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THE MEDICAL CHRONICLE

VOL. III.]

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[No. 3.

ORIGINAL COMMUNICATIONS.

ART. XII.—*Clinical Contributions.* Case of Delirium Tremens from the Use of Opium. By JAMES CRAWFORD, M.D., Professor of Clinical Medicine, McGill College.

It may be necessary to offer some apology or explanation for applying the above designation to the following case, but I nevertheless conceive that it legitimately comes under the widely extended, although rarely appropriate term delirium tremens, as generally applied. The inappropriateness of any of the various terms, which are used to designate this peculiar form of delirium, must be admitted, and cases like the present cannot with propriety be either termed delirium tremens, delirium cum tremore, delirium ebriosorum, mania a potu, or any of the various synonyms which have been used to distinguish it, derived as they have been either from its most frequent cause, or from one of its most prominent symptoms. It is admitted that this peculiar form may originate from various other very different causes than the abuse of spirituous or fermented liquors, and therefore it cannot with propriety bear the generic term of "ebriosorum" or "a potu," and such like, and as it is by no means universally accompanied by tremor, even when induced by a debauch, this term is by no means, therefore, characteristic of the disease. It cannot be doubted, too, among other causes, that the most highly lauded remedy we possess, our very sheet anchor in the treatment of delirium tremens, opium, (secundam Hahnemann) be the direct and obvious cause of the disease, other narcotics in like manner, as well as various depressing excesses, or serious injuries, are acknowledged as causes, and show the inappropriateness of the term. In the latter case, to obviate the difficulty, the word traumaticum is substituted. If the disease were not already overburthened by its numerous appellations and that custom has established the term, I would prefer selecting the discriminating term from a symptom, which I think will be found more

generally present, and fully as characteristic of the state of the nervous system. I mean the peculiar illusions attended by *fear*, timidity, or apprehension of evil, from *noxious or disgusting creatures*, as well as from the attendants or friends, who generally in the opinion of the patient, are conspiring against his life. I may notice too that the same *cowering fear is evinced in the most violent cases, and in consequence therefore, there is no species of violent delirium, so easily controlled, by moral influence, or by firmness of deportment of the attendants.* A slight typographical alteration of delirium *cum tremore* to *cum timore* would in my opinion be more generally applicable and equally diagnostic. In consequence of the temporary absence from Town of the family physician, I was called to see Mrs. M., a healthy fine young woman, who had been delivered of her first child, about ten days previously, it was an instrumental labour, and chloroform had been used. Her convalescence up to this time had been good. I found her in a high fever, her skin very hot, dry and pungent, thirst, excruciating headach, severe pains generally of her limbs and body. It was stated that her bowels had been confined for several days, and that she had taken an enema that morning, to relieve them, after the operation of which, she was seized with a rigor, which was followed by the febrile state, no particular cause could be assigned for the attack, she had not in any way been exposed to cold, and had taken no particular liberty further than moving to the sofa, her breasts were free from pain, and full of milk, which flowed freely, the lochia flowing sparingly—being of opinion from the very exalted nature of the pain and headache, that a great deal was attributable to an hysterical condition, I directed her to have a hot pediluvium, with ice to the head, and sponging of the face and hands, which were burning hot—and to take calomel gr. v, pulv ipecac gr. vi. every three hours, these remedies very soon obtained for her considerable relief. I found in the evening the fever again high, the general pains subsided, but she was suffering from agonizing pain of the left hypochondrium and side, and also from acute headache; the sensibility of the side would not permit her lying on it, respiration was in consequence rapid, short and catching—the skin hot and dry, there was no stethoscopic indication of inflammation of the pleura or the lungs, and her milk was abundant, and flowed readily,—the calomel and Dover was ordered to be continued, dry cloths as hot as she could bear, to be applied to the side, and cold to the head; in a short time, these remedies produced relief, an anodyne consisting of solution of acetate of morphia m. 10—in camphor mixture, to be given at bed-time, next morning I was summoned early to see her, as she was delirious, which alarmed her family. I

found her in a very agreeable mood, saying she was wonderfully better, —free from pain, her skin cooler, and perspiring mildly, pulse 110—great thirst, her eyes were suffused, and her face flushed, she was full of compliments of the skill of her doctor, and the kindness of her attendants—she was very loquacious, and evidently under the narcotic effects of the anodyne, many of her expressions were amusing, as well as incoherent, she said she felt very queer, and supposed she was tipsy, and indulged a scidlitz draught, as “excellent champaign”—cold was applied to her head, and the delirium shortly after subsided. She remained pretty free from headache, or pain during most of the day, and her fever was slight, and skin perspiring. In the evening she became restless, the pain of her side returned, but not so seriously, and occasionally remitted, her headache also had become severe, and compelled her to keep silent. Although I had sufficient evidence of her peculiar idiosyncrasy, yet the effects of the anodyne of the previous night, were in every other respect, so satisfactory, that I concluded to repeat the draught, with the addition of a drachm of tincture of valerian—which procured her several hours of refreshing sleep. At 7 o’clock a.m., when I visited her, she awoke, and conversed very rationally, and said she felt quite well, and quite free from pain, and asked if she might not sit up during the day; her skin was perspiring mildly, pulse 100, some thirst; in a short time she began to speak, as if under the influence of morphia, looked alarmed and said *there were creatures in her bed evidencing the peculiar time*. However when told her fancies arose from the medicine, and the operation of the cold applications having relieved her head, she soon became quite rational,—among other remarkable observations, she asked “if her baby was not a very nice one?” and having been answered; she said, “she would like to eat it!” and this idea she repeated two or three times. It is somewhat extraordinary, that so remarkably amiable and affectionate a mother, should in her delirium have had such a perverted fancy, and most especially when all her feelings at the time appeared to be of the happiest character. I would here notice, that from this case, it would appear, that the acetate of morphia possesses the stimulating properties of opium, which is not generally supposed to be the case, and I need scarcely add, that opium cannot be our “sheet anchor” on all occasions; and we must often proceed on general principles, and not blindly adopt the rule that we must obtain sleep by any means or death will ensue.

XIV.—*Removal of the Superior Maxilla Bone.* By A. RUTIAN, M. D.,
Newburg, C. W.

J. Woodcock, brought his son to me, a lad aged 13 years, in March last, with a large tumour in the superior maxilla, which occupied the whole of the right antrum, and projected about two and a half inches out of the mouth. The history of the case was to the effect, that about three years previously, the tumor made its appearance in the socket of the canine teeth, "having the resemblance of a new tooth," and that its growth had continued uninterruptedly to the present period. That he had suffered during its progress no pain in it whatever, and had enjoyed from early infancy remarkably good health.

The seat of the morbid growth as it then presented itself was evidently within the antrum, and the thin plate of bone which was pushed before it, as it escaped from that cavity formed part of its covering superiorly. Upon further examination I found that the tumor had so far enlarged as to press outwards the malar bone to a considerable extent, and had also protruded into the cavity of the nares. That the palatine and alveolar process had also yielded to pressure, so as partly to fill the mouth, and interfere with the process of mastication. The teeth were loose and distorted, and some of them had dropped out spontaneously. The eye ball was projected outwards and in an amaurotic condition, vision having disappeared about three months previously. Ulceration upon the most projected portion of the tumor had existed for several months, and furnished a continued discharge somewhat fetid at times; but there were no excrescences characterizing fungus hematodes. The ulcer was level with its margin, and thinly coated with lymph, exhibiting a marked inclination to heal in many places. The neighbouring soft parts though tinged and purple from enlarged veins, were not implicated in the morbid growth, the tumor being distinctly lobular, hard and elastic, and no portions of it presented any indications of suppuration. The maxilla itself appeared quite loose in its articulation with the neighbouring bones, and would move perceptibly when the tumor was handled roughly.

The circumstances which rendered it both advisable and necessary to remove the whole of the maxilla were,

1st. That the tumor had directly implicated in its growth many of the most important parts of the bone.

2dly. That the remainder of it was so deformed or destroyed by pressure, that it would be useless to the patient if its preservation should prove possible.

ably. That it was the only effectual way for the complete removal of the tumor in order to secure it from a return.

OPERATION.—The bowels having been moved by a saline draught administered the previous evening, the patient was seated in a chair, and the posterior part of the roof of the mouth divided through the soft parts corresponding with the articulation of the horizontal portion of the palate, with the palatine process of the superior maxilla. Chloroform was then administered, so as to put the patient partially under its influence, and a triangular incision made from the mouth to the malar bone, and the cheek reflected upwards, by dissecting it from the tumor, and the bone removed in the usual way by dividing alternately its articulations with the malar,—and with each other at their palatine processes,—and removing the bone from its articulation with the palate. The horizontal, with part of the perpendicular portion of the latter were successfully preserved. The amount of hemorrhage which followed its removal was far less than I had anticipated, the carotid having neither ligature nor compression, yet not more than a pint of blood escaped during the whole operation. This was particularly fortunate, as I was obliged to perform the operation without medical assistance, an event not at all uncommon in practising amongst the rural inhabitants of Upper Canada. It might perhaps be accounted for by the diminished calibre of the vessels from the age of the patient, or more probably their complete obliteration by pressure in their passage through the various foramina. The cavity was then filled with a sponge moistened in a weak solution of sulphate of copper, and the cheek closed by a series of figure of eight sutures.

With the exception of some hemorrhage which occurred on the third day in consequence of the sponge getting detached, the patient progressed equally. Suppuration took place on the fifth day, the wound in the cheek united by first intention, and he was taken home by his parents on the ninth day after the operation.

Upon a section of the tumor it appeared to be a dense homogeneous mass, resembling in colour and consistence the tubular structure of the kidney, filled with numerous spicula of bone, no traces of malignancy could be discovered. I have seen the lad several times since he has completely recovered, the cavity has partly filled up with healthy granulations and cicatrized, and on the whole but little deformity is perceptible. I send you the above without comment, as adding another to the successful operations of this character.

September 20, 1855.

ART. XV.—*Remarkable Recovery from Severe Injuries.* (Communicated.)

It is very encouraging and gratifying, and no less flattering to the chiralurgical art, to witness, on occasions of serious injury, the fortunate issue, which sometimes rewards a judicious perseverance in attempts to save injured limbs, which a few years ago were deemed beyond the resources of nature and art, and were summarily and unhesitatingly consigned to the knife, as the only means of saving the jeopardized life of the sufferer. Although such attempts of course must be limited to the favorable circumstances of civil life, and cannot be applicable to the camp, or besieged citadel, they nevertheless ought not to be lost sight of; and on many occasions a successful issue may reward our anxious and toilsome efforts. These reflections arose to our minds lately, from having seen a person whom we recollect as a patient in the Montreal General Hospital in 1847, and we deem the case of the unfortunate man worth recording. The history is briefly this:—

Thomas Stratton, a laborer, while employed with another man in sinking a well, close to the Mountain, in the vicinity of this city, and being then at the depth of several feet below the surface, unfortunately caused an explosion of the blast, while in the act of charging it, which caused a serious injury to both men. His more fortunate companion escaped with a fracture of his leg, and as soon as the immediate effects of the shock would permit him, he contrived to clamber up the ladder, out of the well, and scrambled on his hands and knees to a neighboring house for assistance to rescue the unfortunate Stratton from the well, from which he was hauled, by means of the usual apparatus and tackle for hoisting the fragments of stone and earth. The men were then conveyed to the Montreal General Hospital, and placed under the care of Dr. Crawford. When Stratton was examined, besides various severe contusions, it was found that there were *four fractures on his right leg and thigh*, one near the ankle, including both tibia and fibula; a second of both bones, four or five inches below the knee joint, the fractured portion of the tibia near the knee was very prominent, and forcibly pushing forward the integuments. A very oblique fracture of the femur was discovered near the knee, the lower end of the upper portion of the bone being prominent at the inner condyle, while the lower and corresponding portion was forced backwards into the popliteal space; a second fracture of this bone was found, about five or six inches higher up, and might almost be termed a comminuted fracture, from the looseness of a portion of the bone. The limb was shortened several inches. His right knee and elbow were much bruised, but this was overlooked in the

greater injury. His face was much scorched and blackened; a piece of stone was found sticking in his right eye, which had ruptured the globe, and discharged the humors; the left eye was also for the time sightless, in consequence of the burn, and the injury from foreign matters thrown into it. After such present remedies as were requisite were applied, a consultation was called, to decide on the propriety of removing the limb, or attempting to save it. The poor fellow was wonderfully calm and resigned, but anxious to have his limb saved, if possible, and his wishes were complied with. The comminuted state of the limb, almost from the ankle to the trochanter, rendered it impossible to confine it by any of the ordinary means, and a box was contrived, the sides of which were hinged, to allow of inspecting and packing the limb. In a few days the projecting portion of the tibia had caused so much irritation, that matter was formed, when it was cut down upon, and a piece of bone, measuring $2\frac{1}{2}$ inches by $1\frac{1}{3}$, which was found to be quite loose, and was removed; two other smaller portions were also taken away. The case progressed as favorably as could be expected, although, of course, slowly. The inflammation of the eye having subsided, a commencing cataract was perceived. After ten months' confinement to bed, he was able to sit up, when the cataract was operated on by Dr. Crawford, by cutting and breaking down of the lens. This operation having been repeated, it was eventually perfectly successful. The unfortunate sufferer may be seen walking freely through the city, capable of reading the large letters of the signs, or the numbers on the houses, but not being provided with a suitable lens, he is unable to read a book from the great length of his visual focus. He is wonderfully contented, but being unable to work, as he suffers also from pains and weakness of his left elbow, where an enlargement, or exostosis of the external condyle, only noticed since his recovery, adds to his various other ills.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XVI.—*Clinical Lectures on Paralysis, Disease of the Brain, and other affections of the Nervous System.* By Robert Bently Todd, M.D., F.R.S., Physician to King's College Hospital. Pp. 311. Philadelphia: Lindsay and Blakiston. Montreal: B. Dawson.

We well recollect on visiting King's College Hospital, some years ago, how much we were impressed with the tendency exhibited by the dif-

ferent notables comprising the medical staff to investigate diseased conditions of certain portions of the organism in preference to others. In deed, it appeared to us, that frequently the organ or organs which, at the time, engaged the attention of each, was or were made, in its or their derangements, to explain all anomalous symptoms occurring in various diseases coming beneath the notice of the observer. With one, these symptoms were to be attributed to derangements of the liver and others of the abdominal viscera; whilst with a second, the functional activity of the nervous system in some of its parts, was materially disordered. We must in justice state our belief, however, that for close investigation into cases of disease, unwearied perseverance in following them up, sound reasoning on the phenomena presented by them, accurate diagnosis and successful treatment, the staff of King's College Hospital is unsurpassed in the United Kingdom. Hobbies they undoubtedly have, but they do not allow their minds to be unduly influenced by them. There was not one we followed with more pleasure, or from whose remarks at the bed side we received more instruction, than the author of the lectures under review.

Dr. Todd enters very fully into the consideration of hemiplegia, or that paralytic condition in which there is loss of motion of one half of the body. There are six varieties of hemiplegia to be met with in practice. First,—*Cerebral hemiplegia*, which depends upon diseased brain, more particularly lesion of that portion known as the corpus striatum. Pressure exerted on this part by an apoplectic clot or tumor existing either in its own structure, in that of the thalamus opticus, or in the adjoining portions of the hemisphere; softening and rupture of its fibres, give rise to this, the most common form of hemiplegia. Secondly,—*Spinal hemiplegia*, a rare form "caused by a lesion of one half of the spinal cord, just below the decussation of the anterior pyramids." Thirdly,—*Epileptic hemiplegia*, a sequense of an attack of epilepsy. It is slight in nature and transient in existence, seldom remaining over a few hours after the attack. Fourthly,—*Choreic hemiplegia*, a form which rarely follows, and still more rarely precedes chorea. Fifthly,—*Hysterical hemiplegia*, a very intractable condition occurring in hysterical women. Sixthly,—*Peripheral hemiplegia*, or that form of palsy where the paralyzing lesion is situated primarily in the periphery. Cerebral hemiplegia may be arranged into three classes, distinguished by the condition of the muscular system, especially the muscles of the upper extremity. "The first class consists of those cases in which the muscles of the paralytic limbs are completely relaxed. The limbs are loose and flaccid, and if you flex the forearm upon the arm, or the leg upon the thigh, you find no resistance or opposition to that movement.

When you feel the muscles you find them lax and flabby, contrasting more or less with the firmness and plumpness of those of the sound limbs, and they are more or less wasted according to the period of time which has elapsed since the paralytic seizure.

In the second class I place those cases in which the paralytic muscles exhibit a certain amount of rigidity, *which rigidity has existed from the moment of or soon after the attack.* This rigidity varies in degree from an increased plumpness of the biceps of the arm and the hamstring muscles in the thigh, and a resistance on the part of these muscles to the extension of the forearm or leg, up to a contraction almost tetanic. The nutrition of the muscles in cases of this class is not materially weakened at first, and the wasting is consequently either *nil*, or to a very trifling extent. If, however, the palsy persists, the muscles waste, although not so fast as the first class of cases. In the third class, we find cases with rigid muscles likewise. In these cases the rigidity is a late phenomena. It does not occur for some time after the paralytic seizure. The cases of the first class often pass into this. The wasted and relaxed muscles after some time gradually acquire more or less of tension, they become shortened, and appear like tight cords stretched between their origin and insertion. The tension is most manifest in the flexor muscles, and the limbs assume the state of more or less flexion, especially the upper extremity. The forearm becomes strongly contracted on the arm and the fingers flexed into the palm of the hand which is liable to be irritated by the growth of the nails." Pp. 128. The pathological condition obtaining in the first class is encephalomalacia or softening of the brain. Dr. Todd mentions white softening only, and that kind, more particularly, which is the result of defective nutrition from deceased cerebral arteries. He does not allude to "yellow softening," which according to Rokitsansky is not a very rare condition, although it has attracted but little attention. This remarkable lesion occurs as a primary and idiopathic disease, or as secondary and symptomatic; the latter being the more frequent. When idiopathic, yellow softening varies in extent. It never involves the whole brain, seldom, indeed, exceeding in size a hen's egg. "The cerebral substance appears converted into a very moist tremulous pulp, of the yellow color of straw, or sulphur, and not unlike briar; when cut across it rises considerably above the level of the section; and it presents to the eye no trace of natural cerebral structure." (Rokitsansky's path. anat. vol. 3, p. 316. Blanchard and Lea's edition.) On a section being made, a clear yellow fluid oozes out, which has a strong acid reaction. When the disorganization is slight, the colour is not so well marked, and the moisture is not so great as when it is ad-

vanced. It is not surrounded by any redness or vascularity, and the transition to healthy brain structure is abrupt. Rokitansky advances very strong objections against the view which refers the causation of yellow softening to the inflammatory process. While disagreeing with Fremy's opinion that it is a regular putrefactive process going on in the brain, he believes that this observer's views of the changes which occur in the chemical constituents of nerve substance during putrefaction, "have given a direction to future investigation which is full of promise." Fremy considers the brain to consist of "cerebric acid, either free or combined with soda and phosphate of lime, of oleo-phosphoric acid, free and in combination with soda, of olein and margarin, of small quantities of oleic and margaric acids, of cholesterin, water, and a substance like white of egg, in the proportion of 7 parts of albumen, 5 of fatty matters, and 80 of water. The oleo-phosphoric acid, which, like the olein, is usually yellow, is very easily acted on, and separates readily under slight influences into phosphoric acid and olein. Thus it decomposes at an ordinary temperature when it comes into contact with water; and decomposing animal matters give rise to a similar change in it. Now, what first occurs in putrefaction of the brain is this decomposition of the oleo-phosphoric acid. But the process does not stop here; for the albuminous matter also decomposing, sets up a further decomposition in the olein, and genuine saponification is the result—a conversion into oleic acid, and a combination of that acid with ammonia. Fremy thinks that this is the process which goes on in softening of the brain—that it is, in fact, a genuine putrefaction of the brain. Although I cannot discover any of the phenomena of putrefaction in the process of yellow softening, yet the liberation of an acid—the phosphoric, and especially one or more of the fatty acids—may be conjectured to be one of the most important phenomena in yellow softening. The conjecture is supported by the very decided acid reaction of the fluid contained in the softened spot." (Op. cit. p.319.) So much, then, for this newly observed condition of yellow softening. And now, *nous revenons a nos moutons*. Hemiplegia with relaxed muscles may occur without loss of consciousness, or with more or less of coma. The former is the result of a sudden rupture of the softened brain fibres, with or without ruptured blood vessels and consequent clot; when a clot exists, it is too small to exercise pressure on the neighboring parts. The latter is also the result of softening and rupture with or without clot. When a clot is present, it must be of large size, or in such situation as to cause pressure on important and central parts of the brain. When a clot is not present the coma is caused by the great extent of the softening. In the treatment of this class of he-

miplegic cases, reference must be had to the condition of the brain which induces the attack. The principal indication is to keep down the force of the heart's action. This may be accomplished by very simple means. The horizontal posture with the head raised; mental and bodily quietude; the removal of irritating substances from the bowels by means of an injection, or by mild though prompt purgatives, will, as a general rule, be all that is necessary. Should there be great collapse, stimulants must be cautiously employed. We are glad to find Dr. Todd give his voice against indiscriminate bleeding. "He must be bled," is the imperative dictum which on all sides greets the ear of the medical man, when called to a sudden attack of paralysis. Should he not open a vein, relying on his own judgment and disdainng popular opinion, and the patient subsequently dies, he is certain to be blamed for the death; and, if he be an American practitioner, he may consider himself particularly fortunate should he escape an action for malapraaxis. "Bleeding is inadmissible," says Dr. Todd, "if the patient be cold and collapsed; or if the heart's action be very feeble or intermitent; or if there be an anæmic state; or if the patient be of a very advanced age; or if the evidence of extensive disease of the arterial system or heart, leave no doubt on the subject. Nor would it be desirable to bleed if it were clear that already a large amount of hemorrhage had taken place into the brain," p. 251. With regard to the means to be adopted for the restoration of the paralyzed parts to their normal condition, our author, after having tried all that have been recommended, places more confidence in exercise of the muscles of the limbs affected, than in anything else. Electricity requires to be employed with much caution; and strychnine he believes to be decidedly hurtful in those cases of cerebral hemiplegia.

Of the second class of cerebral hemiplegia, or those marked by early rigidity of the muscles, there are two varieties. In the first, one or two muscles only are affected, and that slightly; and in the second, all or nearly all the muscles are very rigid. The muscles usually affected in the slight cases, are the biceps and triceps in the upper, and the hamstring and biceps in the lower extremity. In severe cases the flexor muscles are more rigid than the extensors. Dr. Todd's idea of the cause of the early rigidity is, "that it depends upon a state of irritation, propagated from the brain to the point of implantation of the nerve of the affected muscle." This irritation is produced by an apoplectic clot, which must have encroached upon and injured sound brain; as we have seen that clots may be present in softened brain, and the muscles be in a relaxed state. When the rigidity is considerable, it is owing to the

irritation being more intense, from greater injury to the brain or its membranes.

The third class, or those in which rigidity appears late, may "follow the hemiplegia with relaxed muscles, as well as that with early rigid muscles." From his observations, Dr. Todd, believes late rigidity to be caused by the process of cicatrization going on in the brain at the site of some previous injury. This opinion, however, requires further confirmation.

We here close our remarks on Dr. Todd's excellent book. Our readers will find it to be a thoroughly practical work, containing much original information on subjects which are, as yet, but imperfectly understood.

XVII.—*The Cause and Prevention of Yellow Fever*, contained in the Report of the Sanitary Commission of New Orleans. By E. B. BARTON, A.M., M.D., Chairman of the Sanitary Commission. Pp. 282. Philadelphia: Lindsay & Blakiston. Montreal: E. Dawson. 1855.

Were man's own opinion of his powers true, the most mighty phenomena of the world would be under his control. Were his lofty pretensions founded on any valid basis, there would be no achievement too extreme for his purpose. We find him setting forth the boldest claims to a sovereignty over natural causes, and contending that upon his will the happiness and even the existence of his fellows depend. An opinion is not sparingly entertained which, though not so openly avowed yet actually amounts to this:—that contagious diseases are dependent upon influences which are entirely under man's management; that their origin proceeds from certain infractions on his part of well known hygienic principles, which, had they been preserved, the events that have occurred would have been unknown; that their spread is due to a condition in beings and things about him whereby a state of preparation is accomplished, and a material aid held out for ensuring certain dissemination, but which condition might have been suppressed, had not personal inattention forgotten, or individual negligence shrunk from the fulfilment of his express commands; their continuance, ever under circumstances which might be presumed to be regulated in accordance with his desires, he refers to an omission of some hitherto unperceived part of his injunctions, and even when no suggestion is left untried, and failure still condemns him, he flatters himself all the means will yet be

at his disposal, although at present he has not happened upon them. Their cessation he attributes to his own exertions, or to an equally popular reference, the self-exhaustion of the cause. In all these considerations he thinks of self alone, and the probability of a Higher Power overruling all may never find either entertainment or favor. It is lamentable that such a feeling of vanity should prevail; but it is so common, almost so natural, that when it is obtruded upon our notice, we experience scarcely any surprise, and rarely perceive in it any thing that is condemnatory. Were facts alone appealed to, this illusion would be dissipated, but somehow there seems to be even in the face of their testimony a blindness of the understanding which effectually precludes all prospect of a right perception of the matter. Man holds his opinions of the nature and propagation of a certain epidemic—in time its visitation is upon him—his preparations and plans are made—its devastations proceed—his defence continues—the end comes—the retrospect is not taken—the means and the end are not carefully adjusted, not weighed, not compared—and the future evil is forgotten in the present immunity from danger. But at length there is a recurrence—the same talk, the same expectations, the same rules adopted, it may be, in an amplified manner, the same quarantine trusted in—the foe advances, marches irresistibly through, and where it does not for ever silence, leaves behind it equal foolishness as upon its first departure; yet man persists in saying he can stay an epidemic—he can prevent a plague; and in the moments of his arrogance, he is smitten down, unable to aid himself or his dependants.

Whatever the history of yellow fever may teach, other pestilences plainly declare that contagious diseases are not dependent wholly upon local causes, but that they are intimately related to a great Cosmical agency, the comprehension of which surpasses the ability of human wisdom. They also tell us that this agency works through certain instruments, and that even these are not endemic, but that they are of two chief kinds, terrestrial and atmospheric; these latter are for the most part appreciable to our apprehension. The terrestrial alone are insufficient to produce disease, and so are the atmospheric, and neither, without the influence of the great cosmical agency which we consider connected to the others in the light of a first primary excitant to secondary remote predisponents. Dr. Barton, in his work on the Sanitary condition of New Orleans, recognizes the instruments, but does not allude to the first or universal cause. He also agrees with us in believing that either species of these is not sufficiently powerful to be effective without the co-operation of the other. The doctrine he holds is, we

believe, contained in the following extract:—"I do not pretend to say that *all* the causes to which we assign the production of yellow fever can be forestalled in their coming, or expelled when they do come, by any human agency whatever; for the meteorological condition of elevated temperature, excessive saturation, great solar radiation, large precipitation and prevalence of particular winds, or the absence of all winds, *may* not be entirely preventable or remediable by the art or the power of man. But great as is the influence we attribute to the presence of these most deleterious and alarming agencies; we have no where attributed nor wish to attribute to these agencies alone, a capacity for originating or propagating that disease. It is only when they are in combination with those morbid influences, which we have denominated *terrene*, (which embrace every species of noxious effluvia, which filth of every description, and disturbances of the original soil generate and transmit), that the etiological conditions exist for the production and spread of the pestilence." And he shortly after proceeds to say, "the *terrene* condition alone is without the power to originate the disease, in the absence of the meteorological conditions referred to." We think the doctrines above enumerated are well borne out, by the sanitary condition of Canada. It is a well known fact, although perhaps not generally admitted, that, as far as local influences are concerned, our towns, especially this city and others in its vicinity, are as much under their sway this year as they were last. There has been no unusual drainage nor improved sewerage of the soil, nor augmented cleanliness, nor ameliorated condition of the people. Emigration still filled our wharves, and foreigners intermixed with townsmen; the many defects pointed out as being evils demanding immediate remedy, still continue in full force—yet how different is the salutary state to that of the year 1854. A year remarkable for its salubrity has succeeded one as notorious for its unhealthiness, and this in spite of the terrestrial causes of diseases, for they were alike in the two. An Argument to the same purport might just as easily be drawn from the atmospherical causes, but it is not so necessary as there is not the same desire to endow these latter with the sufficiency that is so commonly concentrated upon their associates.

XVIII.—*A Paper on Protracted Valvular Disease of the Heart.* By JOHN W. CORSON, M. D., Physician to the New York Dispensary. 1855. Pp. 28.

We have to apologize to Dr. Corson for not having noticed his paper

phlet at an earlier period. Accidentally it had got out of sight, and so was forgotten, till it happened to turn up a few weeks ago. The twitches of conscience, however, endured on account of the remissness, have sharpened]our intellectual appetite, and we proceed to the task with a keener zest than if we had engaged in it sooner. Our readers are familiar, through our pages, with a previous pamphlet on Heart Disease, by the same author, which contained an interesting summary of the causes of the functional affections, to which this important organ is liable. The present considers the kindred topic of the structural lesions to which the valves are liable. It was read before the Society of Statistical Medicine in New York, and originally appeared in the columns of the New York Journal of Medicine. The object of the paper has been to ascertain more accurately the prognosis of the last named class of cases. In the words of the author, and in quoting him we would draw attention to his inviting style.

“We know that sometimes a patient will groan with rheumatism a while, and then, all but the palpitating heart will be well for a year or two, when it stops like a broken clock, and he faints and falls stone dead; or it struggles wearily for life so months, and chokes him some day with pulmonary effusion; or it deluges his brain with apoplexy; or makes him hobble mere slowly to the grave with palsy; or he grows sallow with the prefix or addition of Bright’s kidney, or a swollen liver, and bloats and dies by inches with dropsy; or strangely enough, with a heart puffing and thumping like a small engine, he keeps his rosy cheeks and lives on tranquilly for many years, to the disappointment of depending physicians, and expectant heirs, who fancy a man with disease of the heart ought to die soon. Why are these differences?”

After the details of a dozen different cases, each interesting in its own particular way. A table is appended of 11 cases of protracted valvular diseases of the heart lasting for more than three years. It contains columns describing the sex; age; condition and exertion; the cause and duration; the chief symptoms; the valves affected; hypertrophy; dilatation and pericardial adhesion; complications; result and authority. As will be perceived there is here scope for the adduction of a great mass of valuable information, and the form selected for its enunciation is one well adapted to permit of the deduction of useful generalizations. The author gives us next an epitome of the symptoms and signs of heart disease, and the chief points of diagnosis that exist between the affections of the different valves, and even between the obstructive and regurgitant conditions of each. His remarks on prognosis are thus simplified by another table.

PROGNOSIS OF VALVULAR DISEASE.

<i>Most Favorable.</i>	<i>Less Favorable.</i>	<i>Unfavorable.</i>
Slight aortic obstruction.	Aortic obstruction and regurgitation, with very large hypertrophy or dilatation.	Mitral obstruction.
Slight stationary mitral regurgitation, with little or no enlargement.	Especially free mitral regurgitation, with large hypertrophy, or dilatation.	Tricuspid disease,—especially when combined with left valvular lesions.
Face unaffected, or a little flushed.	Face slightly livid.	Face very livid, or <i>cachectic</i> .
Freedom from pulmonary congestion, hemorrhage or dropsy.	Severe pulmonary congestion, hemorrhage, apoplexy, anemia, dyspepsia, or dropsy.	<i>Bright's disease</i> , (very) or enlarged liver.
Avocation healthy, with gentle exercise without straining or excitement.	Avocation unhealthy, with violent straining or excitement.	Simultaneous aortic and mitral murmurs, or plain signs <i>during life</i> of disease of more than the aortic or mitral valves alone.

There are next a few observations thrown out on the remedial measures to be adopted in heart disease, and the conclusion then comes consisting of some well drawn inferences,—of these we select as specially instructive. the 1st, 3rd, and 7th.

“1. That in a protracted valvular Disease, aortic lesions are twice as numerous as any other class; aortic obstruction alone and aortic obstruction with regurgitation nearly equally divided, forming about one half; mitral regurgitation nearly one fourth; aortic and mitral combined, one sixth; and simple or complicated affections of the right valves, about one eighth.

3. That in both ability for exertion and *duration*, the aortic on the whole excelled; each being greatest with the slight aortic obstruction or limited stationary mitral regurgitation, with the *least hypertrophy*; enlargement being the best endured in the aortic class; and that the average duration of the forty-one cases reached the extraordinary term of nine years; nine with aortic obstruction averaging ten and a half years; eight with aortic obstruction and regurgitation, eight and a quarter years; seven of aortic and mitral combined being ten years; and three of right and left valves simultaneously, being four years.

7. That eleven cases at the time reported were still living; and that of the thirty fatal cases only seven— $\frac{23}{100}$ purely or mainly aortic—were mentioned as dying “suddenly;” while sixteen, principally mitral, “sank gradually;” and that in the thirty post-mortem examinations, beginning with the most frequent, there was found the following cardiac pathological changes; hypertrophy with dilatation, ossific deposits or calcification, adherent pericardium, valvular thickening, cartiliginous induration, and vegetation.”

XIX.—*Physicians Visiting List, Diary, and Book of Engagements for 1856.* Philadelphia: Lindsay and Blakiston. Montreal: B. Dawson.

This "Annual" which has now become so generally known for its usefulness, is already in readiness to meet the demands which will soon be made for it. In a book not so large as many intended for the pocket, the practitioner may enter day by day for an entire year, the professional engagements he is responsible for, and the services he has rendered—He may thus, have ever about him, what he must do, and what he has done, in almost, if not altogether so, the smallest possible space. More than this so methodically are the blanks arranged for him to fill up, that nothing need be lost in indistinctness or confusion. We think that by an addendum which could be so managed as to occupy very little, if any additional room this "Annual" might be rendered still more useful. If a wide column at the end of the week's columns, or after the column S. were allotted to charges, and headed \$ c., the Physician might be almost saved the necessity of keeping a day-book, for he could put opposite the names the amount owing by each patient for the week's attendance, and thus have a method of easily reckoning, at the time of issuing his bills, the accounts due him.

XX.—*A Treatise on Epidemic Cholera.* By HORATIO GATES JAMESON, Sen., M.D., Member of the Medical and Chirurgical Faculty of Maryland; Professor of Surgery; Member of Philosophical Societies of Berlin and Moscow, &c. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson. 1855. Pp. 296.

Dr. Jamieson is of opinion that cholera is the offspring of a new modification of electricity, the precise nature of which is not ascertainable, and hence the adoption of such an hypothesis does not make us much wiser as regards the intrinsic nature of the cause of the disease. Schonbein's researches on ozone seem to corroborate the view that a relation subsists between cholera and electricity, since it appears that ozone, which is a substance compounded of oxygen and electricity, is absent from the atmosphere during times of cholera, and hence it is concluded that its electricity subsists in some other condition which is favorable to the production of cholera. This electric entity is received into the system through the lungs, this route being chosen as the most rational;

shortly after invading the system, "it assails the primæ viæ with insalubrious secretions, as must be the case wherever the nervous influence is impaired." This stage of operation is outwardly marked by diarrhœa. The next pathological element is a morbid sensitiveness of the nerves of nutrition, preventing the dietetic employment of many articles of food which at other times are quite innocuous, but now upon coming in contact with the inner coat of the stomach or bowels, give rise to agonizing pain, and soon, "as if a train of morbid influences had been laid, the entire system is found to be morbidly impressed." These occurrences are manifested, he considers, by vomiting and purging—agonizing spasms—debility—distressing chills—lividity of the surface—painful spasms at the præcordia—general lethargy, and death. The vascular system is chiefly implicated; there is universal stagnation; an irregular distribution of blood; absence of circulation in the extremities; "charcoal has the place of oxygen; the brain is soaking in carbonized blood," and effusion of serum is often found at its base and in the theca of the spinal cord. But these changes are believed to be secondary to an impairment of innervation which originates in the great splanchnic system, the terminal ends of its nervous fibres are at fault, assimilation is discharged imperfectly and eventually all allied organs are morbidly involved so that a universal disorder ensues. He thinks that the localization of the seat of cholera is an impossibility, for it is generally diffused all over the body, and he adds, "the pathologist in quest of the seat of cholera, is like one who finds the old clothes of a person who has run away." In treatment Dr. Jameson adheres to the old system. He details some cases in which decided benefit followed calomel and opium, \mathfrak{ss} . of the former, and gr. v. of the latter, divided into three powders, one of which was given every hour; after this carbonate of soda, with oil of sassafras and tinct. opii, taken every two hours, completed the cure. He alludes to the various remedies recommended from time to time, and speaks at length upon the value of those he conceives most entitled to confidence. Of external remedies he is most prepossessed in favor of the liberal inunction of lard.

The work of which the above is a synoptical account of its chief contents, is made up of a number of communications upon distinct subjects connected with cholera, and these are arranged so as to form a continuous theme. We do not admire the argument nor the language in which it is couched, and we have failed to discover in the production any merit entitling it to rank among the class of able, scientific treatises. We fear our readers will be disappointed with its perusal.

XXI.—*A Manual of Clinical Medicine and Physical Diagnosis.* By T. H. TANNER, M.D., Licentiate of the Royal College of Physicians, Physician to the Hospital for Women, &c. To which is added, the Code of Ethics of the American Medical Association. Pp. 252. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

In this small work is collected a fund of such information, as the student at the commencement, and even during the continuance of his studies, is often sadly troubled to know where to look for. "The following pages," says the author in his preface, "have been written with the intention of removing some of the difficulties which the student always—and the practitioner frequently—must encounter, while studying disease in its Protean forms at the bedside. Remembering my own impressions of bewilderment on beginning to "walk the hospitals," I have honestly endeavored to simplify the task for others; and should this treatise be the means of doing so, I shall feel greatly rewarded for my exertions."

We advise every student attending hospital practice to obtain a copy of Tanner's Manual, assured that they cannot spend a small sum (4s. 6d.) more profitably.

XXII.—*Whooping Cough; its History, Nature and Successful Treatment.* By LAWRENCE TURNBULL, M.D., Physician to St. Luke's Church Home; Member of the Pennsylvania State Medical Society and American Medical Association, &c. &c. Pp. 18. From the Author.

In this short treatise on whooping cough, Dr. Turnbull has exhibited great research. We perceive he has been indebted to our friend Dr. Gibb of London, whose excellent work on whooping cough contains the cream of all that has been written on the pathology and treatment of this truly annoying and troublesome disease. Dr. Turnbull has found belladonna, after depleting measures have been employed, to be the most certain and successful remedy. He commences the treatment of a case of pertussis, by applying leeches to the nape of the neck, or under the clavicle; and with counter irritation, by means of sinapisms and blisters, to allay the congestion of the brain or lungs. "To diminish the febrile action, small doses of tartar emetic may be given; these will lessen the bronchial inflammation, and remedy the often disordered

state of the stomach and bowels." In every instance in which the system was brought under the influence of belladonna, after the foregoing treatment had reduced the frequency of pulse, &c., "indicated by dilatation of the pupil with confused vision and reddened skin," he was enabled to check the annoying cough in twenty children who came under his care. The average duration of his twenty cases was ten days.

CLINICAL LECTURE.

(Medical Circular.)

On Retention of Urine, and Arterial Hemorrhage. By Edward Stanley, Esq., F.R.S., Surgeon to St. Bartholomew's Hospital.

GENTLEMEN.—During the last week I was desired to see a patient 62 years of age in Dr. Burrows' ward, suffering from contraction of the urethra with a supposition of disease in the kidneys. He had pain in the loins and pus in the urine, and sometimes incontinence of the urine besides. I examined the orifice of the urethra, and found no unusual condition of the parts; it was small, and close by was a small pouch extending to the side of the urethra and terminating in a *cul de sac*. I could not make out what this was. The man stated it had existed as long as he could remember. My impression is, as it was then, that it was a congenital deficiency, the orifice of the urethra terminated short of the extremity of the gland. This is a natural deficiency in many cases, the orifice of the urethra is at the under side of the penis, an inch or so from the true orifice. Finding this state of things, the man was removed to Duke's Ward, and a catheter was introduced with a little difficulty, and drew off forty-eight ounces of urine to his great relief; the man did not suppose he had so much in his bladder. The fact being made out, I had no difficulty in making out the nature of the case. There has always been an impediment to the free passage of his urine in consequence of this defect, there always remained some urine in the bladder, it became distended and the bladder contained a quantity of water. The quantity gradually increasing, the neck of the bladder loses its retentive power, incontinence of urine occurs as a consequence, and the bladder becomes over distended. I made a little incision in this case, and the man now makes water easier than he did for any period of his life. The overflowing of a distended bladder was the cause of the incontinence. Now in this little, for it is apparently a little case, there are several practical points to observe. I ask you to note the effects resulting from the impediment to the free passage of the urine from the urethra. The same series of phenomena are often observed in boys, sub-

ject to congenital phymosis, the consequence of which is a slight obstruction to the free flow of urine; the orifice of the foreskin is narrowed and contracted, and the result is, the urine does not flow freely from the bladder. The effect of this is, the irritation flies back to the bladder, and it is supposed there is stone. Many are the cases brought here for examination for stone when none exist, the symptoms depending upon this state of the foreskin. The deficiency is cured by a slight operation—slitting it up, and the urine flows freely, the bladder is no longer irritable, the symptoms of stone subside.

The next point in the history of the case related, the distention continued to the extent of holding 48 ounces of urine, accompanied by no uneasiness about the abdomen, he had no complaint at all of the bladder. Now this form of distention, which may be called atonic, occurs under various circumstances, and its character should be well known, and if not detected might lead to serious error in diagnosis. You are perhaps attending an old woman with fracture of the thigh; the nurse tells you she passes her water in bed; you examine her abdomen, there is no distention, no pain on pressure, &c.: you have no suspicion, but as the nurse tells you she passes water involuntarily, you introduce the catheter, and to your surprise you draw off 50, 70, nay, 100 ounces of urine from the bladder, which if allowed to remain, the bladder would burst and the result would be fatal. Let me tell you a case where this series of things did occur. An old woman, aged 70, had fracture of the shaft of the femur; a fortnight after the bladder got full, was quite soft and no pain. None of the characters of distended bladder could be felt in the abdomen, but I introduced the catheter and removed 125 ounces of urine, of healthy appearance, from this old woman's bladder. No one had the slightest suspicion of retention; no mischief followed, it regained its contractile power. A week after the patient sank, but from the exhaustion of old age, not from disease of the bladder. I am speaking of the atonic form, arising with a variety of circumstances; I have generally made a note of such cases. In another case of over-distention of bladder from stricture, I drew off 65 ounces with the catheter; there was general swelling of the abdomen, but no characteristic symptoms of distended bladder through its walls, yet I drew off this quantity of urine. Another case to the same point:—A female, 30 years of age, with an abscess in situation of the vulva, suffered from retention of urine: 115 ounces were drawn off: the bladder regained its power of contraction eventually. A man with retention of urine from stricture came to the surgery and 76 ounces were drawn off. I mention these cases to show you the enormous quantity of water which will accrue without the suspicion of retention. Mr. Paget told me the case of a child who suffered from retention of the urine from fever, and 20 ounces drawn off: the child was three years old and died of the fever. On examining the bladder it was found flaccid and capacious; its coats presented marks of inflammation, and cracks were visible in the mucous membrane; a little more over-distention would have produced rupture.

In another point of view, attention to these cases is important, when this form of distention takes place. You may examine the walls of the

abdomen, and will find no symptoms of distention or pain, no prominence, you may feel fluid, but it might be mistaken for ascites. This is not an imaginary view, a patient once presented himself with a paper with dropsy on it; on examining him one would suppose there was, but it depended upon retention of urine.

We will now go to another case, which was in Kenton's, but is now in Abernethy's ward. It is one of *arterial hæmorrhage* from two wounds on the chest, which had been formed to remove the matter from an abscess. A stout healthy man, a hawkier, admitted 7th June in Kenton's ward. The following is his history:—Three weeks before admission an abscess formed in front of the chest, near the axilla, which was opened in two places to let out matter on different occasions; all went on well until three weeks had elapsed from the time the abscess was opened and then, when he was in bed, there gushed from the two wounds a quantity of blood, and a large clot that would fill a basin was removed from the sac of the abscess. The abscess extended in every direction, the axillary artery could be felt beating. Up to the 11th June blood continued to ooze at intervals from the wound; it was considered now necessary to secure the vessel from which the blood was flowing, the cavity was laid open by a semicircular incision through the skin, to expose the vessel in such a way as to secure it; a cut four or five inches in length exposed a portion of the pectoralis major; I cut across the fibres of the muscle, from its lower border upwards in the direction of the axillary artery so as to expose the vessel. When the great pectoral muscle was divided directly upward across its fibres—and the advantage of this, let me tell you, if you are called to a man wounded with a spike in the axilla, you would cut through or across the fibres, and not in the line of its fibres. Whenever a large vessel is to be exposed you cut across in order that the fibres may gape; when I cut it across its whole thickness, the effect was to expose the cavity of the sac, extending upwards to the clavicle, below the pectoralis major and minor and backwards in the axilla. The cavity being thus exposed, several small vessels were tied in the walls of the abscess; then a large vessel pumping up blood near the pectoralis minor, a branch of the axillary—the superior short thoracic, arising from the axillary—close to the upper border of the pectoralis minor muscle, a ligature prevented any further bleeding. The subsequent progress of the case to this time has been most favorable; the wound has contracted, and there will be a perfectly satisfactory result. So much for the history of the case. Now for some of the points. Many of you were present at the consultation in Kenton's ward as to the course to be adopted. There was so much bleeding it was necessary to do something, considering the amount already lost, it should not be allowed to go on. This was the anxious point. What would you have done in such a case? In a hospital you have many to consult with, and in a multitude of council they say there is wisdom. We had to consider the source of the hæmorrhage, it was arterial no doubt. It might be the axillary artery, but it was not probable. It was of no good to suppose it a wound in opening the abscess from their situation. But it was possible ulceration might have taken

place through the walls of the abscess into the artery. Remember this does occur, although, generally, arteries do not resist ulceration, such an occurrence is rare, but I have seen it many times in the course of my life; a sloughing bubo in the groin has exposed the femoral artery, and it has remained entire, granulations have sprung up and saved the artery, and it has healed up. I have in presence (a preparation here shown in spirits) the opportunity of communicating a case which occurred here some time ago; the following is a short history. The patient was a boy 8 years old, with an abscess in the upper part of the anterior mediastinum and lower and front part of the neck, extending downwards into the anterior mediastinum, supposed to have arisen from exposure to cold. He complained of *anxieties* and difficulty of breathing and of swallowing; four days before his death he expectorated quantities of pus from the pharynx. I am always anxious to open the abscess in the neck, where near the pharynx, into which the abscess had burst. In the last three days, he suffered misery and excitement, and at length he expectorated, suddenly, a pint of arterial blood, and in a few seconds died. What is seen in this preparation? A communication between the anterior mediastinum and arch of aorta. There could be no doubt here of an abscess in the neighbourhood of a large artery, there was no disease of the coats of the vessel, the vessel was quite healthy, and yet an abscess in its vicinity formed a communication with it. Bear in mind, then, the possible communication between an abscess and an artery, as in this case.

In our case, the most probable source of the hæmorrhage was a branch of the axillary artery. All were agreed on that point. Was it from opening the abscess, or from ulceration? It could not have been induced from the operation from its situation, it arose subsequent to the operation by the process of ulceration. In passing, I have alluded to the difficulty to decide in the amount of bleeding from a wound, whether it is from a small or a large vessel. You can have no idea of the difficulty in coming to a conclusion on this point, in deciding whether it is from a large or several small ones. The amount of bleeding does not determine it. You may have as much blood from several small vessels as from a large one. I shall read a case in point. Many years ago I operated on a man for hernia; the preparation is on the table. There was no bleeding at the time of the operation; some time after it, the bandage was found soaked in blood, it was removed, and several clots were found, and arterial bleeding was going on; I was sent for, and found arterial bleeding, and believed it was from the obturator artery, which I had divided in the operation. I determined to try the effect of plugging the wound, and this proceeding was successful. The man died of peritonitis. An examination of the parts showed the source of hæmorrhage; the obturator artery arose by a common trunk with epigastric, but its course was along the outer side of the sac, it was not wounded, but there were three sub-pubic arteries, if they may be so called, and a little branch was divided which was the source of the hæmorrhage. The immense hæmorrhage arose from this little trumpety artery, no larger than a thread, it undoubtedly furnished the whole of

the bleeding. Another fact in relation to this important point of hæmorrhage, hæmorrhage to a large amount from minute arteries. A man 52 years of age, cut his throat, he was said to have had disease of the heart and asthma; there was profuse arterial hæmorrhage from the deepest part of the wound; it did not cease until he was quite exhausted. The man died, and the parts were carefully dissected but no wounded vessel could be found large enough to account for the hæmorrhage; it must have arisen from a branch of the superior thyroid.

THERAPEUTICAL RECORD.

(*Virginia Med. and Surgical Journal.*)

Ague.—M. Paura, Professor of Chemistry at Naples, proposes a new preparation of quinine—the ioduret of quinine—as a remedy in intermittent fevers, resisting treatment by anti-periodics under the influence of a scrofulous constitution. It appears to have been tried with success by Dr. Giuseppe Manfredonia of Naples, in doses of from 8 to 16 grains daily, curative powers being rapidly manifested in the most obstinate cases.—*Gazette Medica Italiana, Lombarda.*

Burns.—In burns of the first degree, M. Stanislas Martin strongly recommends (*Bull. de Thérap.* Oct. 1854) that the injured part should be covered with white of egg. By painting over the burn with several layers of albumen, a varnish is formed impermeable to the air, and possessing the advantages of collodion without its irritating properties.

Cancer.—Boinet recommends 'Ann. de Therapeutique, the topical application of the following powder to painful cancerous ulcers. R. Pulv. Starch, 120 parts; Iodine, one part; Acet. Morph. 40 parts. Applied every eight hours with a feather. The bowels to be kept open with Seidlitz powders and the free use of Vichy water.

Cholera.—"Frigus intus, calor extus," is the axiom of Dr. Lotte, (*Ann. de Ther.*), in the treatment of cholera. Apply heat externally—put your patient in a hot bath; use cold internally—give him iced water to drink whilst in the bath. You will produce reaction and cure your patient, says Dr. Lotte.

Neuralgia.—Trousseau is in the habit of employing in neuralgias and painful rheumatisms, poultices of flaxseed meal combined with a half tablespoonful of the following mixture. R. Exter. belladonna, exter. opium. aa ʒvj.; pulv. camph. ʒij.

The stramonium can be substituted for the belladonna under some circumstances.

Pneumonia.—M. Sancerotte (*Bull. de Ther.*) denounces the expectant treatment of pneumonia, and observes that being at the head of a large military hospital, he has often witnessed its disastrous effects; he found

that those whose condition was not interfered with, would exhibit more or less hepatization of lung, and often would not recover for five or six months, whereas those who were treated promptly, rarely required a longer time than three weeks.

Spigelia Jelly—This elegant formula we find in the *Annuaire de Therapeutique* for 1855, taken from the *Gazette Med. de Liege*. It is recommended by M. Bonnewin as the most agreeable form of administering this favorite anthelmintic, R. *Pulv. Spigelia* ʒviij.; *corsica moss*, ʒiv.; boiled in 16 ounces of rain water until it is reduced to 10 ounces. The decoction should then be decanted into a sauce pan containing 2½ ounces of white sugar, and again boiled down, carefully stirring with a silver spoon, until 4 ounces of jelly are obtained. It then should be strained through a sieve into a jar containing two drops of the essence of citron or carraway. This jelly is a very active anthelmintic and so agreeable, that children will seek for it with avidity.

Spender's Chalk Ointment.—Dr. Patterson has collected 125 cases of chronic non-specific ulcers of the leg, in which, under this mode of treatment, the cure has been rapid and complete.

The following formula he prefers:—

R. *Creta preparata* lb. iv.; *adepis suilli*. lb. i.; *Olei. olivæ*, ʒiii.

Having heated the oil and lard, add gradually the chalk finely powdered.

The ointment and a bandage being once applied, it is left until the cicatrix forms and becomes firm.—*Med. Examn.*

PERISCOPE.

Paracentesis of the Pericardium successful.—In the *Gazette des Hopitaux* for Feb. 8th, 1855, we find a case of tapping of the pericardium for effusion, practised with success, and relief of patient, by M. Jobert in the wards of M. Trousseau. The subject was a young man aged 16; pale, debilitated, suffering with intense dyspnoea, and considerable dullness in the precordial region, which extended from the second rib above and to the right of the sternum, being six-and-a-half inches in length by seven in width, with marked prominence of the left side of the chest. Under the use of digitalis and blisters the effusion continued increasing till the dullness reached the clavicle, the patient becoming daily more emaciated and feeble. As death appeared imminent, puncture of the pericardium was determined on. An incision was made in the fifth intercostal space, an inch from the left border of the sternum, involving the skin and cellular tissue. A trocar was plunged obliquely from within outwards across the intercostal muscles, and was made to penetrate slowly and by a continued movement into the cavity, when the stem

was withdrawn and from the canula escaped a little brown serum. The canula left in the wound was agitated by the pulsations of the heart, and raised by each contraction. The canula was left in for one hour and a half, and thirteen ounces of serum escaped. The distressing symptoms disappeared after the operation; the respiration was quiet; pulse good, full one hundred and thirty-four; dulness diminished three inches below the clavicle. The improvement progressed for some days, when an effusion in the left pleura was found rapidly increasing, which became so grave as to require an operation for its removal. The trocar was first plunged in the intercostal space on a level with the axilla, but meeting with a very resistant false membrane no fluid escaped. A second puncture, made a little lower down and more posteriorly evacuated a pint of fluid. The operation was not followed by any accident. Neither the effusion into the pleura nor pericardium had been reproduced when the patient left the hospital one month after the operation.

Hydrocele.—Prof. Langenbeck, of Berlin, not being satisfied with the effects of the iodine tincture as an injection in hydrocele, has recently been employing chloroform as a substitute, with the happiest results. He finds that it produces adhesive inflammation more quickly and more surely than the old remedy. After withdrawing the fluid of hydrocele, he injects about one drachm of chloroform which remains for a short time, and then is allowed to escape. Langenbeck, in the *Dutsche Klinik*, reports four cases treated thus, which were radically cured in two or three weeks.—*Western Lancet*.

On Dr. Landolfi's Treatment of Cancer. By M. LASEGUE. (*Archives Générales*, May, 1855, p. 609.)—Dr. Landolfi, surgeon-in-chief of the Sicilian army, and lecturer on cancerous diseases at Trinity Hospital, Naples, is now visiting different parts of the continent, for the purpose of propagating his method of curing cancer. Having secured many adherents in Vienna, he has repaired to Paris, where a certain number of patients, selected from Salpêtrière, have been placed under his care, a medical commission watching the results. As this method, though exciting much attention in Italy and Germany, is scarcely known in France, and we may add, in England, M. Lasegue, while awaiting the report of the commission, proceeds to give some account of it; and although naturally prejudiced against any specific method of treating the disease, the above-board course of procedure adopted by Landolfi, and the large amount of testimony of success he adduces, have evidently made a considerable impression upon him.

The specific employed by Landolfi is the chloride of bromine, applied externally as a caustic, and administered internally, the latter being of quite secondary importance. This caustic, mixed into a thick paste with liquorice powder, may be employed alone, or it may be combined

with other caustics, as in the following formula: R Chlor. brom. three parts, chlor. zinc. two parts, chlor. antimon., chlor. auri. ana one part. To be mixed in the air, on account of the fumes disengaged. In open cancer, Landolfi regards the chlor. zinc. as indispensable as hæmostatic; and the chlor. auri. seems to exert a special action in encephaloid. Cutaneous cancer, epithelioma, lupus, and small cysto-sarcomas may be treated by an ointment formed of one part of chlorid of bromine to eight of basilicon. The healthy parts around the tumour are to be protected by bands of linen one and a half to two inches broad, covered with ointment (four parts of chloroform to thirty of lard), and the patient is placed near a window, so that the fumes may escape. Small compresses, upon which the paste has been spread, are gently applied to the parts, in an imbricated manner, so as to secure exact juxtaposition, keeping two lines clear of the sound parts. The whole is then covered with charpie and dachylon. A sharp burning sensation is soon followed by severe pain, which may last for several hours, and is combated by repeated doses of anodynes. The paste is usually kept on for twenty-four hours, and on its removal a line of demarcation is generally perceived. The tumour is in part white, and in part reddish, or marked with yellow and blue. Bread or lettuce-leaf poultices, or basilicon ointment, are now applied every three hours. As the gangrene proceeds, the pain diminishes, and about the fourth or fifth day the eschar loosens, being removable by the forceps from the eighth to the fifteenth. A healthy granulating surface is then exposed, and if any vestige of the disease is observable, a little paste is reapplied to that spot. The wound is now to be treated as a simple ulcer, and if there is a deficiency of suppuration a lotion is to be applied, containing from twenty to thirty drops of the chloride of bromine in five hundred grammes of goulard water. The ulcer usually heals rapidly from the circumference, the cicatrix resembling that resulting from incised wounds.

In spite of severe pain, there is rarely febrile reaction, and no change in the patient's regimen is required. Although Landolfi believes the paste acts by absorption, as well as locally, he regards internal treatment as only adjuvatory, and only so employs it, in the hope of preventing relapse. The treatment, even in very bad cases, usually at least affords very notable relief, and in such as are quite hopeless or accessible to caustic, a lotion, containing ten to twenty drops in five hundred grammes of water, may exercise some useful modifying power.—*B. & F. Med. Chir. Rev.*

Twins born at an interval of forty days.—(Med. Neuigkeiten und Ann. der Medizin.) A country woman, 34 years of age, of good health, usually regular in her menstrual periods, primipara, gave birth, after an easy and regular labor, to a child, which, although completely developed, was weakly. It died eight days afterwards from the effects of a cold. The placenta came away naturally, an hour after the birth of the child. A few hours subsequent, the woman attended to her domestic

concerns. The swelling of the abdomen had only partly subsided; soon after, active movements continued to be perceived by the mother; there was neither secretion of milk nor lochia, and no fever. Nothing of particular moment occurred in the case of this woman, until the expiration of an interval of forty days, at which period she gave birth to a second child, which, although feeble, had evidently arrived at the full term. At this period, and for the first time, the lochial flux and milk secretion made their appearance.—*N. O. Med. News and Hosp. Gaz.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

VERITAS PRÆVALEBIT.

During the past month we received a pamphlet entitled "a Reply to the attack made by two Professors of McGill College, Montreal, upon the Graduates of Queen's College, Kingston, by John Stewart." Upon perusal, it proved to be chiefly an invective of vulgar malignity against ourselves, and partly a defence of the inferior standard of medical education which Queen's College chooses to adopt. With a natural disinclination for strife, our own impulse was to condemn the reply with silence. Scurrility, moreover, puts an end to argument. Learning, however, that the cause of truth would be advanced by a temperate rejoinder, we resolved, upon further consideration, to embark in its service.

The imputed attack is ascribed in the title page to two Professors, and inconsistently in a subsequent one to the Editors of the Medical Chronicle—inconsistently, we say, because the editors are not professors. This misstatement, and certain after assertions plainly show there is a desire to implicate in the offence the Medical Faculty of McGill College, and to consider us the organ of that body. We regret such assumptions are made, because by them the Faculty have suffered a gross injustice, for she is innocent of all participation in the affair, and by them our journal is misrepresented, for it is not the mouthpiece of McGill College, and it is as open to condemn any degradation of professional status in her as in any other institution. The 'Attack' is said to have been upon the graduates of Queen's College—fortunately it has been published as a prelude to the 'Reply', and any

one upon perusal may find it to be descriptive of the circumstances signalizing the first graduation in Queen's College, and devoid of allusions that can be construed into personalities, either laudatory or censorious. So far from attacking the "Primitivi Doctors," we never experienced the slightest animosity towards them, and we would rejoice if in reciprocating the feelings we entertain for them, they, like us, despised the sinister attempt of the writer to interpose between us the breach of antagonism.

Perhaps no better proof could be adduced of the obliquity of the cause about which the remarks are ventured than the fact that they require an octavo of 16 pages for their enunciation, and that the gist does not appear before the 13th page. It is there stated that the "Attack" contains these four charges.

1. That Queen's College had granted degrees at the end of a five months' session.

2. That she does not teach the Institutes of Medicine.

3. That she does not teach Medical Jurisprudence.

4. That she offers her degrees at a reduced price."

Admitting that the Chronicle made these charges, we ask, Have they been disproved? They have not. Can they be disproved? They can not.

1. That Queen's College had granted degrees at the end of a five months' session. What can be plainer in meaning than this declaration. It distinctly says Queen's College had a session which was of five months' duration, and upon its expiration degrees were conferred. And is not this true? The session referred to, the first and only one, began in the early part of November 1854, and ended before the graduation, which was on the 5th of April, 1855. The fact, however, is deserted, and there is no denial made that the session was of five months' duration. Unable to meet the charge, an evasion, wonderfully circumstantial, is had recourse to—men of straw in a series are raised, and then hewn down—it is alleged that our statement signifies the graduates had no other study than the session they spent at Queen's College. Such an accusation, drawn from our words, is so much at variance with their spirit, that it is obviously unwarrantable, and will not be sanctioned by any intelligent reader. The wantonness of the misapprehension however, becomes the more incomprehensible when it is remembered that the "Attack" expressly states that the graduates had been previously attending other colleges, and that the titles of these places were appended after the name of the individual who had been their pupil. One gentleman we mentioned had followed three medical schools before

coming to Queen's College, so that upon the notion of the writer of the 'Reply,' he must have been ubiquitous enough to have been in four places at the same time, or these places all constituted Queen's College, and the time expended in so diversified a manner was a five months' session. Yet it is in the face of plain evidence like this the stultifying inference is drawn from our statements.

2nd. That she does not teach the Institutes of Medicine. This also is not gainsayed, and the charge will be as applicable to the ensuing as to the past session. Judging from the "Reply," the meaning of the term Institutes of Medicine is unknown. It is, indeed, a very hopeless undertaking to dispute with an adversary who is ignorant of words and their meanings; yet such is our present position. We find a man using words of which he has an idea of the meaning, and then applying them instead of others of the meaning of which he has no idea. He tells us that physiology and institutes of medicine are synonymous, and that McGill College is silent about physiology, although he admits she teaches institutes of medicine. Was contradiction ever more palpable? Was irrelevancy ever more pitiable! What is the truth! Why, that physiology is not institutes of medicine; and here is our proof. In McGill College, Professor Bruncan's ticket is for anatomy and physiology; Professor Fraser's institutes of medicine. In the University of Dublin, or Medical School of Trinity College, the medical courses required for the degree of M.D. are, "anatomy and physiology, practice of medicine, institutes of medicine, &c." In naming the professors, it is stated "anatomy and physiology, Prof. Harrison; institutes of medicine, Prof. Law." King and Queen's College of Physicians in Ireland demand of candidates for license proof of having attended "two courses of anatomy and physiology, chemistry, institutes of medicine, &c." The University of Glasgow requires "anatomy and physiology, chemistry, institutes of medicine, &c." University of King's College, Aberdeen, in their curriculum, require "institutes of medicine and physiology, &c." Further adduction of witnesses is unnecessary, for the preceding distinctly show that anatomy and physiology is not institutes of medicine; for these courses are specified apart, and are taught by separate teachers. The 'Reply' becomes amusing from asking directly of us what Irish College teaches institutes of medicine, and what Scotch College teaches physiology? Our answer is contained in the examples given above, and others to the same purpose might be named if necessary. But the argument may be closed thus; we have said Queen's College does not teach institutes of medicine, and in the 'Reply' we find the following corroboration; Queen's College is *silent regarding the Institutes of medicine.* Page 10.

3rdly. That she does not teach medical jurisprudence. It is pleasant to find that there is no attempt made to distort this charge, or to pervert its meaning, as in the case of the foregoing. Its applicability is doggedly admitted. In the words of the writer, page 13, "medical jurisprudence formed no part of the curriculum of Queen's College last session," and with such a confession further examination is unnecessary, for when a culprit pleads guilty, he is exonerated from trial.

4thly, That she offers her degrees at a reduced price. For this statement there is the following substantiation.

In Queen's College, according to her annual announcement, six classes require to be paid for; the fee for each is not more than £2 10s. If the student serves his entire pupilage within her halls, he must follow two courses; so that the sum qualifying a candidate for his degree is £30. Now contrast this exiguous amount with others. In Lower Canada, there is a parity of fees at the four schools in Montreal and Quebec. Five classes are each £3, two classes each £3 15s, one class £1 5s, and two classes each £2 10s. The eight classes first referred to must be attended twice, and the last two once before a student is permitted to present himself for examination at either of the Universities or at the College of Physicians and Surgeons, so that the total cost is £50. The United States—leaving out of consideration the Colleges where the inducements to students are extreme cheapness, and the only pride felt is for the number of graduates—also affords examples, a few of which may be selected for comparison. In Jefferson Medical College, "the fee for admission to each course of lectures is \$15," and there are seven; attendance upon the whole necessitates the payment of \$105. Two full courses are required for graduation, or a sum of \$210. This computation does not include the fee for practical anatomy, or diploma. Pennsylvania College—fees as at Jefferson, *ut supra*. New York Medical College. Each winter course \$105. Two are required for graduation. University of New York—fees as at the preceding.

These illustrations, it must be conceded, clearly prove the truth of the charge, that Queen's College offers her degree at a reduced price. But having established this fact, we would observe that the remarks in "the Attack" did not refer so much to the monetary question as to the status of proficiency, the reduced price being very secondary to the momentous consideration of an abbreviated curriculum, and an imperfect education. That these latter are to be expected at Queen's College is evident from the testimony already advanced. It is further demonstrated in the assignment to the same teacher of various branches. Every one knows that many duties cannot be as

effectively discharged by a single person as by their division among many laborers. Upon this principle universities and licensing boards have founded a stringent rule which expressly declares that *no ticket will be recognized which emanates from a teacher who lectures upon two dissimilar branches*. The regulations of the Royal College of Surgeons, England, say, "certificates will not be received on more than one branch of science from one and the same lecturer." The same law is enforced by the Royal Colleges of Surgeons, Ireland, of Edinburgh, &c., by the Army and Navy Medical Boards, &c. &c. It is equally binding in Canada, at least in the eastern section. The only exceptions ever made are in favor of anatomy and physiology and practical anatomy, which *two* branches may be taught by one person, and in favor of clinical medicine and practice of medicine—of clinical surgery and surgery. Apply these laws to the classes of Queen's College, and of what value is her tickets. In Kingston, of course, they all pass current, but unfortunately she is no rule of authority, and she does not follow the observances of at least older if not of wiser heads, so that elsewhere than at home her clinical medicine and surgery will destroy each other because taught by one individual. Her midwifery and forensic medicine equally useless for the same party is engaged in teaching the two. Her Chemistry, also worthless, because taught in connection with mechanical philosophy, and with natural philosophy.

And now our rejoinder is ended. We have vindicated our veracity which was impeached and endeavored to serve the cause of truth. The editorial calling out the 'reply,' preceded its appearance by four months. It is not easy to understand why there should have been so long an interregnum of peace. While evidently the 'Reply' ought not to have required such protracted elaboration, it is equally palpable that it has been brought out at a time when students are making up their minds as to what schools they shall attend during the forthcoming session. While the ostensible reason of its publication is to contravert our statements, yet undoubtedly its writer would not be much disappointed if two other ends were subserved. 1st, The acquisition of public notoriety for himself and school. 2nd, securing public sympathy for an avowed persecution, for these are the stereotyped motives which actuate men under similar circumstances. To the readers of the 'Reply' it may appear our answer should not stop here, for there are many vulnerable parts in the production besides those considered, through which our lance might readily enter, and despoil the writer. But we care not for more than justifying our original position. Our adversary has prevented further

controversy by the language and personalities, which in his fiery wrath he has poured forth like a frantic Xantippean.

MEDICAL SPORTS—TAPE WORM FISHING.

Shade of Izaak Walton—Tape worm fishing! Yes, most learned, courteous and astonished reader, and right good sport it bids fair to prove, such as might even gladden the heart of "old Izaak," notwithstanding the absence of quiet retreats and lovely scenery, in which the good old man so much delighted. Famous news it is, moreover, for those of our friends who delight in piscatorial excursions. No further occasion to absent themselves from the city for a few days, in order to kill a few brace of thumping lake bass, trout, &c., for sport of a more intensely exciting character may be had wherever tape worm can be found. Only think how delightful it will be to walk down to a man who has a tape worm ground, and, throwing in your line, that is, making him swallow the bait, you wait patiently until you get "a bite." Having secured your worm, then commences the sport of hauling him in, or rather, hauling him out. This demands the greatest care and dexterity, and will afford the sportsman ample opportunity for the display of his skill. For should the fish, we beg pardon—the worm break before the whole is reeled, it must be considered a decided failure.

Lest our readers should imagine that we are jesting, we must inform them that the *Scientific American*, August 11th, contains engravings representing a trap for catching tape worms, and the manner of fishing for them. For this trap and process for removing tape worms from the intestinal canal, two patents were granted to Dr. Alpheus Myers, of Logansport, Indiana, on the 14th November last. What the inventive genius of our friends on the other side line 45° will produce, it is, after this, impossible to say.

NEW JOURNAL.

Atlanta Medical and Surgical Journal, edited by Jas. P. Logan, M. D., and W. F. Westmoreland, M. D. Vol, 1, No. 1. Paxet scientia sed veritas sine timore. We have much pleasure in welcoming to our exchange list, this late addition to Medical Literature. If the first be an earnest of future numbers, the *Atlanta Medical and Surgical Journal* will take a high rank among the very best of American Periodicals. Its contents are divided into Original Communications, Lectures, Editorial

and Miscellaneous. It is published monthly each issue will contain 64 pages, and the annual subscription \$3. We wish it longevity and prosperity.

JOURNALS RECEIVED.

We have received from Messrs Lindsay and Blackiston "Rankin's Abstract" for July, 1855. For the information of those of our readers who do not subscribe for this periodical, we would state, that it is published half-yearly, and contains articles in every department of medicine selected from British, European, Continental and American Journals. The price is only Two Dollars per annum; and, indeed, were it twice that amount, a medical practitioner should not be without it.

From Messrs S. S. and W. Wood, we have received "The British and Foreign Medico-Chirurgical Review" for July, 1855. This standard Quarterly has lately changed editors. Dr. Parkes, the former editor has received a lucrative appointment in the East. Dr. Seiveking, who has succeeded Dr. P. in its management, is a highly educated Physician, and an able writer, and we venture to predict that the interests of the British and Foreign will not decline during his regime.

BOOKS RECEIVED FOR REVIEW.

La Roche on Yellow Fever. 2 vols. 1855.—Mackenzie on the Eye. 1855. From the fourth revised and enlarged London edition.—Carpenter's Elements of Human Physiology, from the last and enlarged London edition.—Dickson's Elements of Medicine. 1855.—Hoblyn's Medical Dictionary. 1855. A new American from the last London edition.

Rokitansky's Pathological Anatomy. 4 vols in two. 1855.—Tanner's Manual of Clinical Medicine. 1855. From Blanchard and Lea, Philadelphia.

Stokes on the Heart and Aorta. 1855.—Jameson on Epidemic Cholera. 1855.—Barton on the cause and prevention of Yellow Fever. 1855.—Physician's Visiting List for 1856. From Messrs Lindsay and Blackiston, Philadelphia.

Jackson's Letters to a Young Physician. 1855 From Messrs Phillips, Sampson and Co., Boston.

Esquisse sur le Canada considéré sous la point de vue économiste. Par J. C. Tache. From the Author.

Authentic Report of the proceedings of a Coroner's Inquest held on the body of Job Broom, &c., with notes.

HOSPITAL REPORTS.

MONTREAL GENERAL HOSPITAL.

Intermittent Fever of a month's duration cured by Cornin—Arrest of disease after the first few doses of the medicine. Reported by Mr. W. H. Wilson.

Richard Clark, æt 23 was admitted into the Montreal General Hospital, with intermittent fever, under Dr. Wright. Is a native of Ireland, and a Protestant. Says he has been ill for a month past, and that he caught the disease at a marshy place called Island Creek, about 20 miles on this side of Toronto. The following are the present symptoms:—The left hypochondriac region is fuller than the right, and there is an increase of dullness on percussion. The integument of the abdomen is of a livid colour, and the conjunctiva is slightly tinged. The paroxysm comes on about 5 or 6 p.m., daily. The sweating stage usual in this disease is absent. The cold stage usually continues half an hour. He never had an attack of this kind before.

2d September. He was ordered an aperient, which produced two motions of the bowels.

3d September. Says he feels better, the shivering fits last evening having been slighter. He was ordered the following powder four times a day

R. Cornin,	grs ii.
Sacchi. Albi.	grs vi. M

Also at 4 p.m., to take

R. Cornia,	grs. v.
Sacchi. Albi,	grs. vi. M.

4th September. He continues better, the shivering and hot stages being altogether absent last evening. The cornin he is taking is strongly antiperiodic and is also stimulant. Treatment continued.

5th September. The cold stage again absent. Ague cake very large. It is to be diminished by quinine, iron, &c. The large dose of cornin stopped. Other treatment continued.

6th September. Complexion clear, and bowels regular. Spleen slightly diminishing in size. Cornin continued.

7th September. Continued to decrease. Discharged to-day taking with him three powders, each containing

R. Hydrag. chlor.	grs. iij.
Pulv. jalapæ,	grs. x.
Quinæ sulph,	gr. j.

of which he was to take one each night. He had taken altogether about 3ss of cornin.

Discharged at his own request, not feeling any inconvenience from the ague cake, he preferred going home.

REMARKS.—The above case in its natural history, presents a few interesting features: although of the quotidian type the paroxysm came on towards evening (between 5 and 6 p.m.). Although both cold and hot stages were well pronounced, the sweating stage was not: upon admission; his appearance was very expressive for patients in this disease, present an aspect which enables one who has seen much of the disease to recognize the cause of ailment at first sight. He had a very large ague cake which produced a marked roundness in the left hypochondriac region, that contrasted strongly with the rather excavated state of the right hypochondrium. His health during the intermissions was delicate, appetite poor and the symptoms of cachexia present. The remedies administered were productive of the most favourable results. The cornin given in the present case acted remarkably well, it may fairly be questioned whether any other anti-periodic could have acted more favorably. As a tonic it answered admirably well, and the patient experienced increase of appetite, and the usual concomitant effects after the first few doses.

Cornin is a "concentrated medicine" prepared by Messrs Keith and Co., of the American Chemical Institute, New York. It is made from the *cornus florida*, and is a very agreeable remedy of a light flesh color, aromatic odor and agreeable bitter taste. It is much cheaper than quinine, selling for \$1 an ounce, and not requiring to be given in larger doses.

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Ovarian Disease succeeded by ascitis. Reported by DR. CRAIK.

Mary Dawson, æt 29, widow of a soldier who was killed a few months ago in the Crimea, and to whom she had been married these four years, was admitted on the 15th August, 1855, under Dr. Wright. Up to the commencement of the present attack, she had always enjoyed good health, and has given birth to two children, the first of which died of hydrocephalus at the age of two years, and the other was still born. The latter accouchment took place about a year ago, at the same time that her husband was separated from her. With the exception of the still birth nothing abnormal occurred at either of her confinements.

Her catamenia continued regular and her health good, until about five months ago, when she observed the flow to be scanty and somewhat irregular, and during the last four months the discharge has been altogether suppressed.

About a month after this disappearance of the catamenia her general

health began to fail, she felt weak and languid, her appetite was impaired and she was troubled with nausea and retching. There was pain or rather a feeling of weakness in the back, but no pain or enlargement of any kind in the abdomen.

This state continued for upwards of two months, until about a fortnight ago on catching cold, as she supposes from sitting in the cool night air when over-heated, she noticed that her belly was beginning to enlarge, since which time it has continued to increase steadily in size.

Previous to entering the Hospital, the only remedial measures which she had employed, were a few doses of epsom salts and castor oil, which were productive of very little benefit.

When admitted, the abdomen was enlarged to about the size found in the seventh month of pregnancy, nearly symmetrical, but seemed slightly more prominent on the right side than on the left. Manipulation afforded the usual indications of fluid in the peritoneum, and percussion elicited a dull sound, excepting in the upper parts occupied by the floating intestines. Change of posture also, produced a corresponding change in the situation of the dulness.

She complained of much weakness, want of appetite, difficulty of breathing, and pain in the back, extending down the thighs. Her bowels were costive, and defecation attended with tenesmus and aggravation of the pain.

The urine was scanty and high coloured but contained no albumen, her tongue red and dry, and the pulse feeble and numbering about 96 in the minute. An examination, per vaginam, showed the os and cervix uteri to be of their usual size and firmness, but rather lower in the pelvis than natural. A No. 4 male catheter was introduced into the cavity of the uterus and passed freely to the extent of about an inch and three quarters. The uterus could be moved by the finger without difficulty.

On the following day, August 16, the following pills were prescribed,

viz. :—

R. Pil. hyd.,	grs ij
Pulv. Scill.,	gr. i.
Pulv. Fol. Digit.	gr. ss.

fit pil ter die sumenda.

August 18. Pain in the back and abdomen, very severe; so much so, as almost to cause syncope, urine more copious and not so highly coloured. No change in the treatment.

August 21. Pain continues very severe.. The abdomen is very hard and tense, and the dulness extends higher than formerly. The pills to

be omitted and the following substituted—R. Tr. digit, tr scill, tr Saponia, aa ʒvi., M. ft. liniment, ʒi, to be rubbed on the abdomen twice a-day. Also, R. Ext. elater, gr ʒ, Potas Bitart ʒi, M. in pulv. iv divide cap: i tertia quaque hora.

August 22. Medicine produced some good watery evacuations, swelling scarcely at all diminished.

R. Potas acet.,	ʒi.
Spts ether nitr—Spts junip comp	aa. ʒvi.
Infus, chimaphila	ʒ viiss.
M. cap. ʒss quarta quaque hora.	

August 26. Swelling undiminished, urine in normal quantity, bowels confined.

R. Pulv. scammon cum ext elaterii	gr. vi.
Potas bitart	ʒi.
M. in pulv vi divide:	
capiat unum quarta quaque hora.	

August 28. Pain in the back still very severe. To be dry cupped.

August 28. To have 2 ounces gin daily.

September 6. Little change since last report. The mixture to be discontinued and the following substituted, viz. :—

R. Potas bitart,	ʒij.
Potas nit.,	ʒj.
Tr Digit—Spts nitr æth,	ʒvi.
Aquæ,	oj.
M. ʒij ter die sumend.	

September 7. Complains much of the pain and tension in the abdomen. To have a flannel bandage tightly applied, and to take one of the following powders every two hours, viz. :—

R. Ext. elat.,	gr. ss.
Potas bitart,	ʒii.
M. in pulv. iv. divid.	

September 11. Pain and tension still very great. Mixture to be stopped and the following two pills substituted, viz. :—R. Ext Hyos, gr iii.; Pil Hyd, gr i; Pulv fol digit. Pulv scilla ana, gr ss; ft pil tertia quaque hora sumenda.

September 16. Complains of cough and irritation about the chest. Mucous sounds audible over both lungs. The opiate linament to be applied two or three times a-day.

September 18th. Bronchitis subsided, but feels very weak.

R. Quin sulph	grs xij.
Tr Cinch Co	ʒij.
Acid sulph arom	ʒi.
Aquæ.	ʒvi.
M. capt. coch. mag. ter die.	

September 19. Gin to be increased to four ounces.

September 23rd. Swelling evidently increased. She complains of inability to void her urine. Spts Junip. Co. ʒj, to be given every two hours till relieved.

September 24. The distention being very great, and the distress and weakness extreme, tapping was performed and about three gallons of limpid fluid withdrawn, and to ward off any peritonitis which might ensue, she was put upon two grains of calomel with a third of a grain of opium every two hours.

September 25. Suffers from severe pains over the whole body, but especially in the abdomen. At her desire the gin was exchanged for six ounces of wine. A turpentine epithem followed by fomentations was applied to the abdomen, and forty drops of solution of morphia was administered at bed-time to procure rest.

September 26. Pain much relieved. wound. R. of ricin ʒj, stat smm.

September 27. Has been gradually sinking, and now in articulo mortis. Stimulants ad libitum. She died about eight o'clock.

AUTOPSY.—16 hours after death. On opening the abdomen, it was found to contain about half a gallon of limpid fluid, in every respect similar to that previously drawn off. The small intestines which floated on the surface, presented numerous red streaks and patches, but no effusion of lymph. At the lower parts the ovary could be seen about twice its natural size, and bound down by bands of organized lymph. Its surface was thickly coated over with bright red spots, and running from it in radiating direction, were numerous vascular streaks or fringes extending along the surface of the peritoneum, to a distance of five or six inches. The lines were of a bright red color, and their appearance was so strikingly regular and beautiful, that no production of art could equal it. The left ovary was injected, its surface having an exact resemblance to a ripe strawberry. The peritoneum forming the broad ligaments was highly vascular, and there were old adhesions binding the uterus and bladder firmly together.

On endeavouring to make a section through the right ovary, it was found to contain a large amount of ossific matter, insomuch that it was necessary to use the saw in laying it open. When divided, its interior was found to consist of laminae of calcareous matter, having between them a gelatinous looking substance of a greyish colour, resembling tubercle in the process of softening. The interior of the opposite ovary was perfectly healthy, as was also the uterus.

The liver was found of the natural size and colour, but its surface had a nodulated or puckered appearance, arising apparently from the con-

traction of its peritoneal covering. Its internal structure was perfectly healthy with the exception of the left lobe, which contained some small masses of curded tubercle.

The spleen and kidneys shewed signs of former inflammation in their peritoneal covering, but none in other respects perfectly healthy. The other organs were not examined.

MEDICAL NEWS.

Cure for Hiccough.—Elevate the arms over the head so as to reach as high as possible with both arms until a few spasms have been omitted. — *Henry Price.*—Dr. Dimsdale, of Hertford, visited Russia to inoculate the Empress Catharine and her son, for which service he received the rank of Baron of the Empire, &c., besides a pension of £500 per annum, and a present of £12,000. — *Dupuytren* made his last professional visit to one of the Rothschilds who gave him 100,000 francs for attending to his fractured femur. — *Dr. Astley Cooper*, after performing the operation of stone upon Mr. Hyatt, a West Indian merchant, was presented with a fee of 1000 guineas. — *The Income of Sir Astley Cooper in Early Life.*—"My receipts," says he, "for the first year was £5 5s; the second £26; the third £64; the fourth £96; the fifth £100; the sixth £200; the seventh £400; the eighth £600; the ninth £1100."—The following advertisement has appeared in several daily papers in New York. To CAPTAINS.—A CHILD'S CAUL FOR SALE.—To Captains, Seafaring men and others. A child's caul for sale. Price \$100. A caul is considered as a charm against drowning or shipwreck. — *M. Jules Cloquet* has been appointed to fill the vacancy in the section of Medicine and Surgery, occasioned by the decease of *M. Sallermaud*. He was elected by one vote over *M. Jobert*. — The London Times, Punch and sundry other papers in Great Britain positively refuse to publish quack advertisements. — *Dr. Pond* of Rutland, N, has invented a pill making machine, which manufactures any quantity of those articles in a day. — Of 12 American surgeons who have gone out to join the belligerent armies in Europe, 9 have attached themselves to the service of the Czar, and 3 have attached themselves to the allies. — London papers announce the death of *Dr. Archibald Arnott*, in the 84th year of his age. He was Napoleon's last medical attendant. Napoleon expired with his right hand in that of *Dr. Arnott*. — *Professor Elisha Bartlett*, the distinguished author of the American work on fever, died a short time ago. — At the last graduation in the University of Edinburgh, 55 M.D.'s were capped. It was said there was one Chinese and several Egyptians amongst the graduates. The Medical Times gives currency to the report that one of the examination papers was publicly offered for £5 before the examinations came on, and that one M.D. passed under such circumstances. — The Gazette Medicale complains of the difficulty experienced in obtaining a sufficient number of military surgeons for the armies in the East. — During the months of January and February, according to the Inspector General's Report, there were issued by the Purveyor to the Forces in the Crimea, 560 dozen port wine, 131 dozen sherry wine; 630 bottles rum; 8 gallons do; 688 brandy bottles; 1721 lbs. tea; 7920 lbs. sugar; 211 lbs. preserved meat, &c &c. — *Wong Tun* is the only native of China who has ever received the honor of medical graduation in Edinburgh. We join *Dr. Jacob* of the Dublin Medical Press in saying, with *Domian Sampson*, such a consummation is prodigious. — Among the candidates for the new professorship of medicine, in Edinb., the names of *Dr. Bennett*, *Dr. Laycock* of York, *Dr. Alex. Wood* and *Dr. Gardner* are named. — A Medical Editor lately got confused in a communication on animal poisons, in which the word "virus" was accidentally omitted by the printer, and forthwith set to belaboring the writer, a predecessor or rival in the same editorial chair. "Its not the least matter (replied the antagonist), you have quite supplied the thing, only the animal is of a different variety." — A new substitute for cod liver oil is posted on all the walls of London; it is called *Astra Mankaz*. — So great has been the mortality in some of the prisons at Florence, that the Tuscan Government has been compelled to set some of the prisoners free. — The district of *Ponaba* in Piedmont has been ravaged by locusts. After devouring the crops, they perished in millions in the wells and streams, poisoning the water, so that many of the inhabitants died from drinking it.