

Technical and Bibliographic Notes / Notes techniques et bibliographiques

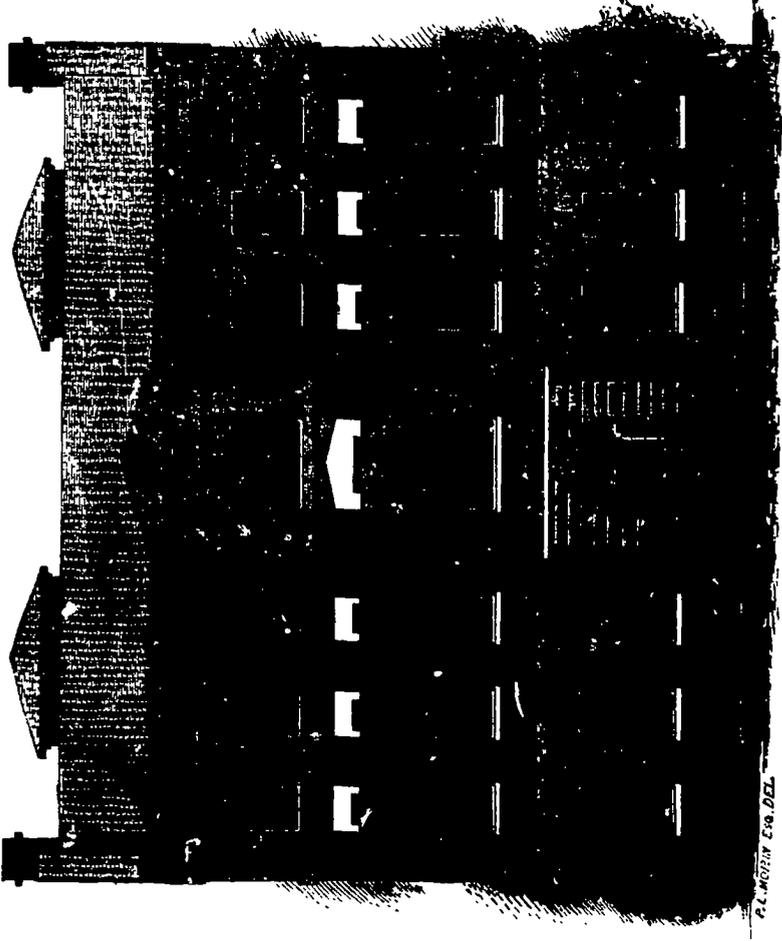
The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

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

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

Continuous pagination.

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



P. L. MÉRISY C. S. D. L.

UNIVERSITY OF LAVAL.

THE

MEDICAL CHRONICLE.

Vol. V.]

JANUARY, 1858.

[No. 8.

ORIGINAL COMMUNICATIONS.

ART. XXIV.—*Therapeutical Contributions.* By WILLIAM WRIGHT, M.D., L.R.C.S.E., Professor of Materia Medica, McGill College. Physician to the Montreal General Hospital, &c.

ANTI-SPANÆMICS.

The medicines pertaining to the present class have the power of improving the quality of the blood, when this fluid is impoverished. They are more numerous than is usually admitted, and are not confined to any special group of substances, nor are they restricted, as is currently esteemed, to the preparations of iron, but, on the contrary, include with these, other and dissimilar agents, as manganese and its compounds, sulphuric acid, &c. It cannot, therefore, be considered that the narrow term "chalybeates" denotes them, as Mr. Headland declares in his "Action of Medicines"; nor can it be overlooked that his instructor, Dr. Pereira, also fell into a practical error concerning them when he believed they acted by supplying iron to the blood which was previously deficient, and in accordance with this opinion named them hæmatinics, merely because this metal is found in the colouring matter of the blood. Evidently this action cannot be of the simply restorative kind thus implied, since other agents containing no iron, as I have said, produce a similar effect; and again, an hæmatinic—if an agent capable of replacing hæmatosine—must supply equally the other ingredients, as well as the iron of which this proximate principle is composed. Pure metallic iron, as *pulvis ferri*, can only supply itself; it contains neither carbon nor hydrogen, nor oxygen, nor nitrogen, of which relatively more of the bulk of hæmatosine consists than of iron; it cannot, therefore, supply these.

So that if it be, as undoubtedly it is, an improver of impoverished blood it must have some more remote action than that of a simple restorative. But the objection runs yet further:—Deficient hæmatine constitutes but one of the errors in the morbid state of the blood in which these medicines are useful; there are simultaneous changes in the water, albumen, etc., and, as these are equally remedied with the former, there is still greater impropriety in signalizing one in particular as the exponent of the medicine's action, and consequently of its character and power. No name in use hitherto correctly designates agents of this kind. The only remaining one after the former is hæmatic; but this implies a medicine acting either upon or through the blood, and embraces within its enclosure various and diverse other classes besides the present, as the anti-scorbutic, anti-syphilitic. If a term were to be constructed in unison with these latter, and which should precisely express the end obtained by the medicine, then anti-spanæmic appears to me to be more accurate than any other,—spanæmia being a well-known name for poverty of the blood, and anti signifying the means which should be used against it.

The exact powers of these medicines should be clearly understood. Anti-spanæmics are not indicated in *cræmia*. They distinguish between spanæmia and *anæmia*; for while serviceable in the former, they are improper in the latter. They are blood correctors, not blood makers. Although able to rectify qualitative alterations, they are incapable of making up any deficiency that exists in the absolute quantity of blood. They are, therefore, to be withheld in bloodlessness arising immediately after a great hæmorrhage, in which condition, according to Beau, the pulse is small, and no arterial bruit is audible. In such a case their place is most appropriately supplied by means calculated to suspend the exhausting drain and to afford a supply of sound pabulum vitæ; of the latter measures, good food and other alimentary auxiliaries will be the most efficient.

A less common mistake to commit than the last, is to consider them indicated in spanæmia generally, or, what means the same conventionally, in *anæmia* not produced by direct losses of blood. Whenever certain general symptoms, such as pallor of the skin, blanched aspect of the mucous membranes, feebleness, and the discharge of the functions of the body in a weak, imperfect manner are present, and they have not been preceded by hæmorrhage, anti-spanæmics are believed to be appropriate. But this is a grand error. The legitimate use of these remedies is, in reality, very restricted; for with one exception they are either directly contra-indicated, or indirectly avoided, in all cases popularly suggesting their employment. The mere outward appearance is no token: we must look

beyond it to the condition of internal parts, and, when these are found structurally morbid, anti-spanæmics are to be reserved from employment. As for example, whenever spanæmia is associated with or maintained by malignant disease of any organ; in such cases Carmichael long ago recommended iron as the proper remedy, but experience has not confirmed his vaticinations: the recurring hæmorrhage by which the disease is aggravated is an additional reason why they should be forbidden, for this complication associates them with the general anæmia before described. Anti-spanæmics are also improper in the spanæmia of tuberculosis. Trousseau has found that this form of the disease is aggravated by ferruginous preparations, and, according to his views, this fact supports his theory of an antagonism between tuberculosis and anæmia. As long as the latter prevails, the occurrence and the progress of phthisis are kept in check; but when it is ameliorated, the local disease increases,—from which the practical rule is drawn, that no endeavor is to be made to cure chlorosis in females who are threatened with tubercular deposition. Anti-spanæmics are of no service in removing the spanæmia of various chronic diseases marked by a tendency to produce results of a caco-plastic nature: as for instance, disease of the supra-renal capsules. Mr. Addison has latterly drawn attention to this cause of anæmia. And it is evident from his account that anti-spanæmics must be useless, as they cannot restore to these decaying organs their healthy functions, and in themselves afford no compensation for the want of duly elaborated blood. This variety is usually fatal, and its proper treatment no doubt lies in the use of entirely different remedies. Granular or adipose degeneration of the kidney is another organic disease in which anæmia is observed: under this title it is probable that several different disorders have all been classed together and compounded with each other. In this way cases have been mixed up as similar under the name of albuminuria, which really proceed from different pathological bases, as fatty transformation, albumino-nephritis, and cirrhosis of the kidney. Dr. Lees, of Dublin, proposed, a few years ago, the ammonio-tartrate of iron as the true cure for albuminuria; but this remedy is inconsistent with a knowledge of the first principles of therapeutics; for in cases having the pathological bases just stated, the proper treatment must begin at the local disease. Again, in these a danger would accrue from anti-spanæmics, for, as they are stimulant and tonic, there would be an imminent risk of aggravating the tendency that is always present to the establishment of local inflammation, and which, in a more or less obscure way, is intercurrent with the nephritic lesion. I believe, however, there is a pseudo-albuminuria which mimicks the former, but differs in originating

from a blood error similar to that which prevails in spanæmia indicating the use of anti-spanæmics; and that to these false cases the statement of Dr. Lees is perfectly warranted, but that in the true forms, they are contra-indicated and their exhibition is not to be ventured upon. In the summer of 1855 a remarkable case of albuminuria of the spurious order was under my observation, in which, after a persistence for several months in the use of ammonio-citrate of iron, a perfect cure was effected in the disorder; and the man eventually returned to his former occupation of cab-driving, apparently as well as ever. Dr. Begbie has drawn attention to a form of anæmia which follows upon certain cases of heart-disease, described by Dr. R. L. MacDonnell of this city, that are accompanied with the remarkable signs of goitre and enlarged eye-balls: in these antispanæmics are also contra indicated. They are likewise to be avoided in spanæmia with deficiency of albumen in the blood. Becquerel and Rodier, as quoted by Ranking, Vol. XI., draw attention to this form, of which the chief feature is a reduction in the proportion of albumen. This defect is not necessarily associated with a diminution in the amount of red globules, although these two reductions do often co-exist together. It is announced by the general symptoms of anæmia, and usually, by anasarca and albuminuria. Antispanæmics are, therefore, not proper agents in anæmia occurring after profuse discharges from catarrh or exosmosis of any mucous surface, as chronic diarrhœa, diabetes, spermatorrhœa, &c., as these are the usual causes of the variety in question. To the same exclusive genus may be referred anæmia after intermittent fever: a form which experience shows is readily cured by quinine, but not by iron; the peculiar antiperiodic action of the former being capable of depriving the miasmatic intoxication of its virulence,—by the agency of which the ætiolation is produced, and not, as has been supposed, by the spoliation of the febrile paroxysm. This view is also substantiated by various other facts, such as by the birth in marshy districts of spanæmic children who have no ague; by adults becoming etiolated who have never had an attack of the disease, &c. Occasionally after evacuant medicines have been too assiduously administered, anæmia of the above species is produced, so that there also antispanæmics are not advisable. Here likewise may be included, as exempt from the influence of anti-spanæmics, that variety of anæmia which is incident to tropical invalids, and constitutes the most common sequel to their fevers, whether these have been continued, remittent, or intermittent, as well as to various other diseases of a more acute cast to which they are liable, as dysentery, hepatitis, cholera, &c. And lastly, as Trousseau has pointed out, there is a remarkable form of chlorosis characterised by suppression of the

catamenia, &c., not produced by any hemorrhage, in which antispasmodics are useless. It is very refractory, and is commonly accompanied by symptoms of greater severity than are witnessed in other varieties of anæmia. It may last for an indefinite period of time, and does not permanently yield to any treatment, however well designed, which may be tried; for should it be removed, it will often recur without apparently any cause.

In all the foregoing exceptions, then, anti-spasmodics are powerless. Their exclusion leaves but one variety in which these agents are allowable, and it is this:—Spanæmia that supervenes, mysteriously, without any appreciable remote cause, but clearly depends upon the blood ingredients being coupled together in quantities disproportionate to the healthy measure, in which the most conspicuous features are pallor of blood and fullness of the vessels, owing to the red globules being deficient in number and the vessels containing an excess of water, the *polyhæmia seruse* of Beau; where co-exist arterial souffles with a pulse preternaturally full in volume, and neither dropsy nor albuminuria are ordinary attendants.

Anti-spasmodics operate in several ways.

1. By an action upon the blood. This is the most remarkable or notorious. They render the blood healthy, and attain this object chiefly by increasing the number of red corpuscles, and by augmenting the quantity of hæmatosine, both relatively, as is to be inferred from the former change, and absolutely, by increasing the proportion of that which previously existed. They also enlarge the proportion of albumen and augment the amount of solid constituents, and thus heighten the specific gravity of the plasma: they diminish the excess of water and lessen the quantity of fibrine; and furthermore, they reduce the extractive matter and salts. Of these various changes the most obvious, because the most easily discovered, is the augmentation in red globules. Simon refers to a case wherein their proportion rose from 32 to 95 in the 1000 after a few weeks of treatment. This effect has led some to overlook the other changes that proceed contemporaneously, and to believe that the action of the medicine was of a more simple kind than it is in reality. From a principal constituent of the hæmatosine being iron, and from this remedy being generally useful in such cases, it has been hastily inferred that it was merely a restorative, and improperly supposed to act merely deposited in the blood the amount of itself of which this fluid was deficient. But this opinion is not countenanced by the multiplicity of collateral changes that are likewise wrought; as well as by the argument before defined of non-ferruginous articles producing similar changes,—

the blood contains no manganese, yet this is a most efficient anti-spanæmic. The augmentation of red corpuscles probably entails by necessity the reduction of the fibrin, since decrease of the latter may be explained by assuming that the increasing cell-growth leaves the serum less saturated with organic blastematous material than previously existed when fewer blood-cells were evolved from it. The other changes appear to be results of distant actions of the medicines, viz. on chylosis, secretion, &c. A question now arises.—Are not the former alterations similarly produced? Does the medicine act topically upon the blood by a local hæmatisis, modifying the affinities that subsist between its different particles, or is the change in the blood but the effect of the actions upon the digestive system and nutrition generally? The latter appears to be the true interpretation, for reasons, before assigned, which served to show that these agents are not simply restoratives, as well as from the fact that upon these parts anti-spanæmics exert very decided influences, that are of such a character as would lead to the elaboration of healthy blood. These will now be examined.

2. By improving chylosis. All the members of this class are tonic, and that this is one of their most important powers is shown by those preparations of the same substance being most energetic which can induce the most powerful invigoration of the digestive system; thus the muriated tinct. and oxysulphate of iron are far more active than the sesquioxid or black oxid,—the finely powdered metal than the coarse filings, &c. Again, the benefit is not in accordance with the amount, for most good may usually be derived from the preparations that are taken in least quantity; small doses capable of causing an alteration in the morbid tendencies, being better than larger ones which are competent to produce a more impressive or supplementary influence. Those compounds of anti-spanæmic bases which are not tonic nor alterative, are not anti-spanæmic. Thus, neither the ferrocyanid nor the ferridcyanid of potassium are anti-spanæmic. The carbonate of manganese is not anti-spanæmic, though nearly all the other salts of this basis are most powerfully so. And, lastly, ordinary tonics occasionally induce precisely the same changes as those commonly, though erroneously, considered to be peculiar to anti-spanæmics proper. Ha. found that when chlorotic patients were not benefitted by either iron or manganese, they got well after taking lead, or copper, or bismuth. Several recovered entirely under the use of the latter. He says, “in these the globulin was reproduced without an atom of iron or manganese.” He explains the use of the metals generally, by supposing they form insoluble sulphurets with the hydro-sulphuric acid, eliminated in the intestines. By thus fix-

ing this gas, they prevent it from decomposing the hæmatosine furnished by the food, and which action when uncontrolled appears to him to be the great cause of chlorosis.

3. By furnishing appropriate aliment. Admitting the explanation last given, we perceive one great use in anti-spanæmics to be a restoration to the system of building material which the disease tends to abstract and waste. The hæmatosine contained in food is so destroyed by the hydrosulphuric acid in the *primæ viæ* that it cannot be appropriated by the system, and, until freed from the power of this gas, ceases to be nutrient, so that the blood is no longer supplied with this principle, and grows poor in it. Anti-spanæmics, however, when received, put an end to this spoliation, by combining with the gas and preventing its generation, and the proper assimilation is recovered. According to the authority last quoted, "most aliments contain hæmatosine ready formed, or an analogous vegetable compound." Lehmann inclines to think, that, besides the supply which exists ready prepared, a portion may be also formed by transformation of oleaginous food. Anti-spanæmics may therefore, we believe, further affect the above action, i.e., supplying appropriate aliment, by furnishing to other alimentary substances the necessary elements in which they are deficient, according to the composition of hæmatosine, and, by abetting their conversion, contribute to the formation of this substance.

4. By normalizing nutrition. Simon describes the influence of iron in anæmia to be "a stimulant to the development of blood-cells," and he adds that in this respect its action falls within a general law, "that the specific stimulus of cell-growth in every organ of the body indiscriminately, is a material identical with or convertible into the natural contents of the cell." The same may be applied to other anti-spanæmics. It is probable that these remedies have an analapetic action upon the organs of nutrition generally, but particularly upon the liver and spleen. As the red corpuscles are developments of the white corpuscles of the blood, there should be an increase of the latter proportionable to the decrease of the former in anæmia; but as this is not observed to be the case,—the white corpuscles being rather diminished than multiplied in numbers,—it follows there is a want of activity in their production, and consequently that the liver, which is their chief factor, is principally concerned in the fault. As has been just stated, the action of the remedies is not confined to the viscera last named, so that the same observations will equally apply to the other seats, as the chyle, where these bodies are produced. The minute details of the operations of these agents cannot be precisely defined, from our inacquaintance with the true physiologico-

chemical occurrences of nutrition that constitute its peculiar phenomena; for until these be pre-ascertained, no accurate interpretation of medicinal agency involving them can be rendered.

ART. XXV.—*On Hemorrhoids, and Prolapsus of the Rectum, with their Treatment, by the Application of Nitric-Acid.* By V. A. BROWN, M.B., Surgeon to the Enrolled Pensioners and Volunteer Battery of Artillery, London, Canada West.

Hæmorrhoidal affections have been so frequently the theme of surgical enquiry, they have excited so much controversy, and called forth so many monographs from eminent members of the profession, within the last few years, that one feels no little hesitation in approaching such a subject. In a practical Science like surgery, far more good is in general done by directing attention to special points, enlarging the field that has been already sown, and maturing its products, than by lending the mind exclusively to the conception and propounding of novelty.

A novel idea, being the result of deep meditation and close reasoning, may in point of utility, though replete with merit, if unaided by any light antecedently shed on the subject, be without value, while the accomplishment of the task just mentioned can hardly fail to be of practical benefit to some, and perhaps suggestive to all.

This observation applies with peculiar force to the subject of the present communication, and may be deemed a sufficient excuse for introducing one here, which to many may seem too often touched upon.

No class of affection which comes under the cognizance of the surgeon is more distressing, or more productive of uneasiness and suffering either to male or female, than those of the rectum, particularly if they have existed for any length of time.

On this continent hæmorrhoidal affections are extremely common, to be attributed in a very great measure to the climate and our mode of life, which to a great extent tend to cause and promote torpidity of the hepatic secretions, and with it a general congestion of the whole portal system. The frequency also of dysenteric affections often lays their foundation and that of prolapse.

They are seldom met with in very young persons, being scarcely ever produced till the body is completely developed in breadth as well as height, an age between 30 and 40 being the most common period for them to begin.

In speaking of piles, two things very distinct in their nature, treatment, and consequences are frequently confounded with each other,

namely, *hemorrhoids* and *hemorrhoidal excrescences*. The former are nothing but a varicose state of the veins at the verge of the anus. The veins are branches of the internal iliac; they pour their blood into the superior hemorrhoidal vein, which returns its blood to the vena porta. If this becomes obstructed from disease or any torpidity of the liver, it would necessarily lead to congestion of the veins of the rectum; and this anatomical fact points out to us that the remedies to effect a cure must be directed to the relief of the loaded liver. In their texture they are subject to a great deal of variety. Sometimes, as stated above, they are merely dilated veins or varices situated near the anus or lower portion of the rectum, forming prominences covered by its mucous membrane, or the delicate skin near the anus, and from which a bleeding takes place whenever there is a great determination of blood to the parts.

In the other still more complicated cases, viz. of hemorrhoidal excrescences, their texture is more complex, many of them being characterized by an areolar, soft, spongy structure filled with blood.

At periods when these are in a quiet state, free from irritation, and without any particular determination of blood to them, they are small and shrivelled; but in the contrary circumstances they swell, become firmer, undergo as it were a kind of erection, and blood is voided from their surface. Hence their texture is compared by French pathologists to the erectile tissues. Numerous arterial branches are distributed to them, which have often occasioned a fatal hemorrhage when the operation of excision is had recourse to for their removal. Hemorrhoids are divided into internal and external, according to their situation, either above the internal sphincter, and in the inferior portion of the rectum, or below the sphincter, near the verge of the anus, under the thin delicate integuments with which this part is covered. But as an internal pile may be protruded below the external sphincter, the best criterion is its texture, for it is always covered by the mucous membrane of the bowel, while an external pile is invested by the delicate skin which surrounds the verge of the anus.

Those internal ones which resemble varices, lie under the mucous membrane, which is often found adherent to their surface, and so thin that their blue colour can be plainly distinguished through it.

Varicose piles chiefly make their appearance when the parts are in a state of congestion, in the form of dark-blue elastic knobby swellings, not attended with much pain, yielding to pressure, but returning immediately it is discontinued. In short, internal piles, according to the most recent authorities, are considered to be prolapsed folds of mucous membrane, lining the internal sphincter, extremely vascular, hypertrophied and thickened by long constriction.

External piles have, when the skin is thin, the uniform bluish tint of a vein: while internal piles present that purplish colour which resembles the intense congestion of stragulated mucous membrane.

The former may be snipped off, and there is no danger of hemorrhage after the vein has emptied itself; the latter, if cut away, bleed continuously and profusely, the blood being arterial and not venous. This fact leads us to a question of great practical interest, viz. ought internal piles ever be excised? A very great variety of opinion exists on the point. Many eminent surgeons advocate the propriety of the excision of all kinds of hemorrhoids, arguing that the ligature occasions excessive danger from phlebitis, peritonitis, pelvic abscesses; and while the advocates of the ligature contend that the fatal results of hemorrhage which has so often ensued from excision, ought to render the operation unjustifiable, it may be safely mentioned, that both operations, in the hands of the most skillful of our profession, have repeatedly proved fatal, so much so that many have discontinued both, chiefly that of excision.

Within the last few years the surgical treatment of this class of affections has undergone a great improvement, by an agent which bids fair to supersede all other mode of interference. I allude to the application of strong nitric-acid, which has proved eminently successful. Its use is greatly to be preferred either to excision or the ligature, as being less painful, very certain in its results, and free from all danger: With the timid male or female it excites no apprehension, and a second application, should it be required, is never objected to.

Its use was first introduced into the Dublin School of Surgery by M. G. Cusack, who has used it with uniform success for some years. While attending his clinique in Madame Steeven's Hospital, I had numerous opportunities of witnessing the success with which he used it, and since then I have myself applied it in many cases with similar results.

Mr. Cusack was very particular in its mode of application. The best and readiest mode is by means of a small hair-brush made expressly for the purpose; or if not procurable, a flat piece of wood, the size of a spatula, but a little narrower at the end, is to be wet with the strong acid, and applied decidedly over the pile till its surface becomes a greyish white. A little oil is then smeared over the part, in order to prevent any free acid affecting the neighbouring parts. The chief things to be attended to, are not to take up too much of the acid on the stick, lest it drop on the surrounding parts, and to apply it effectually so as to destroy the mucous membrane which covers the pile. When this is done, the slough caused by the acid soon comes away, leaving a healthy granulating surface, which rapidly heals, and by its contraction produces a curative pressure on the subjacent distended hæmorrhoidal vessels. Fre-

quently after its application, a dysuria comes on, which lasts some hours, sometimes days, and subsides spontaneously. There is sometimes also swelling, partial or general, of the areolar tissue about the anus. The patients complain of it a little, and generally think that it is the hæmorrhoids which come down.

To combat these symptoms, the patient should be confined to bed for a few days, and kept strictly on low diet, and opiates should be administered in order to produce constipation of the bowels. Should dysuria occur, warm hot stupes to the anal region, with an opiate enema or suppository, will be found to give great relief, or the hip bath; and should there be retention of urine, which is sometimes likely to occur in consequence of sympathetic irritation, the catheter should be used. In a few days, small portions of sloughs will be seen, indicating that the mortified tumours are thrown off. Then should any raw surface remain, a mild astringent lotion will rapidly effect a cure.

The following cases, selected out of many which I have treated, will show how efficacious are its effects in these troublesome affections.

Mrs. B., aged 32, mother of two children, a very delicate person, had been subject to piles for two or three years: they have been greatly increased by pregnancy. She had tried in vain various astringent lotions and ointments, with constitutional treatment. Latterly the parts had become slightly inflamed, and produced such local uneasiness, that she was willing to undergo any operation that would be likely to effect a radical cure; for that purpose, she consulted me.

The tumours consisted of dense, elastic, knotty swellings, clustered together, of a purplish hue, hypertrophied and thickened by long constriction, and situated within the internal sphincter. Every stool caused her, she said, intense pain. It seemed a remarkably favourable case for nitric-acid: I accordingly recommended its application to her, and, promising a certain cure, she readily consented.

The following day, having previously perfectly cleared out her bowels, I freely applied the acid, according to the method described above. She suffered considerably after it for several hours. The pain, however, gradually subsided under the use of the remedies enumerated above. In 5 or 6 days the eschars came away, tearing 3 or 4 of the tumours, but greatly reduced in size. She experienced great relief, and promised to undergo a similar operation; which I told her would be necessary in order effectually to remove them, whenever I considered it the proper time. In a month afterwards, I reapplied the acid; the application being followed by similar symptoms, but this time with a complete removal of all the remaining tumours. Six months have now elapsed since the last

application, and she says that she feels perfectly relieved. In the following case, viz. one of prolapses of the rectum of more than 38 year's standing, and which, during its continuance, was painfully distressing to the subject of it, its beneficial results, although only partial, are extremely marked.

I shall give the gentleman's own history of his suffering. In the year 1819, while serving in India, I had a very severe attack of dysentery. Shortly afterwards the rectum became relaxed, and continued to do so until the year 1824, when it became a confirmed case of prolapse of the rectum; from which time until I consulted Dr. Brown, in April, 1857, it has continued to trouble me, not only at the times of evacuation of the bowels, but when I make use of any exertion, such as in rowing a boat, digging, &c., and at times when simply walking. Previously to my consulting Dr. Brown, I had repeatedly made use of various astringent applications, from none of which, although given the fairest trial, did I receive the slightest benefit.

After the first application of the acid, the prolapses did not descend except when stooling, and then but partially; and after the second application it ceased to do so altogether, unless the bowels were confined or too relaxed, and then even so slightly as to require no force beyond the contraction of the rectum to return it.

The prolapse in this case was of so extensive a nature that on the occasions which I used the acid, I applied it in a very small quantity. So large a portion of the mucous membrane of the rectum was included in the protrusion, that I was afraid a larger application of the escharotic would perhaps produce untoward results from inflammation and sympathetic irritation.

I purpose applying it, if necessary, two or three times again; when, judging from the very great improvement and comfort which it has afforded already, I am very sanguine of its resulting in almost a perfect cure.

REVIEW.

ART. XX.—*A Collection of Remarkable Cases in Surgery.* By PAUL F. EVE, M.D., Professor of Surgery in the Medical Department of the University of Nashville. pp. 858. 1857. Philadelphia, J. B. Lippincott & Co.; Montreal, B. Dawson.

As this book is simply what its title implies it to be, viz. "a collection of remarkable cases in surgery," it is, of course, not open to criti-

cism. We cannot do better, therefore, than transcribe, for the information of our readers, some portions of the author's introduction. "In preparing notes for lectures on surgery," says Professor Eve, "I have often been struck with surprise at the number of extraordinary and remarkable cases found scattered through our periodical literature. It has occurred to me that a collection of these facts might be made available to the profession. Such a contribution has never been given to surgery. The assembling of detached cases of a most interesting and striking character, and classifying them under appropriate heads, cannot be a work of supererogation.

If the whole of our art is in observation, and medicine is only enriched by facts, then surely a collection of the most remarkable must prove of essential service to its cultivators, not only in lightening their labors, but in aiding them in establishing the principles of the science. Harvey says there is no way more calculated to advance the proper practice of medicine than to give our minds to the discovery of the usual law of nature by a careful investigation of the *rarer forms* of disease. * * * * The collector has not presumed to suppose this to be a collection of *all* the remarkable cases which have occurred in surgery, but of course only those accessible to him most deserving a place, and entitled to credit. The object has been merely to gather for preservation the valuable material now existing mostly in a perishable form; to collect the important and instructive cases from our journals, &c. and arrange them for future reference, and, whatever else may not be derived from the work now before the reader, it certainly suggests one practical lesson,—this is, not to be easily discouraged in desperate surgical cases."

The typography and general finish of the book, like that of all the works published by Messrs. Lippincott & Co., are excellent, and worthy of all praise.

CLINICAL LECTURE.

On Specific Cases of Gangrene, from Traumatic Injuries of the Internal Coats of Arteries, &c., requiring or not requiring Amputation, &c.

By EDWARD STANLEY, Esq., F.R.S., F.R.C.S., Surgeon to St. Bartholomew's Hospital.

(*Medical Circular.*)

GENTLEMEN,—There is a boy in Abernethy ward who was admitted into the hospital exactly a fortnight ago, with bad compound fracture of his femur—complete smash of his thigh, in fact—from his having become entangled in the wheels of a carriage in the street.

I wish to draw your attention to this subject to day (October 12, 1857), that you may watch the progress of the case, perhaps more especially indeed as there is a great surgical principle involved in the case,—a principle, I say, of great practical surgical importance, which any of you any day may be called upon, even in the most routine practice, to express an opinion about. This principle is the following:—That in all severe surgical injuries of parts, where the great vessels are torn across, and whether the bone be broken or not, we have gangrene to fear, and we shall best consult the safety of our patient by having recourse to amputation as soon as possible.

I will now read for you some cases, which I think, as “teaching by example,” will make the subject clearer than it otherwise would be without such examples.

One day during the vacation, a case occurred, a very striking instance of injury of the large vessels of the popliteal region, followed by gangrene. I give you the case now out of my own private note-book; and here I would advise you all, if you want reliable surgical data to act on in after-life, to take notes of hospital cases yourselves; the labour is considerable, but you will be well repaid. Well, this case, [reads] headed “Gangrene of the Leg, consequent on Rupture of the Popliteal Vessels,” runs as follows:—A boy, aged 9 years, was playing in the street at some children’s game, where he had to run a distance, and touching something of wood, to run off again. He was in the act of turning round with his knee bent to run off, when a certain heavy window shutter he had touched fell on his leg, in the region of the ham, knocking him down, but not apparently at the moment injuring the leg (judging by the integuments, which were not broken), nor was any bone injured.

The lad was brought to St. Bartholomew’s, and I saw him an hour after his admission. The boy was terribly weak and depressed; his pulse was scarcely perceptible at the wrist. On examining the back of the knee, over the popliteal vessels, very considerable swelling had already become apparent; the lower part of the limb also was mottled. There was no breakage or injury apparent, as regarded the integuments at the back of the knee; no pulse, however, could be felt in the anterior or posterior tibial artery. The swelling in the ham was increasing every quarter of an hour. I punctured the swelling, and a few drops of black blood exuded. The case was too clear; the limb became colder and colder. I decided to amputate, as it was quite evident the larger vessels had been injured.

The very serious and unusual depression under which the poor boy laboured may be judged from the fact that we were almost afraid to

carry him out of his bed to the operating theatre. After he had taken some brandy and water, however, he rallied a little. Yet now, having him in the operating theatre, we had next our doubts whether it would be safe to risk the depressing action of chloroform. A consultation was held as to what was best to be done. The boy was prostrated to the very uttermost; bleeding of some kind or another, arterial or venous, was evidently infiltrating the limb with blood; the vital cerebral action was sinking, and the question debated was, Would not the sinking caused by the full action of chloroform* add further to the mischief, or in fact precipitate the worst that could happen? This point, it will be remembered, was debated in the late Crimean war; in the French army it was decided in the negative. Well, we adopted the golden mean of medicine: we gave him a whiff or two of chloroform, then some brandy and water. [And here it is that your assistant who administers the chloroform, may, by his tact and skill, by watching the pulse, &c., assist you with his advice. It is a most delicate point.] The pulse improved under the brandy and the chloroform, and I took off the limb by a quick circular incision about the middle of the thigh. There was not a great deal of blood lost, and the chloroform seemed to act as a great boon, as it usually does in such cases. We examined the limb with some interest, and found the popliteal vessels, both arterial and venous tubes, to be torn right across,—the divided ends two inches asunder. This peculiarity of arterial coats to retract is very remarkable. It is more evident in arteries which are lacerated, as first pointed out by Cheselden, than it is where arteries are merely cut, as we see them every day in the operating theatre. This poor young fellow, then, sustained this severe injury of his popliteal vessels by the fall of this shutter. Now it is not easy to explain why, of all the various tissues of the part, the arteries should thus give way and become lacerated, though the integuments remain sound. It is one of the most serious points you may have to decide in actual practice. I now will give you a third case, still more remarkable; it occurred about a year and a half ago. It is that of a man, aged thirty-five, who sustained compound fracture of the femur, followed by profuse hæmorrhage.

* Mr. Le Gros Clark and others have dwelt on the absurdity of laying down a general rule for the administration of chloroform to *all* patients indiscriminately. None but persons unaccustomed to London hospitals, mere amateurs in the British Medical Association and elsewhere, could mislead rural practitioners by holding such a universal doctrine. It is a curious feature in London hospital-practice during the last six months, that several patients have obstinately refused to take chloroform themselves in most painful operations, alleging as their reason that Parliament has placed chloroform amongst poisons!

He was engaged propelling a large block of stone, which was overturned on his thigh. The bone was observed protruding through the limb. The pulse at the wrist was scarcely perceptible. We applied a tourniquet to the thigh, and administered constantly small quantities of brandy and wine. The limb was cold, and, as I mentioned in the other case, it became quite "mottled," a sign so characteristic of gangrene. There was nothing for it in this case but amputation at the hip-joint, but we did not deem ourselves justified in recommending it.

The femoral vessels were seriously injured, so recourse to amputation here was out of the question. Even in cases where amputation of the coxofemoral articulation is advisable, it is best to do it as a secondary operation.

The point of distinction you will now see between these two cases. In that of the boy there was just vital force and power sufficient remaining to recommend amputation; the fall of the heavy window-shutter had not done as much mischief as a stone of two tons. In the man there was unfortunately no alternative left but to decline operation of every sort, so as at least not to hurry the poor man's dissolution. A stone of two tons weight had literally crushed the life out of the whole limb.

You will always find very considerable "shock," with collapse of the vital powers, in all such severe injuries as these under consideration. Nay, more, you will sometimes find, from idiosyncrasy of constitution, that excessive excitement of the brain may follow, with constitutional symptoms and delirium. These cases, too, require special study in relation to chloroform.

Well, so far so good. Are we now in a position to say whether there is anything else that may happen in cases of severe injury, such as these we are speaking of? Yes. Another complication of an apparently simple injury is this:—A considerable force may be applied to a limb, as in the cases just given; the *external* coat of the popliteal, for instance, may be uninjured, but the *inner* coats torn completely across, causing effusion of blood in the surrounding tissues.

We had a very obscure case of this kind, which I will now relate. A man, aged thirty, sustained an injury in the popliteal region. There was intense swelling of the part, with swelling in fact of the entire limb. The temperature became diminished, but pulsation not entirely destroyed. The case, in a few words, may be described as exceedingly obscure. The man died after a lapse of ten days; amputation had not been done, as the case did not appear of sufficient gravity to require such extreme measures. Well, what did we find? The popliteal artery completely torn in its inner and middle coats, but the exterior coat uninjured.

Well, Gentlemen, after these preliminary remarks we are now in a better position to understand the case in "Abernethy" ward:—It appears that, on the last day of September, this boy was riding behind a cab or carriage, when his leg was caught in the wheel. He was brought to the hospital with extensive injury. You doubtless remember the case as seen the day of the "Introductorics," the middle of the shaft of the femur protruding through the integuments, the poor child being thus terribly mutilated. What did we find on examination? He was suffering from severe prostration; the pulse was absent also in the anterior and posterior tibial arteries. In a word:—At first we made up our mind the femoral artery was ruptured. I remember, on coming to the hospital, the operating theatre was lighted up, as it was all but decided to amputate. Well, we did not amputate, as you are aware. There was the leg, cold it is true, and deprived of pulsation in the tibials. We waited for fifteen minutes, talking at the bed-side, and by degrees I began to feel a little creeping pulsation in these vessels (it shows us how necessary it is to be very careful in our examination of surgical patients). The light in the theatre was put out, and the instruments returned to their cases. In place of amputation, we treated it of course as a bad compound fracture. The thigh was placed on a long splint, and we have supported the system of the lad as much as possible, by wine, beef-tea, &c. During the progress of the case, there has been a very curious symptom,—intense sensitiveness of the surface of the body. I began to think, in fact, at one time, that there was fracture of the pelvis, implicating or irritating the spinal canal. Nor are we quite certain yet that these parts have entirely escaped the shock of the accident; the sound limb has got swollen also, and there is fluid effused into the knee-joint; all which makes the case one of great difficulty and doubt. Mr. Lawrence, Mr. Skey, and my other colleagues, agreed in the propriety of what we are doing, viz. to support the patient well, and strive to save the limb. The youth of the patient is in his favour as far as regards the latter indication, and, whatever be the result of the case, all the best rules of surgery as observed in such instances, have been followed. Now as to the fracture of the pelvis.

You see here [Mr. Stanley exhibited the specimens from the museum] we have an instance of fracture of the pelvis from exactly the same cause, separation of both sacro-iliac symphises, separation also of the cartilage of the symphysis pubis, as well as a tearing asunder of the lower epiphysis of the femur; all brought on by the horrible shock to this part of the frame, in a boy whose body was entangled in the wheel of a carriage and dragged violently round and round,—an accident you will

perceive, nearly identical with that sustained by this boy also. This tearing asunder of the epiphysis of the femur is very unusual and remarkable, though the strength of epiphysis in general is due rather to the investing periosteum carried over them than to the cartilaginous matter interposed between the end of the bones; thus a part like this will require a force of 550 lbs to separate the parts with the periosteum intact, but only 110 lbs. if you strip off the periosteum! and this membrane in the young subject is peculiarly tough and thick; but then remember a child dragged about by the spokes of a cab-wheel in motion,—a force sufficient it may be presumed, to tear such parts.

The *rationale* of this case is now very obvious to you. The pulsation has returned in the limb. The temporary suspension of the pulse in the tibials was, in all probability, due to some local disturbance of the broken end of the bone during his conveyance to the hospital, by which the ends of the bones pressed on the femoral artery, this pressure becoming altered by some accidental manœuvre, or manipulation of the limb, as we were subsequently examining it. You see thus, at once, what a serious difference it makes, whether we find this evidence of injury of the coats of vessels or not—all the difference, perhaps, between saving the life of our patient, as in this case in Abernethy ward, or subjecting him to the risk of amputation, with consequent mutilation, almost equal to death itself, where the working classes have to earn their own livelihood by active employment.

THERAPEUTICAL RECORD.

(From the *Virginia Medical Journal*.)

Fever.—Dr. Jacob Rosenthal gives (Wurtzburg Verhandlungen, 1856) a full report of an epidemic of abdominal typhus (enteric fever) which prevailed in the commune of Gerbrunn in 1854. This epidemic lasted five months, and affected a fourth of the entire population of the town. It was characterized by absence of exanthem, invariable hypertrophy of the spleen, extent of abdominal affection, frequency of conservoid growths about the mouth and pharynx, by a long convalescence and a small rate of mortality. Of Dr. Rosenthal's 115 patients, 12 died.

Pneumoniana.—Professor Wunderlich of Stuttgart publishes (Vierodt's Archiv. f. Phys. Heil. Jan. 1856) an analysis of 204 cases of pneumonia, treated in his clinical wards in a period of five years, with a view to determine the influence of blood-letting in this disease. The mortality was 36; but deducting the cases that were hopeless when brought to the hospital, it is reduced to 11.57 per cent. Venesection was practiced in three of the fatal, and 14 of the successful cases. We refer to this paper in order to command it to the attention of physicians investigating the subject of which it treats.

Scrofula.—In the English hospitals, iodide of cadmium is coming into general use as a substitute for the iodides of lead or zinc in the preparation of resolvent ointments. It makes a white ointment, said to be very effectual in dispelling glandular enlargements.

Strychnia and the Woorara Poison.—Dr. Vulpian (*L'Union Médicale*, Jan. 1857) has made some experiments on animals with these poisons, in consequence of a suggestion by Dr. Thibeaud that they are antioffonistic in their actions, and might therefore be employed as antidotes to each other. The result, however, is that Dr. Vulpian does not consider woorara an antidote to strychnia, and that it is equally inefficacious, and may be mischievous, in the treatment of tetanus.

Tannin-draught in Chronic Bronchitis.—Dr. Berthel (*Bulletin Général Thérapeutique*, March 1857) recommends the following draught in bronchitis of long duration; 20 centigrammes of tannin, 5 centigrammes of belladonna, 15 centigrammes of hemlock, 90 grammes of infusion of senna, 50 grammes of fennel water, and 50 grammes of syrup of mallow. A tablespoonful to be taken every two hours.

PERISCOPE.

On the Proximate Cause and Specific Remedy of Tuberculosis.—Abstract of a paper laid before the Academy of Medicine of Paris, on the 21st of July, 1857. By JOHN FRANCIS CHURCHILL, M.D.—The total number of cases of phthisis treated by me amounts to thirty-five. All were in either the second or third stages of the complaint; that is, they had either softened tubercles or cavities in the lungs. Of these nine recovered completely, the physical signs of the disease disappearing altogether in eight out of that number; eleven improved considerably, and fourteen died; one still remains under treatment.

I believe that the results, of which the preceding is a summary, taken in connection with the considerations I have set forth at length in the paper now in the hands of your Hon. Secretary, will be found to justify the following conclusions:—

The proximate cause, or at all events an essential condition of the tubercular diathesis, is the decrease in the system of the phosphorus which it contains in an oxygenizable state.

The specific remedy of the disease consists in the use of a preparation of phosphorus, uniting the two conditions of being, in such a state that it may be directly assimilated, and at the same time at the lowest possible degree of oxydation.

The hypophosphites of soda and lime are the combinations which hitherto seem best to fulfil these two requisites. They may be given in doses varying from ten grains to one drachm in the twenty-four hours.

The highest dose which I have been in the habit of giving to adults is twenty grains.

The effect of these salts upon the tubercular diathesis is immediate, all the general symptoms of the disease disappearing with a rapidity which is really marvellous.

If the pathological deposit produced by the dyscrasy is of recent formation, if softening has only just set in and does not proceed too rapidly, the tubercles are absorbed and disappear. When the deposit has existed for a certain time, when the softening has attained a certain degree, it sometimes continues in spite of the treatment; and the issue of the disease then depends upon the anatomical condition of the local lesion, on its extent, and upon the existence or non-existence of complications. I have made numerous attempts to modify the local condition of the lungs by the inhalation of different substances, but have never obtained any satisfactory result independent of what was to be attributed to the specific treatment. The hypophosphites of soda and lime are certain prophylactics against tubercular disease.

The physiological effects which I have observed to be produced by the use of the hypophosphites of soda, lime, potash and ammonia, show these preparations to have a two-fold action. On the one hand, they increase the principle, whatever that may be, which constitutes nervous force; and on the other, they are the most powerful of hæmatogens, being infinitely superior to all medicines of that class hitherto known. They seem to possess in the highest degree all the therapeutical properties formerly attributed by different observers to phosphorus itself, without any of the danger which attends the use of that substance, and which has caused it to be almost forgotten as a medical agent. The different preparations of hypophosphorous acid will undoubtedly occupy one of the most important places in the materia medica.

The Academy resolved that the paper be referred to a committee, consisting of MM. Louis, Trousseau, and Bouilland.—*Dublin Hosp. Gazette*, Aug. 15, 1857.

Of the Nature of Phthisis, and particularly of the Pre-tubercular Stage.
By Dr. E. SMITH. (*Lancet*, Nov. 1, 1855.)—After pointing out the advantages of special hospitals in the study of disease, the object of the author is to show: 1st, That the treatment of phthisis, in order to be commonly successful, must be in the pre-tubercular stage; 2d, That there is a pre-tubercular stage which is capable of easy demonstration, and in which treatment would commonly prevent the deposition of tubercle; and 3d, That the nature of phthisis essentially consists in a lessened in-

spiratory action of the air-cells of the lung. He admits that phthisis is induced by a multitude of causes, but he affirms that the tendency of all these is towards exhaustion, and that they, although many, have one common mode of action in inducing the disease. He criticises minutely the prevalent opinion, that phthisis is a disease of the blood, and proves that whatever may be the state of the blood in the disease, there is no universal condition of it which attends the origin of the disease, or which is really causative of it. The state of the system, which is one of the causes of phthisis, is one of both solids and fluids, and is to be expressed rather by a general predisposition to the disease than by the specific state of the part of the system, viz. the blood, in which the elements of the disease had never been found, or had been directly transmitted to another system. He also proves from his own investigation, that the function of alimentation was not at fault as causative of phthisis, by showing that the quantity of food taken in the early stage is equal to that in health; and by reference to the *faeces*, solids in the urine, biliary and cuticular excretions, he showed that there was then no larger excretory waste than occurs in health. The lessened action of the air-cells he proved from the lessened vital capacity, feeble respiratory power, and lessened mobility in the early stage of the disease, the consequently lessened vesicular murmur, increased harshness of respiration and flattening of the chest, with or without slight dullness, indicative of atrophy of the lung. He also proved that the signs of lessened vesicular action are found in all those cases, which, by common consent, are said to be prone to phthisis, and mentions instances in his own practice at the hospital in which the vital capacity was reduced to the extent of two thirds or half of the healthy quantity, without there being any evidence of the deposit of solid matter in the lung. This stage of lessened vesicular inspiratory action, without any evidence of tubercular deposition, he designated as the first stage of the disease, one in which every hope of success may be entertained from suitable treatment. The second stage was that of tubercular deposition, and the third that of destruction of tissue, whether to the extent of softening only, or to the further degree of the formation of a cavity. He then proceeds to show the connection between the act of inspiration and the circulation through the lungs, and the importance of maintaining a balance between the systematic and pulmonary circulations, and explains the especial liability of the apex of the lung to tubercle, by a consideration of the mode of action of the lung, whereby the cells at the apex must at all times be less perfectly distended than those at the base, and consequently have less circulation and vital influence. He discards the notion of the deposition of tubercle in the lung from

the blood, and, having referred to Dr. W. Addison's theory of the formation of tubercle on the lung from degenerated epithelium, shows how readily the air-cell is rendered fit to be a receptacle of such morbid products when its action and vital influence are lessened or lost. The extreme liability of the lungs to the deposition was not from any question relating to the blood, but from a consideration of the peculiar action of extrusion and retraction of the air-cell (as he had demonstrated), and from the immense number of such filled receptacles as the air-cells of the lungs offered. He believes that phthisis and scrofula are distinct diseases, and that, whilst they may be sometimes causative of each other, their co-ordinate occurrence was chiefly accidental. Dr. Smith also explains the occurrence of hæmoptysis before the deposition of tubercle, upon the principles now laid down, and points out the inappropriety of any attempt to arrest it directly, and also of interfering with that degree of increased frequency of respiration and pulsation which nature sets up as a prophylactic measure when the amount of circulation in the lungs is so greatly lessened as it is in all stages of phthisis.

On the Treatment for the Arrest of Phthisis. By Dr. EDWARD SMITH, Assistant Physician to the Hospital for Consumption at Brompton, (*British Med. Journal*, Jan. 10, and Feb. 7, 1857.)—After having investigated the subject in a very careful manner, Dr. Smith has arrived at the conclusion that alimentation is *not* at fault, since the quantity of food taken is equal to that in health, since digestion is good, and the waste of material not greater than in health, and that the respiration is *at fault*. *The theory propounded is that the disease essentially consists in the lessened action of the air-vesicles, and that it is commonly due to anterior conditions of the general system of a depressing nature.* These general conditions are in part, probably, certain atonic states of the nerves of organic life, and more particularly of the sets of those nerves and of the communicating branches of the cerebro-spinal system which preside over the involuntary and also the voluntary action of the lungs.

The treatment recommended may be summed up in the following sentence: Forced inspirations, out-of-door exercise, good and frequent food, sleep, early rising and retiring to rest, cool, moist air, cold washing, moderate excitement of the mind, and medicinal tonics. There is also another, which may rather be considered a prophylactic of phthisis, and which, in his opinion, is of far greater value than the community at the present day admit; viz.: athletic exercises, and country sports and games.

The means upon which Dr. Smith lays most stress is that of "mechanical distension of the air-cells to a degree beyond that which takes place perhaps in health, but certainly in the state of enfeebled respiration in which we find the patient. This may be effected by bodily exertion, which tends directly to increase the frequency and the depth of inspiration; and as this mode is so consonant with our knowledge of the laws whereby health is maintained, no objection will be urged to it. But to my mind there is the objection that, in phthisis, whether before the manifest deposition of tubercle, or afterwards in the early stages of the disease, the pulse is frequent proportionately to the respiration; so that the respiration is to the pulse, not so as 1 to 4, but as 1 to 5, 6, or 8. I have paid much attention to this matter in a long inquiry which I have prosecuted at this hospital, and am assured that, in the early stage of phthisis, the proportion of the two functions is commonly reduced. Now the pulsation is at least frequent enough, and it is not uncommonly too frequent; and hence we do not need to apply any remedies which may increase the rapidity of the blood-current. But exercise of body, and even the sitting and standing postures, do increase the blood-motion; and, although they at the same time increase the rapidity of breathing, they do it in a less ratio than the former. Whilst, therefore, bodily exertion may be useful, and is indeed necessary in giving more rapidity and depth to the respiratory effort, it is not an unmixed good. But we must not forget that the quiet motion of the body, which is now said to be bodily exercise, does not excite the depth of inspiration sufficient for our purpose; and it is only when it becomes so great as is needful in athletic exercises that the desired result is attained. Hence the directions which we commonly give are of little avail, although the tendency of them is right. Yet with the violent bodily exertion referred to, the rapidity of the blood-current is greatly increased, and at the same time there is a proportionate diminution in the deposition of material in the tissues, and in the due action of the air upon the blood in the lungs. Thus lessened growth of body occurs, with, at the same time, less vigor of vital processes, and a waste of material through the eliminating organs. This must result when the body is in health; but then the temporary evil is either easily borne, or is compensated by good; but when, in phthisis, at least in the tubercular stages, we find a tendency to a constant rapidity of current, and consequently to lessened growth of tissues, we must attach a greater degree of importance to it. The effect of much exercise in phthisis is, therefore, evil certainly, although, at the same time, it may be, but less certainly, good.

Now is it possible to meet this difficulty, and to find a mode whereby

the depth of the inspiratory act shall be increased, and yet the rapidity of the blood-current not sensibly promoted? Perhaps not, in the fullest sense of the inquiry; but I think it may in a limited yet important sense. I refer to voluntary attempts at deep inspiration. This cannot be continually effected, since volition cannot be at all times directed to that end; and if it could, the very act would fatigue the system; but it may be for a limited period at a time; and the very instruction thus given, if properly explained, will induce the patient to guard against that shallow respiration which is so constant a feature of the complaint. Thus the mind would be directed to an object of value; the spirits would be excited by hope; and the evils attending a listless and enfeebled habit of respiration would be in some degree guarded against. This object is doubtless attempted when the patient is directed to use calisthenic exercises, as the use of the dumb-bells; and there cannot be a doubt that the vigorous employment of such means may excite inspiration. But it is one thing to throw the arms about, and another to make that conducive to the deep inspiration. We must admit that, whilst the object is good, the practice has commonly defeated the object, and that perhaps in a great degree from the want of knowledge on the part of the patient to enable him to make his efforts efficient. Moreover, I am not clear but that sometimes, and perhaps frequently the effort now referred to lessens the frequency, and without increasing the depth, of inspiration; for nothing is more common than for us to hold our breath when making any unusual voluntary exertion.

I think that nothing less than direct voluntary attempts to breathe deeply would effect the object we have in view; and even this is certain to fail unless it be carefully effected. The seat of mischief is chiefly in the upper lobe and the apex of that lobe. Now, if we take an ordinary inspiration, we find that the expansion of the chest is disproportionally greater in the lower than in the upper half of the chest; and when the respiration is unusually feeble, this disproportion is so much the greater that scarcely any breath-motion may be detected under the clavicles. But on deep inspiration, the first sensation of fulness is at the base of the lungs; and that sensation gradually rises as the depth of the effort increases, until, at the very end of the deepest inspiration, the sensation is felt at the apex. This may be readily proved by any one who will take the trouble to try it carefully upon himself. Now in this very fact lies the difficulty of the matter. It is almost impossible to persuade a phthisical patient to take an inspiration of the depth referred to; for his habitual shallowness of effort induces him to consider *that* a deep inspiration in which the lung is by no means fully distended. It is my

habit to show the mode and the required depth by my own inspiration, and to inform them that it is only the *very end* of the deep inspiration which is of service to them. Our aim should therefore be to have the deepest inspiration performed as often as we think right, with a view of thus *preventing the process of closure, which is, in my belief, the mode of action of the disease.* If there were not a serious objection to the introduction of any instrument as a part of medical treatment, I should advise the employment of a spirometer, which would measure the amount of air inspired; and this, whilst engaging the patient's attention, would enable him to regulate his voluntary efforts, and to ascertain the result. I have several in use; and after a repeated employment of them in determining the amount of vital capacity at various periods, the patients have expressed much gratification in the assurance that they felt much better from this forcible attempt to inspire deeply.

I fear that this may be thought too mechanical a plan of treatment; but I beg to observe, that the very existence of the air-cells themselves is in part due to the mechanical introduction of air within them. There are no developed air-cells in uterine existence; and even during the first early period of extra-uterine life they are so slightly developed as to be said not to exist at all. When the air is first admitted into the bronchi, there are no true cells such as may be found in later life; and the period of their development is that of breathing, and their maturity is due to the continuance of the effort. Thus the development of the air-cells may be said to be due to the mechanical agency of inspiration. Moreover, we know how greatly the depth of inspiration is due to volition, to the thousand necessary occurrences of daily life, and to the effect of other diseases; and we admit at once that the effort of inspiration varies under these several conditions. Hence it is not unphysiological to direct an effort to make the act of inspiration perfect (as we daily do to render the digestion of food perfect), and to keep in a due state of distension, or to increase the existing degree of distension, of the air-cells of the lung.

I do not know if any difficulty would present itself to any mind in reference to the limitation of the lessened action, or of collapse to isolated small portions of the lungs, as is believed to exist on this theory. Perhaps it is more easy to understand how the whole organ may be influenced, rather than a part of it; but in addition to the special disposition which must exist in the upper lobe, and especially of the apex, from the direction and depth of the air-current in inspiration, I may refer to the fact that the atelectasis of the newly born is always partial, and may be even limited to one or to several isolated and separated

lobules. Hence it may be said to act only on individual cells, and is a fair illustration of that which is believed to exist in the early stage of phthisis. The one is not more difficult of belief than the other.

To show that voluntary inspiration not only may, but has been defended on physiological grounds I would refer to a remark made by Lohmann, vol. iii, p. 382. In reference to excretion of carbonic acid largely, he says: "We may perhaps aid a tuberculous patient quite as much by recommending him to respire warm moist air, as if we prescribed lichen or cod-liver oil. Instead of tormenting an emphysematous patient suffering from congestion, and of hemorrhoidal tendencies, with aperients and saline mineral waters, we might relieve him far more effectually by recommending him to practise artificial augmentation or expansion of the chest in respiration (filling the lungs several times in the course of an hour,) or to take exercise suited to produce this result; while we should forbid the use of spirituous drinks, and not prescribe tinctures, which might hinder the necessary excretion of carbonic acid."

In advising this course, I do not for a moment refer to any increased chemical influence which the increased volume of air may or may not have upon the blood, neither do I make use of the theory that by this means we effect pressure upon tubercle, and promote its absorption; I only claim for it that it will tend to prevent the decay and the closure of the cells from inaction, and thus prevent the further deposition of tubercle in cells which are not already rendered useless by or with it. But it is fair to infer that there must be by this means a more complete renewal of the residual air, and thereby a further benefit be obtained. It may, however, be proper for me to refer to the experiments of Vierordt in reference to the influence of voluntary respiration in promoting the evolution of carbonic acid. He ascertained that the more frequent the respiration, the less percentage of carbonic acid was evolved; but as the total quantity of air taken into the lungs was increased by an increased number of inspirations of a uniform depth, the total quantity of carbonic acid evolved in a given time was greater than with fewer inspirations. Thus:

With 12 inspirations per minute 13½ cubic inches were evolved.

" 24	"	" 24.2	"	"
" 48	"	" 42.5	"	"

And in reference to variation of depth, the frequency being constant, he proved that, with an inspiration twice as deep, the quantity of gas evolved was the same as when the inspiration were three times as frequent, the depth then being constant. Thus the objection which is so

commonly raised to voluntary attempts to respire, viz. that it does not increase the vital force, is incorrect; for, in practice, we are not concerned with the percentage evolution of carbonic acid, but with the total evolution in a given period.

The reason for the large increase in the amount evolved by an inspiration simply twice as deep as an ordinary one, is, that the air in the air-cells is richer in carbonic acid than that in the minute bronchial tubes, in the proportion of 5 to 3; and hence, as a deeper respiration causes more movement in and exchange of the residual air, the air-cells must lose a larger quantity of the products of respiration. Hence the remedial influence of deep voluntary respiration is both mechanical and chemical.

The effort now recommended may weary the patient; and hence I have thought it enough if the patient thus deeply, slowly, and gently respire for five minutes at a time, and on three or four occasions in the day, at the same time explaining the object, and recommending him to avoid shallow breathing in his ordinary respiration. Thus fatigue is avoided, and yet probably the effect is obtained.

It is, however, essential to the success of this plan, that it should be fairly carried out: and if, from other causes, no success results, I do not know of any mischief which could possibly arise from this. Success will, of course, be dependent upon many causes, and hence neither this nor any other single plan of treatment can be exclusively relied upon. It has, however, this merit, that it is of almost universal application, has evidently a tendency to improve the health, and cannot do harm. When there is no tubercle deposited, I am of opinion that the plan, if fairly carried out, can hardly be inefficacious; but in the last stage of phthisis the possibility of arresting the disease by any means is very small.

5.—*On the Diagnostic Value of the Symptoms indicative of Pulmonary Cavities.* By DR. N. FREDERICH. (*Verhadnl. der Phys. Méd. C. in Würzburg*, Seib. Bd., 1856; and *Med. Chir. Rev.*, April, 1857.)—The cracked-pot sound, the tympanitic percussion sound, the amphoric and metallic respiratory sounds, are in this paper examined in relation to the diagnosis of pulmonary cavities. We recently drew attention to Professor Bennett's observations on the occurrence of the cracked-pot sound in various conditions unconnected with cavities. Dr. Cockle has also shown that it may occur in cases of simple bronchitis. Dr. Friedrich gives three cases of pleurisy in which this sound was met with. In the first (a man aged twenty-two), it occurred in the left infra-clavicular region, at the time when the effusion on the same side was

receding, and it lasted until its complete absorption. In the second (a man, aged twenty-two), the sound occurred from the commencement of the affection, and whether the nose and mouth were opened or closed, in the left infra-clavicular space, as far as the third rib, to which the pleuritic effusion reached. It disappeared before any change in the exudation was perceived. In the third case (a man aged twenty-three), the *brait de pot-fêlé* was produced, the mouth and nose being open, at the upper left side, down to the third rib, at which point the effusion commenced. The patient was still under observation when the paper was written. With regard to the occurrence of the sound in healthy subjects, Dr. Freidreich has failed to discover it in the adult, but on examining forty-six children under fourteen years of age, he met with it twenty-six times—fourteen times audible on both sides anteriorly, but only in five equally loud—in the other cases, generally louder on the left than the right side, and only twice louder on the right than the left. In explaining the production of the cracked-pot sound, Dr. Freidreich opposes the theory that it is due to air being forcibly expelled through the glottis; because, on applying the stethoscope to the larynx, while another person produces the sound, no indication of its formation at the glottis is obtained. In bronchitis and early infancy, he believes the production of the sound to be due to the compression of the smaller bronchi during the act of percussion. He adopts Skoda's theory of its production in phthisis, while in pleurisy he attributes it to compression of the pulmonary tissue by the exudation and the forcible expulsion through the smaller bronchi of the air contained in them, when percussion is employed.

Lupulin in Irritable Bladder.—Dr. Wood said that some months since he met with a case of irritable bladder, in which the desire to urinate was very frequent and distressing. Owing to the peculiar susceptibility of the patient, it was impossible to use opium, and other narcotics were entirely without effect. It then occurred to him to try lupulin, which Dr. Page first, and others after him, have found so efficient in allaying irritation of the genital organs. Dr. Wood administered five grains every two hours, beginning towards evening, and continuing until its effects were experienced; and this plan was repeated daily. The patient rapidly improved under the use of the remedy. The improvement might have been accidental, but the case appeared to him of sufficient interest to be mentioned, as it might induce others to make trial of the remedy, and thus determine its value.—*Trans. of Col. of Physicians.*

The Sub-Carbonate of Bismuth.—The valuable properties of bismuth in counteracting many morbid conditions of the stomach, are well known. If it be inert in cases of structural diseases of this organ, or even if its effects be doubtful when employed in those affections depending upon inflammation or congestion of the mucous membrane, its efficacy in the various functional disorders of the stomach are too well known to be insisted upon. Among the symptoms for which it is most successfully prescribed, are pain, vomiting and pyrosis. The form in which the metal is usually administered is that of the tris-nitrate, more commonly called the sub-nitrate. This substance is insoluble, and it is not improbable that some of the advantages following its use may be owing to this fact. The medicine acts locally upon the diseased part, and its sedative and anti-spasmodic effects are prolonged because it is not carried away by the circulation. Its very insolubility, however, is a bar to its influence upon the system at large; the secretions are not affected by it, and it produces no alteration upon the temperature of the body, or on the rapidity of the pulse.

Of late, a new preparation of bismuth has been strongly recommended by Professor Hannon, of the University of Brussels, who has been engaged in a series of experiments with a view to discover some form in which the metal may be administered which will secure its effects on the general system, as well as on the stomach; and the result is, that the *sub-carbonate* of bismuth promises, in his opinion, to answer these ends. This preparation is very soluble in the gastric juice, and its action is very prompt, without producing that sensation of weight in the stomach which often follows the use of the tris-nitrate; hence it can be continued much longer than the latter preparation. It rarely causes constipation, and does not blacken the stools.

Five or six hours after the ingestion of from ten to fifteen grains of the sub-carbonate, the pulse becomes more feeble, and diminishes from two to five beats in the minute; the urine is increased in quantity, and becomes more clear; the appetite diminishes. If the medicine is continued, these phenomena gradually disappear, and in the course of eight or ten days there is an increase in the muscular strength, the appetite improves, and the digestion becomes more easy. If the medicine be continued for too long a time, it produces a sensation of plethora. Thus, its action appears to be sedative during the early employment, and tonic afterward.

Its therapeutic effect resembles that of the tris-nitrate, but is more marked. It may be beneficially administered in all cases of gastralgia consequent upon an inflammatory condition of the stomach and

intestines, in which the tongue is red and pointed, the digestion difficult and accompanied by crustations, either tasteless or acid or by a tendency to diarrhoea or spasmodic vomiting. It has an excellent effect in the diarrhoea of infants, especially when occurring at the period of weaning. Its alkaline properties give it the very great advantage of neutralizing the excess of acidity which so often exists in the stomach in the various forms of indigestion.

These results of Prof. Hannon have not yet, to our knowledge, been confirmed by other observers, but his views seems so reasonable that we may venture to hope that experience will confirm the truth of them, and that we may be put in possession of a new and valuable remedy for many of those difficult and troublesome symptoms which accompany dyspepsia.—*Boston Med. Jour.*

Case of Ileus, with Operation, being an Extract from a Paper on Intestinal Obstructions, read before the Glasgow University Medical Society, December, 1858. By T. M'CALL ANDERSON.

Mr. R., aged 32, had long been subject to confinement of the bowels, which he invariably relieved by a little opening medicine. However, on the 16th of May last, suffering from constipation, he took a colocynth pill and seidlitz powder, which failing to produce any effect, medical advice was called in. Various laxatives were tried, including repeated doses of croton oil and of calomel and opium, accompanied by turpentine and assafoetida enemata, but ineffectually. The constipation at this time was the most prominent symptom. The abdomen was tympanitic, and there was slight hiccup, but he had little pain, sickness, or vomiting. This was on the 20th of May. In the evening, however, he vomited some dark-coloured matter. On the 22d, enemata of tobacco were three times employed, which produced sickness, and vomiting of the contents of the stomach, which smelled distinctly of the injection. Enemata of croton oil were also made use of—a mode of administering this powerful purge which I believe to be new, but which did not produce the desired effect.

On the 29th, nine ounces of fluid mercury were administered, to try its effect in forcing a passage by its weight. It may be mentioned that at the time this was given, little confidence was placed in its efficacy by the medical men in attendance. No effect followed its use, and the pil. carbonatis ferri saccharisatum was then had recourse to. This was given as a tonic, on the supposition that the obstruction might be owing to atony of the gut; but as this was not the cause of the complaint, as the result showed, it produced no effect.

Almost daily attempts were made to relieve the bowels by the long gum-elastic tube, which seemed to pass into the colon, but probably doubled on itself. On the 1st of June a gutta-percha tube was introduced; and on withdrawal, it was filled with a feculent-looking matter; but whether it was feces, or matter discharged from the diseased bowel, it was impossible to say. The tube was repeatedly employed, but gave no further insight into the nature of the case, and no relief to the patient.

During the whole of this period, the patient complained of no pain and no uneasiness, except what arose from the abdominal distension, which was considerable. His pulse varied from 84 to 96. Every medicine which had the least prospect of giving relief having been tried, the case was now clearly beyond the skill of the physician, and required the use of the knife. Accordingly, after consultation, an operation was agreed upon; and as the opinion was that the disease most probably is in the sigmoid flexure of the colon, the seat of operation was on the left loin. On the 11th of June, twenty-seven days after the commencement of the obstruction, the following operation was performed by Dr. A. D. Anderson:—

The patient being put under the influence of chloroform, and being laid on his right side, at the edge of the bed, an incision was made an inch and a half above the crest of the ileum, commencing at the external margin of the erector spinæ muscle, and extending outwards for about four inches. First the integument and fascia, and then layer by layer of the muscular walls, were successively divided, and the descending colon was easily reached. A thick ligature was passed through it; it was drawn out and opened. At the first nothing but flatus came away; but soon after, a copious stool of half-liquid feces, to the extent of a wash-hand basinful, was discharged. The margin of the opening in the gut was then secured to the edges of the wound, and a binder was applied round the abdomen, to support it after its distention; an aperture being left opposite the wound, which was covered with a light water-dressing. The patient was under chloroform the whole time, and said he had felt no pain; was relieved by the operation, and was comfortable. An opiate was given an hour after, and in the evening he had had a good sleep, and free evacuations through the opening. Pulse 108.

On the 16th, suppuration had separated the wound, but it was easy; copious stools passed without pain, and containing the crude mercury. On the 2d of July, twenty-one days after the operation, he had quite recovered from its effects, was sitting comfortably in the parlour, and all was going on well. On the 13th, however, he was suddenly seized with rigors; acute peritonitis set in, and he never rallied, but gradually sank, and died on the following morning.

On post-mortem examination, a malignant tumour, of a colloid character, was found at the sigmoid flexure of the colon, which proved the cause of the obstruction; and in the cavity of the pelvis, in close proximity to the tumour, a quantity of pus was found, which had been discharged from it, and which was the immediate cause of the fatal termination.*

Such, then, was the lamentable result of what at one time promised to be a highly successful case, and it need hardly be said that the patient's death was equally sudden and unexpected. But this need excite no surprise, since the post-mortem examination showed that he was labouring under a fatal complaint. The operation, although it did not save the patient's life, certainly prolonged his days, and was clearly indicated. This operation which was proposed by Callisen, and first performed by Amussat, is an easy and safe one. There should be little hæmorrhage, and the peritoneum should not be wounded, the colon being here generally uncovered by it; and it is much more likely to prove successful, and much less likely to come to a fatal termination, than the similar operation on the small intestines, where the peritoneum is unavoidably wounded, and where peritonitis is the almost inevitable result.

In conclusion, let us glance at these obstructions in a general way. Many may think with me that these cases are very rare, and not of every-day occurrence; but we have the authority of Mr. Phillips for stating that they are far more common than we can at all conceive. He has collected the results of no fewer than 2,392 post-mortem examinations, and he finds that in these there were 22 cases of intestinal obstruction; or according to him; "such obstructions are observed once out of every hundred post-mortem inspections." Such, then, is the importance of these cases in point of frequency. Let us now look at them in point of fatality. Mr. Phillips has collected the results of 169 cases, and he finds that the enormous number of 133 proved fatal; that is, 30 recovered, or only 1 out of every 5. They are, therefore, cases most difficult of treatment, and still more difficult to bring to a successful termination.

And lastly, as regards the treatment by operation, we find that, out of 44 cases in which an operation was performed, 15 were successful, or 1 out of every 3; so that here the proportion is better than in the last case, where we included every kind of treatment, and is therefore in favour of operation. But while this average shows that treatment by operation is good practice, no one will be so foolhardy as to attempt anything of the kind, till he has tried all the resources of the pharmacopœia, and that without avail; or till he has ascertained the probable nature of the disease, and that it is irremediable by medical treatment. Then, having satisfied

* The preparation is now in the Museum of the Glasgow Royal Infirmary.

himself that nothing will save the patient but an operation, the sooner he does it the better; for not only is the patient more able, in the earlier stages of the disease, to bear the shock of an operation, but the parts are in a better state; inflammation, sloughing, and other evils, have had less time to set in; and he is then much more likely to bring the case to a satisfactory conclusion.

Case of Empyema of the Left Plural Cavity treated by Injection of Iodine.

By DANIEL BRAINARD, M.D., Professor of Surgery in Rush Medical College, etc. Reported by Edward Powell, M.D.

Thomas S. Bryan, aged 16, a native of Norway, first came under the care of Professor Brainard, April 15, 1857, with empyema of the left plural cavity, the result of a wound.

The previous history of the case, as given by his friends, is as follows: Some five months since the patient received a stab in the left side, between the fifth and sixth ribs, just below the nipple, with a sharp-pointed knife, which was followed by difficulty of breathing, spitting of blood, etc. The external wound was closed with sutures and adhesive plaster, the patient was bled, purged, and confined to a low diet. At the end of three weeks the wound had healed, and the patient was able to be about; but the difficulty of breathing had not entirely subsided, and he suffered more or less pain in that side.

He remained in this state for the space of two months, when a pretty copious discharge of water took place from the wound, which had opened by ulceration; since which time there has been a constant discharge of extremely foetid pus from the wound, and the patient was gradually becoming weaker and emaciated. The parents of the patient being in destitute circumstances, nothing was done for him during this time.

Present Condition.—The patient is now excessively thin; the skin presents a shriveled and yellow appearance. There is a distinct bulging of the affected side, and one teacupful of fetid pus is discharged each day from the wound. The shoulder of the affected side is two inches lower than the other. He walks with the utmost caution, as the least jar or mis-step gives him great pain; in fact he is scarcely able to walk from one room to another without assistance. He is also affected with loss of appetite, chills, night sweats, and diarrhoea.

Treatment.—The opening was sufficiently enlarged to admit a gum-elastic tube of four inches in length, of the size of a number nine catheter, through which the plural sac was washed out, morning and evening, with the following solution:—

℞ Iodinium, j gr. Potassi Iodidi, iij grs. Aquæ Destillatæ, ℥i.
M. Ft. Sol.

The solution was thrown in with a strong syringe, and allowed to flow out again after remaining in for a few moments. If any smarting followed the operation, the cavity was washed out with cold water. The first effect of the iodine was to change the character of the discharge to nearly healthy pus, and afterwards to lessen the amount of suppuration. No bad symptoms at any time followed the use of the injection. Iodine could be detected in the urine. The patient was, in the meantime, placed upon as generous a diet as he could take, with the use of stimulants.

As he had a very intelligent friend to take charge of him, he was allowed to go into the country to his own home, and continue this course of treatment there, after having remained under observation for two weeks.

July 10th.—The patient returned to the office this morning from the country. It was surprising to see the improvement that had taken place; he has gained in flesh and strength quite rapidly. Suppuration is still going on, but not much, and the discharge is of a healthy character. The injections had been faithfully used while in the country. He was advised to pursue the same plan, and again returned to his home.

October 10th.—The patient again presented himself at the office, from the country. The suppuration had entirely ceased, and the external wound had healed soundly. Instead of the mere skeleton he was seven months ago, he now presents the appearance of a sound healthy boy.

I made a physical examination of his chest this morning, and could detect no difference in the two sides.

I am not aware that injections of iodine have ever heretofore been used or recommended in this country in cases of empyema; but such beneficial results followed their use in this case, that I think we should be justified in resorting to them in similar cases.—*North-Western Med. and Surg. Journal.*

On Bleeding from the Ear as a Consequence of Injury done to the Chin.

By M. MORVAN. (Archives Générales, cinquième série, tome viii. pp. 653-654.)

Bleeding from the ear as a consequence of *contre-coup* has been accepted by surgeons as an almost certain indication of fracture of the base of the cranium. M. Morvan has, however, met with two cases in which injury to the chin gave rise to this phenomenon. The subject of the first of these was a robust lad, five years of age, who had, five or six

hours before the author's arrival, fallen on his face on the pavement from a height of several feet. Immediately after the fall, a large flow of blood took place from the right ear; this being continued, when M. Morvan saw him, only in occasional drops, in which condition it lasted for three days longer. No fracture or dislocation of the jaw could be detected, and the *membrana tympani* was not ruptured. The child suffered much from pain in front of the right ear, from attempts at deglutition, and from any movement of the jaw.

In the second case, a very strong man, aged forty-seven, received a kick from a horse on the chin, which almost deprived him of consciousness, and gave rise to an abundant jet of blood from the right ear. No fracture or dislocation could be found, but deglutition was excessively difficult. Prompt depletion dissipated the cerebral symptoms, and all went on well, a considerable amount of deafness remaining in the right ear. The *membrana tympani* was uninjured.

On searching, the author has been able to find only three analogous cases, and these only meagrely detailed, making thus, with his own, five cases. In three of these the blow on the chin resulted from a fall, and in two was produced by a kick from a horse. In three, the bleeding took place from one ear, and in two from both ears. In the author's cases the force acted obliquely, and the bleeding occurred on the opposite side to that of the point of contact. When bleeding has occurred from both ears, the blow has been central. In one only of the five cases did fracture of the jaw occur. In order to produce bleeding by this form of *contre-coup*, it is probably necessary that the shock should be entirely transmitted to the articulation of the jaw; while when fracture takes place, its force is usually exhausted in the production of the lesion of the bone.

In the three cases in which the point has been noted, the difficulty of deglutition and mastication has been excessive at first, and has continued for a long period; and M. Morvan suggests that the lesion which gives rise to this symptom, as well as the bleeding from the ear, is a fracture across the glenoid cavity, which explains the occurrence of the abundant hæmorrhage, the *membrana tympani* remaining entire. Some experiments he has made in the dead body by inflicting blows upon the chin, have failed to produce this form of fracture, but have induced fracture of the base. Thus no doubt can exist that this description of *contre-coup* may also produce fracture of the base, with bleeding from the ear, and rupture of the *membrana tympani*; but when we meet with such bleeding as a consequence of violence done to the chin, and without rupture of the membrane, the hæmorrhage may be regarded as a far less dangerous symptom.—*British and Foreign Medico-Chirurgical Review.*

On the Value of the "Rottlera Tinctoria" (Kameela), as a Local Application to Herpes Circinnatus. By WILLIAM MOORE, M.B., T.C.D., M.R.I.A., Physician to the Institution for Diseases of Children, Pitt-street, &c.

The *rottlera tinctoria* is one of the species *Euphorbiaceæ*, found along the base of the Himalayas, and at the Parrell Hill, near Bombay, as well as in other districts of Central India. It is a small-sized tree. The substance kameela is the powder with which the capsules, about the size of a cherry, are clothed; it is of a dark-red colour, has a peculiar odour, is used as a dye for silk, which it turns a deep bright-orange. The capsules are gathered in February and March, when the powder is carefully brushed off.

It is about a year since my friend Dr. Benjamin Simpson, of the Bengal army, first made me aware of the valuable anthelmintic properties of this agent, and, from his own experience of it, and that of some of his brother officers, I determined to obtain it, which I was enabled to do through the kindness of Dr. Thomas Beatty of the Bombay medical staff, who also enclosed me a letter from Dr. Giraud, Professor of *Materia Medica* in Grant's Medical College, Bombay, in which he says, "The kameela is the reddish-brown powder from the capsules of the *rottlera tinctoria*. This powder is procurable in great quantity in the bazaars here, under the name of kapcela, and is used by the natives as an application for scabies and other skin diseases. Its anthelmintic properties appear to be unknown here; but in Bengal it is extensively used as a vermifuge for all kinds of worms, but especially for tape-worm, for which it is successful, after turpentine and koosoo have failed."*

Dr. Beatty considers it an excellent application for ringworm, rubbed over the eruption, moistened with water.

The first case in which I applied it locally, was that of Mary P——, aged eight years, who was brought to the Institution for Diseases of Children. She had a well-marked patch of herpes circinnatus on the neck, about the size of a sixpence; her head also presented several well-defined marks of herpes. On the 20th July I first rubbed the eruption on the neck with the kameela, applied on moistened lint.

22nd July.—The eruption was scarcely perceptible; I re-applied the kameela, which completely removed it. Some days after, another patch appeared on the anterior part of the neck, and one on the left forearm,

* On the vermifuge properties of this medicine you will find valuable papers by Drs. Mackinnon and Anderson, of the Bengal army, in the "Indian Annals of Medical Science"; and cases published by Dr. Gordon, of H. M. 10th Regiment, in the *Medical Times and Gazette*, 2nd May, 1857.

and in both cases one application of the kameela sufficed to remove them. The herpes capitis, which is quite cured, was treated with the Unguent Sodæ Carb. (℥i. to ℥i.) and Lotio Sulphuret Potass ʒi. to Oj.); the alterative treatment being Hydrarg. c. Cret. grains i., Pulv. Rhei. gr. iv., Pulv. Ipecac. gr. ¼, at bedtime, and a teaspoonful of Oleum Jacoris Aselli three times daily. My stock of kameela at the time being somewhat circumscribed, prevented me applying it to the head in this case.

Case 2.—In the month of July last, Michael R——n, a stout lad, aged about 12 years, presented himself at the Institution for Diseases of Children; he had well-marked herpes capitis about the size and shape of a halfcrown-piece over the right parietal bone. I prescribed a purgative of Calomel and Pulv. Jalap Comp., to be repeated after the lapse of three or four days, and at the same time ordered him a mixture containing small doses Iodid Potassium. The local treatment was Ungt. Sodæ Carb. (℥i. to ℥i.) and Lotio Sulphuret Potass (ʒi. to Oj.) Under this treatment the improvement was manifest, but not so quick as I could have wished; accordingly, on the 3rd of August, I applied the kameels on moistened lint, as in the previous case, and after the third application the patient did not return; and he afterwards told me that it had completed the cure. In this case, all the merit is not due to the kameela, as the carbonate of soda and sulphuret of potash treatment had been in use some time; but the former application certainly expedited the complete removal of the eruption.

Case 3.—G. P., aged four years, a delicate girl, with glandular enlargement, was brought to the Institution, Pitt-street, Oct. 20th, on which day I applied the kameela to a circular patch of herpes on the left shoulder, which was about the size and shape of a florin, and at the same time prescribed Hydrarg c. Cret. g. i.; Pulv. Rhei. g. iv.; and Pulv. Aromat gr. ¼, to be taken every second night.

22nd Oct.—Eruption had almost disappeared; I re-applied the kameela.

26th.—Herpes quite gone.

Case 4.—James P., aged two years, a stout healthy boy, had a circular sore of herpes circinnatus, on the top of the right shoulder, about the size of a shilling. On the 21st of October last I prescribed alterative powders of Hydrarg c. Cret. Rhei. Pulv., and Pulv. Aromat., at bed time every second night, and applied the kameela to the eruption.

22nd Oct.—Eruption much paler in the centre, edges still red; re-applied the kameela.

26th Oct.—Mark of the eruption scarcely perceptible.

I think this powder may justly be considered a valuable addition to our local applications in herpes, and, I have no doubt, in other allied eruptions, of course coupled with alterative or tonic treatment, or both, as the case may be. As regards the anthelmintic properties of this agent, it is highly extolled by those who have given it a fair trial. The dose of the kamecla, as an anthelmintic for an adult, is from 3 ii. to $\frac{3}{4}$ ss. of the powder, and of the alcoholic tincture f 3j. However, I shall reserve any further remarks on the vermifuge properties of this medicine till some future occasion, when I hope to bring it under the notice of the profession. *Dublin Hospital Gazette.*

On Bloodletting in Pneumonia. By PROF WUNDERLICH.

In the course of five years, there have been treated at the Leipsic, Klinik, 204 cases of pneumonia, of which number 36 (17.06 per ct.) ended fatally; but if we abstract from these those cases which were brought to the hospital in *extremes*, and count only those which were actually treated there, there were then 190 cases with 11 deaths (11.57 per cent). Among the fatal cases, 3 were treated by bleeding, as were 44 of the cases that recovered, making the mortality of these so treated 6.38 per cent. These fatal cases were examples of pneumonia complicated with disease of other organs.

In 114 of the patients, loss of blood occurred during the course of the pneumonia, whether from local or general bleeding, epistaxis or menstruation; and of this number 9 (including the 3 treated by bleeding) died, *i. e.* 7.89 per cent. In 76 cases, no loss of blood whatever occurred during the progress of the case, and of these 13 or 17.10 per cent died, not including persons brought in agony, and who had not in general been treated by bleeding. Thus it results that,—1. In cases in which there was loss of blood in general the mortality was 7.89 per cent. 2. In those in which venesection had been employed, 6.38 per cent. 3. In those in which a complete conservation of blood took place, a mortality of 17.10 per cent.

The author enters into an elaborate comparative statement of the influence which the loss of blood exerts upon the time and termination of the fever and of the commencement of the healing process. Pneumonia, he observes, possesses, in the vast majority of cases, the peculiarity of commencing with very determinate symptoms (severe chills, unequal distribution of the blood, and rapid increase of the objective temperature of the trunk), which are immediately followed by acute continued fever (increase of temperature, rapidity of pulse, etc). In favorable cases, there

is this further peculiarity, that at about the period of the completion of the exudative process (cessation of increased dulness on percussion, and of the bloody sputa) the febrile symptoms rapidly disappear, the delirium alone continuing awhile if it has been very violent. In this respect, pneumonia approaches the eruptive fevers, and forms a contrast to other inflammatory diseases, as abdominal typhus, pleurisy, peritonitis, meningitis, bronchitis, etc. Wishing to avoid the ambiguity which would ensue upon the adoption of the word *crisis*, the author designates this passage of the economy from a feverish to a feverless state, *defervescence*. It is no accidental occurrence, but a process which is sometimes rapid, sometimes slow, and may be complete or incomplete, protracted, uninterrupted, or remittent. A rapid defervescence is decisive for the quick convalescence of the patient; but, while cases in which it is remittent are rare, yet, when it is protracted, uninterrupted, it is of bad augury for the patient, even when the disease is slight.

As a standard for judging the effects of therapeutical agents upon the period of *defervescence*, the professor first selects 32 cases treated by expectation, and in which the exact time of its commencement was noted. Taking 10 of severe and 10 of the medium cases, the *defervescence* commenced at the seventh or eighth day; but taking the entire number, in adding 12 slight cases, it occurred at the sixth or seventh day. Judging from 9 cases which came under his notice (2 of menstruation and 7 of epistaxis), spontaneous bleeding proved rather favorable, as the improvement dated from the appearance of the bleeding.

Local without general bleeding was followed by recovery in 36 cases. In 26 it was employed either alone or in conjunction with medicines such as digitalis, or ipecacuanha, which exert no appreciable effect in expediting the period of *defervescence*, and in 10 it was combined with tartar-emetic, which does exert an effect of this kind. Of the first series, rapid *defervescence* took place in 7 slight and medium cases in from the third to the sixth day, and in 19 bad cases it varied from the second to the ninth day. In the 10 cases of the second series, it took place from the third to the seventh day.

In 39 cases, in which the commencement of the disease could be accurately ascertained, venesection was employed. First, in 18 of these it was employed on the first or second day. In 10 of these there was immediate arrest of the process; in 2, immediate arrest, with a somewhat slower continuance of improvement; in 5, a considerable diminution of fever, with a later but less considerable return, the fever ceasing in 4 cases on the sixth, and in 1 on the seventh day. In 1, no effect was produced; improvement following only after local bleeding. Secondly, in 21 the

venesection was performed from the third to the fifth day; but in none of these cases was bleeding the only means employed. The results obtained even here contrasted very favorably with those obtained by expectative treatment. It was found that the conjunction of tartar-emetie hastened the period of defervescence somewhat, that of local bleeding was scarcely of any effect, while the addition of digitalis was of no effect whatever.—*Med. Times and Gaz.*, June 5, 1857, from *Virchow's Archiv.*, 1856.

A Case of Dislocation of the Femur into the Sacro-Ischiatic Notch. Reduced by Manipulation. By G. R. HENRY, M.D., of Burlington, Iowa.

On the 24th inst., I was requested by Dr. W. W. Nassau to visit with him a man who had been thrown from a rail-car on our Western road.

I found a very robust, muscular man, about 40 years old, with his right leg very much everted and shortened two inches and a half, presenting the indications of a fracture of the neck. From the absence of crepitus, and the obstinate persistence of shortening, we concluded that there was no fracture; and from our inability to feel the head of the bone and the position of the trochanter, we diagnosed a dislocation into the sacro-ischiatic notch.

We determined to attempt the reduction without applying the pulleys. After administering chloroform, we flexed the knee upon the thigh, and gradually elevated the latter upon the body, then bent it downwards and towards the other side, keeping up manipulations upon the trochanter. During its descent, the head of the bone was felt, and heard to move from the notch and take its position upon the dorsum ilii. After repeating this proceeding two or three times, it slipped into the acetabulum. We were much aided and assisted by Drs. Peet and McCann.

The ease with which the reduction was accomplished, the slight laceration of the muscles, the comfortable condition of the patient afterwards, in connection with the rapid recovery from all ill effects of the injury, satisfy me that *where it is practicable* this mode of procedure is far preferable to the one in common practice.

Observations on Vaccination.—M. BLACHE communicated to the Paris Hospitals Medical Society the particulars of a recent curious instance of prolonged incubation of vaccinia. A young lady was vaccinated without any result, and she crossed over to England. More than a year

afterwards the vaccine eruption went through all its stages in a completely normal manner, under the supervision of a distinguished English practitioner. M. Blache knows of cases of six weeks' incubation, but never heard of one like the present. M. Legroux took the occasion of mentioning the results of his vaccinations at the Hôtel-Dieu. It having been observed that women frequently returned to the Hospital soon after confinement, their infants having contracted the smallpox, he has been of late in the habit of vaccinating infants born there when only two or three days old. Enormous pustules with deep ulcerations and delayed cicatrization have been the results. Successful vaccination was, however, performed with these pustules taken on the 15th day. M. Blache observed that he has frequently vaccinated healthy new-born infants in four places without any ill effect; but on vaccinating unhealthy infants at the Cochin Hospital he has met with the same ecthymatous pustules and ulcers, running together, as described by M. Legroux. M. Hervez de Chegoin believed the conditions observed by M. Legroux depended more upon the vaccine lymph than the age of the infants. Very similar results followed the employment of the virus discovered among the cows at Passy. M. Gillette had met with a case in which large ulcers menaced the life of a child that had been vaccinated at the Maternité very soon after its birth. M. Harvieux believed that the accidents noted by M. Legroux may be due to the development of the lymphatic system in the infant. The frequency of angioleucitis, adenitis, sometimes going on to axillary abscess, complicating vaccinations, supports this view. M. Legendre observed that adenitis is no complication, but a constant phenomenon, of vaccination.—*Med. Times and Gaz.*, October 10, from *Union Médicale*, No. 5.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUEBI.

UNIVERSITY OF LAVAL.

The Hon. P. J. O. Chauveau is at present contributing a very interesting series of articles to the *Journal of Education*, on the history, &c., of the different educational institutions of Lower Canada. He has, with his usual kindness, allowed us the use of the woodcut representing the building appropriated to the School of Medicine in connection with

Laval University, Quebec. This highly respectable institution, as our readers are aware, is purely French-Canadian, and offers to the student in Medicine of that origin, who may be desirous of attending lectures delivered in his native language, the opportunity of obtaining a thorough knowledge of the science of Medicine. It was established by Royal Charter in the year 1852, and has the power of granting degrees in Medicine.

The Seminary and the Rector of the University lost no time in carrying the Charter into effect. The Faculty of Medicine was the first organized, and this was done by the merging into the University of the Quebec School of Medicine, which used to receive a legislative grant of £250, and ceased to exist a short time after the inauguration of the University, most of its professors having accepted professorships in the new institution. Dr. Jean Blanchet, a member of the Royal College of Surgeons of England, one of the oldest physicians in Quebec, enjoying an immense practice and a reputation of the highest order, was appointed Dean of the Faculty and Professor of the Institutes of Medicine and of Physiology. He delivered an inaugural lecture, which has been printed, and is considered a remarkable synopsis of the various branches of study of the medical profession. Dr. Blanchet had been a member of Parliament for Lower Canada under the old Constitution, and after having retired from public life for many years he was again elected for the City of Quebec in 1854. His health being considerably impaired in 1856, he resigned his professorship, and had the title of honorary professor conferred on him. His chair has not yet been refilled, but a lecturer has been appointed in his place. He died on the 22nd of April last, and an interesting biography of that able and charitable physician, written by Dr. J. C. Taché, is to be found, together with his portrait, in the 6th No. of *Le Journal de l'Instruction Publique* and in the *Medical Chronicle*.

The other four professors appointed to that faculty were Dr. Frémont, the present Dean, who is the professor of Surgery; Dr. Nault, professor of *Materia Medica* and Secretary of the Faculty; and Dr. Landry, professor of Anatomy, who has visited Europe and collected a museum of anatomy and a library for the University. To these are now to be added Dr. Jackson, appointed in 1854, professor of Midwifery; Dr. Lemieux, lecturer on the Institutes of Medicine and Physiology; and Mr. L. M. Larue, lecturer on Medical Jurisprudence and Hygiene. The latter is a young gentleman recently admitted to the medical profession, and who has studied in the Universities of Paris and of Louvain for the express purpose of filling the chair to which he will soon be appointed.

The building of the School of Medicine was also the first begun and the first completed. It is situated in St. George street, and has another entrance on University street, which is a kind of lane on the Seminary ground. On one side of the street is the school of Medicine, and on the other the University, and the Boarding, house or *Pensionnat*.

The School of Medicine is a building 70 feet in front by 60 in depth and 50 feet high. It is four stories high on St. George street and three on University street. It contains dissection, rooms, an amphitheatre, a library, two museums (one of pathological and the other of normal anatomy), a collection of surgical instruments, a vast laboratory, and a depository of medical preparations, and large and well, laid, out class-rooms. The library contains about 3000 volumes, and the collection^s are of the most costly description.—*Journal of Education, September.*

A STUDENT'S LETTERS.

No. III.

Perhaps it would not be uninteresting to say a few words relating to *clinical teaching* in Edinburgh in the Royal Infirmary. There are 5 teachers of clinical medicine and two of clinical surgery; Drs. Bennett and Laycock, and Mr. Syme for the university; and Dra. W. T. Gairdner, Begbie, and Keiller, and Mr. Spence, for the College of Surgeons. (Dr. Christison has resigned his clinical chair.)

I must say that for a school of medicine, Edinburgh is, as far as I am capable of judging, very much superior to that of any other city that I have been in; and as a surgical school is little, if at all deficient. It may not be inappropriate to state here in a few words how clinical teaching is conducted.

I shall first describe Dr. Bennett's method. He has three clinical clerks, whose duty it is to take notes of all the cases in his wards which are of any importance, and upon which he lectures. It is likewise their duty to examine the urine of each patient every day when it is required, and to prepare any particular specimen, whether microscopical or otherwise, to be examined by the other students. They also examine sputa or any morbid substance which it may be requisite to know the composition of. This entails a large amount of time, and, as it demands no inconsiderable knowledge on the part of a clinical clerk, they are selected from competent members of the class. (I may here state that all the wards are furnished with an Oberhauser microscope and other requisites, and that the manipulations are performed in a small room adjoining the

ward.) Dr. Bennett examines the cases before the class, points out all the symptoms of disease, and calls out the students singly to examine for themselves.

When a new case comes in he calls on a student to examine it; and when the opinion is given, he either confirms what has been said, or points out where and how the error has been made. He always uses a hammer of Professor Winterich's model as a percussor, and the ivory pleximeter of M. Pirry slightly modified. By this means the different sounds elicited are easily distinguished by the students when at a distance from the bedside; and this is a matter of some importance when the class is so large that many of its members cannot get very near. He lectures every Tuesday and Friday at 12 noon; and has a class once a week, in which the junior members are instructed in Physical Diagnosis, to enable them to distinguish between normal and morbid phenomena. He is very particular in requiring the students, when examining a case, to ask the questions in a certain methodical manner, and to follow each out in such a way that he can come to a direct knowledge of where the lesion exists.

The first question which is always to be asked is, "Where do you feel pain?" The place is pointed out by the patient; and after this has been followed up by an examination, the second is, "How long have you been ill?" and thus it is carried out until the conclusion has been arrived at. (The ordinary students are allowed to take notes of any case they *choose*, which he corrects.) I shall now pass on to the clinical teachers of the College of Surgeons.

The work with them is divided into three parts. Dr. Gairdner lectures on the senior department every Friday at 1 p.m., and Dr. Begbie on the junior every Tuesday, except the last of each month, on which day Dr. Keiller gives a lecture on those diseases of women which may exist in his ward at the time.

Dr. Begbie has a class for junior students every Thursday at 1 p.m., to whom he demonstrates practically the various methods of carrying out a physical examination, then all the normal phenomena of the various organs, as mapping out the cardiac, splenic and hepatic, dullness, the normal sounds of the heart and lungs, &c. He will then demonstrate the different morbid sounds and appearances on the patients at that time in the wards. Which, after being finished, he will point out the characteristics of healthy urine, and finally the tests, chemical and microscopical, for detecting abnormalities in that fluid. He will also give some attention to the discrimination of the sputa and morbid products. Dr. Keiller points out the manner of conducting the examinations of female diseases on the cases in the wards, with the uterine speculum and

sound, and likewise the operations for rupture of the perineum, and like injuries.

Dr. Gairdner has a class every Monday at 1 p.m., for the purpose of instructing the senior students in making themselves masters of their profession; such as the diagnosis between different diseases, and the manner of coming to a right conclusion regarding them; the different phenomena which the same disease takes on at different times; and matters of like import.

Dr. Gairdner's method of clinical instruction is similar in many respects to Dr. Bennett's, but differs slightly in others.

All those students who wish to take notes of cases, are requested to give in their cards; and to these, the cases as they come in, are given in turn.

In taking notes of cases, he wishes the student to mention only those facts bearing directly on the disease, and not to attempt any lengthened history unless he has such an amount of time as will allow him to do it perfectly. He wishes also that the student shall make a marked distinction of those symptoms which he clearly makes out himself, from those given by the patient, which must be received or not according as they are found to coincide with the disease in question.

When interrogating a patient, allow him to tell his own story first without interruption, and to point out the place where the pain is located. When a student has been given charge of a case, he is required to make an examination privately at any hour he finds it convenient, and to put down his notes on paper, which are read before the class at the next visit.

When finished, he examines the patient himself, and confirms the statements made, or shows how and where the error has been made. He then makes remarks on the notes whether anything useless has been taken down, or if any of the principal symptoms are lost sight of or are not sufficiently dwelt on, which thus serves as instruction for all. After his examination, you take down his remarks on the different signs, which are repeated every day.

By this method a student is better enabled to satisfy his mind concerning a case when he has leisure, and is not so likely to be unnerved as when it is done in public. Dr. Gairdner intends, after Christmas vacation, to select clinical clerks, by competition from those who are desirous of having the office, and to whom the examination of the urine, &c., and preparing notes on cases for his lectures, are committed. He has a junior class, who do not take notes of separate cases, but write down his remarks on the separate diseases. Clinical Surgery by Mr.

Spence and Mr. Syne, is taught similarly by each. The lectures are twice a week, and the subject of each description is brought into the room, and any operation required is performed, and the steps explained. This is independent of the operations performed in the general Operating Theatre.

Dr. Haldane, the Pathologist to the Infirmary, explains the morbid anatomy of the parts under consideration, and sends specimens around to be examined by the students (who are not allowed to be in the area, except the one who has taken notes of the case during life).

There are two eye-wards connected with the Infirmary, which Mr. Walker attends daily. The daily visit at the Infirmary commences at 12 noon.

I shall in the next give a few words regarding the colleges here.

A. R.

Edinburgh, Nov. 25, 1857.

} SECRETARY'S OFFICE,
} Toronto, November 28, 1857.

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

John Nation, M.D., and John Gardiner Bolster, Esquires, to be Associate Coroners for the County of Ontario.

ELEVENTH BATTALION, MONTREAL.

To be Surgeon :—Arthur W. Delisle, Esquire, M.D., vice B. Delisle left limits.

To be Assistant Surgeon :—Patrick O'Leary, Gentleman, vice Boudria, left limits.

Toronto, Dec. 5, 1857.

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

Timothy Theobald Coleman, Esquire, M.D., to be an Associate Coroner for the United Counties of Huron and Bruce.

John Doherty, Esquire, to be an Associate Coroner for the United Counties of York and Peel.

Peter Stuart, Esquire, to be an Associate Coroner for the United Counties of Stormont, Dundas, and Glengarry.

John Stewart, Esquire, Surgeon, to be a Member of the Board of Governors of the Kingston Hospital, in the room of the Hon. John Macaulay, deceased.

HOSPITAL RETURNS.

Monthly Return of Sick in the Marine and Emigrant Hospital, Quebec, from the 29th October: to the 2nd December, 1857.

	Men.	Women.	Children.	Total.
Remained,	51	9	1	61
Since admitted,.....	48	10	1	59
	<hr/>	<hr/>	<hr/>	<hr/>
	99	19	2	120
Discharged,	70	5	1	76
Died,	4	0	0	4
Remaining,	25	14	1	40

DISEASES.

Fever,	2	Contusions,	2
Inflammation of lungs,.....	5	Catarrhus,	9
Inflammation of bowels,.....	1	Pregnancy,.....	4
Rheumatism,	8	Hæmorrhoides,.....	1
Dysentery,	1	Erysipelas,	1
Diseases of skin,	1	Feb. Intermittens,.....	2
Syphilis,	6	Delir. Tremens,.....	1
Fractures,	3	Debilitas,	1
Abscess,	2	Epilepsia,	1
Ulcers,	1	Ophthalmia,	1
Wounds,	2	Destitution,	4

C. E. LEMIEUX,
House-Surgeon.

MEDICAL NEWS.

Two other American physicians, Drs. J. Adams Allen, of Michigan, and Martyn Paine, of New York, claim priority in the discovery which Marshall Hall so gracefully yielded to Dr. Campbell, of Augusta, Georgia. "Why do not," says the New Orleans Med. News, "all the claimants come in at once, and let Dr. Campbell kill them all with one stone?"—One suicide takes place annually in Moscow out of 55,108 inhabitants; Sardinia, one in 50,318; Belgium, one in 27,468; United States, one in 23,263; England, one in 15,300; France, one in 13,461; Prussia, one in 8,081; Saxony, one in 5,664; New York, one in 8,838; London, one in 5,000; Paris, one in 2,175.—M. Perret, the editor of the well-known medical journal, the *Moniteur des Hopitaux*, has been sentenced to three months' imprisonment for speaking (not in his journal, but by word of mouth) disrespectfully of the Emperor.—To the practice of medicine in Beloochistan there are only two slight drawbacks. When the physician gives a dose, he is expected to take a similar one himself, as a guarantee of his good faith. Should the patient die under his hands, the relatives (though by no means

bound to exercise it in all circumstances) have the right of putting him to death, unless a special agreement has been made freeing him from all responsibility as to the consequences; while he, should they decide on immolating him, has no reasonable ground for complaint, but is expected to submit to his fate like a man and a hakim. In other respects the amateur will find an easy field.—The Sydenham Society is defunct. At a recent meeting a resolution was carried by a considerable majority for its dissolution.—A most important addition to the pay of Army Assistant-Surgeons has been agreed to by the Government, and henceforth that class of officers will receive a *minimum* of 10s. a-day.—The election of Mr. West to the Queen's Hospital, Birmingham, has been declared void on the ground of canvassing, this not being allowed by the bye-laws of the Hospital, and Mr. Gamgee has been elected.—A literary war is springing up between Dr. Taylor and Dr. Letheby respecting the detection or non-detection of strychnia in Cook's case. It appears that in an article published in Guy's Hospital Reports "on the detection of absorbed strychnia and other poisons," Dr. Taylor used some objectionable language, and Dr. Letheby, keenly alive to his reputation, takes up the pen in self-defence. He affirms that strychnia is eminently indestructible, and if in the body ought to be found; he insinuates, pretty broadly too, that as Dr. Taylor did not find it in Cook's body he did not know how; or if he did, it was not there.—An announcement has recently been made that Jenner's statue is really to be set up in Trafalgar Square, near the *Union Club House*, in the early part of next year.—M. Migette, a farmer in Algeria, and M. Algnie, military surgeon, have just respectively obtained the premium of £10 for having made known to the authorities two cases of cow-pox upon cattle belonging to M. Migette.—Wadd, in his *Nugæ Canoræ* has the following upon some surgeon who was upwards of twenty years assistant-surgeon to an hospital:—

How hard was poor Sir —'s lot
Among chirurgic sages!
He all the work and honor got,
While they got all the wages!

Wadd adds: "We have here a singular instance of what trifling incidents make or mar a man's success in life. The gentleman alluded to lost his election as an assistant-surgeon to an hospital only by a few votes, *about equal in number to a dinner party* given by an active friend of his opponent.