which is almost exclusively the species described by writers. The second variety is characterized by a considerable development of stroma, which forms thick partitions between the alveolar deposits; these interlace, and thus constitute boundaries for the after portions forming closed squares (cystoides.) The cancerous growth increases by the enlargement of the areolar deposits, or by the development of a fibrous interalveolar substance, and the formation of new enclosed spaces. In the third form, which he describes, a gelatinous substance predominates, having no stroma, or only traces of a fibrous arrangement which is very sparingly developed.—See "*Zeitschr. des Gesellsh. der Aertze zu Wien.*"

Cocculus Indicus in Beer.—M. Lassaigne has communicated a paper to the *Journal de Chimie Medicale*, upon the detection of this fraudulent adulteration, which there is good reason to suppose is not so often met with in beer as is generally thought. He states that the picric acid found in *cocculus indicus* is employed as a partial substitute for hops in beer, and does not admit of being detected merely by its taste, but during his investigation he has discovered that this acid, which communicates to water its peculiar color and bitterness, on being dissolved in beer, is not precipitated by acetate of lead, whilst both the bitter principle and the coloring matter of hops are almost entirely precipitated by the addition of this salt. He has also found that purified animal charcoal absorbs the coloring matter from beer, but if that picric acid is present, it remains dissolved, without its natural tint being altered, and without its uniting with the charcoal; and he proposes to detect the picric acid in beer by either of these plans. If necessary, the beer should be first evaporated, and then by adding the acetate of lead, or by shaking the concentrated fluid with powdered animal charcoal, if it is pure, the fluid will be almost rendered colorless, whilst beer, which is adulterated with picric acid, retains its yellow citron hue.—*Annals of Pharmacy and Practical Chemistry.*

Congenital Absence of the Iris.—Professor Boeck, of Christiania, in the *Zeitschr. der Gesell. der Aertze zu Wien*, describes the particulars of a family, the greater number of whom were affected with more or less deficiency of the iris. The first whom he saw, a boy of seventeen years of age, suffered from complete absence of the iris in both eyes; they were otherwise perfect in form; the cornea was transparent, but the eyes were in a continual state of tremulous motion; vision was myopic, although in other respects distinct, and what was remarkable, light did

not cause any inconvenience. The father of this boy, aged fifty-two years, also had complete deficiency of both irides; in his right eye an incipient cataract existed, which still permitted some degree of vision, but the cornea of the left eye had become opaque. The sister of this man, aged sixty-two years, was similarly defective, both irides being absent. She had very little vision in her right eye from opacity of the cornea, and also from an incipient cataract; and the lens in the left eye was likewise suffering from cataract, although the cornea was healthy. The niece of the latter, a woman of thirty-seven years of age, was the subject of a similar congenital defect, both corneae were opaque: she, however, enjoyed sufficient powers of vision to distinguish between the various shades of grey color; but it is stated that she had some difficulty in judging of distances.—*See Gazette Medicale.*

Effects of Caffeine.—Dr. Eulenberg has obtained favorable results from the use of caffeine in the treatment of hemicrania in two instances. Both the patients were men between thirty and forty years of age, and enjoying, in other respects, good health. The attack recurred at intervals of from one to four weeks, becoming more and more aggravated until it reached its height, and was occasionally relieved by emetics. Various remedies had been previously used without success. He exhibited two grains of caffeine as soon as the attacks commenced, and repeated this dose thrice at intervals of two hours. It was found to have the effect not only of relieving the pain, but also of lengthening the interval between the attacks.—*Allgemeine Medic. Centr.-Zeitung.*

Radical Treatment of Hydrocele by the local Application of Lunar Caustic.—Dr. Parker, of New York, recommends the application of the solid nitrate of silver to the internal surface of the tunica vaginalis. He says that if employed with care and safety, it is less liable than other plans to induce severe inflammation, and is a certain cure. The mode of application is thus described:—"After drawing off the fluid contents of the tumor in the ordinary way, I introduced through the canula a common probe, the end of which was coated, for half an inch or more with nitrate of silver. This extremity, thus charged with the caustic, was carried lightly over the serous surface of the tunica vaginalis, in various directions, and then removed. The patient complained of some pain during this part of the operation. He was directed to keep quiet for the pain and swelling consequent upon the application of the caustic, and apply cooling lotions, should the inflammation be at all severe. He returned home, but as he suffered but little pain, and the swelling was slight, and as his services could not well be spared, he continued about his business without interruption. The pain lasted three or four days, when it ceased altogether, leaving the scrotum of its natural size. In

this condition it has since remained, with no symptoms of a return of the hydrocele, the cure having been complete." Three other cases are reported.—*Boston Medical and Surgical Journal.*

Effects of Cod-liver Oil on the Blood.—A paper was read at the Royal Society:—"On the Changes produced in the Blood by the Administration of Cod-liver Oil and Cocoa-nut Oil." By Theophilus Thompson, M.D., F.R.S.—The author has found, that during the administration of cod-liver oil to phthisical patients their blood grew richer in red corpuscles, and he refers to a previous observation of Dr. Franz Simon to the same effect. The use of almond-oil and of olive-oil was not followed by any remedial effect; but from cocoa-nut oil results were obtained almost as decided as from the oil of the liver of the cod, and the author believes it may turn out to be a useful substitute. The oil employed was a pure cocoa oleine, obtained by pressure from crude cocoa-nut oil, as expressed in Ceylon and the Malabar coast from the Copperah or dried cocoa-nut kernel, and refined by being treated with an alkali, and then repeatedly washed with distilled water. It burns with a faint blue flame, showing a comparatively small proportion of carbon, and is undrying. The analysis of the blood was conducted by Mr. Dugald Campbell. The whole quantity abstracted having been weighed, the coagulium was drained on bibulous paper for four or five hours, weighed, and divided into two portions. One portion was weighed, and then dried in a water oven to determine the water. The other was macerated in cold water until it became colorless, then moderately dried, and digested with ether and alcohol, to remove fat; and, finally, dried completely, and weighed as fibrin. From the respective weights of the fibrin, and the dry clot, that of the corpuscles was calculated. The following were the results observed in seven different individuals affected with phthisis in different stages of advancement:—

	Red corpuscles.	Fibrin.
First stage, before the use of cod-liver oil,	Female, 129.26	4.52
	Male, 116.53	13.57
First stage, after the use of cod-liver oil,	Female, 136.47	5.00
	Male, 141.53	4.70
Third stage, after the use of cod-liver oil,	Male, 138.74	2.23
	Male, 139.95	2.31
Third stage, after the use of cocoa-nut oil,	Male, 144.94	4.61

Upon the Pneumonia of the Insane. By Dr. Gaye.—The author remarks how often in the bodies of the insane circumscribed morbid changes are found in the pulmonary tissue without there having existed during life any indication of diseased action. The difficulties attending physical investigation, and the peculiar course of the pneumonia; the frequent absence of subjective symptoms in such patients, afford some explanation

of the fact. According to Calmeil, hepatization of the lung occurs once in every five bodies. According to Thore, the proportion is 1 in 7; according to Lechler, 1 in 9; according to the author, 1 in 6. In 134 autopsies, the author found 22 instances of pulmonary hepatization; 3 instances of extravasation of blood in the tissue; 1 instance of pulmonary gangrene. In many cases there were present co-existent pleuritic effusions. The histories of the patients present nothing worthy of remark. Of seven cases, five had long suffered from deep-seated cerebral disturbance. The author accounts for the frequency of pneumonia in the insane by a lessening of energy or a paralysis of the filaments of the nervi vagi distributed to the lungs; and he refers to the experiments of Majendie, who proved this connexion by poisoning animals with medicines whose action is especially exerted upon this nerve; (ipecac. ; tart. stib. ; cerul.), inflammation of the lungs ensued in each experiment. He brings forward the experiment of Volkman, who proved that division of the nervi vagi produces congestion of blood in the lungs. According to Griesinger, pneumonia occurs especially in those cases of typhus where the patients have long lain in a state of sopor. The author also remarks upon paralytic patients, in whom hepatization of the lung ensues after long sopor. Finally, the excessively rapid exudation indicates that inflammation in these cases arises from paralysis of pulmonary capillaries.—*Damer. Ztschr. x. 4.*

Inga—*A new Astringent*.—This substance enjoys a reputation as an astringent and tonic in some European countries, and also in America. The bark is compact and heavy, and its fracture presents alternate layers of white and red. When chewed it is found to be astringent to the taste, and quickly imparts a red hue to the saliva. It is thick in extractive principles. The alcoholic extract resembles that of rhatany, both in its color and general properties. In America *inga* is extolled as an astringent tonic in diarrhœa, in gonorrhœa, in hæmoptysis, in incontinence of urine, and in relaxation of the tissues. As an antiseptic its powder has also been used in the same instances as cinchona. Some trials already made in Paris appear to justify its reputation and its claim to take rank in our *Materia Medica*.

Method of Detecting whether Olive or other Non-Drying Oils have been adulterated with Poppy or other Drying Oils.—Nitric acid has the property of converting the oleine or the liquid constituent of almond, olive, and other non-drying oils into a crystalline substance, termed elaidin, while it has not the same action upon the drying oils. Wimmer has accordingly proposed a process to detect whether olive or almond oil has been adulterated with any of the cheap drying oils, founded upon this property. He introduces some iron filings into a flask, provided with a cork, into which he inserted a long bent tube, and then pours some strong nitric acid upon them; a part of the nitric acid will be decom-

posed, and nitrous acid fumes evolved, which pass off by the bent tube, and are made to pass through a sample of the oil to be examined, placed in a glass with a little water. In performing the experiment the end of the tube must be just in contact with the water upon which the oil is made to float. In a short time the whole of the non-drying oils will solidify into a semi-crystalline mass, while any poppy or other drying oil, if present, will float on the surface. In a similar way the adulteration of drying oils with non-drying ones can of course be detected.—*Month. Jour. of Indust. Progress.*

Preparation of a Double Salt containing Protoxide of Iron.—The Austrian Pharmaceutical Journal contains an anonymous paper on this subject, in which it is stated that the white carbonate of iron, precipitated from a solution of protochloride of iron re-dissolved by the addition of dilute nitric acid, gives a colorless liquid, which may be kept without oxidation, even in an open flask, and when evaporated, yields a nearly colourless double salt, which deliquesces in a moist atmosphere, but is not oxidized. On account of the hygroscopic character of this salt, the author recommends that the solution should be used for medicinal purposes, and prepared as follows:—Clean iron wire is dissolved in an ounce of hydrochloric acid of 1.110 sp. gr., the green solution being treated with enough carbonate of soda to precipitate all the iron, and dilute nitric acid added, until the precipitate is re-dissolved. This liquid is diluted with distilled water, until the total weight is six ounces; one ounce, therefore, contains 12.5 grains of iron. A solution of proto-sulphate of iron precipitated by carbonate of soda, and the precipitate re-dissolved in dilute of sulphuric acid, likewise gives an almost colorless liquid, which yields, on evaporation, crystals that are not oxidized by exposure to air. He considers that this salt might be advantageously submitted for sulphate of iron in medicine. It is probable that the first mentioned compound contains proto-nitrate of iron, which has been observed by Berzelius to possess a certain degree of stability.—*Pharm. Journ.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

A lunatic asylum, quite within our own memory, and we have not as yet attained to a very advanced age, was associated in the public mind with all that was gloomy and repulsive in character. An extensive range of buildings of a heavy exterior, with windows protected by strong iron bars, and surrounded by high stone walls; massive gates,

with mysterious looking wickets, attended by a sombre porter in livery, the clank of whose keys chilled the heart of the hearer; fearful shrieks and laughter issuing from the building; inmates lying helpless in dark rooms covered with filth—chained to rings in the floors, or roaming through long passages with their arms fastened by hand-cuffs; these, and many other things, went to make up the idea entertained by most persons regarding "*Bedlam*." Nor will we deny that there were circumstances connected with the management of lunatic asylums at that time to warrant these apparently extravagant opinions. To the friends of one who was pronounced insane, the verdict came pregnant with more poignant anguish than if they had been told to expect his immediate dissolution. They thought shudderingly of long years of close confinement; of physical restraint; of harsh treatment perhaps from iron-hearted keepers, and could scarcely indulge a hope that he might at some future period be restored to them with an unclouded reason. What a revolution, however, has, within a few years back taken place in everything relating to the confinement, treatment, and management of the insane? The treatment of diseases of the mind has now become the most important of the specialities. Physicians of superior talent are now devoting all their energies to this branch of medical science, and are even working out the question of asylum building in all its details, so that the style of edifice most conducive to the comfort and safety of the patient may be determined. There is no doubt that questions such as these belong more to the province of the physician than the architect; for, in the treatment of insanity, the construction of the building, and the laying out of the grounds attached to it, enter largely into the probabilities of the mental health of the patients being restored.

In Canada we have two institutes for the reception and treatment of the insane—the Provincial Lunatic Asylum at Toronto, and the Beauport Asylum in the vicinity of Quebec. Two more, however, are absolutely demanded, and that immediately.

The Toronto Asylum is a fine edifice, built, we believe, according to a modern plan, and including in its internal arrangements many of the recent improvements introduced into the construction of similar institutions. It is made to accommodate 250 patients. It contains, however, according to recent reports, 370 inmates. Now, it is admitted by the best authorities on insanity, that there cannot be anything more inimical to the successful treatment of the insane than an overcrowded asylum. The idea of a building, therefore, calculated to receive 250 persons of unsound mind, receiving an augmentation of its numbers by 50 per cent. is most distressing to contemplate. How Dr. Workman, the present superintendent, manages alone, we cannot conceive; and that there should be a

suicide and a death from violence in the institution occasionally, are, we consider, things not to be surprised at. The only matter of astonishment being—that under existing circumstances such catastrophes are not of more frequent occurrence. The present condition of the asylum is, we have every reason to believe, not unknown to the authorities; but as yet they have not taken any steps to remedy the evil. Electioneering and railroad speculating, which will undoubtedly assist in adding to the number of those suffering from aberration of intellect, are engrossing the attention of our public men, to the exclusion of the claims which humanity has upon them. The buildings for the Deaf and Dumb and the Blind have not yet been commenced, and the Lunatic Asylums are allowed to be packed with our unfortunate fellow-citizens. Shame on the government which has allowed such a state of things to exist for a day. We would advise our medical readers to retain their patients at home, or send them to some good foreign institution rather than place them, under existing circumstances, in the Toronto Lunatic Asylum.

As to the Beaupert Asylum, we are persuaded that it is an institution, to use the words of an eminent philanthropist who recently visited it, not objectionable as a quiet residence for a lunatic.

What we want, then, are two good hospitals for the insane; one to be located in the vicinity of Montreal, the other in Canada West near a flourishing town or city; each of the buildings to accommodate 250 patients, and to include the most recent improvements introduced into the modern asylums of Great Britain and the United States, no matter what the expense may be.

THE LATE DR. McCULLOCH.

“It is with the deepest feelings of regret that we have to announce the death of Dr. McCulloch, of the prevailing sickness, yesterday morning [Wednesday, July 12.] at a quarter before five o'clock.

“He fell emphatically the victim of over-exertion.—For some nights previously he had hardly been able to obtain an hour's rest. On Monday evening at ten o'clock, as he was getting into a cab, weary and worn out, he said to a friend: ‘Don't you pity me?’—and narrated at the same time the heavy labors he had to undergo. These were bestowed on rich and poor alike. At one o'clock the same night he was again called out; and the previous evening, so fatigued was he, that he fell asleep as he was talking to a friend. So that, when it is remembered that physicians are but composed of flesh and blood, as other men, it is little wonder that Dr. McCulloch is a victim.

“Thus fell one of the foremost and oldest and most loved and respected of the physicians of Montreal a heroic sacrifice to the welfare of others. His loss will be long and deeply felt, as well by his family as

the citizens. But if anything can give balm to mourning, or mitigate grief for his loss, it is the reflection that he died in the too arduous and faithful performance of the humane and Christian duty of endeavoring to sooth the pains and save the lives of others."—*From the Montreal Gazette.*

To the above, which we copy from the Gazette of this city, we would add the following short sketch of Dr. MacCulloch's professional history.

Dr. MacCulloch was a native of Scotland, and commenced the study of medicine in the University of Glasgow. Subsequently he removed to London, where he became a student at Brooks', and in due time obtained the diploma of the Royal College of Surgeons of England. He also attended closely on the practice of the celebrated Farre, the founder, in conjunction with Saunders, of the London Ophthalmic Institution. While in London, he formed an intimacy with the late Mr. Bransby Cooper, from whom, on his departure for Canada in 1824, he received letters of introduction to the Bishop of Quebec, and other gentlemen. On his arrival in this country he commenced practice in St. Thérèse. Here he remained until 1833, at which time he was in possession of one of the most extensive rural practices in the Province. This he relinquished to establish himself in Montreal. On his departure from St. Thérèse, so endeared was he to the inhabitants by his many excellent qualities, they presented him with a piece of plate, as a token of the estimation they held him in, as a friend and physician. He had not been long in Montreal ere he found himself in large practice, and the same confidence and esteem which he won from his patients in the country, was freely awarded to him by those with whom he became professionally connected in his new sphere of action. From 1833 to 1854, a period of 21 years, he maintained a foremost position as a practising physician, and was greatly and deservedly respected by his professional confrères.

The Honorary Degree of M.D. was conferred on him by the University of McGill College, and at the time of his death he was Professor of Midwifery and Diseases of Women and Children in that institution, a position which he had held for many years. He was also the Physician to the University Lying-In Hospital, and at one time to the Montreal General Hospital.

Dr. McCulloch was particularly fond of the study of Zoology, and always took a deep interest in the welfare of the "Natural History Society of Montreal."

In 1841, during the administration of the late Lord Sydenham, he entered the political arena, and was returned for the important county of Terrebonne.

At five o'clock on the morning of Tuesday the 11th ult., Dr. McCul-

loch was seized with premonitory symptoms of cholera, but of so slight a nature, that after having taken a dose of the solution of morphia, he ordered his carriage, with the intention of proceeding to make his morning visits. In two hours, however, the disease assumed a most serious character, and he sent immediately for an eminent brother practitioner and friend. From that time, notwithstanding all the unwearied care and attention bestowed on him by his many friends, the disease continued with unabated severity, and terminated fatally at five o'clock on Wednesday morning.

OBITUARY.

Died at Cornwall, on 21st July, at the age of 21, Joseph P. Phelan, M.D. A few days previously he had been in Montreal complaining of ill health, but had so far recovered as to be able to return home. On his way thither he grew worse, and shortly after reaching his family, was seized with symptoms of cholera, which soon proceeded to a fatal termination.

BOOKS RECEIVED FOR REVIEW.

Bennett on Pulmonary Tuberculosis, 1854. Parker on Syphilitic Diseases; from the third and entirely re-written London edition, 1854. Hughes on Auscultation and Percussion; second American from second and revised English edition, 1854, From Messrs. Blanchard & Lea, Philadelphia.

Fifth Annual Report of the Female Medical Education Society. From the Secretary.

CORRESPONDENCE.

LONDON CORRESPONDENCE.

LONDON, 30th June, 1854.

At the present moment, the medical world in London are resting themselves after their labors of the past winter; everything seems quiet and calm; the meetings of the medical societies have terminated; the winter lectures have ceased; and the subject of medical reform is in a dormant state, since the rejection of Mr. Brady's *little bill* in the House of Commons, which was predicted in my last letter. Those who have the leisure and the inclination, during the summer, are to be found in the wards of the hospitals, or in the theatres of their operating rooms; and

the physicians and surgeons are now enabled to devote more time and attention to their cases than their numerous occupations permitted of during the winter session. Hospital Reports, therefore, shall form the subject of this and the next letter.

Lead Colic.—On the 16th May I witnessed a case of this affection in St Mary's Hospital, under Dr. Sibson, which possessed features of some interest, from the success of a form of treatment, strictly chemical in its nature. The patient, a painter by trade, had been admitted on the 13th, suffering from severe pain in the bowels, which were at the same time most obstinately constipated. The gums presented a bluish tinge near their margins, and the symptoms were unmistakably those of saturnine disease. The bowels were moved with some difficulty, and the patient was then ordered half a drachm of sulphur during the day, to be taken in treacle, and sulphur baths. Each bath contained half an ounce of sulphur, in water sufficient to cover the body. Each time, on coming out of the bath, the surface of the skin of the greater part of the body and face was blackened in color, to the alarm of the patient, but which subsequently washed off. This blackness was owing to the decomposition of the lead, and the formation of a sulphuret, which is perfectly harmless. The use of the sulphur internally acted very beneficially, keeping the bowels regular, and gradually removing the pain. He was so far recovered to-day as to desire his discharge; it was considered prudent, however, to keep him in hospital a few days longer, more particularly as he wanted to recommence work at his old trade. Dr. Sibson, in speaking of this case, informed me that Dr. Gueneau de Mussy treated the late King Louis Phillippe on this plan, when suffering with his family from lead poisoning at Claremont, with perfect success. I remember reading his paper, but forget whether it was published in the Archives Generales de Medecine, or in the Dublin Quarterly Journal. The form of treatment is simple in its nature, and, although chemical, is certainly rational in its principles.

Seton in Ununited Fracture.—A little boy, aged about 11 years, was admitted into the surgical ward of Bartholinew's Hospital some weeks back, for an ununited fracture of the lower portions of the tibia and fibula of the left leg. His leg was broken in August of last year, and was seen by a surgeon, who looked upon the injury as merely a bruise, and who prescribed a lotion. The boy, however, soon commenced to limp about of his own accord, when the leg became crooked, and a sort of false joint formed between the ends of the broken bones. The leg, on his admission, was forcibly straitened, and put in a long splint, and retained in this position for some time, without any beneficial effects whatever being produced, when Mr. Lawrence thought it advisable to treat

the case by a seton between the ends of the broken bones, as offering a better chance of ultimate bony union. Accordingly, the boy was brought into the operating theatre on the 3rd June, and laid upon a table on his back. Mr. Lawrence, with a scalpel, then passed the instrument posterior and close to the bone in the direction of the fibula; he then endeavored to pass the seton needle through the channel he had thus made, but without success, as there was a good deal of irregularity and induration of the structures close to the broken ends of the bones. He therefore made a counter opening between the tibia and fibula on the outer side of the leg, and passed the blade of the scalpel completely through to the first opening, and with it as a guide, the seton needle was passed through the first opening upon the scalpel without further difficulty, and the threads were drawn through. This operation is one of apparent simplicity, but it is sometimes, as in the present case, attended with some difficulty.

Contraction of the Tendo-Achilles after partial amputation of the foot—Tenotomy.—A lad, aged about 18, had the anterior half of his right foot literally smashed, from the falling of a lot of ironware upon it; the skin was all torn, the bones crushed, and the muscles extensively lacerated. Amputation was performed by Mr. Lawrence at the articulation of the tarsus with the metatarsus; no untoward symptom followed, and with the exception of sloughing of a little of the flaps, the operation has ended favorably in leaving a good stump. From some cause not suspected, there has been a contraction of the tendons of the calf of the leg, with a drawing upwards of the heel, the stump resting upon its terminal end instead of the flat of the foot. The division of the tendon, therefore, became necessary, by the ordinary operation of tenotomy. On the 3rd June, Mr. Lawrence proceeded to perform this operation, and cut the tendon in the usual manner, but owing to its rigidity, when being cut the knife passed outwards, and cut through tendon and skin together. A suture was therefore applied to bring the edges of the wound together, and the foot bandaged with adhesive plaster, in its original position, to permit of partial union, and in six days after, to be placed into Scarpa's boot.

Neither of these patients were put under the influence of chloroform, and although both operations were of a minor character, they are recorded to illustrate the peculiarities which occasionally do present themselves during their performance.

Conservative Surgery.—Among the commonest surgical affections to be met with in most of our large hospitals, are to be found diseases of the bones of the lower extremities, and frequently attended with very troublesome and offensive ulcers. Such cases, from the annoyance

which they have often proved to the unfortunate patients themselves, and from other causes, were, not a very few years ago, treated heroically by amputation of the limbs, either above or below the knee; it has been my lot to have, I may say frequently, witnessed such operations for cure, and alas, sometimes followed by a very different result than has been hopefully anticipated. Fortunately, conservative surgery is now constantly stepping in to prevent such hazardous means of treatment, and hardly a day passes but we witness instances which, but for it, might have been sorry examples of our noble art. The following operations which I witnessed at King's College Hospital, on 24th June, furnish most excellent examples of the improvements made in modern surgery, so essentially conservative in its character, and so much more satisfactory in its results to both the Surgeon and the poor patient.

An elderly man was brought into the theatre with his right leg bandaged up, which, on being unloosened, was found to be somewhat enlarged over its anterior and middle aspects, and irregular on its surface along the course of the tibia. The skin was red and shining, and presented openings communicating with denuded and dead bone. Mr. Fergusson stated this case to be one of the illustrations of the effects of chronic inflammation of bone, followed by necrosis of superficial parts of it, requiring operative interference to remove the dead portions from the living. He accordingly made an incision through the thickened and indurated skin, to the extent of several inches along the anterior portion of the tibia, about a couple of inches below the knee, cutting down to the bone itself. With his finger only he loosened the connection between the skin and the bone on either side of his incision, and with the aid of a small pair of Liston's forceps, but with the cutting portion bent in a curved form, with the convexity towards the bone, he cut away and removed all the portions of necrosed bone which he could find. He used the gouge in two or three spots of the tibia where the necrosis occupied concavities in its surface. A good deal of hemorrhage followed the incision when first made, but it ceased completely after, so that the operation itself was not interfered with. Among the portions of bone removed, were fragments with healthy and dead bone mixed, with new and dead bone, and of purely necrosed bone. A bandage was loosely put round the leg, and the patient removed. Mr. Fergusson, in his observations upon the case, remarked, that as the sources of irritation were now removed, he had no doubt whatever that the sores would heal up, and the patient be free from further annoyance.

A female, aged about 24 years, healthy-looking, whose left fore arm bore evidence of long standing scrofulous disease of the bones, both from the marks of healed up sores and existing sinuses, was next brought

under notice. A fistulous opening over the posterior part of the lower end of the radius, was slightly enlarged with a scalpel; the ends of a pair of forceps were introduced, and several pieces of necrosed bone removed, which had long proved sources of irritation. With the aid of his finger, and also of the forceps, he (Mr. Fergusson) very roughly broke up the interal connections around the bone, in every direction, and removed a quantity of scrofulous substance. This was attended with much bleeding; water was poured over this opening to wash out any remaining matter, and the patient then removed. Mr. Ferguson observed that this patient was affected with scrofula in other parts of the body, but the arm was what demanded interference; it was deformed from the previous destruction of portions of the bone, and now had numerous sinuses communicating with necrosed bone. It appeared enlarged and misshapen near the wrist. He used the term necrosed bone, he said, notwithstanding the extremity of the radius near the joint was affected; he believed the soft or spongy portions of bone were often in a state of necrosis, as well as the cancellated structure, although the disease perhaps was more common in the latter. He was aware that this was contrary to the opinion of some surgeons. He believed that he had removed portions from the very extremity of the radius in this case, as the disease extended to the wrist joint. His roughness in moving his fingers and forceps in the wound was intentional, so as to break up and loosen as much as possible the peculiar substance so common in scrofulous disease. He remarked that such cases as these had been formerly treated by amputation, but that now the diseased portions of bone were removed, and the limb saved. Both of these cases were operated upon under the influence of chloroform, administered by my experienced friend Dr. Snow.

Cholera.—No progress appears to have been made by this disease during the last eight weeks, from the 29th April to the week ending 24th June. The weekly returns for that period mention 7 deaths from it, and 205 from *diarrhœa*. The former were cases of the ordinary English type, and not at all malignant in their nature, so that we have still reason to be thankful. The deaths from *diarrhœa* exceed the average number, for the same period during the last ten years by 50.

The deaths from *small pox*, *measles*, *scarlet fever*, and *hooping cough*, for the last eight months, were respectively, 82, 292, 494, and 434. The two last continue to be epidemic and are unusually fatal; the deaths from scarlet fever always exceed those from hooping cough in the aggregate, but I have shown, in a work on the latter disease, that hooping cough is pre-eminently the disease of early childhood, and is the most fatal of any known disease under five years of age.

THE PUBLIC HEALTH.

(To the Editors of the MEDICAL CHRONICLE.)

PRESCOTT, C.W., July, 1854.

GENTLEMEN,—Permit me, through the medium of your journal, to draw the attention of the Board of Health to the filthiness of the streets and back yards of the town, in consequence of a fatal disease hovering over us, and two cases already terminated fatally by the disease under consideration—Cholera.

The yards, back-houses, and cellars are most intolerably filthy, and no inclination is shown to remove the nuisances. The Board of Health or Sanitary Committee, if there is any in existence, should do their duty, and take the proper means to ward off disease. The public health and safety most emphatically demand it.

The board should immediately set about a thorough purification of the streets, back yards, and out-houses that are reeking with filth. I do not wish to excite alarm without cause; my only desire is, if possible, to ward off the pestilence that is at our doors. The board of health at Toronto have cautioned the public against throwing or depositing any offensive matter in the streets and yards. A thorough purification of the town, cleansing of foul sewers and back yards, together with the free use of the chloride of lime, are means of immediate necessity. If these means were put in operation we would see disease disappear in place of a rapid increase.

If the Board of Health will not enforce the above measures, it will then be the duty of the inhabitants to take the necessary measures for the protection of their lives. It was expected our civic authorities would give some attention to hygienic measures in the town. Can they give any reasonable excuse why such means of such paramount importance have as yet been neglected. The Board of Health should be remunerated for their services.

There is an Act of Parliament passed 25th April, 1849, making provision for the preservation of the public health in certain emergencies. The municipal authorities here should avail themselves of its salutary provisions.

Your obedient servant,

R. W. EVANS, M.D.

Prescott, C.W., July, 1854.

(The subject of complaint is so urgent and so local, that Dr. E. should have published the above letter in a Prescott newspaper upon the first appearance of cholera.—EDS. MED. CHRON.)

HOSPITAL REPORTS.

MONTREAL GENERAL HOSPITAL.

Hydrocele, treated by Iodine Injection.—(Reported by Mr. J. L. Stevenson.)

Donald McDonald, a laborer, aged 40, was admitted under Dr. Fraser May 9th, 1854, with a single hydrocele of the left side, of five months' duration.

He ascribed its origin to cold, caught about the beginning of December last, while working in ditches. It went on increasing in size for some time, and at last obliged him to discontinue his work, which he did for a couple of weeks, when it began to diminish; but so soon as he recommenced his labor, it again began to increase. When admitted, it had attained the size of a large orange, and was slowly but steadily enlarging. The testicle was unaffected, and, as usual, situated posteriorly. His digestive organs being somewhat deranged, he was ordered a dose of cathartic medicine.

On the 12th, the tumor was punctured with a trocar, and about four ounces of limpid fluid drawn off. ʒij. of compound tincture of iodine, with ʒvi. of water, were then injected within the tunica vaginalis, and allowed to remain, the canula being immediately withdrawn. The testicle was well supported by a bandage, and a lotion of acetate of lead ordered, in case the inflammation should prove excessive.

On the 13th and 14th, the degree of inflammation was not more intense than was desirable, but he had headache, for which he was ordered a cathartic draught.

After remaining stationary for a day or two, the swelling began slowly to subside, and continued to do so under the influence of pressure by means of adhesive plaster and compound iodine ointment, until the 6th of June, when he was discharged cured, the scrotum appearing then almost of the natural size.

Remarks.—This case exemplifies the safety and success attending the injection of the diluted tincture of iodine, without drawing it off again—as a radical cure for hydrocele. In several cases, similarly treated, the same result has invariably followed, and according to the testimony of all who have had recourse to the practice, it very rarely indeed fails to produce in the serous membrane of the tunica vaginalis, the alteration requisite to check the abnormal secretion of serous fluid, which constitutes that disease. It will, therefore, in all probability, supersede the numerous other plans that have been in use for the radical cure of that complaint.

MEDICAL NEWS.

43 deaths by Small Pox in New York city in one week.—It is stated that there are 10 or 12 cases of cancer in the London Hospitals, all the result of excessive smoking.—Civilians are mistaken who believe that shot kills most soldiers in war time. During the Peninsular campaign 40,000 men were killed in action or died of wounds; 120,000 died of disease, a great deal of which was rendered fatal by the want of proper medical attendance whilst 120,000 more were by disease rendered unfit for service.—Cold, Bronchitis and Influenza are prevalent amongst the crews of the ships of Sir Chas. Napier's squadron; 1 in 14 of officers and men on the sick list, 5 to 7 is usually considered the average sick list of ships on service.—Surgeons in the navy are now wanted if qualified according to established regulations.—The director general of the navy medical department finds himself unable to supply more than 5 candidates to fill 31 vacancies, and has had to call upon surgeons and druggists assistants to do the duties that ought to devolve upon assistant surgeons.—The venerable Prof. Jameson has lately died in Edinburgh after having occupied the chair of Natural History in the university for half a century.—Three daughters of a clergyman were recently buried in Kentucky by the explosion of a can containing camphene.—An Indian woman died at King's Ferry recently at the advanced age of 154 years.—A disease has recently been prevalent in India, which the Epidemiological Society of London consider to be true plague, and it is supposed that very possibly it may again visit European countries. Of 143,797 recruits inspected for the British army in 9 years, only 99,361 were fit for service. In France, the entire population at the age of 20 is compelled to draw lots for the army. Of the hundreds of thousands of this conscription it is curious even more are unfit for active service, fully one-half being sent back.—During the use of codliver oil the red globules increase in 1000 parts in the proportion of 116 to 144 parts. Dr. Thompson has discovered that cocoa nut oil is as valuable as that from the liver of the cod and allied genera.—M. Leuckart, by feeding white mice on the eggs of the flat worm (*Tornia crassicolis*), has succeeded in engendering within their bowels the cystic worm, or *cœnurus*.—300,000 litres of milk are consumed daily in Paris. This quantity is augmented to one-third more by the sophistications of—1st, The agriculturist; 2d, The gleaner; and 3d, the retailer, who accomplish their object by the addition of water with a little sugar and white of egg.—Toothache can be removed without the loss of the tooth, by an emetic of ipecacuanha, *tuto cito et non jucunde*.—An excess of upwards of 100,000 charges of vaccine lymph has been supplied by the National Vaccine Board of England during the last year, owing to the Vaccination Extension Act, which came into operation on the 11th of October last.—The number of bathers at the public baths and workhouses in the metropolis, in the quarter ending at Lady-day, was 144,502, and the receipts from them amounted to £2140. The number of washers was, 74,322 and the receipts were £1607.—Dr. Nott, of Louisiana, reports a case of expulsion of a fish bone through the abdomen, proving clearly that foreign bodies may be thus discharged, after having been taken into the stomach.—Dr. Sutherland, one of the Graveyard Inspectors in the Home Office, has been seriously ill from inhaling poisonous gas, the escape from decaying corpses in a graveyard that he inspected. He is, however, recovering.—Vaccinia appears to be a better preservative against variola than variola itself. Out of 1000 vaccinated persons, according to Dr. Frya, only 1 was attacked by small pox, whilst of 1000 who had once had variola, 2 suffered a second time.—The Tennessee Legislature, at its last session, appropriated \$5000 to the State Hospital of Tennessee, Nashville, or \$3560 yearly, for two years; and \$10,000 to the Memphis Hospital.—Prof. J. M. Safford was appointed State Geologist of Tennessee, by the late Legislature, at a salary of \$1500 per year.—Dr. G. Shattuck, who some time ago donated \$12,000 towards sustaining the professorship of Morbid Anatomy in Harvard University, and who died in Boston, March 13, aged 71; has left by his will \$10,000 more to the same institution. He has also given the income upon certain stocks for three years, amounting in all to about \$10,000, to the Mass. Medical Society; besides legacies of \$40,000 to charitable and religious societies in Boston.—There were 53 suicides in New York last year.—A marine diver was nearly suffocated whilst 30 feet under water on Lake Erie owing to defect in the air pumps.—Prof. Martin Paine, M. D., has been chosen a corresponding member of the "Gesellschaft für Natur und Heilkunde zu Dresden," which is the first election of an American to that Society.