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CANADA  
MEDICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

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*Case of Femoral Aneurism, treated by Combined Proximal and Distal Compression.—Recovery.* By JOHN HENRY HUNT, L.R.C.S.I., Assistant-Surgeon 1st Battalion P.C.O. Rifle Brigade.

The subject of this notice, Private George Ansell, æt. thirty, an unhealthy, strumous looking rifleman, of intemperate habits, a moulder by trade, but recently employed as groom; while hurrying up the glacis to the citadel, felt a sharp sudden pain in the right groin, which extended downward to the calf of the leg.

This, at the time caused him little inconvenience, but, about a week afterwards, he was surprised, on putting his hand into his trowsers pocket, to find a swelling in his right groin, which he believed to be a sympathetic bubo. The next morning, the 9th July, 1865, he presented himself at the Regimental Hospital, when, on examination, the true nature of the case was painfully evident.

A large pulsating tumour, the size of a small orange, was found occupying the upper part of Scarpa's triangle, and almost impinging on Poupart's ligament; this tumour throbbed so violently, that the pulsations, which were synchronous with the heart's action were visible across the ward, a distance of twenty feet. Pressure made over the "external iliac artery" controlled, with difficulty, the circulation in the tumour.

Owing to the proximity of the tumour to Poupart's ligament, compression could not be made, on the common femoral artery. The circulation was, therefore, controlled by means of a padded door key, compressing the external iliac artery. This was attended with no little difficulty.

He was ordered to bed, the thigh was directed to be kept flexed on the pelvis, and the strictest quiet enjoined. He was also ordered (the "varied diet" of military hospitals) 15 oz. meat, 16 oz. potatoes, 18 oz.

bread, and 4 oz. vegetables, with tea, sugar, and butter, and in addition two bottles of porter daily.

On the 11th July, 1865, applied Savigny's Tourniquet over the external iliac artery, a suitable instrument in those cases, where pressure can be made over the common femoral artery, but in this case totally inadequate for the purposes required, as the unremitting attention of an orderly was indispensable to keep the compressor properly adjusted.

Up to the 17th July, pressure was assiduously continued, the total absence of pain, and constitutional disturbance indicating the eventual success of the case. On that day sloughing of the integuments from the protracted pressure, compelled me to discontinue the use of the compressor, and it was with considerable difficulty that the circulation could be controlled by digital compression. Little success, except slight hardness of the walls of the sac, resulted from the treatment up to this time, and deligation of the external iliac artery was contemplated.

Previous to resorting to such a severe operation, I determined to try the effect of pressure on the distal side of the aneurismal tumour, at the same time moderating, but not quite arresting the arterial current at the proximal side. I also ordered the following draught to be administered three times daily :

℞ Tinct. Ferri sesquichloridi M. xxx.  
Tinct. Digitalis M. xv.  
Aqua ℥j Misc.

Ft. Haustus.

Very little change took place in the condition of the tumour until the 21st July, when, on visiting him at 6 p.m., I found that all pulsation had ceased. On visiting him the following morning I found the tumour again pulsating; this was due, I believe, to a negligent disregard of my injunctions by the patient and his immediate attendant.

Determined that neglect should not again interfere with the success of the case, I ordered the same treatment to be persisted in, at the same time reiterating my injunctions as to the necessity of absolute quiet on the part of the patient, injunctions, which, as the sequel will show, were not unnecessary.

Visiting him unexpectedly after midnight of the 24th, I found the cause of the recurrence of the pulsation; the attendant was fast asleep, and the patient tossing about in all the inelegant *abandon* of a restless slumber, the compressor had slipped down the thigh, while the tumour was pulsating uncontrolled.

*Cessante causâ cessat effectur*, and on the 28th July, the treatment having been still persisted in, I had the satisfaction to find that all pul-

sation had ceased, and that the bruit was inaudible, the walls of the tumour having become hard and dense.

The subsequent progress of the case was most satisfactory. There was no recurrence of the pulsation in the tumour, when he embarked for the invalid dépôt on board H. M. S. Himalaya last September. The walls of the sac had become hard and dense, the tumour itself on measurement showed a considerable decrease in size, and he suffered no inconvenience except a slight numbness of the right leg.

It is rarely in practice that aneurism of the femoral artery is found occupying so high a position, and it is in aneurisms so situated as the one here described that the superiority of the treatment by distal pressure, compared with that by proximal pressure, is so apparent.

The difficulty experienced by most surgeons of properly applying a compressor over the artery, above Poupart's ligament so as to efficiently control the circulation without manual assistance, and the certain super-vention of sloughing from the protracted pressure, contrasts unfavourably with the facility with which a tourniquet can be applied at the distal side of the tumour either at the apex of Scarpa's triangle or the upper part of Hunter's canal; in the latter case sloughing from pressure cannot occur except through neglect of ordinary precautions, while in the former sloughing is unavoidable if the control of the circulation is to be efficiently maintained.

I believe that an important feature in the treatment of aneurism by compression, is the combination of the two modes of treatment as adopted in the case of the subject of this notice by the writer. As it is evident that there is less chance of the displacement or disintegration of the fibrous laminæ lining the sac if circulation is judiciously controlled at the proximal side of the aneurismal tumor.

The Citadel, Quebec, 26th December, 1865.

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*Successful Tracheotomy at the Marine Hospital, Quebec.* By Dr. ROWAND. Reported by Dr. ANDERSON.

On the 5th November, 1864, Dr. Rowand, to whom I am indebted for opportunities of seeing many interesting cases and operations at the Marine Hospital, invited me to accompany him there to see a case of œdema glottidis, in which he thought tracheotomy was immediately necessary.

On arrival at the hospital, we found the doctor's colleagues in attendance, in accordance with the rules of the institution, which require that

a consultation must be held before the performance of any important operation.

The patient, Andrew Anderson, a Norwegian sailor, had been admitted on the 5th October, in typhoid fever of a very severe type, from which he had recovered, and had begun to move about the wards, and, it was supposed that from imprudently exposing himself to drafts, laryngitis had supervened, terminating in œdema. Croton oil liniment had been applied externally, and he had been put under mercury.

On examination, his countenance exhibited great anxiety, and was bathed in perspiration; respiration was most laboured and distressing, but Dr. Roy, the house surgeon, stated that it was not so much so as it had been. Dr. Landry expressed the opinion of his colleagues, that the mercury was evidently beginning to take effect, and, as the disease appeared to have extended to the bronchial tubes, that it would be well to defer the operation, in the hope that it might be unnecessary. It would not have been proper for me to have expressed my opinion, though, I must admit that, educated as I had been in the views so strongly expressed by the late Mr. Liston, on the impropriety of operating, when the disease had extended to the cavity of the chest, I concurred in the views of Dr. Landry.

It was agreed that the operation should not be then proceeded with, but that, in the event of emergency, Dr. Rowand should be immediately sent for. On returning home with Dr. Rowand, I remarked to him that I saw that he did not approve of the decision, and he admitted that such was the case.

Next forenoon Dr. Rowand notified me that he was about to proceed to the hospital to operate, and invited me to accompany him. On our arrival we found a frightful change had taken place; the man's countenance was livid; respiration was performed with the greatest difficulty; the pulse so weak and rapid as to be with difficulty counted; the hands were livid and cold, and on his brow there was the cold sweat of death; in short, he was almost moribund. Dr. Jackson was present, and, concurring in the propriety of even now operating, Dr. Rowand at once made the necessary arrangements, when, unexpectedly, the patient expressed opposition. An interpreter, however, being at hand, the nature of the operation was explained to him in his native language, when he signified his acquiescence.

He was placed in the proper position, his shoulders being supported by Dr. Roy. I held his right hand, having my fingers on the pulse. The first incisions were made, and Dr. Rowand had just divided the first ring, when Dr. Roy exclaimed, "He is dead." At the same

instant the pulse stopped. Dr. Rowand requested cold water to be immediately dashed on his face; and, rapidly commencing the operation, commenced artificial respiration, by repeated forcible compression of the lower ribs, and in a few minutes a gush of air passed out at the tube; respiration was fully re-established; he opened his eyes, and a happy smile instantly passed over his face, as if he felt assured that he was saved. In a few minutes he was lying in bed, breathing without difficulty, and, before we left the hospital, warmth was restored to the surface, and he appeared disposed to sleep. At midnight, the tube, from not fitting properly, got displaced, and hemorrhage from the wound took place to such an extent as to threaten suffocation. Dr. Rowand was present, and, by good fortune, succeeded in getting him to cough the clots out through the tube, and he was once more saved.

Under proper treatment he continued to improve, but every attempt to remove the tube was immediately attended with suffocation. After some time, severe diarrhœa set in, which was with difficulty subdued, but by persistence in the use of cod liver oil, &c., &c., this was at length overcome, and he gained strength and flesh, becoming positively fat.

In the ordinary routine of the hospital, he was transferred to Dr. Jackson, who followed up the treatment, and proposed to try dilatation of the larynx, and the application of nitrate of silver, but as he suffered no inconvenience as long as he was permitted to breathe through the tube, and an opportunity occurring for his return to his native country, his wish was complied with, and he was allowed to depart on the 9th June last.

This case presents several features of more than ordinary interest, and the question arises, What was the nature of the collapse which took place during the operation—was it syncope or asphyxia? I have come to the conclusion that it was asphyxia, which of necessity involved death, had not the operation been rapidly concluded. I believe that resuscitation was solely owing to the judicious and immediate adoption of artificial respiration, and this belief gave rise in my mind, and, at the same time, in that of Dr. Rowand, to the conviction that tracheotomy would be the most efficient treatment in asphyxia from chloroform. This opinion has been strengthened by reflection, and by the perusal of the following passage from fol. 396, "Military Medical and Surgical Essays," by W. J. Hammond, late Surgeon-General U. S. Army:—"We may presume that anæsthetic vapours are not poisonous in themselves, but when ignorantly and carelessly used, they arrest the circulation in the capillaries of the lungs, as nitrogen or hydrogen would do, by exclusion of the necessary oxygen. Hence, in cases of asphyxia from their use, when the natural

process of respiration is interrupted, we endeavour to restore it by artificial means. We open the windows to procure fresh air, dash cold water on the face to excite convulsive respiratory movements, turn the patient on his side to lessen the gravitative tendency of the vapour, and make artificial respiration by compressing the ribs after the manner of Dr. Marshall Hall. And when the vapour is sufficiently displaced from the lungs, by admixture with atmospheric air, circulation and respiration will be restored. For these reasons it was that Mr. McLeod in the Crimea always preferred to use chloroform in the open air."

I may remark that I believe that chloroform has not only a direct action on the capillaries of the lungs here described, but that by the production of spasm of the glottis, mechanical occlusion of the main air passage occurs, and the patient dies literally for want of breath. I believe that this spasm may sometimes be overcome by immediate extrusion of the tongue, whereby the larynx is opened, and air permitted to pass on, producing artificial respiration; but I have a strong impression that this is not always accomplished, but in certain cases the glottis remains closed, and therefore Marshall Hall's method is of no avail. I also believe that in cases similar to the one now under notice, the closing of the glottis does not altogether arise from infiltrations or œdema, but from paralysis of the nerves of the larynx, produced, as we sometimes see it, in rheumatic affections of the extremities, attended with infiltration.

I am aware that tracheotomy has been had recourse to in spasm of the glottis arising from hydrophobia, epilepsy, and drowning, though its propriety has been questioned. Should it be my fortune to meet with a case of asphyxia from either of these causes, or from chloroform, I should not hesitate to adopt a remedy which is attended with little risk, and which, for the reasons I have mentioned, I feel confident is the only one likely to prove successful under certain conditions.

I ought not to omit to mention that this case has given me a lesson which I am not likely to forget—one that will make me more than ever disposed to give greater weight to the deliberate conviction of the medical man who has watched the case throughout. I believe that had Dr. Rowand's opinion been acted on on the first day, much subsequent suffering and danger might have been avoided.

25 Ste. Geneviève Street, Quebec, 14th Dec., 1865.

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### LONDON CORRESPONDENCE.

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In once more assuming the post of special correspondent to a newly established Medical Journal, in Montreal—the chief centre of general as

well as medical science,—I sincerely hope the profession will do their best to support the Journal, and render it a permanent record of medicine and surgery in the great province of Canada. Old established journals in the mother country become, in time, a handsome property, and enrich all who are in any way connected with them; and why should it not be so in Canada? The paying feature of a Journal is not the list of subscribers alone, no matter how extensive; it is in reality the number of advertisements, which usually bring in sufficient ready money (provided they are for cash, as is the custom here) to pay all the current expenses. They should be solicited from chemists and druggists, inventors, publishers of works, and others. What would the *Lancet* be without its *five and twenty pages* of advertisements weekly; or the *Athenæum* or *Medical Times*? I promise your readers, from time to time, a communication of what is going on here; and as my letters will be oftentimes written under pressure, I hope they will kindly excuse my errors of omission or commission, for they are unavoidable, from one's numerous engagements, professional and literary.

At this present moment there are four things exciting much attention and speculation. The first of these is a monstrosity of the vegetable kingdom; nothing less than a giant among cucumbers, recently seen at one of the newspaper offices. It measured *four feet* in length, was large in proportion, and grown somewhere near London. Favoured as Canada is in the summer with heat and other influences, perhaps some enthusiast might be disposed to grow a large cucumber, and immortalize himself. It appears, too, that the monster grew from ordinary seed, thus differing from the Chinese Giant Chang, whose father and grandfather were even bigger than himself, and therefore it is not surprising he should have taken after his progenitors.

There is a Portuguese youth to be seen at one of the hospitals, who has a supernumerary leg, springing in some way from his buttock, and who possesses, moreover, a supernumerary penis and testicle; that is to say, he has a double penis, two distinct organs, either of which can perform its proper function. As an account of this monstrosity, with an engraving, appeared in the *Lancet* for July last, I need not enter into any further description, beyond saying that he confines himself to the use of one penis for emptying the bladder, &c. Singularly enough, there is a married woman in St. Bartholomew's hospital, at the present time, who would be a suitable companion for the Portuguese youth, for she possesses two distinct and well formed vaginae, either of which is fit for use, but she states she always has made use of but one, and the other therefore is like that of a virgin. Nature loves to hunt in couples, and



here certainly is an apt illustration. Both have been examined by various persons interested in these physiological freaks of development, but that a similar one should present itself in the two sexes, is a very singular coincidence. No doubt many curious instances of deviation from normal laws exist, which are probably never known, and hence when any case such as those referred to presents itself, our surprise is naturally excited.

The fourth topic, and an all-absorbing one for some time, was the expected advent of cholera; but I am happy to say that, with the exception of a few cases at Southampton, it has not appeared in other places. Yet I am strongly persuaded that it is merely staved off for the winter, and will return next summer, possibly with much virulence. Time, however, can only tell. Certainly the change in the weather has caused its total disappearance from Southampton, and a diminution of cases of choleraic diarrhœa in the metropolis.

We have had a nine days' wonder in the occurrence of undoubted yellow fever in one of our western sea-ports, through the agency of an infected ship. Some of the black-vomit was shown at the Pathological Society the other night, by Dr. Buchanan, one of the Government Health Officers, who had been requested to report upon the subject. People naturally became very nervous at the occurrence of such a disease as yellow fever in England, and this, associated with cholera raging at Paris and Southampton, and the existence of the cattle plague, was enough to make us think seriously. With regard to the last, there was indeed good ground for anxiety and alarm, but it now turns out that the total number of beasts destroyed does not exceed a fortnight's consumption in the Metropolis alone, and that its extent has been over-estimated. Fortunately it has been in a great measure stayed, and the fearfully high price of meat will now become lowered. I am not necessarily an alarmist, but I have strong fears that these various evils are but the forerunners of what we are to expect next spring.

We have had a fine, beautiful, continually warm summer, not unlike those of Canada; it will be followed by a bitterly cold winter, which, however, agrees better with the human constitution than the irregular damp and cold weather, of which we have had an abundance for some years past, excepting last winter.

In my next letter I hope to say something about the late meeting of the British Association for the Advancement of Science, held at Birmingham.

## REVIEWS AND NOTICES OF BOOKS.

*The Renewal of Life, Lectures chiefly Clinical.* By Thomas King Chambers, M.D., Honorary Physician to H. R. H. the Prince of Wales; Physician to St. Mary's and the Lock Hospitals. From the third London Edition. Svo. pp. 638. Philadelphia: Lindsay and Blakiston; Montreal: Dawson Brothers.

In the last English edition of this work the author was induced to drop the first portion of the title ("The Renewal of Life") as he considered it open to misconception; also, inasmuch as severe and unnecessary strictures were made by several reviewers, as to the propriety of adopting such a title. In this, the American reprint of the last English edition, the publishers have retained the above, that the work itself should be at once recognized, its great popularity and extensive sale being under the original title. This edition has been much enlarged—twenty-three new lectures, not before published, are added: three delivered before the College of Physicians, and the others before the class at St. Mary's Hospital.

We remember the pleasure we experienced some years ago in the perusal of Dr. Chambers' *Lectures on Corpulence*, published in the *London Lancet*. At the time we were fully impressed with the original views of our author, and the correct deductions drawn therefrom. The work before us is of the highest merit, written in a clear masterly style, devoid of those technicalities which abound in works on the science and art of medicine, and which serve to mystify the reader, and render obscure our art. It consists of fifty-two chapters or lectures; no set rule is adopted, no system such as following out the affections of any of the viscera in order as they are met with in works on practice of physic. They are simply what they profess to be, *Lectures Clinical*, delivered from cases observed at the bed-side, therefore more valuable as enunciating the views and experience of a practical mind, aided by actual observation. The first few lectures are severally on "Death and Life," "Disease and Cure," "Formation of Mucus and Pus"—to this latter are devoted three lectures.

These form an introduction to the more practical department of the course, and are of deep interest; they are replete with facts having a practical bearing, and will well repay perusal. Here will be discovered what we are, and in a clear and masterly style, yet simple! Plain to the most obtuse, are laid bare those wonderful changes which are constantly

occurring in our bodies, as in all living things by which we are surrounded, and of which man in his finite judgment has but slight conception :

“A conjectural theory has been hazarded that Life mysteriously endows living matter with a defensive virtue, which enables it to resist the chemical and other powers acting regularly on inorganic and dead matter. The most notable instance cited is the stomach, which digesting everything else is not itself digested. This consumer of flesh is itself made of flesh, yet is not consumed. An answer seems given to the witty philosopher, who on hearing an alchemist boast his discovery of an universal solvent, inquired, “In what vessel do you keep it?” The stomach says (it has been in the habit of saying wise things from the time of Menenius Agrippa), “in a vessel like me, which is destroyed indeed continuously, but is continuously rebuilt.” Recent researches show that living matter, such as parts of living animals swallowed for instance, is dissolved by the gastric juice, and moreover that its own epithelial coat is destroyed, but is immediately replaced by a new one. By this activity of growth (the idea of the impudent members calling the belly lazy!), and by a constantly flowing supply of alkaline blood to neutralize any of the acid secretion which might penetrate too deep, it retains the same shape for threescore years and ten. But it has no privileged immunity against the solvent it makes.

“It is, then, the Form which constitutes the Self; and it is not the changing, decaying matter which ‘was mine, is his, and may be slave to thousands.’ The organic materials are the property of the form only so long as it retains them, and no longer—they are a floating capital. Over the innate essential nature of the material it has no control. Life cannot make the brute materials which it uses, live longer than that which it leaves unused, but it has the power of making them anew, and building them up into a certain shape for the time they are made to last. In short, Life rests on the metamorphosis or Renewal of the body; as this renewal is more thorough, the individual is more perfect, and fulfils better and more completely the duties of its position. If it stops altogether, the body is no longer living. If it partially stops, the order of normal phenomena is disarranged, and ease is expelled—there is a state which we call ‘dis-order’ or ‘dis-ease.’

“To speak, therefore, of ‘a superabundance of life,’ or of an ‘excess of vital action,’ is a contradiction in terms. There cannot be too active a metamorphosis of the tissues, for the fresher their organic constituents, the more serviceable they are, and the longer duration they have before them. There cannot be too close an adherence to that typical form which

it is the business of metamorphosis to keep up, any more than there can be too exact an obedience to law and order.

“The most active metamorphosis of the body possible, the highest possible development of life in every part is **HEALTH**.

“The complete cessation of metamorphosis is **DEATH**.

“The partial cessation, or arrest, is **DISEASE**.

“In death the flesh goes on being decomposed as during life; but not being renewed, the form is lost entirely. In disease, decomposition goes on, but renewal flags, and the decomposing tissues are not sufficiently pushed out by new-formed substance. They are retained as part of the imperfect body—a sort of “death in life”—and are rightly termed by the pathologist “degenerate.” They are generated, but not *re-generated*; they are generated in an inferior mould of form.

“Take as an example what happens sometimes to voluntary contractile fibre. We all know that if an animal’s limbs are duly employed, the muscles keep up their shape and their vigorous power of contraction; their tissue is of a rich bright-red colour when the animal is fully grown, and is firm and elastic. Examine it under a microscope, and you will find it made up of even parallel fibres, each fibre seeming to be engraved over with delicate equidistant cross-markings, like a measuring-tape very minutely divided. The more the muscle has been used in a well-nourished frame, the more closely it conforms to the typical specimen of the physiologist:—

“‘Use, use is life; and he most truly lives  
Who uses best.’

“But suppose this muscular fibre has been unworked—suppose it is in the biceps of an Indian fakcer, who has fastened his arm upright till it has become motionless, or in the gluteus of a soldier’s amputated leg, or the calf of a Chinese belle, or in a paralyzed limb—then the flesh is different in aspect; it is flabby and inelastic, of a pale-yellowish hue, and makes greasy streaks on the knife that cuts it. Sometimes even all traces of fibres have disappeared, and it is converted into an unhealthy fat. Sometimes you may trace fibres under the microscope, but their outline is bulging and irregular, the cross-markings are wanted, and you see instead dark, refracting globules of oily matter in them. In short, the muscle is degenerating into fat, retaining in a great measure its shape, but losing its substance. Such is, by God’s law, the penalty of not using His gifts for four or five months.”

There are four lectures on Fever. The author assumes the term typh-fever as indicative of any low continued fever. He insists on the great benefit of watching, nursing, and giving nourishment. His sys-

tem of treatment is simple and plain: a well ventilated apartment, tepid sponging, a regular and systematic supply of food, given in small quantities, and repeated every two hours night and day, with an alternate dose of hydrochloric acid, which, given with sugar, affords a grateful, pleasant drink, and at the same time supplies a want which exists in the system:

"You have been taught in the systematic course on medical pathology, that ammonia, which is always being formed and given off from the animal body, is found much more abundant in certain conditions than in others, and that these conditions are those in which nutritive metamorphosis or growth was deficient as compared with destructive metamorphosis, or those in which there is retention in the blood of the products of that destructive metamorphosis. Thus, more ammonia is found in the breath after toil than after rest; more than usual in those who hurt their digestion by smoking tobacco; a great deal in uræmia, where the urea cannot escape by the kidneys; but above all in typh-fever is this exhalation of decay noticeable, as you will find in Dr. Richardson's valuable work on the coagulation of the blood,\* where the phrase 'super-alkalinity of the blood' is applied to this condition. Dr. Richardson goes so far as to attribute to this super-alkalinity the special typhoid symptoms, and to suggest that the absorption of ammonia in excess may intensify fever in those who contract it from exposure to decaying organic matter, or human exhalations. He supports his hypothesis on the experiment of inducing the symptoms, or something resembling them, by the injection of ammonia into the veins of an animal. The word 'super-alkalinity' is expressive, and quite unobjectionable, so long as it is understood that the superabundance is not absolute but comparative. For it is not shown that there is more alkali in the body than there is acid to neutralize. 'Sub-acidity' would be a synonymous term, and would be more suggestive of the means we have at our disposal for remedying the defect.

"Very difficult indeed would it be for the eliminator to get this alkali out, but it is easy for the restorist to get acid in. The acid I have always given is hydrochloric."

We give below the results of Dr. Chambers' treatment, which are very flattering. In the first table will be found those treated on general principles during the first six years from 1851 to 1857; the second table contains those treated by diet and hydrochloric acid, in the six subsequent years.

\* Richardson on the "Cause of the Coagulation of the Blood," Appendix I. Edit. 1858.)

“Each series is very nearly continuous; all the first-named 109 (with five purely accidental exceptions\*), occurred in the six years before September, 1857, and all the latter 121 in the six years since. No fallacy can, therefore, arise from a selection for special treatment having been made intentionally or unintentionally.

“They are spread over a considerable number of years; thus both sets include sporadic cases, as well as the produce of epidemics.

“The only opening for error that I can discern is the bare possibility of a change of type in fevers having taken place at the very time when I changed the treatment, and of its having lasted for six years—possibilities which the records of other metropolitan hospitals during the same period reduce to nothing.

“That the severity of the disease in the two classes differed but little may be shown by the near equality of the periods of convalescence. The mean time of stay in the hospital of the sick who recovered was, in the first series, 29·2 days; in the second, 26·7 days; being a difference of but 2½ days. The ages, also, of the two series differed but little, the mean age of each being between 22 and 23 years.

These averages are cited merely to show the general similarity of the two series, and not to demonstrate any pathological fact.

Of the first series (viz., those treated on general principles),

9	are entered as Typhus, and of these there died	4
44	“ Typhoid “ “	16
56	“ Of doubtful or unrecorded type	3
<hr/>		
Total	109	Total 23

Of the second series:

25	are entered as Typhus, and of these there died	0
52	“ Typhoid “ “	2
44	“ Of doubtful or unrecorded type	2
<hr/>		
Total	121	Total 4

“For purposes of comparison in a therapeutical inquiry, it will probably be considered right to exclude from the first table two deaths, and from the second table one death, which occurred within two days of admission;

\* “Three of these exceptions were treated on general principles by a colleague taking my duty during my absence, and unaware of the experiment I was trying; in one case I made a wrong diagnosis, having mistaken typh-fever for acute hydrocephalus, and treated it with iodide of potassium till too late; of the fifth I have no record, the patient having died within two days, and the clerk's notes being imperfect, except to the fact of its being a case of fever.

for the exhaustion caused by the journey to the hospital in severe fevers allows but little scope for judging of the action of treatment during that period. This leaves the average mortality under general treatment 21 in 107 =  $19\frac{1}{2}$  per cent., or nearly 1 in 5;\* under the second method of treatment, by continuous nutriment and hydrochloric acid, 3 in 121 =  $2\frac{1}{2}$  per cent., or only 1 in 40.

"I cannot, therefore, avoid the conclusion that the means employed in the cases on the second list are very efficient in preserving life; and that out of every 100 persons attacked by continued fever, from 16 to 17 more may be saved thus than by treating them on general principles."

We have given considerable space to the consideration of this all-absorbing subject, and therefore cannot extend our notice further than by recommending Dr. Chambers' book freely and with confidence to our professional brethren, as the work of a great mind, practical in its bearing, and simple to the understanding of all.

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*Materia Medica for the use of Students.* By John B. Biddle, M.D.,  
Professor of Materia Medica in the Jefferson Medical College. Philadelphia: Lindsay & Blakiston. Montreal: Dawson Brothers.

This work is written in a peculiarly plain, and practical manner, so that its contents may be easily mastered by a junior student. Brevity seems to have been an axiom of our author, for throughout his volume he describes everything in the fewest possible words. This we would rather commend, than condemn, for as a rule authors err the other way. But we cannot help thinking there are some articles of the *Materia Medica* so important that a little more space might have been devoted to their examination. We mention as such, opium, belladonna, chloroform. Dr. Biddle divides the articles of the *Materia Medica* according to their effect upon the system, such as Tonics, Narcotics, Anti-spasmodics, &c. Altogether we consider the volume a very valuable one, and although we could not advise a student to make it his text book in preference to such works as Pereira, Christison, Wood and Bache, yet we feel that it will be of great use as a book of reference to him during his close attendance upon lectures, or to a practitioner closely following the general practice of his profession. The work has many illustrations, and is got up in the usual substantial style of all the works issued by Lindsay & Blakiston.

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\* This mortality is higher than is usual at special fever hospitals, being about the same as at the other general hospitals in London.

## PERISCOPIC DEPARTMENT.

## Medicine.

## ON THE FUNCTIONS OF THE CEREBELLUM.

BY DR. DICKINSON.

This paper was founded partly upon experiments made on a great variety of animals, chiefly of the lower order, and partly upon observations on human pathology. There were tables before the meeting, which gave the details both of the experiments and the cases. In the experimental part of the inquiry two classes of observations were made. The first consisted in a comparison between two similar animals, in one of which the cerebrum and cerebellum had been removed, in the other the cerebrum alone—so that the only difference between them was in the possession of the cerebellum. The powers which one animal had more than the other were believed to represent the functions of the organ. The general results were as follow: 1. The addition of the cerebellum to the medulla oblongata gives an increase of voluntary motive power in the four limbs—to the posterior in a greater degree than to the anterior.

The power thus obtained is distributed in such a way as to produce even and balanced movements, and often appears to be exercised in a continuous and automatic manner.

2. The removal of the cerebellum has an effect upon the muscles of the limbs, which increases in proportion as the organ increases in size. It consists in a diminution of voluntary power and of muscular adjustment. When an inequality of effect can be noticed the loss is greater in the posterior limbs. There is a loss of habitual activity. From the effect of lateral injuries it must be assumed that each lateral half of the organ has an influence on both sides of the body, but to a greater extent upon that opposite to itself. 3. The removal of the cerebellum has no effect upon superficial sensation, on any special sense, on the action of the involuntarily muscles, nor on reflex movements. 4. In the human being it appears there is no constant effect from loss or alteration of the cerebellum, but failure of voluntary muscular power. Disease, or deficiency of the whole organ, invariably lessens voluntary power in the limbs, especially in the lower. The loss of one lobe produces its effect more on the opposite side than on its own. Disease confined to the cerebellum has no effect upon superficial sensation, on the intellectual powers, nor on the action of muscles supplied by the cranial nerves. Hence it appears



that the function of the cerebellum is to supply the voluntary muscles of the trunk and limbs with self-regulating motive power. This is distributed in an inverse manner to the influence of the cerebrum. The latter has the sole control over the parts supplied by the cranial nerves, and the chief control over the anterior limbs. The cerebellum exerts its greatest effect upon the posterior limbs, less upon the anterior. Thus the muscles of the trunk and limbs are under a double rule, while those of the head and neck are regulated solely by the cerebrum. It appears that cerebellar movements are apt to be continuous and habitual, contrasting with the emotional character of those which originate in the cerebrum.

A discussion followed in which Dr. Humphry and Dr. Richardson expressed the conviction that the nervous centres act as a whole, and that their functions do not admit of isolation.—*Proceedings of British Medical Association.*

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IS THE OPINION THAT A DIET OF ANIMAL FOOD CONDUCE TO  
LEANNESS WELL FOUNDED ON FACTS?

By DR. JOHN DAVY, F.R.S.

Dr. Davy said those who have advocated the opinion that a diet of animal food conduced to leanness had supported it by arguing that a vegetable diet was commonly richer than flesh in the elements from which adipose matter is formed, such as starch, etc., and further, that carnivorous animals were commonly leaner than herbivorous. He disregarded the first argument, inasmuch as certain kinds of animal food abounded in fatty matter. He instanced the case of animals subsisting on other animals, all of which were very fat, and he considered that tended to show that a diet of exclusively animal food was in no wise incompatible with fatness. Referring to our own species, it was easy to find corroborative instances. Butchers and their families, who used large quantities of meat, were not remarkable for leanness; and fishermen and their families were generally stout. The English, as a rule, had always been considered large consumers of meat, especially in the olden time, when vegetables were less abundant; and in those periods they were notorious for their stoutness. Did a vegetable diet tend to the production of fat? The Irish, living mostly on potatoes, should be distinguished for lustiness, though they certainly were not; and he had not heard fatness ascribed to vegetarians. Amongst our soldiers and sailors a fat man was a rarity; but that was no wonder, for though their diet contained a large proportion of animal matter, their meat ration was never in excess,

and they were rather underfed than overfed; while at the same time they had a great deal of exercise. His opinion, in which he was supported by eminent physiologists, was that a mixed diet, partly animal, partly vegetable, was best adapted to the wants of man, as well as most suitable to his taste; and that the safest way to avoid obesity was to live moderately, observing the happy medium between a too sparing and a too copious dietary; and, for the correction of obesity, attending rather to quantity than quality of food.

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#### RETINAL DISEASE OCCURRING IN THE COURSE OF KIDNEY DISEASE.

We report this week cases from several sources showing the connexion of certain changes in retinae with Bright's disease. We give also remarks on the general bearings of the subject by Mr. Hutchinson and Mr. Hart. We have already (Jan., 1864) published a series of cases from a similar kind from the practice of Mr. Hulke; and in the following series we relate one which was partly under his care. The fact that, with kidney affections, there are frequently to be seen characteristic changes on the retina cannot fail to strike Physicians as one most important means of studying this important class of disease. As to the nature of those changes, we cannot do better than to quote from Mr. Hulke's remarks on the cases published in this journal for January 2, 1864. He says:—

“The structural alterations which give rise to those morbid appearances have been ably worked out by German investigators, with whom the retinal disease appears to be more common than with us. Summed up briefly, the greyish opacity of the nerve-disc and retina proceeds from serous infiltration, from sclerosis and hypertrophy of the connective tissue, and from a nodular thickening of the nerve fibres, which acquire such dimensions that some have maintained them to be sclerosed ganglion cells. The small, brilliant white dots are groups of large granular oil-corpuscles, situated in the layer of the outer and of the inner granules. Schweigger supposes that they originate in the connective tissue corpuscles. The redness of the optic disc is from capillary congestion, and perhaps also from the presence of new vessels. The apparent interruption of the vein is due to the intervention of those spots of a thicker mass of opaque retinal tissue between them and the observer. The white appearance of the arteries is caused by amyloid changes in their walls, with corresponding diminution of the calibre. The hæmorrhages proceed from—*a*, the disturbed, *vis capillaris* resulting from the morbid state of the blood produced by the kidney disease: *b*, an increased mechanical resistance to the free efflux of blood through the veins at the nerve-disc offered by the sclerosed

connective tissue; c, and in some cases, hypertrophy of the left ventricle, which urges the blood more freely into the retina than it is able to escape from it. These are the morbid changes which cause the loss of sight. The sudden obscurations (distinguished from accidentally-discovered pre-existing dimness) depend on hæmorrhages, and their recession coincides with the removal of the extravasated blood. Some cases are susceptible of considerable improvement by treatment. That which I often follow consists in putting a leech to the temple once a week, and the internal exhibition on the tinct. ferri muriatæ. Corrosive sublimate, so useful in some forms of retinitis, has not appeared to me to be serviceable here."

We are quite aware that with some physicians there is a great deal of incredulity as to the existence in the retina of any characteristic marks of Bright's disease. There are, indeed three opinions on this, as there are on many medical subjects. To give these opinions more concisely than courteously, we may say, first, that it is not true; second, that it is not new; and third, that if true, it is of no practical value. Perhaps we might, to use a common remark, add a fourth, that although there is much novelty and truth in the matter, the new is not true, and the true not new.

We have heard a hospital physician remark that he did not believe that the retina were affected in Bright's disease, as he had often asked patients suffering from that disease if their sight were bad, and he had never been told in reply that it was. It must be observed that, although the defect of sight may be slight, or may have come on so slowly that the patient may know nothing of it, or be careless about it, the appearances in the retina are, in some cases, very striking. Our readers will find that Mr. Hart draws special attention to this point in his clinical remarks. Although, then, a patient may say his sight is good, he may have white, tallow-like dots in his retina. In recording the fact that our patient says he can see well, we must not overlook the other fact that there are slow changes going on in his eyes which may ultimately impair his sight. Similarly, if a patient tells us that he was in perfect health until one morning when he was attacked with hemiplegia, we may record what he says—that he felt well—but we do not infer from that that he was really a sound man when we find his arteries degenerated and his urine albuminous.

As to its being new, it has without doubt long been known that patients with kidney disease have sometimes bad sight, and, moreover, that they are liable to sudden failure of sight; but the nature of the changes to which this was owing could not possibly have been known

before Helmholtz showed us how to look at the retinae. Moreover, when a patient has kidney disease and defect of sight, it would be running the risk of a great blunder to conclude that the defect was necessarily due to the changes which often go with advanced disease of the kidney. The ophthalmoscope will always enable us to make a correct diagnosis.

It seems hardly worth while to discuss the third point. A fact is always "practical." The first thing is to be satisfied of the accuracy of what is announced to be a fact. If, then, physicians examine the eyes with the ophthalmoscope in kidney disease, and first assure themselves that there really are changes, they must, we submit, not only recognise their importance in the study of defects of vision, but, further, their significance as showing how wide-spread the degenerations of tissues are when there is granular disease of the kidneys. The time is past for us to exaggerate the importance of defects of particular organs. We do not now always blame the kidney as being solely in fault, or even first or most in fault, when we find albuminous urine, although we continue to call a certain constitutional condition by the name of chronic Bright's disease. Every Medical man notes the concurrence of degeneration of arteries with chronic Bright's disease, and it is certainly equally necessary to note the occasional concurrence of other equally marked, although less superficial changes. For if no better treatment can be founded on this knowledge, we may yet learn much as to what chronic Bright's disease means. It is one more point from which to work, a subject in which the physician, the surgeon, and the ophthalmologist are each extremely interested. It is, then, of great importance not to lose the chance of studying this local affection, whether the patient's sight be good or bad. As regards prognosis, there is reason to believe that these retinal changes are of very unfavourable import. It is a sign bad enough when a patient with—let us say—hemiplegia has albuminous urine, doubtless, has still a worse meaning when there is, besides, degeneration of the retinae.

It is very important that the microscopical condition of the urine should be studied *pari passu* with the changes in the eye, and that the precise form of the kidney disease be noted after death.

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#### SEWERS AND THEIR EVILS.

[While the importance of subsoil drainage is almost universally admitted, it must be acknowledged that there are attendant evils which it is of the utmost importance to obviate. How best to get rid of the gases generated in these receptacles, and to prevent the evil effects resulting from their escape, is now attracting as much attention in England as the

economical question, of how most effectually to utilize the fertilizing properties of the contents of these sewers. The following remarks on this subject, in an editorial in the *British Medical Journal*, Sept. 9, 1865 are worthy of consideration.]

“ The immense extent of our [London] present system of sewerage probably converts the sewers into one enormous cesspool. It was, of course, the decomposition of animal excrements which gave rise to the dangerous vapours issuing from the cesspools. Now, if these excrements are allowed, in consequence of the length of the sewers through which they now have to pass, to decompose, as they decomposed in the ancient cesspools, why should not the vapours and gases arising from the decomposition in the sewers produce as noxious effects as they produced when they escaped from the cesspools? We some years ago suggested this question, Whether our present system of sewage would not become one enormous cesspool; and whether some special provision ought not to be made for the escape, by high shafts, or neutralization of the products of decomposition. If it be true that the contents of our sewers in London undergo decomposition just as they underwent decomposition in the old cesspools, surely it was something akin to madness to set loose all the products of the decomposition at our very doors and under our very noses. But all this matter requires investigation; and interesting would it be if we could get some sure information as to the ordinary health of those men who pass many hours in these sewers, and whom we occasionally see emerging from iron traps, with lantern and heavy jack-boots. What effect does the inhaling of the vapours of sewers have upon them? Perhaps some of our readers can tell us something of this; and we may add, that we wish Dr. Fuller had furnished the *Times* with some positive proof that the issue of gases from sewers had injured human constitutions and produced diseases.

“ Dr. Miller, Professor of Chemistry in King's College, says truly enough, that sewers must be ventilated—*i. e.*, the gases must be let out of them—so long as it is necessary for men to pass through them; and he recommends the process of ventilation and disinfection proposed by Dr. Stenhouse.

“ It consists in suspending charcoal in the ventilating openings. In London, the plan has been carried out by the engineer to the Commissioner of Sewers, with the sanction of Dr. Letheby; and both these gentlemen have reported strongly in its favour. There is placed in each ventilating opening a box, within which are three or four perforated shelves, and on each of these shelves is a layer of wood charcoal; openings are made at the top and bottom of the box, to allow the free passage

of the air ; the whole of the air which escapes from the sewer is obliged to pass through the box and over the charcoal before it reaches the outer atmosphere. The offensive and noxious gases are speedily absorbed by the charcoal, and are oxidized within its pores, by which means they are converted into a harmless substance, destitute of odour. The method is so simple and so effectual,' says Dr. Miller, 'that it ought at once to be put in practice, while yet there is time.'

'Again, Dr. Fuller, in a second letter, objects to the process recommended by Dr. Miller, that it is unsafe and unsatisfactory ; and recommends an arrangement of ventilating shafts.

" 'There can only be one effectual remedy—viz., to trap all the gully-holes and close the innumerable vent-holes with which our roads are perforated, placing in their stead a few large—not necessarily lofty—shafts and openings along the main sewers, through which a thorough system of ventilation could be carried on. Over these ventilators furnaces might be erected to burn the gases, or charcoal air-filters might be placed, if it can be proved that charcoal is no less efficacious as a disinfectant than it is admitted to be as a deodorizer.

" Dr. Lethby, on the other hand, confirms Dr. Miller's statement ; and says that, in a densely populated district of London, the experiment has been carried on with success since 1860.

" 'The results of it are, that the deodorizing power of the charcoal has been very complete ; for not only have there been no complaints of unpleasant smells from the ventilating openings, but we have ascertained by actual observation that the odour of the sewer gases is not perceptible when they have traversed the charcoal filters .....The effect of these air-filters in the ventilation of the sewers is not perceptibly injurious ; there is no complaint of bad air from the sewer-men, and analysis of the sewer-air shows no difference in the composition of it.'

" Dr. Herbert Barker, who has proved himself to be a high authority on the subject of disinfection, speaks of ozone as being 'Nature's grand atmospheric disinfectant.' His observations are of much interest, and the practical conclusions recommended worthy of consideration, especially in reference to this matter of the cholera. We conclude that Dr. Barker has satisfactory proofs of the fact that ozone is really absent in the district where cholera rages, etc. Of course, the full establishment of this fact is very important.

" 'In the neighbourhood of cesspools, all evidence of the presence of ordinary atmospheric ozone is lost. When ozone is abundant in the air, it may be detected on the windward side of a stable, or cowshed, or manure-heap, but not on the leeward side. It may be observed abund-

antly immediately on the windward side of a town, and not a trace of it discovered at the same time on the leeward side. The ozone test paper in an ill-ventilated church, when full of persons, will give no reaction. I have evidence from my own experience that the diffusion of ozonized air through the apartments of persons suffering from fevers is of immense service, in that it keeps the room free of oppression, and effectually destroys the offensive odours arising from the gaseous excreta of the subject. Ozone, in its action as a deodorizer, closely resembles chlorine. It can be employed permanently by a single process with ventilation. Ozone may be prepared by Siemen's cylinder, the air driven through the cylinder being ozonized by sparks from Ruhmkorf's coil. This method can be adopted only in hospitals, as skilled hands are required for its management. Fortunately, we have a means of generating ozone from phosphorus, which is ready for use at any moment, and with little trouble. Two sticks of phosphorus, each two inches in length, made very clean by scraping, if covered with oxide, and half covered with water, will yield in an hour sufficient ozone, in a room of 3,000 cubic feet, to be detectable by Schönbein's test in every part, and this even when there is good ventilation. The objection to the production of ozone, that there is not a sufficient bulk of water to absorb the fumes of phosphoric acid, may be obviated by using a vessel containing a larger quantity of water, and by floating the phosphorus at the proper depth upon its surface. The degree of evolution of ozone may be tested by a slip of Schönbein's paper. It is very remarkable that, during the prevalence of cholera in any district, ozone has been observed to be absent in that district: not the smallest trace has been discoverable by the test-papers."

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#### MOVEABLE KIDNEY.

M. Trousseau lately made a few clinical remarks on this subject of which the following is a summary:

A strong, healthy man, thirty five years old, presented himself, complaining of having a tumour in his belly. He had frequently had pain at the part where the swelling was; and there the abdomen was found scored with the cicatrices of cuppings and leeches, which had been used, as he said, to cure attacks of *peritonitis*! On examination, there was discovered a solid, oblong, roundish tumour, painful to the touch, in the right side; it was easily moved backwards, but could not be brought to the medial line. By regular and careful pressure, it could be forced back into the right renal region. To demonstrate the nature of the tumour, M. Trousseau pressed upon it slightly, so as to produce pain; and then

pressed over the region of the left kidney, and so produced pain, as the patient said, of an exactly similar kind. A proper bandage was ordered for the man, to protect the kidney from external injury.

In most cases, the kidney displaced is the right kidney; and much more frequently, according to statistics, is it displaced in women than in men.

What is the cause of this displacement of the organ? and why is the right kidney more frequently displaced than the left?

Are moveable kidneys always painful? M. Walther, who has carefully investigated this subject, finds that the kidneys are moveable in a considerable number of persons, who suffer in no way from them. The kidney, under such conditions, usually becomes painful suddenly, after violent pressure, or after great fatigue. Thus, for example, a gentleman complained of great pain in the right side of his abdomen. The surgeon at once discovered a moveable kidney. But how came it to be thus suddenly painful? On inquiry, it was found that the patient had to do duty as national guard every six months; and that on the last occasion, having grown stout, he had much difficulty in putting on his uniform. The pressure on his abdomen was consequently very great, and on the morrow the pain was considerable. Rest and a bandage were all that was required for the treatment. Three cases which have come under M. Trousseau's notice were in men; but M. Roger has said that the affection is much more common in women than in men: and, of thirty-five cases collected by Dr. Fritz, thirty were observed in women. M. Cruveilhier has explained this by the suggestion, that the right kidney is more readily displaced by the pressure indirectly exercised on it through the liver by the stays.

There is nothing surprising in this dislocation of the kidney. We must remember the slight attachments which the kidneys have. They are held to the vascular system only by arteries and veins; and the tissue which attaches them to the surrounding parts is only a feeble bond of union. In fact, the only actual bond is the peritoneum, which fixes the organs against the quadratus lumborum; and the peritoneum is certainly not a firm bond of attachment.

M. Walther's researches show that, in the majority of cases, the symptoms indicative of the affection are very slight. Often, indeed, the existence of the floating kidney is only discovered accidentally. The nature of the moveable body may be generally made out when its existence is ascertained. It is smooth and ovoid, and has, in fact, the shape of a kidney; it is dull to percussion. Careful palpation also may show an absence of the kidney in the corresponding lumbar region. Pressure



also on the moveable body will produce the same kind of pain as it produces on the other kidney *in situ*. A tumour of the liver is not moveable. The spleen, when depressed, is larger than the kidney. But, nevertheless, moveable kidneys have been mistaken for disease of the liver, of the gall-bladder, of the spleen, of the mesentery, of the intestines, and for fibrous disease of the ovary.

As for the treatment, all we can do is to support and protect the kidney so displaced. What is especially worthy of note, in reference to floating kidney, is this: that the displacement is far from unfrequently; that its nature is very generally misunderstood; that the patient is consequently often put to much inconvenience through error of treatment, and to much unnecessary mental anxiety; and that, by keeping the fact of the existence of this affection in his mind, the medical man may sometimes save himself from much disrepute and annoyance.

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DEFECTIVE SIGHT FROM DEGENERATION OF THE RETINÆ—  
BRIGHT'S DISEASE—PERICARDITIS—DEATH—AUTOPSY.

(Under the care of Dr. GULL.)

We saw the patient whose case we are about to relate a few days before her death. The ophthalmoscopic signs were characteristic of Bright's disease. They were such as would lead a good ophthalmoscopist to suspect, if not to diagnose, disease of the kidneys. We were, therefore, interested to hear the patient say that she had been for some time before her present urgent symptoms under Mr. Hulke's care for defective sight, and that she had heard him describe white patches in her eyes.

We have ascertained that from the ophthalmoscopic signs in February Mr. Hulke suspected kidney disease, and found the urine to be albuminous. He told the patient, also, that her life was precarious with such evidence of general disease. At our request, Mr. Hulke has allowed us so make use of the following notes of the patient's case:—

“ M. A. H., a sewing machinist, formerly a servant. She was a married woman, but had been deserted by her husband, and lately she had undergone much hardship, and had often got wet. She was, however, in general appearance, healthy, and was short and stout.

“ Her first visit was on February 25, her sight having begun to fail at Christmas. She had, she said, ‘sat all day in her wet clothes.’ The dimness had progressed, so that at the date of her visit she could not manage her machine. Her vision was affected on each side, so that she could only read words of No. 20 of Jaeger's types.

*Ophthalmoscopic Signs.*—Redness and opacity of optic nerves. Central

vessels indistinct; arteries most so. Retinal veins turgid; fundus strewed between equator and optic nerves, with opaque greyish-white patches, whether in choroid or retina I am not able to positively decide.

“ These signs made me suspect kidney disease, and her urine was found to be loaded with albumen, and also contained numerous large waxy casts, and also granular casts, large epithelial scales, and clusters of pus corpuscles, last two probably vaginal. The patches are not raised and don't shine; the large retinal veins run over some of them, therefore the patches are in outer layers of the retina or in the choroid. The muriate of iron was given.

“ March 1.—Optic nerves less hazy. Capillary hæmorrhages in retinae.

“ April 20.—Yellow spots strewed with white dots.

“ August 9.—Optic nerves less hazy; paler; central vessels small; yellow spots as at last date; vision, right No. 10, left No. 8.”

We now give the notes of the patient's case as found in the pathological records of Guy's Hospital:—

“ Mary Anne, age 26, was admitted October 13th. This patient was said to have been ailing from more urgent symptoms for a month. She had had swelling of the legs twelve months ago, and for this had been in the Hospital. Whilst in the Hospital she had pericarditis, epistaxis, and hæmoptysis, and also menorrhagia. The urine, examined October 24, was albuminous, and sp. gr. 1015. She died October 27.

*Autopsy by Dr. Moxon.*—The head was not examined. The left bronchus was pale everywhere, or at most of a rose colour, the right was of a deeper rose tint; scarcely any contents. The left chest contained about a pint or less of slightly turbid straw-coloured serum. The pleura had no lymph in it. The right chest contained a smaller quantity of fluid of like quality. Both lungs were displaced outwards by the much distended pericardium. The left lung was airless from its position, and had been evidently rendered so by the pressure of the pericardium. The lower lobe of the right lung was bulky, but somewhat crepitated. Its section yielded serum less frothy than usual; it broke down readily. The upper lobe gave a frothy fluid, and felt less substantial, and yet was distended.

[Dr. Moxon then gives a detailed account of the appearances connected with the pericarditis.] The liver weighed 55 ounces. It was of a uniform light colour. There was no trace of cirrhosis nor of the appearance described as “nutmeg.” Kidneys weighed nine ounces; they were markedly granular, yet of a dead white colour generally. The cortex a good deal wasted, Ovaries having false corpora lutea.

## CHLORATE OF POTASS IN THE TREATMENT OF OVARIAN DISEASE.

By W. CRAIG, L.F.P.S.G., Ayr.

Disease and enlargement of the ovarium have long resisted all kinds of treatment, and many medicines have been used in attempts to absorb the tumour, but hitherto unavailingly. Extirpation for some time past has been the favourite method of treatment, but it is attended with a large expenditure of life,—at an average, nearly every second case. It is very desirable, then, that a mode of treatment could be discovered which would prevent such an expenditure of life, and this usually when the patient is in the most hopeful and interesting period of her existence.

In the following cases the cure has been effected by the administration of chlorate of potass. I could form no opinion regarding the nature of the tumours, other than that they were ovarian.

In his work on the "Science and Art of Surgery," Mr. Erichsen states, that "medical means exercise no influence in curing, and but little if any in retarding the progress of ovarian tumour."

Dr. Charles Clay, of St. Mary's Hospital, Manchester, makes the following statement in the "London Medical Review":—"I conscientiously believe that neither medical treatment, external or internal applications, pressure, nor galvanism, are of the slightest benefit. They neither cure nor palliate the disease. All such attempts, then, are fallacious, and only throw obstacles in the way of any benefit that extirpation of the tumour offers; increasing the difficulties of that operation, if not defeating it altogether."

The treatment in the following cases is an exception to the above statement, as they were treated and cured by means of a very simple medicine, viz:—Chlorate of potass. It may be that one only of the species into which this disease is divided may be of a nature to be removed by this medicine, and, consequently, the others may remain uninfluenced by it; but, during the life of the patient unless after the operation, it is not always possible to learn the exact nature of the tumour; but whatever be its character, it can do no harm to the patient to allow her to have the benefit of a trial of this medicine, as it has a favourable action on the functions of the body, irrespective of the action on the tumour.

Chlorate of potass, as is well known, is a medicine that can be used with the utmost freedom. I do not pretend to offer an opinion as to its *modus operandi* in this disease. The circumstance of this salt having in combination a large quantity of oxygen, which is held feebly by the potass, and is let free in the system, may cause it to operate beneficially on the constitution, invigorating and improving the animal functions so as to enable them to throw off these morbid growths.

*Case 1.*—Miss S., of Ayr, is of middle height, sallow complexion, and apparently of sound constitution. The tumour is on the left side, rising out of the iliac region. It is about the size of a child's head of a month old. The patient states that the tumour is sore when pressed, also during defecation and micturition. She menstruates regularly. It is free in its attachments, and rolls from side to side as the patient turns in bed. It is about five years since she first observed the enlargement, and it was about a year after this when she first applied for medical advice. She had the counsel of many medical men, and took many medicines, but received benefit from none of them. She was under the treatment of one medical man during the twelve months immediately before coming to me. This gentleman used many medicines and numerous external applications, all without any beneficial effect. He then, with the consent of other medical men, resolved to perform the operation, but he died when preparing for it.

When she came to me I immediately put her upon a saturated solution of chlorate of potass,—a dessert-spoonful thrice daily. She stated that she had only taken the medicine two or three weeks when she felt a gradual improvement in her general health. The tumour gradually diminished in bulk till, at the end of ten or twelve months, it disappeared. After the tumour had been so far reduced as not to be felt through the parietes of the abdomen, it could be felt in its greatly reduced size lying close to the uterus. About this time it was about one and a-half inch in diameter. Subsequently, the tumour has disappeared completely, with the uneasiness and symptoms depending on its bulk, and she has since continued in her usual health.

*Case 2.*—Miss C., from London. The attention of this lady was first called to her complaint when taking a bath in June, 1861. At this time she felt a swelling rising from the right side of the pelvis. It was then about the size of an egg, and moved from the side to the middle of the abdomen. There was no pain in the tumour when the body was at rest, but in quick walking and some other forms of bodily exertion, it seemed as if bound by a light network all over the lower part of the right side. There was frequently a dull pain in the iliac region, and more rarely a sharp, stinging pain; but when at rest, or in ordinary walking, there was no pain. The patient states that her health was very sensibly affected by it. "I lost strength and tone, and became listless." The tumour grew rapidly from June to September, but after this the enlargement was slow in its progress. The tumour till now was always movable, but subsequently it became more fixed.

She came expressly to Scotland to consult an eminent practitioner, and

was under his treatment two months of the summer of 1862, and nearly as long in the same season of 1863.

It was in the autumn of 1863 that she consulted me. On examining the tumour I noted no particular induration of its texture, but its size was about that of a large fist. Her former adviser had used many medicines and appliances with but little effect. The patient was twice cupped and leeches over the tumour, and the skin was twice painted over with a preparation which acted like a blister, and was also painted many times with combinations of iodine. She had tonics from the beginning, and daily a solution of bromide of potass. She also passed an electric current through the tumour for half an hour daily, and this was done during two years. The only effect of the treatment hitherto applied was to make the tumour "more compressed or harder." Immediately on her application to me I commenced the administration of the saturated solution of chlorate of potass in dessert-spoonfuls thrice daily, and with what effect I shall allow the patient to tell. "I will add, that about three or four months after I had seen you, and taken the medicine you prescribed, the swelling disappeared as it came, silently and suddenly. I continued your medicine, and the occasional use of the electric battery until a few months ago. I use neither now; and as I said before, I have no swelling; none whatever; none."

I saw this lady in London a short time ago, and I could not discover a vestige of the tumour.

*Case 3.*—Miss H., from Glasgow, has had for a considerable time a tumour of the left side in the left iliac region. It was about the size of a large fist closed. She had used the chlorate of potass for two or three months before observing much diminution of the tumour, and at this time left off the use of the medicine. She was induced, however, to commence the use of the medicine again, and she states, that during the last few weeks, whilst using a renewed supply, the tumour has become much smaller, and gives less uneasiness.

A fourth case, in Ayr, presented herself with a small tumour in the left iliac region. The tumour had been observed for many months. It was painful, more especially when it was pressed. The size could not be well estimated, as the abdominal parietes were thick. I commenced with the chlorate of potass, but the patient soon became impatient and would not persevere, and has failed to continue the medicine.

So few cases go but a small way to establish the efficacy of this medicine in the cure of ovarian tumours; but, in view of the declaration of experienced and practical men who have seen much of this disease, and who maintain that medical means exercise no influence in curing, and

but little in retarding the progress of ovarian tumours, it is right to produce facts, in however small numbers, when they show that medicine is not so inefficacious as represented by some writers on this subject.

It may be admitted, that before publishing my experience of the efficacy of chlorate of potass in the treatment of ovarian disease, I ought to have been able to present a larger number of successful cases; but in a small town, amongst a rural population, there is less chance of meeting a satisfactory number of cases than in the crowds of large cities.

Though the number of examples be small, the success attending the treatment ought to encourage a trial of a medicine that can be used with the greatest freedom, and could always be tried—provided there is no contra-indication—before having recourse to such a formidable operation as that of ovariectomy.—*Edinburgh Med. Jour.*

## Surgery.

### CLINICAL REMARKS ON CASES OF AMBLYOPIA AND RETINITIS ALBUMINURICA.

(Under the care of Mr. ERNEST HART, St. Mary's Hospital.)

In calling attention to a case of advanced albuminuric retinitis, Mr. Hart remarked that it was of particular interest to ascertain how far the disturbances of vision, associated with nephritic albuminuria, were pathognomonic, and what extent the ophthalmoscopic examination of the eye, in patients so affected, could assist the diagnosis or aid the treatment. Ophthalmic Surgeons occasionally meet with cases of acute retinitis albuminurica in which the affection of the sight is the first striking symptom, and in which the ophthalmoscope the diagnosis of the physician, derived from the clinical history and the chemical analysis of the urine. Such cases, however, were, in his experience, rare, and usually were examples of oversight due to various causes, such as eccentricity of the complaint or the patient, and unusual complications diverting the attention of the physician. In the case in question the patient had come to a practitioner complaining of acute pains in the ankles—"rheumatic pains," as he himself called them. That diagnosis had seemed to be borne out by various collateral circumstances, and had passed muster; meanwhile, however, and rapidly, the sight had become very much disturbed, and, as the man's livelihood depended upon his keen perception of minute textile difference of structure, he was quick to perceive and to suffer from this deterioration of the acuteness of his vision. When examined by Mr.

Hart, the ophthalmoscope immediately revealed, in the right eye, the most marked and considerable retinal changes, perfectly diagnostic of albuminuric retinitis, obscurity of the papilla, bright fatty patches of the retina, with a tendency to grouping around the yellow spot, and irregular extravasations of blood affecting the linear arrangement. The diagnosis was permissibly positive, for the changes accompanying albuminuric retinitis once seen cannot be mistaken. The vision of the eye was considerably affected, much more so than the patient had been aware till the eyes were tested separately. The examination of the urine showed a large amount of albumen. Treatment by muriated tincture of steel with a free use of the Turkish bath failed to relieve the patient, and he died at the end of three months, all but blind with the right eye, and having very imperfect vision with the left. The pathological changes were of a typical character, the ecchymoses becoming more numerous, the fatty patches coalescing, and the macula lutea being almost entirely destroyed; the retina was not detached. Mr. Hart expressed the opinion that the ophthalmoscopic observation of these symptoms was interesting, as affording a means of studying the changes which the nervous, like the other tissues, undergo in this blood disease, but they afford no indications for local treatment, which, indeed, in such a condition, would be out of place. To what extent could repair go on after serious destruction of the retinal nerve tissue? An examination of a series of cases of albuminuric retinitis might afford the answer. He had not had the opportunity of witnessing any case in which good results had attended treatment, but probably others might have done so. He knew of no record, but would hesitate to believe that nephritis with albuminuric retinitis was always fatal. This was a point to be decided by the accumulation of evidence.

There were, however, other and more trifling affections of the sight in nephritic albuminuria which came under the notice of the ophthalmic surgeon, in which the ophthalmoscope revealed nothing, but to which attention should be directed, because he believed that, as they were of earlier occurrence so they were of greater value in directing treatment. There is a form of intermittent dimness of vision unaccompanied by ophthalmoscopic change which had frequently come before him, and in which, guided by the observations of Landouzy, he had always looked for albuminuria in the urine, and several times had found it. It was unassociated with any apparent change in the retina, and was probably due to the cerebral disorder either precedent to or consequent upon albuminuria. M. Landouzy, who approached the question from the simple study of the naked eye symptoms, had drawn the following conclusions from his study:—1. That the disturbance of vision is an almost constant symp-

tom in albuminous nephritis. 2. That these troubles constitute a new species of amaurosis, which may be called albuminuric. 3. That the albuminuric amaurosis cannot be attributed to the deterioration of the strength. 4. That it very often announces the disease as an initial sign, before the innovation of the pathognomonic accidents. 5. That it appears and disappears, and then returns without exactly following the phases of the albuminous deposit in the urine or of the œdema. 6. That it should lead us to consider albuminous nephritis as an alteration of the ganglionic system.

Mr. Hart remarks that Dr. Roberts, in his recent work, attributes the "hæmorrhagic blindness" of retinitis albuminurica, which he speaks of as in no sense uræmic to the hypertrophy of the left ventricle, which so commonly accompanies a contracting kidney and the increased tension in the arterial system consequent thereto. But that this explanation, while it assists to understand the frequency of the extravasation from rupture of small retinal vessels, would be incomplete unless we recalled also to mind the considerable fatty degeneration of the retinal connective tissue and the sclerosis of the nerve-fibres. The deposit of fat was frequently locally anterior to the appearance of cœchymoses. The value of ophthalmoscopic examination in all cases, whether of amblyopia or retinitis albuminurica, was thus apparent, both in reference to the negative information which it afforded in the one case, and the positive data supplied in the other. Intermittent amaurosis associated with albuminuria pointed, he said, to a train of causes very different to those connected with the incomplete persistent blindness due to fatty substitution and inflammatory destruction of the nerve fibres of the retina. It was to be observed how much more complete the loss of vision was for the time where, as in the amblyopic state noted, the cause was central, than where, in the true albuminuric retinitis, the loss of vision was due to peripheral disorganisation. A considerable amount of retinal disease was compatible with the retention of considerable power of sight; and thus, as in other forms of disorganisation of the retina, especially pigmentary retinitis, the patient did not discover the serious affection of the eyes until the disease had extended very far. Hence, if the use of the ophthalmoscope were deferred until urgent symptoms appeared, the examination was apt to be put off till the chances of doing good were materially diminished. It was the more important to remember this because it was precisely in the case of peripheral disease that the ophthalmoscope afforded the most extended and most useful information, and enabled the surgeon or physician carefully to intervene, if in time and in suitable cases.



## LIGATURE OF THE SUBCLAVIAN ARTERY FOR ANEURISM OF THE AXILLARY.

By EDGCOMBE VENNING, Esq., M.R.C.S., Assistant-Surgeon to the First Life Guards, and late House-Surgeon to St. George's Hospital.

Trooper J. C.—presented himself at the regimental hospital on the 31st of August, 1864, complaining of considerable pain about the right wrist and shoulder-joint. He stated that eight months previously, in going down some steep stone stairs in barracks, he fell backwards, with his right arm extended, and directed outwards and backwards. The wrist was very painful for some time after, and though a good deal swollen, he continued to do his duty. Only nine days prior to admission did he notice any swelling about the shoulder-joint.

On admission he complained of considerable pain about the lower third of the right forearm, at which situation on the radial side there was an irregular swelling. This appeared like the remains of an old fracture badly united, and was the result, I believe, of a fracture of the radius caused by the accident, the bone being kept in tolerable position by the ulna, which had not been injured. On examining the shoulder-joint I found a pulsating tumour, about the size of a hen's egg, situated over the course of the axillary artery. The pulsation was very strong, and the bruit in the tumour exceedingly loud, both of which ceased when pressure was made on the subclavian artery. The ulna and radial pulses were much diminished in force in comparison with the opposite limb. Finding from the patient's account that the tumour had increased rapidly, I requested Mr. Cutler and Mr. Pollock to see the case with me, and they were both of opinion that deligation of the subclavian artery in its third portion should be performed at once. In accordance with this opinion, having the assistance of both Mr. Cutler and Mr. Pollock, (chloroform having been administered by Mr. Freeman,) I proceeded to perform the operation, and without much difficulty succeeded in tying the artery. The external jugular vein, being in the way, was tied above and below, and cut through, and all small bleeding vessels were ligatured. On the ligature around the subclavian artery being tightened, all pulsation in the tumour ceased. The edges of the wound were brought together with silver sutures and strapping, and the limb was enveloped in cotton wool. When the effects of the chloroform had passed away, I ordered him a liberal diet, and a full dose of opium at bedtime. The following morning I found he had had several hours of refreshing sleep. The pulse was 88 in the minute; the skin was cool, and the tongue clean and moist. The temperature of the affected limb was normal, and the only thing he complained of was a pricking pain throughout the extremity. From this date al

went on well ; pulsation was felt in the brachial artery on the seventh day after the operation, and on the ninth it was felt quite strong in the radial and ulna at the wrist ; but two days after, it ceased in the brachial and radial and ulna, and has never been felt since. No bad symptoms accompanied the cessation of pulsation. No pain was experienced in the aneurismal sac, and on the eleventh day the ligature around the subclavian artery came away. Twenty-four days after the operation the patient left the hospital, the wound having almost entirely healed, and he in good health. The reason for his quitting the hospital so soon was, that small-pox had broken out in the regiment, and I was unwilling to run the risk of his becoming a victim to the malady, as there were several cases in hospital. He left London on a month's furlough for Nuneaton, where on his arrival, as he felt somewhat weak, he placed himself under the care of Mr. Nason. I heard no more of him until the end of October, when I received a letter from Mr. Nason, in which he related to me that he had been sent for to see my patient in consequence of severe hæmorrhage having come on from that portion of the wound made at the operation, which had not healed when he left London. I immediately went to see him, and met Mr. Nason in consultation. Bleeding (although all proper means had been adopted to arrest it) was still going on. A large abscess had formed beneath the clavicle, accompanied by enormous œdema of the right upper extremity, and mortification had commenced in the little finger. The question now arose as to where the hæmorrhage came from. We came to the conclusion that it was the result of a large sloughing cavity formed by the abscess. I therefore put my finger into the wound, and broke down all the old adhesions, so as to allow the escape of a considerable quantity of foul pus and blood. No return of bleeding occurred subsequent to this, but unfortunately pyæmia set in, followed by a series of abscesses, one of which was situated in the elbow-joint, and for a considerable period he hung between life and death, under Mr. Nason's care ; but by the untiring care and attention of that gentleman the patient rallied, and so far recovered as to be able to rejoin his regiment, though with an anchylosed elbow-joint, and considerable loss of power in the hand. This latter he is rapidly recovering, and the forearm is at a right angle with the arm ; so that there is every hope of his ultimately having a very useful limb.

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#### EXCISION OF THE TONGUE.

Dr. George Buchanan, Surgeon to the Glasgow Royal Infirmary, has successfully excised one lateral half of the tongue, following "the bold and ingenious proposal of Mr. Syme to divide the lower jaw at the symphysis." (See *Edinburgh Medical Journal*, November 1865.)

## MR. FERGUSSON'S CASE OF REMOVAL OF THE SCAPULA.

We have already in a previous "Mirror" (*THE LANCET*, August 26th, 1855) recorded particulars of Mr. Fergusson's patient. She is a young woman, from whom in January last the lower two-thirds of the scapula were removed. In February she left the hospital with the wound healed and the arm freely movable. She came to show herself from time to time, until on one occasion Mr. Fergusson found a swelling under the pectoral muscle, a spot very distant from the seat of operation. The swelling rapidly increased; some œdema showed itself in the arm, indicating pressure upon the veins. This, however, after a time disappeared. With the growth of the tumour, which was exceedingly rapid, the girl's health began to fail. Hoping against hope, Mr. Fergusson delayed operative-interference until it became evident that life would be sacrificed unless the disease was removed. The tumour was now so extensive that nothing short of the operation performed would have been sufficient to remove it. Accordingly on the 11th instant Mr. Fergusson proceeded to operate in the following manner:—

The patient having been placed under chloroform, a grooved needle was thrust into the upper part of the tumour a little below the clavicle, at a point where it seemed just possible, from an obscure sense of fluctuation, that fluid was present. There was, however, none. A small incision was then made over and along the clavicle about an inch and a half external to the sterno-clavicular joint, through which the bone was divided by the saw and cutting pliers. The object of this, as Mr. Fergusson afterwards explained, was to allow free movement of the shoulder during the ensuing steps of the operation, without causing any strain upon the sterno-clavicular joint. By this step, too, implying the preservation of the inner end of the clavicle, the sterno-mastoid muscle was reserved entire. An assistant (Mr. Wood) then thrust his thumb through this wound and compressed the subclavian artery upon the first rib. Next, the incision was continued along the clavicle, at first outwards, then backwards over the acromion, and lastly downwards and forwards, so as to terminate in the inner and upper part of the arm below the axilla. From the point where this incision, leaving the clavicle, tended backwards, another was made passing down in front of the shoulder-joint, and meeting the first at an acute angle. By these means two semilunar flaps were formed, one before and the other behind, and the skin of the axilla was preserved. The tumour having been exposed by dissecting the flaps from its surface, the muscular structures which attached it to the trunk were divided. There still remained to be accomplished the section of the subclavian ves-

sels and the accompanying nerves, and this was the most delicate part of the operation. Behind the clavicle the tumour was less distinct than at any other parts, spreading vaguely amongst the tissues, and rendering it doubtful at first how far it might extend amongst the muscles of the neck. A careful dissection succeeded in completely isolating it. The mass was then drawn forwards, and the subclavian artery was compressed. In order to obviate the chance of slipping, a strong forceps, such as is used for removing sequestra, had been prepared by having its teeth covered with wash-leather. The blades of this were pushed from behind forwards so as to enclose the subclavian vessels, and another instrument of the like kind was pushed from before backwards with a similar object. Thanks to these, which admirably answered their purpose, there was no difficulty in retaining and ligaturing the artery, and the operation was completed by finally dividing the remaining tissues, chiefly nerves and vessels, outside of these blades, with the loss of scarcely a tablespoonful of blood. For precaution's sake, ligatures were applied to two or three other vessels, but they were scarcely needed. The flaps were then brought together, sutures applied, and the patient removed.

We have embodied in our description of this case some of the points which were mentioned by Mr. Fergusson after the operation. He remarked, in addition, that formidable as the operation appeared, it was more simple in its nature than that for excision of the scapula performed some months ago in the hospital. Doubtless there was much risk in the removal of so large a portion of the body, but the extent of tissues divided was not so great as in amputation at the hip-joint. It was remarkable, too, how successful operations about the upper extremity generally proved. The operation was performed in order to save the girl's life, which was seriously threatened by the progress of the disease. From the nature of the growth it was unfortunately only too probable that it would recur, but surgery could not hold itself responsible for such an accident. It would have been noticed that the girl appeared pale, and became faint during the operation. He was inclined to attribute this to the effect of mental influence during the last few days. She had suffered much distress owing to neglect on the part of her parents. The loss of blood had been exceedingly small, and this result was owing, he was glad to acknowledge, to the admirable assistance which had been rendered during the operation. Mr. Fergusson then referred to previous operations for the removal of the upper extremity, scapula, and clavicle; and added that this was the first occasion on which he had performed this operation, and he believed that it was also the first time it had been done in London. He

was doubtful whether he should have undertaken it but for the very successful case which had been recorded by Mr. Syme.

Mr. Fergusson then showed the patient from whom, in June last, he had removed the scapula, leaving the arm otherwise entire (see "Mirror," Aug. 26th, 1865). The man appeared in perfectly good health, and had gained much flesh since we last saw him. The wound had healed long since, and a scar, shaped something like the letter H, occupied the position of the scapula. The advantage gained by leaving the acromion process was very patent. There was remarkably little deformity, and, owing to the preservation of the attachment of the trapezius muscle, the mobility of the limb was excellent. The man could move his arm freely in any direction, lifting it even laterally with the greatest ease and evident power.

PURPURA HÆMORRHAGICA, COMMENCING AT FOUR YEARS OF AGE.  
AND ENDING FATALLY BY HÆMORRHAGE FROM THE UTERUS ON THE OCCASION OF  
FIRST MENSTRUATION.

By JOHN P. QUINLAN, Surgeon, Borrisoleigh.

Margaret R——, the daughter of a well-to-do widow in the farming line, was placed under my care in the year 1854 or 1855 for the above disease. From the history of the case, I learned that about a year previous small red spots appeared over the body, which continued increasing steadily, becoming larger and of a darker colour, until now, when they presented the appearance of irregular patches, as if produced by bruises, as well as my memory serves me. At this stage there were no symptoms indicative of any great derangement of health. Having taken no notes of the case I am now unable to say what treatment I then adopted; but I recollect that after three or four months under my care the little patient got better, when I lost sight of the case.

On the morning of the third of April last, I was expressed for to see my former patient (not then known to me as such). On my arrival I learned from her mother that for the past week the girl (now 16 years of age) had her first menstrual change on; that she continued to work at agricultural business during the time (weeding potatoes); she had lost a good deal of blood, and had fainted two or three times during the day and night before. On inquiry as to the state of her health since my former attendance, I learned that she grew up stout and strong, the spots had disappeared, but there was still a tendency to the ecchymosis from any slight bruise, and for the three years previous she bled from the gums very often, so much so as to stain her pillow at night. There was no other hæmorrhage.

On examination I saw at a glance that hæmorrhage to an alarming extent had prevailed, the girl was pale and faint, sighing and restless, the surface cold; in fact, in a state of well-marked acute anæmia, involving life in great danger, and, to my great disappointment, I found myself entirely unarmed with a drug of any use in the case; stimulants I could get none immediately, not even a drop of whisky, we being in the midst of the mountains, a considerable distance from any town or village. I had the head lowered, warm jars put to the feet, directed perfect quietness, and dry-cupped the loins, and requested a messenger to follow me at once for medicine; but before my medicine reached, at all events before there was time for its administration, or for the stimulants ordered, death ensued.

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#### CLINICAL SURGICAL CASES.

By GEORGE BUCHANAN, A.M., M.D., Surgeon to the Glasgow Royal Infirmary.

##### FRACTURE OF SPINE.

The following case shows the obscure symptoms which sometimes follow fracture of a vertebra when the displacement is so small as to cause no deformity. They were so obscure that I was only able to point out to the students, during the lifetime of the patient, the probability of some injury to the medulla. It was evidently of little extent, for sensation and voluntary motion of the lower extremities were unimpaired. Careful examination of the back detected no fracture, and I was led to suppose he had sustained some unimportant injury to the cord which would pass off and leave him restored. The post-mortem examination disclosed a lesion, which of course, rendered the symptoms more grave every day.

Instead of epitomizing, I give the case in the words of Mr. A. H. Miller, my assistant.

James L——, aged forty-four, engineer, admitted Aug. 8th. This patient was brought in by policemen, who reported that he had fallen from a ladder at a height of three stories, and that he fell with his feet foremost. On admission the skin was found to be cold: surface pallid and moist. Pulse rather slow and weak. Patient perfectly sensible, but scarcely able to answer questions addressed to him.

On examination of the body no fracture could be detected. There was a slight prominence over the sacrum; on its left side this was found to be quite soft, as if formed of effused blood. There was no other injury apparent, with the exception that the cartilage of the seventh rib had been separated from its attachment to the sternum. The patient had no difficulty in moving any of his limbs, and sensation was perfect.

Complained of great pain in the hypogastric region, which seemed to be caused to some extent by an accumulation of urine. When the urine was drawn off he experienced considerable relief.

Aug. 16th.—For the last eight days the patient has had bilious vomiting, accompanied with great sickness and loss of appetite. He can only take food that is very easily digested—e. g., arrowroot milk, &c. The skin is still rather cold, pale, and moist. Pulse 80, weak and soft. As yet he has not recovered any power over his bladder or his bowels. His urine is retained, but the stools are passed involuntarily. Although this is the case, there is no tendency to looseness, but rather to costiveness so much so that he has had castor-oil and five grains of calomel at separate intervals.

18th.—Bowels to-day rather loose; stools passed involuntarily; appetite much approved.

21st.—To-day the feet are observed to be œdematous. Bandages were ordered to be applied from the toes upwards. The patient was subject to frequent and profuse perspirations, and is evidently losing flesh rapidly. He is so weak that he is scarcely able to rise in bed. Ordered one-sixteenth of a grain of strychnia twice a day. He complains now of a pain in the right groin. From his own statement it appears to be very severe. Fomentations were ordered for this, and frequent doses of solution of morphia.

25th.—Patient now complains of a pain in the epigastric and hypochondriac regions, and extending to the spine behind. It is thought to be dependent to some extent on displacement of the cartilage before reported. A bandage was ordered for the chest, and continuation of narcotics. Conjunction noticed to be slightly icteritic in colour. Bowels at this time rather irritable; pulse 100, weak.

Sep. 7th.—For the last two days the patient has been troubled with a cough so severe as to require medical treatment. He is recommended to assume the lateral position, each side alternately, in order to facilitate the expectoration of the bronchial secretion accumulated during all the time that the decubitus has been dorsal. This coughing comes on at intervals of seven or eight hours, and often continues from four to five minutes at a time. Expectoration frequently very profuse, principally frothy mucus. Pulse 110, weak.

14th.—Continues in a very weak and helpless state. Although he takes a large supply of nourishment, he daily loses flesh; his cheeks have become hollow, and his eyes much sunk. He again passes his stools involuntarily, but retains control over his bladder. Cough continues to be very troublesome; exacerbations more frequent and severe; perspiration

very profuse. To-day patient called attention to a pain in his left groin, so severe that he could not bear the slightest pressure upon the part, Pulse 120, rather soft and weak.

20th.—As the patient in health was accustomed to take large quantities of stimulants, he has been allowed for three weeks on an average from five to six ounces of spirits daily, and during the last few days of his life, although he could take a moderate quantity of food, he showed a great craving for alcoholic stimulants. Sensation in lower extremities perfectly normal, and voluntary motion was only lost by the general weakness, which was the cause of his death to-day.

*Post mortem examination.*—On opening the chest there were found firm adhesions of both pleuræ. The lower lobe of the left lung was collapsed, and firmly bound down by strong adhesions. The lower lobe of the right lung was much consolidated, hard, and containing some chronic abscesses of pneumonic origin. No tubercular deposit. The liver, from its anterior surface to a considerable depth into its structure, presented the appearance of recent inflammatory action. Both kidneys and spleen were much congested and bound to neighbouring parts by effused lymph semi-organized. On the removal of the abdominal viscera an abscess was detected on each side of the vertebral column, opposite the eleventh and twelfth dorsal vertebrae. The twelfth dorsal vertebra was found to be fractured transversely throughout the entire thickness of its body, and the fragments very slightly, if at all displaced. The fracture only implicated the body of the vertebra. The abscess extended round the spinal column, and on dissecting the vertebral muscles to expose the injured bone, it was found that the abscess extended vertically for about six inches on each side of the column posteriorly. The membranes of the spinal cord opposite, and extending an inch above and below the seat of fracture, were found matted together by effused lymph. There was also some effusion on the surface of the cord, but the nerve-substance did not appear to have suffered from inflammatory action.

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LARGE AND MOVABLE ABDOMINAL TUMOUR OF THE LEFT SIDE,  
SUSPECTED TO BE OF NINE YEARS' DURATION, AND TO BE  
OVARIAN; DIAGNOSIS, LARGE CYST OF THE KIDNEY.

(Under the care of Mr. HOLMES COOTE.)—M. K.—, aged 19, domestic servant, a well conducted and most respectable girl, was admitted Feb. 16th, 1865. She had been once employed as artificial flower maker, but subsequently became a nursemaid, which place she was forced to resign, not on account of any inconvenience which the tumour occasioned,



but simply because the duties were too heavy for her strength. She says that she has had a large abdomen for the last eight or nine years, but was not aware of the existence of a tumour until two years ago, when she was temporarily in another hospital. She has attempted to resume her work, but has always found it "too hard."

There is a well-defined tumour on the left side, under the abdominal parietes, movable, and extending from the iliac to the lumbar region. The measurement from the pubes to the upper end of the tumour is nine inches. When she lies in bed both sides of the abdomen seem equal, but when she stands up the left side is fuller than the right. The urine is thick, and contains lithates and a variable quantity of mucus. Vaginal examination yields nothing abnormal.

A careful examination of the relations of this tumour, its apparent want of connection with the uterus and its appendages, its prominence in the lumbar region, combined with the condition of the urine, induced Mr. Coote to come to the conclusion, in which he was supported by his colleagues, that the disease was a cyst in the kidney. The possibility of such an occurrence should be borne in mind in the examination of abdominal tumours. In the museum of the hospital (series 26, No. 38) there is the following specimen: "A large sac caused by dilatation of the pelvis of a kidney, in consequence of the impaction of a calculus in the ureter." It formed a movable abdominal tumour, the nature of which was doubtful during life. The late Dr. Bright observed: "I have known the enlarged kidney to be mistaken for disease of the spleen—of the uterus—of the ovary—and for a tumour developed in the concave part of the liver; nor is it possible, perhaps, by the greatest care and the most precise knowledge, altogether to avoid such errors."

As in most tubular gland structures, the kidney may present either a single large cyst near its ejaculatory tube, or a great number of smaller cysts pervading its entire substance. Such a case is recorded by the late Dr. Bright p. 208, on Abdominal Tumours. Mr. Coote remarked that many years ago he had removed from the body of a patient who died in Bethlehem Hospital two kidneys, both enlarged to three or four times their natural dimensions. During life no symptoms indicated their presence; the urine was to all appearance normal; there was no trace of albumen. The cysts seemed to have separated and pressed aside the component parts of the kidney; but the vascular and secreting structure readily admitted the passage of fine injection. The abdominal enlargement was very marked as the subject lay undressed on the dissecting table.

Mr. Coote's patient remained but a short time in hospital, and then

returned into the country. The correctness of the diagnosis cannot therefore be determined.—*Lancet*.

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### GANGLION OF THE WRIST.

By ROBERT BURNETT, F.R.C.S.I., L.K.Q.C.P.I., of Tullow.

Respecting the treatment of "Ganglion of the Wrist," described in the article on this disease in *The Medical Press* of last week, where the extreme measure of excision of the diseased structure is recommended, I beg to offer the plan I pursue in such cases as much less painful, without danger, and equally as certain of cure in the results—namely, that after rendering the parts tense by bending the hand at the wrist, you make a subcutaneous incision at the side of the tumour with a narrow-bladed sharp-pointed bistoury, next carried horizontally through the same, dividing it into equal portions. Retain some of its contents in the wound, and apply a compress containing in its folds a thin piece of lead or a small copper coin, and applied firmly over the incision supported by a bandage to be kept moist by the employment of cold water should any pain or heat be felt.

The removal of these dressings after a few days will exhibit the parts perfectly amalgamated, and after the lapse of some years I can produce parties thus treated without the least appearance of the disease.

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### ACTION FOR DAMAGES: ACUPRESSURE.

At Kilmarnock, last week, Dr. John Caldwell sued one Hamilton, residing near Dreghorn, for £12 damages for defamation of his professional character. Defender's son was wounded in the leg by a scythe; and pursuer, on being called, found that the posterior tibial artery had been cut. He thought it a good case for the method of acupressure introduced by Dr. Simpson two or three years ago. He accordingly applied needles and bandaged the leg, which he said effectually stopped bleeding. On the ninth day after, secondary hæmorrhage ensued and the same treatment was repeated; and again a third time. On the fourth occasion (September 13th), he cut up the limb in order to get at the artery, but finding it rotten up to the knee-joint, he sent for a tourniquet and screwed it on, to give time for a consultation. He then went for a few minutes into a neighbouring house, during which time the boy died. After he left, pursuer stated that the boy's parents had allowed him to unscrew the tourniquet, contrary to express instructions. It was complained that defender had subsequently said to different persons that pursuer had "murdered" or "killed" his son. The defence was that the expres-

sions libelled on were not used; but it was attempted to be shown that acupressure was not a fit mode of treatment in the circumstances, and should not have been persisted in. Dr. McLeod approved of his treatment in every respect. Dr. Campbell thought it was unjustifiable to use needles at the depth of the posterior tibial artery, and said that the proper mode would have been to tie up the artery with ligatures. He also thought it was wrong of pursuer to enter on the last operation without professional assistance, as the parties who held the artery by thumb pressure could not do it properly unless they had a knowledge of anatomy. From the evidence, as to the expression complained of being used, the Sheriff held that it had been substantially proved. He also held that it had not been proved that Dr. Caldwell had erred in any one particular, and his lordship therefore decreed £5 damages.—*Glasgow Herald*.

## Midwifery and Diseases of Women and Children.

### DELIVERY DURING SLEEP.

By ADOLPHUS SAMELSON, M.D., Manchester.—In the evening of February 22nd, 1844, I was sent for to Zabelsdorf, a village near Zehdenick, in the Uckermark, where I then resided (some thirty miles from Berlin), to attend a case of labour. Hannah Rohde, the wife of a farm-labourer, about forty years old, of middle size, spare habit, and sallow complexion, having had eight children, of whom three were living, had passed easily through all her confinements; but, immediately after several of the births, especially after the eighth, she had for a short time been unconscious.

At about one a.m., on the above day, some blood was first observed to come from the vagina; however, it stopped again, when about noon a more copious flow set in, which now continued through the afternoon, and soon associated itself with unconsciousness. At 7.30 p.m.—the time of my arrival—I found the os uteri pretty well dilated, and the membranes fairly distended, but the head placed quite to the right, and still so high that the particulars of the presentation could not be verified. Towards the right, partly in front, and partly to the side of membranes, the placenta could be felt. The flooding had ceased. The woman did not recognize any one, and answered incoherently. The pulse, but little accelerated, and at first weak, became somewhat fuller soon after my arrival. The skin perspired moderately. During the afternoon, one single pain had been felt. From time to time the membranes grew a little more tense, but the woman made no complaint; she only appeared

to feel rather hot. She was placed on her left side—that opposed to the uterine tumour. She kept pretty quiet in this posture, appeared to sleep tranquilly, and after a time awoke a trifle more conscious. Soon, however, she relapsed into her doze. A few slight twitchings of the arms had been observed meanwhile. At ten o'clock the messenger returned, who had been sent for some ergot to the town, about six miles distant. At five minutes past ten, I gave half one of the ten-grain powders ordered. Almost immediately a labour came on; but, even before it was observed, the woman exclaimed, "The water!" The membranes were ruptured; the head had at once descended lower: it soon placed itself right in the middle of the pelvis, and came further down. Fifteen minutes after the first, the woman got another dose of ergot, of two and a half grains only (the midwife in attendance having mistakenly once more divided the half powder left); fresh labour-pains ensued, which, thirty-five minutes after ten, caused the face of the child to appear at the outlet. The entire body followed rapidly, and was immediately succeeded by a great gush of blood, welling out in two or three large waves. Within a few minutes more, the placenta, perfectly normal, came away; the funis was rather short.

The child, a middle-sized male, was some little time before he made himself heard. Only by degrees the woman's consciousness returned; she felt weary, and was much inclined to sleep. Soon after eleven o'clock she had recovered her senses, and was not a little surprised at what had happened. The uterus kept contracting satisfactorily; nothing unusual further occurred. The number of pains had been seven or eight in all. As a stimulant, about three tablespoonfuls of poor Sauterne wine had been consumed during the process.—*Brit. Med. Journal.*

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#### RUPTURE OF THE ABDOMINAL PARIETES AND ISSUE OF A LIVING CHILD.

Dr. Geisseler relates the following extraordinary case:—A woman was found in a stable trodden under foot by a bull, and at the point of death. The horn of the animal had passed under the edge of the ribs in the right hypochondrium, and had torn the parietes in nearly a transverse direction as far as the left side. The intestines were torn and extruded, and the upper part of the uterus was carried clean away, with the exception of a portion on the right side, to which the placenta was still attached. The os uteri was closed. A full-timed, strong male child was in this way liberated uninjured from the womb, and screamed loudly. The funis was twisted several times round the neck, a piece of torn placenta remaining attached to it.—*Medical Times and Gazette.*

# Canada Medical Journal.

MONTREAL, DECEMBER, 1865.

## PROFESSIONAL REMUNERATION.

The *honorarium*, which medical men should receive for the exercise of their skill and professional knowledge, has, within the past few months, been greatly discussed by the Medical Journals of the mother country. Strange to say, there is no recognised tariff in Great Britain—the fees differing in England, Ireland, and Scotland, and even varying in different sections of these countries. As might be expected from this condition of things, when an account becomes disputed, there is no lack of medical men to attest its reasonableness, while an equal number can be obtained to swear quite the contrary. Unseemly as this may appear, it has been a circumstance of somewhat frequent occurrence of late—the last instance being the case of a Mr. Irving, Surgeon of Liverpool, who sued the executors of a wealthy estate for a long and disagreeable attendance upon its proprietor, and a brief attendance upon a niece's child—the amount sued for being £250. The patient first came under Mr. Irving's care for gleet and stricture, the prostate gland being greatly enlarged; he subsequently, on the 1st of January, 1864, applied for the cure of a virulent attack of gonorrhœa and chancre—the stricture being worse. From this time till his death, which took place on the 4th of March, 1865, Mr. Irving was constantly in attendance. During the attendance orchitis supervened, for which the scrotum was incised, retention of urine frequently took place, for which the catheter had to be employed—typhus fever showed itself on the 26th July, 1864, convulsions having occurred on the morning of the 24th, and on that day and night the patient was visited ten times by Mr. Irving. Finally softening of the brain occurred which eventually carried the patient off. Mr. Irving in his bill made the following his scale of charges: office consultations, 2s. 6d; giving an injection, 2s. 6d.; visit, 5s.; passing the catheter, 10s. 6d. Some of the most eminent medical men of Liverpool and vicinity came forward voluntarily, and attested under oath their belief in the reasonableness and moderation of the charges, which were less than they would expect under

similar circumstances, and the necessity which might often exist for a practitioner to visit a patient during a day and night as often as ten times. One who had been an assistant to Mr Spence of Edinburgh, now Professor of Surgery in the Edinburgh University, asserted that for passing a catheter, Mr. Spence never received less than two guineas, and very often as much as five guineas. On the other hand two medical men were produced on behalf of the defence, who reduced the bill to £80 9s. 6d., asserting that the fees were exorbitant, and that 2s. 6d. was an ample fee for passing a catheter, no matter how difficult. Judgment was however given for £190 9s. 6d. This decision has, as we before stated, caused a good deal of discussion, the leading journals of our profession having taken the matter up. The bad results of not having a settled scale of fees is ably argued by the *London Medical Times and Gazette*, which suggest that the British Medical Association, as the organ of British medicine, should act on this matter. The *Times and Gazette* says: "We think by such a work, well done, the Association would earn the gratitude of the whole profession. Of course the task would be neither easy nor light, and it would not be possible to draw up a table which could invariably and under all circumstances be applicable, but still a scale might be framed which would be of great value as a standard and guide of some weight and authority." The *Dublin Medical Press*, alluding to the same case, says, "We fear we must assume that according to the dictum of the two medical men who appeared for the defence, we are nothing better than rogues and extortionists; for we think that few Irish medical men, who can boast of any practice at all, would undertake an eight months' attendance on a man of property and the encountering daily every species of filth and offensiveness for a less sum than £250. The question resolves itself into what fee Dr. Irving's professional status entitled him to, and we think his status must be very low, indeed, if it be overstated in the remuneration which he demanded." Of course in Canada, such large fees are not often to be had, simply because men of ample means are not numerous, but for all that, we think that as a rule the profession in this country value their services at altogether too low a rate, and that much trouble and annoyance is frequently caused by the want of a uniform rate of charging. For instance, in city practice, at all events in Montreal, it is believed to be usual to charge \$1 per visit; and should the attendance be a prolonged one, to make a slight deduction from the gross amount; but yet we know of many instances where first class families have not been charged anything like the above named rate, and even families where, as a rule, the yearly bill seldom corresponds to the amount of work done,—a year of great sickness being followed by a

small bill, and *vice versa*. This is all wrong. While it may be a small matter to the practitioner immediately concerned, it is of much moment to many others in the same place, who are more or less affected by this method of doing business. Again, we believe that our fees do not sufficiently vary, according to the financial position of the patient. For instance a person having an income of £400 a year, would, in all probability, be charged £5 for an accouchment and subsequent attendance; while another, whose receipts yearly are over £1000, pays no more. In Manchester, England, the local Medical Society has just revised the tariff of fees, dividing the patients into three classes, and taking the amount of rent paid, as the test of the class to which they belong. This, we think, is a very fair means of judging. At all events, we think that here, we have quite as much reason to alter and specify our fees as they have in England. Everthing has risen so much within the last few years, that it costs almost double as much per year to live now as then, and yet for all that, our fees have remained the same. We hope that wherever medical societies exist, the matter will be brought forward, and we should be happy to chronicle the results. Other professions adopt a uniform tariff, and we can see no reason why the medical profession should stand in its present anomalous position.

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#### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

A regular meeting of this society was held on the 24th of November. Dr. Hingston, vice-president, in the chair. After the transaction of routine business, including the election and proposing of new members, the following gentlemen were elected honorary and corresponding members of the society:—George D. Gibb, M.D., of London, England; Dr. William Frazer, Lecturer on *Materia Medica* at the Carmichael School of Medicine, Dublin; and Joseph Workman, M.D., Superintendent of the Toronto Lunatic Asylum. Dr. Hingston having vacated the chair, it was taken by Dr. R. P. Howard.

Dr. Hingston then gave a synopsis of a most valuable and interesting paper on the relations of the climate of Canada to life and health; and particularly its influence on Europeans resident here.

The synopsis occupied over an hour, and gave but a small outline of the interesting material contained in the very lengthy paper. A vote of thanks was unanimously carried to Dr. Hingston for his valuable contribution. A discussion then took place on some of the more important points that had been brought forward; after which, the probability of a visitation of cholera next spring was taken up. After brief remarks from

the members, the full discussion of the subject was adjourned till the next meeting of the society.

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At a meeting of the members of the "Quebec Medical Society," held the 16th November, the following gentlemen were elected officers for the ensuing year:—President, O. P. Tessier; Vice-President, L. J. A. Simard; Librarian and Treasurer, J. B. Blanchet; Secretary, L. Catillier.

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#### PRESENTATION TO DR. WORTHINGTON, OF SHERBROOKE.

We owe an apology to our friend, Dr. Worthington, of Sherbrooke, for not sooner taking note of an interesting event in the history of his professional life, which occurred on the 11th of September last. On that day he was presented with a handsome silver tea set, with salver, the gift of some four hundred of his patients and friends. The salver bears the following inscription:—"E. D. Worthington, M.D., from the people and medical men of Sherbrooke and adjoining townships." An address accompanied the testimonial, which was read by the Rev. Mr. Reid. It alluded in feeling terms to their sincere regard for him as a kind-hearted and skilful physician, and to his gratuitous services to the poor during the long term of his professional career. It concluded by wishing him continued prosperity and usefulness. Dr. Worthington replied in suitable terms. We would congratulate our friend upon this well-earned expression of public feeling, all the more grateful from the fact that such occurrences, so far as members of our profession are concerned, are few and far between.

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Messrs Kenneth. Campbell & Co., forwarded to us some three months ago, a bottle of pure medicinal Cod Liver Oil manufactured by Hazard and Caswell of New York, and prepared from fresh Cod Livers, at Cape Cod, (Massachusetts), and Rock Island, (Rhode Island). Since its introduction into this city by Messrs. Campbell, we have employed it in several cases, and can therefore speak of its merits from experience. The results from its use are equal to the ordinary Cod Liver Oil of commerce, but it possesses the advantage of being in a great measure free from the smell, so objectionable, as a rule, to patients. Persons whose stomach will not bear the ordinary oil—will, we believe, from the results of two cases, be able to take and retain this oil; and to children, usually such bad patients for the administration of Cod Liver Oil, we believe that of Hazard and Caswell's manufacture will be found to be the most easily taken.



From Kenneth Campbell & Co., we have also received a box of their New Cough Lozenges, also a note giving us the prescription from which they are made. We have no doubt they will be found beneficial in ordinary cases of Catarrh so prevalent at certain seasons in this city.

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We notice with much pleasure that Mr. Abraham Godfrey, a graduate of McGill College of last session, passed his examination for the double license of the Royal College of Physicians and Royal College of Surgeons of Edinburgh, on the 3rd November.

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We have again to apologise for the late issue of the Journal. Two causes have prevented its earlier appearance—the first being the want of original matter—no original communications having reached us till after the middle of the month. This threw us into Christmas week, and brought the second cause into operation, viz., the large amount of work for *immediate* execution in the hands of our printer. We hope in future to be more regular, and would again ask our brethren to forward us literary aid.

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### MEDICAL NEWS.

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One hundred and eight persons were knocked down and killed in London, by vans, drays, omnibuses, &c., &c., between the 1st of April and 4th of November of last year. — Dr. Hunter, formerly of Canada, but now of London, England, who was accused of having taken improper liberties with a female patient, while under the influence of chloroform, has been acquitted. Dr. Hunter's position as a "consumption doctor" and notorious quack, does not blind us to the fact that the charge was a trumped up one. — It is reported that the new and corrected edition of the "British Pharmacopocia" will be published early next year. — A *post mortem* was made on Lord Palmerston's body. The details have not been made public. The immediate cause of death was abscess of the kidney, and a diseased state of the bladder.

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An obituary notice of the late Dr. Sewell of Ottawa, is unavoidably crowded out.