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THE

# MEDICAL CHRONICLE

OR

## MONTREAL MONTHLY JOURNAL

OF

# MEDICINE AND SURGERY.

VOL. V.

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INCIPIT OMNIBUS, LICET NONIS DIGNITATEM ARTIS MEDICAE TENERE.

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EDITED BY

WILLIAM WRIGHT, M. D., AND D. C. MACCALLUM, M. D.

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T H E

# MEDICAL CHRONICLE.

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## ORIGINAL COMMUNICATIONS.

ART. I.—*Valedictory Address to the Graduates in Medicine of McGill College, on their receiving the Degree of Doctor of Medicine and Surgery, conferred by Convocation, 6th May, 1857.*  
By W. FRASER, M.D., Professor of Institutes of Medicine.

GENTLEMEN—GRADUATES IN MEDICINE.—This day terminates your curriculum of medical studies in this University, and consequently dissolves our relation of teacher and pupil. Its proceedings will bear testimony to your friends and the public, that your arduous devotion to study and the rigid examinations to which you have been subjected, have shown you worthy of the highest academic honor in our profession. In behalf of my colleagues, and in accordance with my own feelings, I offer you our fervent congratulations on this crowning result of your course. On the threshold of the temple of our noble science, whose portals are this day opened wide to receive you, we are met to welcome you as Brethren, to wish you prosperity in your future career, and to offer you a word of parting counsel, prompted by our earnest wish to advance your future interest, and to secure your highest happiness. In the first place, let me earnestly impress on you the important fact, that the profession you have chosen, and are now prepared to practice, is one involving the highest responsibilities, (the lives and happiness of your fellow creatures) which you may at any moment be called upon to undertake, and for the performance of which you are expected to be at all

times professionally and otherwise prepared. However well you may now be versed in the principles of your profession, I would caution you against the fatal belief, which I fear too extensively prevails among graduates in medicine, that this day closes your professional studies. Remember that the science is advancing, that much labor is requisite to keep pace with its progress, that the numerous improvements of the past few years, the rigid method of induction now so extensively applied by men of extraordinary talents, well trained minds and great powers of continuous and laborious scientific investigation, who are devotedly and zealously engaged in the study of the different branches of the Science of Medicine, promise such large prospective additions to our already rich stores of knowledge, as no individual, however talented, can in justice to his patients or himself, ignore. Rather than that you should remain stationary in professional knowledge, whilst the science thus advances, far better would it have been for your own happiness, for the honour of our profession, and for the paramount interest of the community, had you never entered our temple. Not only should you endeavour to keep pace with the science, by reading the medical journals and new publications of merit, but you should also be ambitious, so far as opportunity offers to contribute towards its progress. Whilst thus improving your own powers of observation, description and reflexion, you will at the same time be repaying to those who are to succeed you, the debt you owe to the distinguished men who have gone before us. The departments of medical science, in which the greatest advances have been made of late years, are those of organic chemistry, physiology and diagnosis. The results arrived at by chemico-physiological researches, are fast becoming the basis of scientific medicine, and hold out the prospect of our being at no distant day, as intimately acquainted with the modes of origin, growth, nutrition, action and decay of the organic kingdoms, as an engineer is with the structure, power and action of a steam engine. It requires, therefore, but little reflection to perceive that both the engineer and physiologist, best acquainted with the structure and action of the machinery which they respectively superintend, are by far the fittest parties, for being entrusted with correcting their derangements. And as empiricism has disappeared from the sciences of astronomy and chemistry, as induction and exact knowledge has dispelled the delusions of astrology, alchemy and magic, so will the numerous ephemeral medical delusions of our times, disappear before the rising sun of physiological knowledge, which has already, to a great extent, unravelled the long concealed mysteries of organic life, and enabled us to see, as it were through a glass dimly, the endless design, the wonderful adaptation of means to ends,

which characterise all the works of the Omnipotent Creator. Who can contemplate, with the aid of a microscope, the circulation of the blood in the lowest form of animal life, or the minute structure of the simplest flower, without being charmed with the sight. Improvements in diagnosis, or in the art of distinguishing diseases, have followed, as they always will; in the wake of an advancing physiology. The sciences of *acoustics, optics, pneumatics, hydrostatics* and *chemistry*, are all made available for physical diagnosis. No department of our profession requires more close observation, more untiring industry than this. Many diseases so closely resemble each other in their train of symptoms, that the highest exercise of skill is required to draw the line of demarcation between them, and if that be not correctly done, the treatment will obviously be erroneous, and human life may consequently be placed in imminent danger. That those who trust their lives to your professional knowledge, may escape such fearful hazard, earnestly do I recommend you to familiarize yourselves with the signs indicative of the various derangements and diseases, and with the points of distinction between those that are most similar, so that you may be enabled readily to distinguish them. The present condition and yearly additions made to the various means of physical diagnosis, deserve your special attention. The French and German writers are, in general, the best to study for learning every thing important in diagnosis. Their hospital records of the symptoms and post mortem appearances have been so exactly kept of late years, as to have enabled the profession in these countries to draw up those rigidly exact descriptions which put it in the power of the careful practitioner to detect and successfully treat a numerous catalogue of maladies which had previously constituted the opprobria of our art. The seat and nature of the disease once correctly distinguished, the treatment follows as a matter of course; until this is done, painful anxiety hangs over the mind of the physician, uncertainty and imminent hazard over the fate of the patient. To all who are observant of the progress of our science, especially in the departments to which I have referred, it is evident that a great revolution is impending in the practice of medicine, and in the public appreciation of medical men. The great physicians of the future will be the great physiologists and diagnostes. Physiological and diagnostic knowledge is now more generally than formerly disseminated among the community, and will tend not only to repress empiricism, but to raise the standard of acquirements among medical men themselves. This is encouraging to those who keep themselves posted up in the different departments of the profession. The knowledge yearly acquired gives power to sustain them during those events that are in



separable from a medical life, the prospects of which I will in the second place briefly notice. Consulted as you will be in reference to every thing relating to the health of communities, families, and individuals, and brought in contact with all classes in society, your position will be inferior to none, so long as you act like gentlemen; guided by the strict rules of *honor, morality, discretion* and *sound judgment*. Instrumental in saving human life, you will generally meet with ample gratitude, be a welcome visitor, and a trusted friend. On the other hand, reluctant as I am to say one word to discourage your future prospects, I think it right to warn you, that you will meet with much to try your patience, many vexations and disappointments. You will have to listen to many a tale of woe, to tedious descriptions of physical and mental suffering, to console, to soothe, and to encourage the mind, whilst you prescribe for the derangements of the body. Notwithstanding your utmost endeavors, patients will be unreasonable, officious friends will interfere, and your best efforts may be thwarted by a disregard of your directions. On such occasions you will require to exercise great command of temper, and resolutely determine not to allow any amount of provocation to interfere with that calmness and serenity of mind so indispensably necessary for the practice of medicine. For what may appear unreasonable in the conduct of your patients, you must make great allowance, as physical suffering or protracted indisposition are apt to engender in the minds of parties, the most reasonable whilst in health, an irritable, grumbling and discontented condition towards all, but especially towards their medical attendant, should his efforts for their relief, however judiciously directed, not come up to their expectations. Remember that the *mens sana* can exist only in *corpore sano*. In regard to the interference of friends, any proper suggestion for the welfare of the sick, should be kindly received and acted upon, but every improper interference should be firmly but courteously resisted. In such cases your professional dignity and responsibility are at stake, and you should make no compromise. For at the expense of these, no family's business is worth having.

It will also happen when your practice has been unsuccessful that you will be unjustly blamed, or it may be, that whilst you are doing all that skill and attention can do, you will be unceremoniously dismissed, and your professional reputation assailed. These are disagreeable occurrences, especially to those of you who are sensitive. I know of no better antidote than that "power of professional knowledge" to which I have already referred, and the conscientious conviction of having applied it to the best of your ability. Let such events not discourage, but rather stimulate you to greater industry, so that you may outlive all calumnies,

and convince those who have lightly esteemed your skill, that they have done you injustice. By acting thus, time will do you all the justice you really deserve. From the nature of your calling, you will be subjected to trials of a different and far more distressing kind. I allude to the progress and termination of fatal disease which your utmost skill has failed to arrest. That you should be prepared to meet with composure those closing scenes, which you must inevitably witness is unquestionable, but that you should feel like men, on seeing the failure of all your best efforts to save a valuable life confided to your care is equally natural. How distressing to behold the group of weeping dependant children with the affectionate wife, watching the heaving breast, the faltering speech and gazing for the last time upon the glassy eye of the partner of her life. Of the husband bending over the chosen guardian, the dying mother of his offspring. Of the affectionate mother in her utmost anguish, closing the eyes of the darling child, her pet, her pride, her hope, whom she had fondly anticipated would have performed a similar office for her. In such trying scenes as these, your best consolation will be the conscientious assurance that you have brought all the means available by our art to bear upon the particular case, but that a higher and stronger power than yours had willed it otherwise. Although it belongs not to ours but to another and highly useful profession to teach religious faith, yet questions of a medico-theological nature, must necessarily be often referred to our decision. In cases of dangerous illness, you will often be interrogated relative to the probable result, and importuned by friends, as to the expediency of inviting and admitting to conversations with the sick, some member of the clerical profession. Far be it from me to advise you to deny your patients the consolations of our holy religion, or seek to loosen the Christian's hold on heaven. But I would earnestly impress upon you the necessity of recognising the powerful agency of depressing mental influences upon enfeebled physical functions, the great importance of not prematurely snatching from the patient the only prop—the *stimulus of hope*—frail and fragile as it may be, upon which our prospects of his recovery rest. To inform a man that he must prepare for death,—that his hours are numbered, to bring about his couch the wailing of deep distress, when reasonable expectations exist of his ultimate recovery, would, in certain temperaments, induce the prophetic result. And even in the strongest minded, would materially lessen the chances of recovery, or at least retard convalescence. At the same time that I thus caution you against any premature expression of opinion calculated to deprive your patient of all hope of recovery, whilst that desirable termination of his case may yet be possible, I must also warn you not to deceive

a dying man, than which no greater injustice can be practiced. When every rational expectation of his ultimate recovery must be abandoned, deal fairly with him, answer him candidly, his temporal affairs may require arrangement, his eternal interest may depend upon your answer. This painful duty should be done with great delicacy, and in such a manner as to soothe and elevate, and not to depress the troubled mind, but rather to cheer it on the verge of its passage through the dark valley, to the mansions of that Being who is the fountain of life, of justice and mercy, and in whose presence there are joys for evermore.

Gentlemen, you must necessarily be frequently brought in contact with your fellow practitioners, cultivate with them, as far as possible, the most amicable relations and reciprocate friendly offices. Attempt not to establish your reputation at the expense of a professional brother, nor seek that which is based on the precarious tenure of popular favor, but endeavor to rear it upon the firm and lasting basis of substantial merit. Cultivate your profession with ardor. Rely mainly upon yourselves, trust not to the freaks of fortune. Commence your practice with proper, with elevated motives, and prosecute it with corresponding consistency. You have before you an eventful career. Sully it not by any conduct unbecoming gentlemen, be guided by the rules of honor and morality; be zealous, circumspect and discreet. Act thus, and I am sure I speak the feelings of my colleagues, in offering you the assurance, that wherever you may be respectively engaged in exercising your high calling, we shall rejoice in your success, and revert with proud satisfaction to the period when it was our pleasant office to aid you in your preparatory labors.

Gentlemen,—Farewell—Farewell.

**ART. II.—On the Successful Treatment of Hydrarthrosis of the Knee Joint, by Puncture and Injection of Iodine.** By ROBERT L. MACDONNELL, M.D., Surgeon to St. Patrick's Hospital, Montreal.—Formerly Lecturer on the Institutes of Medicine, and on Clinical Medicine, University of McGill College, &c.

THE practice of treating Hydrarthroses by Puncture has been advocated by French Surgeons, particularly by Malgaigne, but as the plan frequently failed, Bonnet of Lyons was led to try the effects of Injection with Iodine, as in cases of Hydrocele, and the success he met with, induced Velpéau, Jobort, Dieulafoy and Leriche to adopt the practice, which in the hands of these Surgeons has been eminently successful.

The almost universal condemnation of this method of treatment by recent British writers on Surgery\*, has done much to retard, if not to prevent

\* In order to place before the reader the views of our latest Surgical authorities on this point, I shall here quote from their recent works, merely observing that some of them, as Skey and Liston are silent on this point, and I have not yet seen the last edition of Professor Syme's Work.

"Lately it has been proposed (says Professor MILLAR,) to treat the part as if it were a hydrocele, to draw off the serum by tapping, and subsequently to inject a solution of Iodine. But the practice seems much more likely to effect disorganization of a joint, than its cure. And, until ample experience shall have declared it a safe procedure, we shall hold such tamperings with the larger articulations, the Knee be it remembered, is the most frequent seat of the disease, to be in the highest degree rash and unwarrantable."—*Principles of Surgery.*

If all Surgeons should be deterred from the practice, how is the ample experience which Mr. Millar desires, to be acquired?

"The practice (says Mr. FERUSSON,) of Puncturing such a joint as the Knee to permit the escape of fluid in cases of Hydrops articuli, has been spoken of familiarly by some Foreign Practitioners, but neither in Scotland nor in England where such an affection is by no means uncommon have I ever seen an instance where such a proceeding could have been justifiable."—*Practical Surgery.*

SOUTH, in his excellent translation of Chelius, observes, "As to the use of Injections after emptying the joint of its contents, as advised by Velpeau, and presently to be mentioned, I think it cannot be too much deprecated. I doubt whether any English Surgeon would risk his reputation and the safety of his patient, by a practice which must be attended with almost certain mischief." And again, in alluding to the strength of the Injection used by BONNET,—[half a drachm of Iodine to one drachm of Iodide of Potash, in four ounces of water,] he adds, "If there be no mistake in the proportions given for this injection, which unfortunately I have not the means of verifying, it must be highly caustic, and such as no English Surgeon, I think, would dare to throw into a joint, though a French Surgeon might." This slur on the professional character of men like Bonnet and Velpeau is in very bad taste.

Mr. ANCEL in his Report on Surgery, in *Ranking's Retrospect* for 1850, adopts Mr. South's views and quotes with approbation his distinction between French and English Surgery.

Mr. ENICHSON is the only writer who appears to approve of the treatment, though he has no experience of it himself. "If these means fail, we have a very powerful means of cure at our command in the injection of the joint with Tincture of Iodine. This plan, a sufficiently bold one, has been much employed in Paris by Jobert and Velpeau, and in Lyons by Bonnet. These Surgeons use the Tincture diluted with two or three parts of water. A small trocar is introduced into the joint, a moderate quantity of the Iodine solution is thrown in, and after being left for a few minutes, allowed to escape. Inflammation of the joint, which is a necessary result of this procedure, comes on. This is then treated by ordinary antiphlogistic means, and according to the statement of the French Surgeons, has in no case been followed by any serious consequences, but in

its adoption, by their countrymen, but having met with cases of hydrarthrosis that had resisted all other plans of treatment, including simple puncture, and having derived very satisfactory results from injections of iodine in hydroceles of all sizes, as well as in synovial bursæ in the vicinity of the knee joint itself, I was not deterred by the prohibitions of authors, however eminent, who had no personal experience of the treatment they condemned, and some of whom had not studied the writings of the practitioners whose doctrines they so unreservedly denounced.

It is therefore with the view of bringing this practice under the notice of Surgeons in this country, and elsewhere, that I have been induced to publish the following cases, and to point out some modifications of the operation that experience and reflection have suggested to me.

I have now treated successfully five cases of hydrarthrosis of the knee joint by this method, and as three of them have been witnessed by my brother practitioners in this city, I prefer giving them in illustration, to detailing my two other cases which occurred in private practice, and of whom I have had no information since they left Montreal. It is enough to mention, that they did not leave till they were quite satisfied, that a cure had been effected. In almost all particulars their symptoms both before and after the operation, resembled those of the patients whose cases I am about to detail.

#### CASE.

A. P., a cooper by trade, aged 26, consulted me, April 11th, 1853, on account of an affection of the right knee joint of four year's duration. He was a thin middle-sized man, without any marks of scrofula about him, of dark complexion and bilious temperament. He stated that the present disease began four years before, with pain in the right knee, which gradually increased, and was soon followed by perceptible swelling of the joint, and these symptoms becoming daily more distressing, he consulted several surgeons of this city, and adopted various remedies recommended by his friends, without benefit. For a year before I saw him, he was unable to work at his trade and could not

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several instances by a complete cure without ankylosis, a new and healthy action having been imprinted on the synovial membrane. This mode of treatment does not appear as yet to have met with much support in this country, yet it certainly deserves a trial, though it should not be lightly had recourse to, as it is evident that the induced inflammation might exceed the expected limits."—Harrison's *Science and Art of Surgery*.

walk, except with the aid of a crutch and cane. It is unnecessary to detail the various plans of treatment that had been pursued; suffice it to say, that the joint bore evidence of all the usual remedies for chronic synovitis having been employed. On examination, I found the joint much enlarged, being four inches greater in circumference than the opposite one; but this enlargement was not so perceptible in the joint itself, as in the circumference of the thigh immediately above the patella, where there was a large oval-shaped swelling extending along the outer side of the tendon of the rectus femoris, to a distance of nearly five inches, and communicating under that tendon, with another swelling, of a similar shape but much smaller, on the inner side of the thigh. At each side of the ligamentum patellæ there were small tumours which fluctuated and communicated with those above, giving to the joint the *bosselé* appearance so well described by Bonnet. The integument was not discoloured except from the effects of previous treatment; there were no enlarged or tortuous veins on the surface of the tumours; pain at the lower edge of patella and inner side of the knee increasing at night, or after attempts at walking, was complained of. When at rest, the leg was usually flexed, and then the joint presented a more globular form than when the leg was fully extended, the patella appeared on the summit of the swelling, but when extension was made, the tendon of the rectus, the patella and ligamentum patellæ appeared depressed, and the tumours already described, became better developed. There was no emaciation of the leg or thigh.

Being satisfied that the ordinary plan of treatment would not succeed, I determined to puncture the joint and let out its contents, as from the great size of the swelling, I was anxious to reserve the injection of the sac until it had become somewhat diminished, in the event of its filling again after puncture. Assisted by Dr. Jones, Surgeon to the Montreal General Hospital, I tapped the outer and larger tumour with a small hydrocele trocar, taking care to make the puncture at the part most remote from the joint, and drew off a large bowlful of fluid, of a straw colour and closely resembling the contents of a hydrocele. The reader may conceive the quantity of fluid contained in the sac, when he is informed that I brought away, for chemical and microscopic examination, the full of a Florence oil-flask, besides what was spilt and left at the patient's residence. The operation produced no inconvenience, adhesive plaster was put over the aperture, and the joint bound up in a wet bandage, another wet bandage was carried from the ankle to a distance above the knee, a padded splint was placed under the knee, and so fixed above and below, as to prevent the least motion in

the joint. Small doses of Tartar Emetic were administered, low diet prescribed, and directions given that the bandages should be kept moist with luke-warm water.

It is unnecessary to detail the daily symptoms. For the first twenty-four hours there was no pain complained of, and the patient appeared very comfortable, but on the second day, the joint began to swell, and I was obliged to loosen the bandage slightly. The swelling increased gradually but without any increase of suffering for the next ten days. I now determined to avail myself of the reduced size of the hydrodrops, to puncture it again, and inject the sac with Iodine, which I did on the 12th day from the first operation. This was done in the following manner. The leg being extended, a wet bandage was placed round the lower part of the knee joint, and carried up to a level with the upper edge of the patella. It was given in charge to an assistant with directions to draw tightly upon it, whilst the fluid flowed through the canula. By this means the contents of the lower part of the synovial sac were pushed up into the pouch above the level of the articulation, making the upper tumour more full and tense, and serving to protect the articulating surfaces, from the first effects of the injection. When the fluid was drawn off, about *two drachms of the strongest Tincture of Iodine with an equal quantity of luke-warm water* were injected through the canula, and allowed to remain; care being taken, by changing the position of the joint, and manipulating the sac, that it should come in contact with the whole inner surface of the synovial membrane lying in front of the femur.

The wet bandage was now carried round the limb, to a distance of six inches above the patella, and moderate and equable pressure was thereby exercised upon the point. A long padded splint was applied, and perfect rest of the joint thus secured. The patient complained next day of severe pain, but not so great as to oblige me to remove the bandages. An opiate was given for the first three nights, and after that, the patient felt so well, that he left his bed on the fourth day, and I ceased to attend him at the end of three weeks. I have not seen him since, though I hear frequently of him. He soon returned to his trade, and has worked at it for the last four years without any return of the disease. For some time after the operation, the affected limb remained weak, and yielded in walking, but his friends assure me he is now quite well, and walks without the least lameness. At his recommendation the patient whose case immediately follows, was sent to me by a Society that had supported him for the last two years.

#### CASE II.

A. C., aged 40, cooper, a dark complexioned man of slender make and unhealthy appearance, consulted me under the following circum-

stances. For the last *four* years he had suffered from an affection of the left knee joint, which had rendered him unable to earn his livelihood for two years past, since which period, he has been supported by a charitable institution in this City. He states that he has been treated by *thirteen* medical men, and his knee joint bears marks of frequent cupping, moxas, issues, and pustulating liniments and ointments. He has been blistered several times, and has taken a great deal of medicine internally. The usual quack nostrums resorted to, by persons of his rank, when they have in vain sought relief from scientific surgery, have also been tried in succession, and so convinced was he, that it was useless to attempt anything further, that he had abandoned all hope of recovery, when he heard of the patient whose case has been described. It is unnecessary to detail at great length the symptoms he complained of, but in a few particulars his case differed from the former one. *The leg and thigh were much emaciated*, the swelling was greatest on the *inner* side of knee joint and the corresponding side of the patella, and though the joint appeared much larger than the other, it was only two inches greater in circumference. The patella was pushed forward very much, and on examining the inner side of the joint, the crackling sensations spoken of by authors were easily detected. The leg was flexed, and extension caused pain. During the day he suffered less than at night. I advised him to enter St. Patrick's Hospital, where I operated on him, on the 18th April, 1857, being assisted by my colleagues Drs. David and Howard.

The puncture and injection were performed precisely as in the former case, and the same precautions taken to have the joint firmly bandaged from below. I need not fatigue the reader with the daily details of the case; for, truth to say, nothing worthy of note occurred. There was no swelling or pain in the joint, no fever, no uneasiness whatever; and though my directions were very explicit that he should not attempt to move the joint, yet I had great difficulty in persuading him to remain quiet in bed. The wet bandage was continued for ten days; then a dry one was kept applied for a few days; and finally, the knee joint was put up in a starched bandage, and gentle use of the limb permitted. From the beginning till the end of the treatment, there was not a single symptom present to cause one moment's anxiety.

### CASE III.

This case, also witnessed by my colleagues, Drs. David and Howard is still more encouraging; for, though the operation was performed under very unfavourable circumstances, yet the perfect success of the treatment must do much to remove the prejudice that exists against it.



A dark complexioned middle-sized man, aged 25, a carriage-maker, who had come from the United States to consult me, presented the following appearance: The right eye was prominent, owing to caries of the malar bone which had left a deep depression, corresponding to its orbital portion; the nose was depressed slightly in the centre, from the destruction of both lachrymal bones, with corresponding parts of the nasal and superior maxillary bones. The surface of the body was marked with scars, the results of former ulcerations; and from the carious bones of the nose foetid discharge was taking place, and the two holes above the diseased lachrymal bones were filled up with pledgets of charpie; a most offensive fœtor was exhaled from his nose and mouth. In addition to the above diseases, he presented a well marked hydrarthrosis of the left knee, of *seven* years duration, which had been so distressing for the last two years that he had been almost unable to put the foot to the ground. For the first year, he says, he was able to keep down the disease by rest, counter-irritation, and internal remedies. For the next three years, he was able to walk about with the aid of a staff, and to work at some parts of his trade which did not oblige him to stand. He also sought other employments requiring less use of the limb. For the last two years, he has been under medical treatment in different hospitals in the United States; and though the disease of the facial bones is distressing, yet, as the affection of the knee prevents him earning a livelihood, he is more anxious about it than his other maladies.

The left knee was enlarged to the extent of two inches and a half, both below and above the patella, and the enlargement was more of an oval shape than globular, and was not greater on one side of the rectus femoris than the other, but seemed to lie mostly under its tendon, pushing it forward and giving to the upper part of the swelling an abrupt commencement. When pressure was made upon one side of the rectus tendon, the fluid was pushed to the opposite side, making a prominent tumour. The fluid could be easily made to pass from one portion of the joint to the other. The integument appeared thicker and paler than in the two former cases, and was not so much discoloured from local treatment. As the patient had himself witnessed the result of the treatment in the second case, he gladly consented to my proposal to adopt the same plan with him.

The puncture and injection were performed as already described, on April 28th, 1857. The quantity of fluid drawn off did not amount to more than six or seven ounces. It was clear and yellow, presenting the usual characters of the contents of these dropsies. The integument was not thinned so much as in the four other cases. No pain or swell-

ing followed the operation, and notwithstanding his cachectic appearance and bad constitution, the progress towards cure was uninterrupted by the occurrence of a single bad symptom.

Many of those who object to the above plan of treatment, do so under an erroneous idea of the nature of the disease for which it is recommended, and also of the results that are expected to be derived from it. Thus, we find some who have written and spoken against it, confounding simple chronic hydrarthrosis with white swelling (*tumeur blanche*), and objecting to the injection of a dropsical joint, because the treatment did not succeed in a completely disorganized and suppurating articulation. Now, I would wish it to be distinctly understood, that it is to *pure uncomplicated chronic hydrops* of the knee joint, that my suggestions as yet apply; for I have not employed the treatment in any other joint, and though I do not believe that injection of iodine would do any harm to a joint already destroyed by ulceration, yet I wish the point to be clearly understood, that it is not in such affections I recommend it. It has also been stated that serious consequences must necessarily follow the mere puncture of so large a joint, and *a fortiori*, the injection of it with iodine, or any other irritating substance, must be extremely dangerous. I shall not here occupy my reader's time in proving the difference, as to consequences, between the puncture of a joint in its *physiological* condition and a similar wound inflicted upon it in its *pathological* state. Until the surgeon shall have acquired clear and distinct ideas on this point of practice, he cannot understand the rationale of injections into joints, the seats of chronic synovial effusions; nor of incisions into large and small joints already in a state of suppuration, as recommended by Gay and others, and which (as regards the smaller joints) I have myself often performed.

There is another objection urged against this practice, founded on the supposition that excessive inflammatory action must necessarily follow the injection, and that ankylosis or even the death of the patient might ensue. In this, as in other instances, one fact is worth a hundred theories. Puncture and injection have been performed not only without bad consequences, but with the greatest success; therefore, to discuss this point any further would be fruitless. But some of the opposition to the practice may be ascribed to the views of Bonnet himself, and to his method of operating. He injected the joint, with the express object of exciting an acute arthritis, which being combated in the usual manner, led to the removal of diseased action from the articulation, and no steps were taken to prevent this excessive inflammatory process. Now, it is evident, that, as in hydrocele, the radical cure is often effected, not

by inducing violent inflammation of the sac, but by modifying its diseased secreting action, so we should endeavour to induce merely a slight change of action in the synovial lining of the joint; and adhere, as closely as possible, to the rule laid down by Velpeau and Cabaret to procure in shut cavities, containing effused fluid, an irritation which should be constantly adhesive and never purulent."

By the method which I recommend, the fluid is forced upwards from the articulation to the synovial bag above the joint lying on the anterior surface of the femur, and when the fluid is withdrawn and only half an ounce of iodine solution injected, the opposed surfaces of the sac are brought into contact and retained in that position by the gentle and equable pressure of a well applied wet bandage. By this means, air is prevented entering the joint, the injected fluid is spread out evenly over the whole synovial surface, and becomes still more diluted by admixture with the secretions of the parts, and a healthy action taking place, excess of exudation and engorgement are prevented, and it is not unlikely that adhesion occurs in the opposed surfaces of the dilated pouch in front of the femur. This result is still further favoured by retaining the joint in an immoveable position by bandaging it to a strait splint, and by keeping the patient upon cooling diet. Bonnet recommends us to push the trocar down in a perpendicular direction from the front of the tumour till it strikes the femur. I see no advantage in piercing the synovial membrane in two places, and in wounding the femur; nor have I followed his other direction to inject a quantity of iodine solution, equal to the amount of fluid drawn off. In my practice, I have thrown in only two drachms of strong tincture mixed with two of luke-warm water.

In conclusion, I would wish it to be understood, that I do not advise the above line of treatment to be pursued, except in simple uncomplicated hydrarthrosis, that has resisted all other remedies, and that has led to loss of use of the limb, or has prevented the patient earning a livelihood, and enfeebled his constitution by protracted suffering.

*Place d'Armes Hill, Montreal.*

ART. III.—*On the treatment of Uterine Hæmorrhage.* By F. S. VERRY, M.D., Hemmingford.

THE subject of Uterine Hæmorrhage is one of such fearful import to patient and practitioner, that no apology is needed for any, the most imperfect contributions, if they add one iota only of clinical informa-

tion to our general stock of knowledge on this interesting subject ; and I deem it the duty of every practitioner, especially country co-frères, who are thrown upon their own resources in so many trying scenes, to communicate for the benefit of their medical brethren any hints or facts that experience has shown to be useful in the practice of his profession ; impressed with these feelings, I report the following cases, totally disclaiming any novelty of treatment ; I publish them solely to shew my mode of practice in these difficult cases, leaving my readers to adopt or endorse any part of my practice they think worthy of their attention.

It is strange that even at the present day, with all our accumulated experience, there should be found in the profession, such diverse opinions as to the effects of *Ergot of Rye and Opium*, in restraining and controlling Uterine Hæmorrhage.

In Books and Lectures, the principles upon which these drugs act, are explained, and yet when we come to reduce them to practice, too often we are disappointed in our expectations. Is it from the uncertainty with which the remedies act ? Or is it from not clearly comprehending their *modus operandi* in Uterine Hæmorrhage ?

The latter I take to be the case ;—for it is not uncommon even now, to hear one practitioner condemn the Ergot and extol Opium as a useful remedy in Uterine Hæmorrhage ; while another will stoutly maintain the converse. They both, in my opinion are partly right, and partly wrong ; and the object of the following report of cases, is to shew the principle on which each of these invaluable remedies is administered in Uterine Hæmorrhage.

Case No. 1.—Mrs. B., aged 35 years, has had 6 children, the eldest 13 years old, youngest 2 years, was brought to bed with her 7th child at 6 a. m., after natural labour. A nurse attended her. Having been sent for, (the journey was a long one,) I saw her at 8 o'clock, p. m., of the same day, 14 hours after the birth of the child. The first thing that attracted my notice, was a large pool of blood at the bed side ;—the poor creature was pallid and cold, tossing from side to side, moaning and sighing, with a wild expression of the eye. The attendants were in a state of fearful excitement, and the whole scene was a frightful one, for she was on the verge of death. Upon examination, I found the cord (as usual on such occasions) tied to her thigh ; it was as limp and thin as a piece of wetted tape, and I found more, that I had a case of *hour glass contraction* to encounter. The history is the old one ; placenta not coming away, the nurse set to pulling at the funis, till she stretched it almost to a rupture, and brought on irregular uterine action, thus causing the mischief.

As there was no time to be lost, I administered a strong glass of brandy and water, cold; containing 30 drops of Tinct. Opii, warmth and friction to various parts of the body, and the usual routine in such cases. In about an hour she rallied, and I proceeded to remove the placenta. The contraction was still strong, but it soon gave way before the conical hand. Keeping the broadest part of the hand on the structure, I awaited uterine action, which presently came on, the fundus resumed its proper order of contraction, and the placenta and my hand were forced down;—letting the placenta glide past my hand, I retained the latter in utero, until firm contraction took place, and then withdrew it; bandaged her in the usual manner, and gave her 10 drops of Tr. opii in beef broth, to keep the uterus quiet; for the loss of an ounce of blood in her state might have destroyed her.

In this case, Opium was first of all given to overcome the stricture of the Uterus, that end attained, I gave the 2nd dose to quiet any irregular action of the Uterus, as after pains of every description are generally accompanied by some loss of blood, and in her then weak condition, the most trifling loss would assuredly have been fatal; and again, I thus obtained the well known beneficial effects of Opium, where the vital powers have been reduced by hæmorrhage. Her convalescence was a long one, but she ultimately recovered.

Case No. 2.—Mrs. C, aged 28, the mother of 4 children; in her 5th labour, which was of 6 hours duration, she was attended by a Midwife; the placenta *I was told* came away voluntary; after which, she was bandaged, and to all appearance, was comfortable and safe. In the course of 20 minutes she complained of losing a great deal, the flow however stopped, but was shortly renewed, being accompanied by rather sharp pains; this went on for 2 or 3 hours, when she began to be restless, giddy, and losing her sight. I was immediately sent for, I found her in a very dangerous condition, faint and vomiting, no time was to be lost; I introduced my hand, and turned out the clots, the Uterus then, contracting well, I now gave her  $\frac{1}{2}$  grains of Morphine, and bandaged her firmly and properly; the Hæmorrhage ceased, indeed she lost nothing after the exhibition of the sedative. I was *now* told, that the Midwife, instead of waiting for the contractile efforts of the Uterus to throw off the placenta, *had introduced her hand somewhat rudely*, and taken it away regardless of the cries of the woman; hence the mischief that followed.

In this case the hæmorrhage was kept up by the irregular contractile efforts of the Uterus, and her life was in great jeopardy; but the Opium quieted all this, and placed her in safety; this case illustrates a frequent

cause of hæmorrhage, and Opium is our sheet anchor, the indication being to relieve irregular contractions of Uterus—the Ergot in such cases only aggravates the evil and destroys our patient.

Case 3.—Mrs. P., aged 30, has had 3 children—I attended her in each labour; her children were rather small when born, but the abdomen, during gestation, was largely distended by liquor amnii. In her first confinement she had frightful flooding, a rather unusual circumstance in a primipara; the hæmorrhage in her case was due to the absence of contractile efforts after the birth of the child; the Uterus being in a state of complete atony from over distension by liquor amnii; warned by the experience thus acquired in her first lying-in, I was prepared to meet the difficulty in the ensuing labour—I treated her during the labour according to acknowledged principles in such cases; but towards its termination, I exhibited a dose of the Ergot, which kept up the uterine action after the expulsion of the child, and the result in each labour, has been powerful efforts to throw off the placenta, and perfect contraction of the Uterus. She loses nothing under this treatment, in each succeeding delivery I have similarly treated her, and always with success. In this case, the Ergot was my main reliance, availing myself of its well known property in bringing on uterine contraction, I exhibited it in time to rouse the sluggish organ to throw off the placenta, and contract on itself and thus stop the hæmorrhage. Opium in a case of this sort, would certainly destroy the patient.

Case 4.—Mrs. M., aged 40, has been pregnant 17 times; has 11 children alive; strong, good constitution, very fat, with large, flaccid, and pendulous abdomen. I have attended her with 6 of her children. In the first of these labours, I had to treat her with Tr. opii; she then had hæmorrhage, as in Case No. 2, caused by irregular uterine contraction, after the expulsion of the placenta, and she did well; but in her next labour, (which was somewhat tedious,) after the expulsion of the child, the Uterus was perfectly inert, and I failed, by the diligent use of the means usually resorted to in such cases, to rouse it into action. Hæmorrhage commenced in about 10 minutes after the child was born, and was proceeding to dangerous lengths in spite of all my efforts to check it; I now gave her one drachm of Tincture of Ergot, and in 15 minutes the Uterus was roused into action, the placenta expelled, and I had the satisfaction to feel the Uterus well and firmly contracted above the *pubes*. In her succeeding labours, I was always prepared against the recurrence of the Hæmorrhage, about a quarter of an hour before the birth of the child, I gave her a dose of the Ergot, and with success on each occasion.

These cases afford examples of the principles on which the Ergot and Opium should be administered in Uterine Hæmorrhage. No. 1 and 2 are types of a large class of cases of flooding, which are to be successfully treated by Opium, while No. 3 and 4 exemplify another class of cases of a very dangerous character, and which require the prompt exhibition of the Ergot to ensure the continued action of the Uterus after the expulsion of the child.

I should trespass too largely on your space to speak of the many other forms of Uterine Hæmorrhage, as *abortions, placenta previa, inversion &c.*, nor, indeed, is it necessary here, as the cases given are sufficient to illustrate my principles of treatment.

I well remember when first commencing the practice of Midwifery how puzzled I was, by the conflicting statements of authors, as to the conditions under which these remedies should be given, but extensive country practice has enabled me to decide the question for myself. There is nothing new in what I state, and I report them simply for the information of my junior professional brethren, trusting they may be saved some hours of anxiety, when called to such frightful scenes as these cases present. I had intended to have given here, the report of a case of complete "*Inversion of the Uterus,*" and the manner in which I reduced it, but this article is already too long. On some future occasion, when the *cacothes scribendi* seizes me, perhaps I may forward it, if deemed of sufficient interest for your Journal.

## REVIEWS AND BIBLIOGRAPHICAL NOTICES.

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ART. I.—*The Physiological Anatomy and Physiology of Man*, by ROBERT B. TODD, M.D., F.R.S., Fellow of the College of Physicians and Physician to King's College Hospital, and WILLIAM BOWMAN, F.R.S., Fellow of the College of Surgeons, Surgeon to King's College Hospital, and the Royal London Ophthalmic Hospital, late Professor of Physiology, and General and Morbid Anatomy in King's College, London. Complete in one Volume, with 298 illustrations. Philadelphia, Blanchard & Lea; Montreal, B. Dawson; Quebec, Middleton & Dawson, 1857, pp. 926. Price 22s. 6d.

To decide upon the essentials necessary to constitute a "great work" in any department of Science, is by no means a facile task, since various standards of measurement may be chosen; and while all depend upon some peculiar feature for character, each will not appear in itself so perfect as to be faultless. A work may be great as a repository of pre-ascertained knowledge, or as an elucidation of matters formerly obscured—but in neither instance can the degree of greatness be a high one, nor may it be entitled to more merit than a production remarkable for laborious compilation or paraphrasical simplification. A work may also be great because of its richness in experimental inquiry, or of its evidence of well accredited observations,—and yet, as in the former cases, its value be not of much consideration, for it is derived merely from facts of substantiation, or simple accumulation. A work again may be great for its originality—for its displays of personal researches by the writer, or for its contradiction of antecedent opinions and theories,—and still, on such grounds alone, its estimation may be slight, as every addition may not lead to truth, and one form of error may be but supplanted by another. Furthermore, a work may be great at one period of the world's history, and a laudable index of intelligence for the time of its advent,—while at a more advanced day its beauties may have withered or grown seared. In which of these balances to weigh Todd and Bowman's *Physiology* we would not be much in doubt were a positive election necessary; but such a practice to us is objectionable, for it would, perhaps, be imputing to parts omitted, an approbation or an exemption from censure where neither was designed to be conveyed. Without pledging



ourselves to enter seriatim upon the various tests laid down—for such a course is unnecessary—we proceed with our examination of the work before us. And if, in its execution, we appear to be more particular than is our custom, our excuse must rest in the character of the production; for if this be not a foeman worthy of the critic's steel, all others must pass by unchallenged,—and in conformity with the well attested circumstance, that the nearer an effort aims to super-excellence, the more glaringly do its defects show forth, the present instance is not exceptional.

It is now 13 years since the publication of this work was begun; and the first parts have actually grown old before the progress of time and the march of intellect. This is an inevitable objection which weighs against all literary undertakings that are brought out piecemeal, or in parts, and should be sufficient to prevent the continuance of this style of publication. No treatise should be subscribed to, that is issued in this manner, unless guaranteed that the manuscript for the whole has been completed. Nothing is more tedious than to be expecting month after month, and year after year, as in this case, the arrival of the next part, and still to be disappointed. Many who see the first pages necessarily can never behold the last; and the student who began with Todd and Bowman when fresh, had to finish his studies out of a more complete work. Were the treatise one which was perfect and could not be improved, these very dilatory successions would be pardonable; but such can never apply to any book on so changing or extending a department as Physiology. Under the circumstances there was but one remedy for the superannuation of the first parts, and that was to revise them, and bring them up to the present state of science before publishing them with the last part as one volume. But this, we find, has not been done, and so the original condemnation lies unremoved. Abundance of proof might be shown of this, as will appear from the passages, that hereafter follow.

In the introduction, page 41, while discussing the theories of life, he authors remark:—

“It is clear that this *materia vita* cannot be as Mr. Abernethy suggested, Electricity, or anything akin to it. Electricity requires for its development the reciprocal action of different kinds of matter, and it is abundantly evolved in various animal processes as a necessary result of Chemical laws. If, therefore, organization and vital actions depended upon Electricity, this agent would at once be formed by, and direct the formation of each organism.”

The precise sense of this quotation, which is far from lucid, needs some auxiliary explanation for its comprehension. The initial words, “it is clear,” do not denote that the sequence is a deduction, for the

anterior remarks are unconnected with the particular matter they refer to, but merely express a conviction on the mind of the writer, and one, unfortunately, which he fails in communicating to his readers, since, from what the latter has before them, by no means is it "clear" that the conclusion following is warranted. On the contrary, if he be more recently informed on the subject than the writers, it will at once be "clear" that the passage contains in itself materials of self-denial or destruction, and that taking the very ground adopted as the premises for inference, the very reverse conclusion must be arrived at, to that which was adopted years ago and was, perhaps, then warranted. Since the above extract was penned, it has been abundantly proved that *Electricity is formed by the organism*, so that upon the rule of admission, implied in its last sentence, which, however, we personally do not sanction, it would be inferred, *organization and vital action do depend upon Electricity!* for this, although an inverse, is virtually the same application of the original argument. We shall again refer to the relationship that subsists between electricity and the *materia vitæ*,—contenting ourselves here with rectifying a false accusation against the late Mr. Abernethy. It is not true, as is above declared, that this estimable gentleman, whose memory grateful science still adores, suggested that the *materia vitæ* was electricity. He was a believer in the doctrine that life consists in, or depends upon a power or principle that is superadded to organization, and was a close follower in the Hunterian belief, to which he was in no particular opposed. Of the exact purport of this hypothesis, Mr. Palmer (*Life and Lectures of John Hunter*) has given us an unmistakeable account. He tells us that the subject of his biography thus spoke:—

"It appears that the living principle cannot arise from the peculiar modification of matter, because the same modification exists where this principle is no more." \* \* \* \* "Life then appears to be something superadded to this peculiar modification of matter."

And now to demonstrate the parity of Mr. Abernethy's sentiments, and to disprove the unfounded allegation of the authors, we quote from Mr. Macilwain's *Memoirs of John Abernethy*:—

"He (Mr. A.) concluding it as evident that some subtle, mobile, invisible substance seemed to pervade all nature, so it was not unreasonable to suppose that some similar substance or power pervaded animal bodies. He guarded himself, however, both in his first, and again in his second course of Lectures from being supposed to identify Life with Electricity, in a long paragraph especially devoted to that object."

The mistake of the writers becomes the more perverse from their representing Hunter's views, though curtly, yet correctly, and subsequently antagonizing against them those of Mr. A. which, as we have seen, were absolutely the same.

Todd and Bowman's work has no claim to the character of an Encyclopedia, and accordingly it is silent upon questions of historical interest. Some of these omissions concern matters of such fundamental importance in Physiology that unless we are to regard the expressed descriptions of the writers upon the histological topics as compensatory, a strong feeling of dissatisfaction cannot be suppressed. The cell theory of organization being the substratum of modern investigations, demands in every elaborate treatise on minute anatomy and function a full and particular consideration. In the work referred to, a comparatively concise demonstration is given of it, chiefly valuable because apparently the result of the authors, own examinations. These, however, have ended in merely a corroboration of the prevalent views, and no notice is given to either the development of approximative or contradictory doctrines. The uninformed might justly suppose, from what they find in this volume, that the primary propounders of the cell theory were Schleiden and Schwann, and their researches into its nature had developed everything received and understood concerning it. How improper this would be is well shown in the *British and Foreign Medico Chirurgical Review*, for October, 1853. It is there asserted that Schleiden and Schwann added but little to the body of knowledge upon the ultimate structure of the tissues, before them collected by Lewenhoek, Malpighi, and their successors, by whom "the most important and characteristic features presented by the histological elements of plants and animals may be said to have been well made out." Equally remarkable, Wolff (*Theoria Generationis*) announced a doctrine of organic development which Schleiden's and Schwann's closely resembles. It was, that

"Every organ is composed at first of a little mass of clear viscons nutritive fluid, which possesses no organization of any kind, but is at most composed of globules. In this semi-fluid mass cavities are now developed; these, if they remain rounded or polygonal become the subsequent cells—if they elongate the vessels, &c."

Wolff's tenets are the more interesting—and hence the non-recognition of them the more culpable—from the fact that they carry with them in their extensions, as explanations of function, an impress of greater probability than those of Schleiden and Schwann. The latter considered 1st. That cells were both anatomically and physiologically independent entities. 2nd. That they stood, in relation to the organizing or vital force as causes, and not as effects. 3rd. That the organism, as a whole is a result of their consentaneous operation. Wolff, on the contrary, holds diametrically opposite opinions. He authorizes us to deny the first proposition; to reply to the second, that the cells are creations; and

to the third, that the entire system arises from the "differentiation" of a primarily homogeneous entity into cells. He has on his side the preponderating advantages which the commonly accepted theory of Epigenesis can award, as it is palpably the *fons et origo* of the propositions above stated. Whilst Schleiden and Schwann unfortunately would seem, from the work before quoted, to have been building upon misconceptions, Schleiden not having correct information upon the development or anatomy of plants, and Schwann reasoning falsely, though logically, from the former's data, in a comparison of vegetable with animal structures.

The account of the proximate principles is behind the age. Fibrin for example, is described, p. 54, as a uniform substance, and of unchanging character, from whatever source procured. When it is known to be a most protean substance, existing not only in the three separate and easily distinguished states of natural solution, of spontaneous coagulation and of artificial coagulation, but also varying in different classes of animals, and in dissimilar diseases;—while in every being, however conditioned, blood fibrin and muscle fibrin, or Syntonin (which name nowhere appears) are always unlike: nay more, it is believed to undergo constant changes in the circulation; in the lungs during respiration, it is converted by the inspired oxygen into tritoxid of protein, as which it exists till it passes through the systemic capillaries, when losing oxygen it becomes a lesser oxide, a binoxide or suboxid of protein. This reduction again is thought to be interrupted by disease as inflammation, where Fibrin appears again as a peroxid of protein, and is met with in the exudations under special peculiarities as coagulable lymph. We can hardly understand how a work on physiology can be deemed recent which takes no cognizance of these manifold deviations, but disposes of them indifferently under a single cloak of darkness.

A similar backwardness in scientific knowledge is exhibited under the head of Adipose tissue, concerning Fat. It is said that stearine, elaine and margarine

"Are regarded by modern Chemists as natural compounds of certain organic acids, with an organic base, to which the name of *glycerine* has been given, &c., p. 91."

We regret to say that *modern* chemists do not regard glycerin as a base, it having been determined that the superannuated conceit held years ago, is unfounded in truth, for glycerin, by association with fatty acids, i.e., by synthesis, will not form fat. Glycerin is probably a compound substance, and may be esteemed as a sesquihydrate of the oxid of lipyl.—Lipyl is an hypothetical radical, and has the same composition

that was formerly ascribed to glycerin. It forms salts like the oxide of ethyl, and in this class of agents, fat stands out prominently.

In several particulars of Micrology, the authors are at variance with the results arrived at by the later examinations of other observers. We do not, of course, desire it to be inferred that consequently their investigations are wrong when not substantiated, because those with whom they are at issue may be the parties in fallacy. But until a third independent inquirer settles the dispute, the statements of both antagonists must carry with them a certain portion of invalidation or detraction. The epithelial lining of the endocardium they describe as made up of two layers, from which arrangement Kolliker has dissented, he considering it to be constructed merely of a single stratum—the additional one described by our authors, being, he believes, referable to the commencement of a morbid sclerosis or pathological thickening of the endocardium. Again, they do not give to the anterior surface of the Iris the possession of an epithelium. They enlarge, p. 411, upon the lines seen here and described by the eminent Dr. Jacob, of Dublin, upon the vascular circle, the remains of the membrana pupillaris, and other matters of structural arrangement; but the epithelial cells which Kolliker contends are in this locality are disregarded, in fact Mr. Bowman, individually, has elsewhere denied their presence. The variance is the more striking, from the importance that Kolliker attaches to these agents, having given to them a partial share in the production of the varied colors of some irides. It is possible, however, that the difference may be due to the authors, considering the pigmentary cells as seated “in the substance of the iris rather than on its anterior surface,” in which situation they describe them; while Kolliker has separated the most superficial or anterior layer of these for especial description or signalization. Again they say:—

“The structure of the pineal body is very imperfectly known.” p. 253.

This is treating very cavalierly the researches of M. Faivre, published three years ago. This distinguished man then recognised three elements entering into its structure, viz., a fibro-vascular capsule, a soft parenchymatous matter, and an inorganic substance. The parenchymatous, which is the most distinctive, he found was not grey or vesicular neurine, as was thought, but a compound of “rounded or oval bodies, with clear outlined borders, and variable size; insoluble in water, nitric acid and alcohol,” so that it appeared to be a *new* histological element. Once more, according to the examinations of Muller and others, a ciliated epithelium is found over the *whole* nasal mucous surface, even in the olfactory region on the cribriform plate, while according to our authors, this membrane possesses in the olfactory region a peculiar unciliated

cell layer. "The epithelium indeed here quite alters its character, being no longer ciliated," p. 394., as in the lower nasal region, where they admit to have seen it.

In the 9th chapter several pages are devoted to the subject of the nerve force, and its non-identity with the electrical established. The reasons, however, are not very conclusively stated, and the question of relationship between these forces is imperfectly debated. The *vis nervosa* cannot be electricity, because among other less striking objections,

1. "The firm application of a ligature to a nerve stops the propagation of the *nervous power* below the points of application, but not of *electricity*. The nervous trunk is as good a conductor of electricity after the application of the ligature as before it. 2nd. If a small piece of a nervous trunk be cut out, and be replaced by an electric conductor, electricity will still pass along the nerve, but no nervous force excited by stimulus above the section will be propagated through the conductor to the parts below." p. 223.

To these objections it may be remarked,—The first is not tenable, for only currents of high tension will pass through a tied nerve, while those of low tension are as surely stopped by the ligature as the *vis nervosa*. The second, however, cannot thus be disposed of; but it should be remembered that while it disproves a complete identity between the nerve and electrical forces, these powers may still possess a mutual relationship. An electric current passed through an iron wire wound around an iron bar will render the latter magnetic; yet this, although no proof of the oneness of electricity and magnetism, demonstrates there has been a relationship of cause and effect—the electricity produced the magnetism. And though not just so with electricity and the *vis nervosa*, the latter may yet in a manner be the educt of the former's agency. Another argument in favour of this view of the subject is, that electrical currents have never been detected in the nerves although they exist in most other structures, and their presence is connected with the integrity of the nerves. The late Dr. Golding Bird, in some admirable lectures on electricity, published in the *London Medical Gazette*, details a number of interesting experiments in confirmation of similar views, and concludes them by asking,

"May not one of the uses of the electricity so freely developed in the body, especially that existing in the muscles be to excite in the nervous cords the *vis nervosa*." \* \* \* "And lastly, may not such *vis nervosa* again induce electric currents in any glandular or other organs just as magnetism in motion may re-excite electricity."

As we have before said, the work under review is not a fair expositor of the views of others. Of this we are again reminded in the article on the "development of bone." It is there stated—

"The minute history of the process by which temporary cartilage is converted into bone is of extreme interest. Very good descriptions of it have been given by Sharpey, Meischer and others, from which, however, it will be seen by the following account that we differ in some important particulars."

In a subject of so "extreme interest," a work of such high character as the present ought at least to have deigned to mention, even though succinctly, the descriptions of others, particularly of authors, whose names it has thought proper to signalize. By those who do not possess the separate accounts of "Sharpey, Meischer and others," in their production, "it will (*not*) be seen" in what particulars our writers differ from them, as no record is to be found of them.

Occasionally even greater eclipses will be found to obscure the mind of the reader. Opponent investigators are not only unmentioned in name, but even their doctrines passed over unspecified, a simple assurance being proffered of the sufficiency of the one adopted by the authors. Concluding the account of the description of the circulation are these words—

"We need not, therefore, have recourse to any other hypothesis to explain the rapid effects of certain poisons than that they enter the blood, and with it are whirled with immense velocity through the substance of the most vital organs."

The "therefore" is to them justified by an antecedent detail of the familiar researches of Valentin, Volkmann, Poiseuille and Blake, and to those who have studied the other side of the controversy, the total oblivion of its hypotheses, and their summary condemnation must appear simply unworthy of the writers because unjust.

The last parts of the work are, of course, much more modernized than the first half; and many of the exceptions taken against it do not apply to them. Thirteen years ago it was what they are now, so that they stand very high in the scientific mart as productions of great excellence, especially commendable for their being largely derived from laborious investigations, personally conducted by the authors themselves. Most of what they write about they have seen, and we are not disappointed in the expectation which arises under like circumstances, that while much will be determined in the way of collateral testimony, some differences from previous inquirers and some advances in the road of discovery will also occur. Mr. Bowman is most favorably known for, among other reasons, an expert histologist, and all who are familiar with his recondite and original investigations into the minute structural conformation of the eye, of the kidney, &c., will expect that this portion of the work will be most satisfactorily executed; not only brought up to the knowledge of the day of publication, but in some cases positively in progress beyond it. To this cause we attribute the deserved celebrity which "the physiological

anatomy and physiology of man" acquired as it, from time to time, came among us. Still the announcement of a novelty in science is but the harbinger of fresh pursuits by other hands and heads, it seems to incite to individual exertions, and so it happens in obedience to the precept just admitted, ere long that which was new, if not revived, is soon despoiled of its first charms by fresh facts, 'by differences and advances' in the results arrived at in the common field of inquiry. Dr. Todd is also well known as a diligent student of nature, and zealous cultivator of literature, whom we have before introduced to our readers. It were very desirable that the last parts could have appeared as favorable from other points of observation, as from that of investigation. We fear that like the former they are more or less amenable to the other charges made against them. Indeed some portions bear self-evident proof of haste in getting up, and of being imperfect digests of the information extant upon their proper subjects. The section on the spleen appears to us manifestly partial. Mr. H. Gray's recent inquiries are largely extracted, while those of Mr. Crisp, which we believe to be highly meritorious, are completely ignored. His researches into the anatomy and uses of this organ have been of the most extensive character, and as he differs from Mr. G. in many particulars, we think at least they should have been represented. The conclusion of the volume appears to have been entrusted to Dr. Beale, the authors finding from their incessant engagements, that without his aid, as they say in the preface, "we should not even yet have been released from our difficulties."

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ART. II.—*On the Measle of the Pig ; and on the wholesomeness, as food for man, of Measly Pork.* By ALEXANDER FLEMING, M.D., Professor of Materia Medica, Queen's University, Ireland. MCGlashan & Gill, Dublin. From the Author.

Our readers need not be told, we conceive, that the so-called "measle" of the pig bears not the slightest analogy to the disease known by that name in man. It consists essentially in the presence of a parasitic animal, the *Cysticercus cellulosæ*, or bladder flesh-worm. In the pig it infests the cellular texture of the muscles in different parts of the body, but more particularly those of the tongue, neck and loins ; it is also found in great numbers in the liver, and sometimes, though rarely, in the eyes. The same animal, under the name of "hydatid" is known to Pathologists by making its habitat of the human brain, striated muscles (including the heart,) areolar tissue, and chambers of the eye. Nor



is it the only parasite which preys on the living structures of proud man, for not fewer than fourteen well established species of entozoa alone have been found to infest the cavities and tissues of the human body. In this respect, however, he agrees with almost every known animal. From the smallest microscopic infusoria upwards through the whole range of animal life, each race appears to be infested with these parasites, which in most cases, are of a different species, and of a kind peculiar to each race. Indeed the entozoa themselves would seem to have other and minuter animals dwelling within, and living on their own tissues, thus realising Peter Pindar's famous couplet,—

“These fleas have other fleas to bite 'em,  
And these fleas, fleas—*ul infinitum.*”

There is no doubt in our mind that the different species of entozoa found in man are introduced from without, but how they obtain admission to the interior of the body, is a question still to be determined, and all that can be offered in solution, with our present knowledge on this subject, is plausible conjecture.

The *Cysticercus* belongs to the *Cystiform Strelmintha* of Rudolphi. There are two other genera in the same family—*Echinococcus* and *Cœnurus*. The relations which are now recognized as existing between these entozoids and the *Cestoid* family of the class *Strelmintha*, of the same *Helminthologist*, are exceedingly interesting and well deserving of our attentive consideration. The *Echinococcus* consists of a cyst, which is usually found enclosed by an adventitious cyst, formed by a condensation of the tissues of the organ in which it lies embedded. The outer tissues of the echinococcus are formed of coagulated albumen; the innermost layer, or “*membrana propria*” is very thin, and contains small and clear corpuscles of calcareous matter. On the exterior of the echinococccyst there is no appendage whatever; but from the delicate internal membrane there project small pyriform buds

“In which are developed one or more minute vesicular organisms, having a head armed with a circle of more or less bent spines, and in some species also four suckers. As their development advances, their nursing cysts become pedunculate, and finally burst or break off, liberating the organisms which then float or freely swim in the sero-albuminous fluid of the parent cyst.”

The *Cœnurus cerebralis* is met with in the brains of sheep, giving rise to the fatal disease known by farmers under the name of the “*staggers.*” It consists of a large cyst, the walls of which undergo contraction on the application of stimuli. To this cyst numerous heads are appended, which can be retracted within, or protruded without it. Each head is furnished with an apparatus of hooks and sutorious cavities, by means

of which they fasten themselves to the surrounding structure, and derive nourishment.

The *Cysticercus* differs from the *cœnurus*, in having but one head, connected with the cyst by means of an annulated neck, and in the circumstance that the calcereous corpuscles are aggregated in the neck, instead of being disseminated through the walls of the cyst, as occurs in that genus, and the echinococcus. The head is uncinated; the spines, twenty or thirty in number, being arranged alternately in a double row, long and short. It is furnished with four suckers which are imperforate.

To the physician, the Tæniæ or Tape-worms are by far the most interesting of the entozoa, inasmuch as they come more frequently beneath his notice, and demand the active interference of his art. They form one genus of the family *Cestoidæ*, which includes, as well, some species of the *Tetrargychnus*, the *Bothriocephalus* and *Caryophyllæus*.

The two worms found in the intestinal canal of man,—the *Tenia solium* and *Bothriocephalus latus*—may be regarded as the types of the two principal genera of the Cestoid entozoa.

The *Tenia Solium* varies greatly in length, sometimes measuring as much as thirty feet and upwards. Its breadth is about one fourth of a line at its anterior part, gradually increasing however, towards its posterior extremity. The body consists of a number of segments, united together and arranged in a linear series. The most anterior segments are very small, and extremely liable to break, or separate; hence the difficulty which exists of obtaining the expulsion of the entire worm from the intestinal canal. The segments in the middle and posterior parts are well defined; they are usually oblong in form, their length exceeding slightly their width, and the posterior border overlaps the succeeding joint. The head of the creature is small, generally somewhat of a square shape. In the centre of the head, on a kind of proboscis (rostellum,) there is a pore which has long been regarded as a mouth; but Van Beneden has recently denied the existence of a central aperture. The rostellum is surrounded by a double circle of small recurved hooks, and behind these spines are placed four suckers, the object of this apparatus being the fixation of the animal to the walls of the intestine. In the interior of the body there is a double tube which extends on each side, along the whole length of the *Tenia*, communicating at the anterior part of each segment, or, according to Owen, near the posterior margin, by means of a cross canal.

These tubes have been, and are still regarded by many naturalists as an alimentary system which communicates with the central aperture or

mouth. There are two distinguished helminthologists who dissent from this opinion, and deny that they are alimentary canals. Van Beneden regards them as "secerning organs, the secretion of which is discharged from the terminal segment of the body through a *foramen caudale*." Von Siebold believes they form what he calls a "water-vascular system," a system of vessels long known to exist in the Annelids, Turbellaria and Rotifera. They always contain either water, or water mixed with excretions, and by the contraction of their walls, fluids are propelled along them. The motion of their contents, however, is greatly assisted by the action of vibratile cilia that have been observed in connection with the parietes of the canals at certain intervals. In addition to this system of vessels, but connected with them, Blanchard has figured a more superficial set, which, previously described by Eschricht and Leuckart, he succeeded in injecting. "The Tentacæ are androgynous, and each joint contains a complicated male and female apparatus, equal to the production of thousands of impregnated ova. The ova are developed in a large branched ovarium, occupying almost the whole space included by the nutrient canals, at least in the posterior segments, where it is very conspicuous from the amber colour of the more mature ova. The oviduct is continued from near the middle of the dendritic ovary to the marginal papilla, where it terminates by a small orifice, sometimes produced into a vulva, posterior to the pore of the male organs. The parts of the male apparatus which have at present been recognized, consist of a small pyriform vesicle, situated near the middle of the posterior margin of the segment; this, however, is most probably only a seminal vesicle, and not the testis. The vas deferens is continued from the vesicle with slight undulations, to the middle of the segment, where it bends upon itself at a right angle, and terminates at the generative pore; from which the *lemniscus*, or rudimental penis projects. The ova may be fecundated by the intromission of the *lemniscus* into the vulva before they escape."

What Professor Owen says, in the last sentence of the above quotation, may occur, Professor Van Beneden has actually witnessed in a specimen of the *Phyllobothrium luca*. While observing the animal, he saw the *lemniscus* unroll and pass immediately through the vulva, deeply into the vagina; peristaltic movements of the tube became perceptible, and spermatazoa were distinctly seen in the interior. After some time the penis was withdrawn, retracted into its pouch, and the parts returned to their previous condition. It is well, however, to remark, that Van Beneden is the only observer who has witnessed this process of self-impregnation.

A tentia, when it first emerges from the egg, consists merely of the first segment, that part which we have described as the *head*, with an

appended caudal extremity, containing scarcely any trace of internal organs. In this condition it is said to be in its *scolor* stage. It remains in this state for some time, but when fully formed, the tail-end enlarges, and the segments, each containing a distinct set of male and female generative organs, are formed. In the development of these parts, they are formed successively in front of each other, so that the most posterior of the series is the oldest. This, which is the condition in which the worm is expelled from the body, has received from Van Beneden the name of *Strobila*. When the segment has become matured, it is called the *Proglottis*. This drops off from the Strobile, and becomes an independent existence. It has no power, however, to develop a new head, and thus form a nutrient individual. Its own development increases; it becomes oval in form, and may attain a size equal to that of the Strobile.

Now, our readers will remark, in the description we have given of the cystic worms, the close resemblance which they bear to the *head* of the *Tenia*, one of the cestoid family. Indeed, we may readily conceive the cysticercus to be a cestoid worm, with a short body dilated into a vesicle at its extremity. It is also to be noticed that the cystic worms have no trace of generative organs, and that in the higher animals they are found in the parenchymatous structures and beneath serous membranes; whereas the cestodea invariably occupy the intestinal canal, and are capable of evolving generative joints. These facts have led naturalists to the conclusion, that the echinococcus, cœnurus and cysticercus, are simply the cestoid entozoa in an imperfectly developed state. And the pains-taking investigations into the metamorphoses, and comparisons of the entozoa peculiar to the animals that prey on each other, made by Leukart, Von Siebold, Van Beneden, and others, place it almost beyond doubt. The same embryos may, according to the nidus which they attain, form either a cystic or a cestoid worm. If they enter the circulation and are carried to the brain or liver, they evolve respectively cœnuri or cysticerci; but should they remain in the intestinal canal, their generative organs are developed, and they become teniæ or bothriocephali. In the *Eledone moscha'a*, a kind of cuttle fish, Siebold found, lying free in the cavity of the intestine, and contained in cysts in its walls, cestoid larvæ, that corresponded in nearly every respect with the *Bothriocephalus Auriculatus*, an entozoon infesting a carnivorous fish, the *Mustelus vulgaris*. This fish inhabited the same waters as the *Eledone Moschuta*, and devoured cuttle-fishes.

“ The common tape-worm of the cat, *Tenia crassicolis*, is remarkable for the disproportionate size of the head, the short and thick neck, the position of

the four suckers and the shape and number of the hooklets of the uncinated proboscis, all these peculiarities are repeated in the larval form of tape-worm, which is commonly developed in cysts in the liver of the mouse and rat, and which has already been described as the *cysticercus fasciolaris*. The warm blood and high organization of the small mammal in which that larva is developed, may well be regarded as favoring a further advance of that development than takes place in the encysted cestoid larvæ found in the cold-blooded invertebrate; and accordingly we find, not only the uncinated proboscis and suckers of the tape-worm established, but also a lengthening and segmentation of the body in the so-called *cysticercus* of the rat, without, however, the development of the generative organs."—(*Owen's Lectures on the Invertebrate Animals*, Page 79.)

In the rabbit, Leukart has traced the passage of the embryos of tape-worm into the bloodvessels, and subsequently discovered cysticerci in the liver. According to Dr. Fleming, it has been proved by experiment that the so-called "measle" of the pig may be generated in the animal's muscles by feeding it with the *proglottides* of the *Tenia serrata*, a tape-worm infesting the intestines of the dog; and, *vice versa*, that the same tape-worm may be developed in the intestines of a dog fed with fresh measly pork. Hence the question as to the "wholesomeness, as food for man, of measly pork," becomes one of considerable importance. For it is reasonable to conclude, that if the cysticercus of the pig find its way into the human intestine, it is as likely to become the *Tenia solium*, as it is to form the *Tenia serrata* when introduced into the intestine of the dog. It has been observed, moreover, that tape-worm prevails extensively among communities addicted to the practice of consuming their meats raw, as the Abyssinians, the natives of Nordhausen, and the operatives of Lancashire.

"Kuchenmeister," says Dr. Fleming, "has given a high degree of certainty to the connexion by experiment. He fed a condemned person with 'measles,' and found tape-worms in his body after execution. The parasites were given during the three days before death, in five doses of about a dozen each time, disguised in soup. Ten young tape-worms were found in the intestinal canal, attached to the mucous membrane in the usual way." (p.7)

When Pork that is but "slightly measled" is properly cured, or even thoroughly cooked, our author believes there is not the slightest danger to be apprehended from its ingestion; he sees *no valid reason for regarding "slightly measled" pork as unwholesome*; but it must be well cooked, and never eaten raw or underdone. We must confess, however, that no amount of curing or cooking would enable us to eat with satisfaction what we knew to be diseased pork, even though it were but *very slightly measled*.

III.—*Annual of Examinations upon Anatomy, Physiology, Surgery, Practice of Medicine, Chemistry, Obstetrics, Materia Medica, Pharmacy, Therapeutics.* Especially designed for the Students of Medicine, to which is added a Medical Formulary. By J. L. CLOW, A.M., M.D., Fellow of the College of Physicians, Philadelphia, &c., with 370 illustrations. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson. 1857. pp. 816. Price 12s. 6d.

To those in need of such a book we would recommend it as containing in a small space, upon little pages, and in big print, some of the more superficial straws that float upon the grinder's current. And we are much disappointed if the learner will not be disposed to cast all other books on physic to the dogs, and say to himself, *hæc in me reposita sunt*,—here is my guide! my philosopher!! mine own familiar friend!!! Aye poor fool, and so you may—and ever after be the veriest medical dunce in Christendom.

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IV.—*The Physician's Pocket Dose, and Symptom Book*:—Containing the doses and uses of all the principal articles of the *Materia Medica*, and chief officinal preparations; also table of weights and measures, rules to proportion the doses of medicine, common abbreviations used in writing prescriptions, table of poisons and antidotes, dietetic preparations, table of symptomatology, outlines of general pathology and therapeutics. By Joseph H. Wythes, A.M., M.D., Author of "The Microscopist," "Curiosities of the Microscope," &c., &c., second edition, 1857. (pp. 230.) Price 3s. 3d. Philadelphia:—Lindsay & Blakiston. Montreal:—B. Dawson.

The title page, which we have copied *in extenso*, fully informs the reader of the variety of subjects treated in this excellent pocket book. The practitioner will find it a very useful and convenient book for the office.

## CLINICAL LECTURE.

*On Rachitis.* By M. TROUSSEAU, Physician, at the Hotel-Dieu.

(*Medical Circular.*)

The bones are not all, in the same subject, disorganised in the same degree; for the alterations in some bones are observed to be in a very advanced stage, while other bones continue nearly in their natural state, or exhibit intermediary changes. These differences depend on the progress, which may be more or less rapid, of the osteomalacia, as well as on the circumstance of patients being carried off by intercurrent diseases, but the nature of the disease, in its regular march, is to invade the whole skeleton.

The pathognomonic lesion which first shows itself is the lessened consistency of the osseous tissue, which varies infinitely from the first degrees of abnormal elasticity to excessive softness, and thus flexibility is always at first seen united with friableness. The disease must, however, have reached a certain degree before the bone can be divided with the knife; the inorganic tissue is now in part persistent and preserves the form of the bone. As the softening becomes more considerable the bone becomes transformed into a reddish mass, bounded by a cartilaginous membrane, and may be bent and twisted in all directions; and the finger penetrates certain portions of it as easily as it would the spleen, liver, or hepatized lung. In this state it has been compared to the gingival tissue, to soft wax, and to callous flesh; the disease is now in its last degree. The bones, when softened, generally become very flexible, and bend the more they are subjected to pressure, great or oft repeated, and when the middle part of long bones is the part chiefly affected with softening. When you take and bend such bones, yet, when the pressure is removed, they return to their previous form; but should the pressure be persisted in, they break into a great number of fragments, unless the inorganic parts have disappeared, and the bone undergone a sort of carnification, in which case you may give any shape to the limb you please. The incurvations vary *ad infinitum*, according to the intensity of the disease, the muscular contractions that follow, the use patients make of their limbs, the position which they give them, the precautions they take to shield them with mechanical contrivances, &c.; and hence it often happens that bones which you can cut with a scalpel and without the least resistance, may show but little deflection, or none at all.

At an advanced age the incurvations are fewer and less decided. In a woman, sixty-three years of age, the softening was general, affecting

the ribs and sternum more especially; the ilia could be bended; the crest of the ilium was extremely soft, its outer lamina very thin, and perforated in several places, but the pelvis retained its normal dimensions. The same immaturity is sometimes met with in young subjects.

The cause of the incurvation has by some been assigned to the slow action of the muscles. This action has at least been exaggerated: thus, in patients who have been obliged for years to keep in bed, without ever using their limbs, these last are sometimes found to present greater deviations than are seen in the upper extremities, so constantly made use of by the patients for ministering to their various wants. Autopsies, however, show that these are no less thoroughly affected than the other. In general there is nothing like regularity seen in the direction of the bending in the same bone.

One of the first lesions which we sometimes see is diminished length of the bone, which shrinks on itself and grows shorter without bending. This occurs especially in the short bones, such as the vertebrae, while the same thing does not take place in the long bones, at least in the beginning of the disease, though at a later period the shortening may become considerable. As to the enlargement of the epiphyses, it is only observed in subjects whose osseous system has not acquired its full development.

Fractures are so frequent in softening of the bones of adults, that scarcely has a single case been seen where they have not been found. The fractures are either complete or incomplete. In the flat bones they have the appearance of fissures or longitudinal rents that do not always affect both tables of the bone. In the long bones, they are generally transversal and the division is of the whole circumference of the diaphysis; or a part only of the circumference breaks, the softness of the osseous tissue allowing the convex side of the curvature to yield without breaking. For the same reason, this softening of the compact substance does not leave in the fragments a degree of consistence sufficient to wound the periosteum which serves them as a sheath; hence for the most part, it maintains them in apposition. Many of them become consolidated. The fracture seems in many to give a new local impulse and sets up a secretion of calcareous matter while the softening proceeds with rapid strides in the other parts of the skeleton, and even in the other parts of the fractured bone. It is needless to say that the process of consolidation takes place with wonderful rapidity in the stage of reconstitution. In other cases you may, after several years, be unable to meet with any appearance of reorganisation; the bone looks as if it had been compressed with a tight band, or had been folded more or less imperfectly—an appearance that



may serve to distinguish fractures that had been produced before death, where there is an absorption of the fractured extremities, at the same time that there is thickening; while in the other case, they present numerous asperities, and the bones seem to have been torn rather than broken.

When consolidation takes place, it occurs in three different ways;—

1st. By an osseous ferrule, as in ordinary cases.

2nd. The callus is not perceptible exteriorly, but forms an osseous plug that obliterates more or less completely the medullary cavity, and serves as the medium of reunion between the two fragments.

3rd. Fractures are met with where reunion is produced by a very dense fibrous tissue, constituting an example of pseudarthrosis.

According to various authors, the periosteum is habitually thickened and vascular, of a more or less deep red colour, is very dense and easily detached, bringing with it the prolongations it had sent into the osseous tissue. It is not said to have been found thicker on the concave than on the convex side of the bone; and often it preserves its normal state. On removing the periosteum, there is found a layer of osseous tissue, extremely thin, unequal, and rugose, and riddled with imperceptibly small apertures, which may be rendered apparent by compressing the bone so as to make the contained fluid exude. There is sometimes found on the surface a thin layer that seems to be but newly formed. In the interior the cells are enlarged; the lamellæ of compact tissue are separated from each other; the more internal are disorganised and partially absorbed; the more external are attenuated to such a degree as to be transparent, through which the subjacent reticular tissue may be seen; and all the interstices are filled with a fluid, red, fatty, and pulpy, which may be squeezed out as from a sponge. The disappearance of the osseous tissue is more remarkable in the middle portion of the bone, the extremities, where, however, the tissue is loose and areolar, being altered in a less degree. The medullary canal is filled with a pulpy matter, mixed with osseous detritus, forming a pulp like lees of wine, by no means unlike the tissue of softened spleen, that may be carried away by pouring water over it, or by repeated washings. Sometimes this matter contains a sort of cysts or whitish nuclei, more or less homogeneous, and composed of colourless fibrine.

Prior to this disorganisation, so advanced, the medullary membrane is infiltrated with blood and thickened, and is easily detached from the osseous tissue, bringing with it vascular filaments. At a latter period it is still further changed, and cannot be distinguished from the extravasated blood contained in the medullary canal. This cavity has, at various points, been obliterated by plugs of the callus of old fractures. In other

instances it is almost entirely wanting, the bone being transformed into a tissue with very fine meshes, similar to those of a fine sponge. When the calcareous substance has been absorbed, and the bone has become so membranous as to form folds in several directions, the pulpy matter may push outward some portions of the envelope which thicken and thus assume the appearance of tumours which are sometimes of a cartilaginous firmness.

In the flat bones, the two tables recede from each other, become thin, and are sometimes lost in the diploe, which is transformed into spongy tissue the whole length of the bone, which appears tumid. The cells of the diploe, in other cases, are not very much enlarged. The short bones, when softened—a rare circumstance—show the areolar substance greatly rarified.

## THERAPEUTICAL RECORD.

*Morphia Suppositories.* Introduced by Prof. Simpson as more efficient than the soap and opium. Duncan and Flockhart of Edinburgh make them thus:—Take acet. morph. 6 grs.; sugar of milk 1 drachm; simple cerate  $\frac{1}{2}$  a drachm, or as much as may be sufficient to make a proper consistence and divide the mass into 12 suppositories. Then dip each into the following mixture to form a coating:—Make of white wax 1 part, lead plaster 2 parts, melt together. Melt these and dip the suppositories held by a needle into the mixture. Immediately on taking out dip into cold water to harden it before it loses its shape.

*Ammonio-Tartrate of Iron.* Dr. Gries of Reading, Pa., highly recommends this salt in erysipelas and low fever. He gives it in 2 to 4 gr. doses every 3 or 4 hours, dissolved in some aromatic water.

*Asclepius Syriaca.* Dr. Cauthorn of Richmond, Va., speaks favorably of this agent as an anti-periodic in the treatment of intermittents. It is so bitter it should be given in pills; 4 to 6 grs. of the powdered bark may be given every 2 or 3 hours during the apyrexia.

*Pæonia Officinalis.* The root possesses peculiar anodyne or strong nervine power, and is useful in the convulsions of children. Take  $\frac{1}{2}$  a teaspoonful of the powder, scald it and sweeten, and give the whole at once to a child 3 or 5 years old *ter die*.

*Iodid Cadmium.* This new preparation of Iodine is coming into general use in Hospital practice, in England, in place of iodid of lead and iodid of zinc, as it makes a white ointment, more effectual in dispelling glandular enlargements and not so like paint as iod. of lead.

*Jelly of Iceland Moss and Cod Liver Oil.* M. Sauvan, of Montpellier, prepares this new combination, thus:—Jelly of Iceland Moss 32 drs., gelatine 4 scruples. Cyanhydrated Cod Liver Oil, (with 2 drops of essence of bitter Almonds) 32 drs. melt the jelly and pour it into the vessel into which it is to be kept, add then the Cod Liver Oil; stir with a spatula until the mixture is homogeneous and until the jelly begins to form. Dose, 2 or 3 tablespoonfuls a day.

*Zinc and Hyoscyamus.* A combination of these two medicines has been most favorably spoken of as affording an excellent means of checking the colligative sweats of phthisis. Either the oxide or the sulphate in doses of gr. i. to iij. with gr. vj. ext. Hyosey, made into two pills may be taken at bed-time.

*Glycerin and Borax.* This salt dissolves in Glycerin and the solution may be diluted with water. The following mixture may be used:—Borax, ten grains; Glycerin, one drachm; water, two ounces. An analogous combination has been used with great good in fissures of the tongue.

## PERISCOPE.

*Absorption of Medicinal Substances Introduced as Enemata into the Large Intestine.*—M. Briquet read a memoir on this subject, before the Academy of Medicine, on the 30th of December last, principally in reference to quinia and its salts. The author draws the following conclusions:

“1. The fluid of which the enemata consists may readily enough be carried as far as the cæcum, and consequently be applied to an extensive absorbent surface.

“2. The mucous membrane of the large intestine, and the liquids which bathe its surface, exert no chemical influences over the substances introduced into this cavity, in which nothing is absorbed but what was previously in solution.

“3. When we administer by injection, per anum, salts of quinine, in solution, in a dose less than fifteen grains, a little more than a third of this quantity has disappeared, and has consequently been absorbed.

“4. When doses larger than fifteen grains are administered, they are fully received, and not more than a fifth, or even a sixth of the quantity is absorbed.

“5. At whatever dose we give the sulphate of quinine [by injection?] cerebral symptoms are, in common, produced only very slowly, and in minor degree.

“6. No traces of absorption are perceived before an hour has elapsed after the administration of the enema, and at this time but an inconsiderable quantity has been thus disposed of.

“7. The duration of the absorbing process is, in general, rather short, and seldom extends beyond two or three days at most.

“8. The absorption of the alkaloids of cinchona is not sensibly affected by various degrees of dilution, within, be it understood, certain limits, by the greater or less viscosity of the liquid, nor, finally, by the addition of the salts of morphia.

"9. Young people absorb better than adults; old persons of either sex absorb very imperfectly.

10. The alkaloids of cinchona, administered by enema, in doses less than fifteen grains, may produce by this means all the good effects to be expected from the alkaloids given in small doses by the mouth, and may very well be substituted for the latter.

"11. The case is different with large doses; which are never absorbed in sufficient quantity to produce energetic stupefying effects [quininism?].

"12. In general, larger doses than thirty grains of sulphate of quinine are not borne by the large intestine.

"These conclusions are applicable in a greater or less degree to the various substances employed as an *anemata*."—*Rev. de Therap. Med. Chirurg.*

## The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

**THE INDIAN HERB DOCTOR.**—A trial was lately prosecuted in Toronto against one F. Tumblety, who gives himself the designation above specified, for practising Medicine in Toronto, C. W., without a license. The case appears to have been clearly made out against the defendant, and he was held over to appear at the Assizes upon a bail at two securities in the sum of £50 each, and himself in £100. Under the provisions of a statute passed in the 8th year of the reign of George the Fourth, it is enacted that any practitioner unlicensed by the Medical Board in Upper Canada is punishable by a fine of £25, or imprisonment for 6 months. There are, however, such impediments in the way of the execution of this law, that quacks of every kind run riot throughout the land. It were much to be desired that these harpies who prey on human credulity and ignorance, could be summarily ejected. If each were treated like the present one, some hope might be held that the Augean stables would sooner or later be cleansed. As for trusting to the verdict of a discerning public that were a very vain expectation, a deplorable inutility which the experience of all ages testifies. The public should not be tempted, and temptation can only be avoided either by a total change in the corrupt nature of the tempter, or by making him honest through a salutary fear of the laws of

his country. One would think that the very circumstances of an impostor would be sufficient in themselves to reveal his real character. But sick people give themselves very little trouble in inquiring into circumstances, or weighing their probabilities. If they have a disease which has become a part of their existence, they will readily fly to any pretender who professes to tell the *cause* of their malady, and promises a *cure* for it. All this is abundantly testified in the case of F. Tumbley. He is a man with a long advertisement in a Toronto newspaper headed by an ugly looking dwarf, he professes to have a remedy for the most incurable and most incongruous maladies; he calls himself by a title which intimates that he got his medical learning from a race of unlearned savages; he deals, by his own account, in maladies which are known to the educated in native drugs; he confines himself professedly to means which at least as intelligent persons have rejected for their inefficiency; he makes every case out to be very bad,—his professions of cure are boundless; and he requires of his patients very large fees, greater and on different terms to those of regular physicians. His directions are common-place and illiterate,—his education neglected,—his information low,—his tastes vulgar,—and his views on things in general paltry or unsound. The plaintiff's evidence we extract as follows:—

"Thomas Mullen was called and deposed:—About the 8th or 9th February last, being then suffering from general debility, loss of memory, &c. I went to Dr. Tumbley. On speaking to him, he said I was in a bad condition. I asked the Doctor if he could do anything for me. The Doctor replied, I can cure you. He said, that as I was a servant, he would only charge me \$20, and \$10 when I was cured, adding that, as I was poor, he would cure me for that sum. I asked if he had any doubt of being able to cure me, to which he rejoined,—'Do, my good boy. Do you think I would take your money, if I could not cure you?' I then gave him two ten dollar bills, and he gave me a bottle of medicine, and a box of pills, with a printed paper of instructions as to diet, &c. Dr. Tumbley told me to call again in a week, and I did so, and he gave me more medicine. I continued to return to him weekly for about seven weeks, to get fresh medicines."

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McGILL COLLEGE--PRIZES FOR 1857.—The annual Prizes in Medicine were adjudged at the termination of the past session to the under-mentioned gentlemen, and awarded to them during the ceremony of Graduation:—

*For Thesis.*—Messrs. I. R. Church and D. T. Robertson. This prize was divided between these competitors, as it was impossible to distinguish between the respective merits of their separate productions.

*For Final Examination.*—Mr. L. R. Church.

*For Primary Examination.*—Mr. Jas. Kerr.

The prizes last named are given to the Students who exhibit most ability in answering questions upon the various branches, senior or junior. The examinations are oral.

**MEDICAL GRADUATES, MCGILL COLLEGE, 1857.**—The following is a list of the Graduates in Medicine, for the current year. They received their degrees in the early part of May:—

Alexander D. Stevens, Dunham, C. E.—On the Nature and Responsibilities of the Medical Profession.

Etienne R. E. Riel, Ottawa City, C. E.—Lyssa Canina.

Levi R. Church, Aylmer, C. E.—Arterial Hemorrhage.

John Aylen, Aylmer, C. E.—Tuberculosis

A. C. E. Picault, Montreal, C. E.—Fracture of the Neck of the Thigh Bone.

Richard Whiteford, Three Rivers, C. E.—Corrosive Sublimete.

Henry Shoebottom, London, C. W.—Arterial Hemorrhage.

Robert N. Shaver, Dickinson's Landing, C. W.—Abortion.

Robert Howden, Montreal, C. E.—Thoracic Aneurism.

John McMillan, London, C. W.—Inflammation of the Veins.

D. Thomas Robertson, Quebec, C. E.—Tetanus.

Andrew A. Boylan, Montreal, C. E.—Acute Articular Rheumatism.

William Wilson, Chambly, C. E.—Administration of Chloroform.

Gordon James Emery, Bowmanville, C. W.—Inflammation of the Veins.

**PRIMARY EXAMINATIONS.** At the close of the Session, 1856-7, the Gentlemen whose names are subscribed passed successfully upon the primary branches, being their first examination for the degree of Doctor of Medicine, in the University of McGill College.

Mr. James Kerr,	Mr. T Cunynghame,
" Wm. Harkin,	" Alex. Reid,
" Geo. Pattee,	" Timothy English,
" Patk. O'Leary,	" Jas. McGarry,
" Theod. Robitaille,	" Jas. S. Duncan,
and Mr. W. H. Taylor.	

**MATERIA MEDICA—PRIZE 1857.**—The Professor of this department in McGill College offers annually a prize for the best essay on any subject embraced within the sphere of his lectures. The competitors were this year five in number; and as the most meritorious, the prize was given to Mr. Alex. Reid, of London, C. W. His production being one of

great excellence on account of its original inquiries and experimental researches. The most interesting or novel portions will be selected for publication in our pages. Its subject is "Strychnia."

COLLEGE OF PHYSICIANS AND SURGEONS, C. E.

MONTREAL, 12th May, 1857.

The Semi-Annual Meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada, was held this day, when were present Drs. Fremont, Russell, Sewell, Lindsay, Jackson, Marsden, Robitaille, Boudreau, Marmette, Badeau, Turcotte, Smallwood, Chamberlin, Brigham, Sabourin, Weilbrenner, Fowler, Foster, Glines, Muir, Bibaud, Hall, Fraser, Boyer, Jones, Peltier.

Dr. Fremont, the President of the College, in the Chair.

The Secretary read the minutes of the last Semi-Annual Meeting, held in Quebec in October last, which were approved.

The President informed the Board that he had not received as yet any information from the Government concerning certain amendments to the present bye-laws.

From a few remarks made by the Secretary, it was unanimously resolved that the Board should proceed with the examinations, before attending to other business of the Meeting. Dr. Mortimer, a navy surgeon for the past fifty years, claimed, upon certificates from Sir W. Burnett, proving that he was really a navy surgeon, to be examined to obtain his license from the Board. After some discussion, it was decided to comply with his request.

The following gentlemen, with Degrees from the Medical Faculty of McGill College, after having taken the oath, were granted their License :

Messrs. Whiteford, Aylen, Shoebottom, Robertson, Howden, Shaver, Emery, Riel, Church, Boylan, Picault, Wilson.

Mr. Stunton received his License as Apothecary, after a satisfactory examination.

The following received their License after very creditable examinations :—

Messrs. Mortimer, Ricard, O'Leary, Poisson, Bacon.

The following, after having undergone their preliminary examinations, were admitted to the study of Medicine :—

Messrs. Guertin, Gravel, Gaucher, Grenier, Derome, St. Cyr, Desjardins, Vaine, Charlebois, Lafontaine, Taschereau, Lindsay.

The examinations being over, two lengthy Reports from the Montreal and Quebec Committees were read, after which it was moved by Dr. Russell, and seconded by Dr. Landry :—

“That the Reports from the Committees appointed for the cities of Quebec and Montreal, respectively, be received, and that the thanks of the Board be given to the Committees for the care and trouble they have taken in preparing these voluminous and comprehensive Reports.

The Meeting then adjourned.

HECTOR PELTIER, M.D., Edin.,

*Secretary for the district of Montreal.*

**JEREMIE'S SEDATIVE.**—We have lately been favoured with a sample of “Jeremie’s Sedative Solution of Opium and anti-spasmodic.” This preparation, made after a patented process, has acquired much celebrity as an Opiate. Its chief advantages are alleged to be “its peculiar freedom from the noxious properties of Opium, it being found available in cases where other forms have been inadmissible.” Having been prepared at Patna, it was extensively tried in the East Indies, and was subsequently introduced into Great Britain and Ireland; and the Physicians who have there employed it speak of it as a most valuable remedy. Hitherto its high price has opposed its introduction to common use in Canada, this impediment has, however, now been removed, and the article may be procured in this city at about one-third its ordinary cost. We have given it to some of our patients, and have had no reason to question the propriety of the statements that have been made of its excellence. As to strength, the printed accounts are rather conflicting—according to one writer, it is three times as strong as laudanum; according to another, it is of about the same strength. The latter we believe to be nearer the truth. The dose marked is from 15 to 40 drops. On one occasion twenty minims destroyed the life of an aged female. It may be purchased from either Mr. S. J. Lyman, Place d’Armes, or Mr. Beers, of the Medical Hall.

**THE ANTIPHLOGISTIC SPECIFIC.**—Some time ago our attention was kindly directed to a statement of the discovery of a new salt which was reputed to be a specific for all cases of inflammation indiscriminately. Being too old to be caught by such chaff, we thought no more of the imposing claim. It was roundly asserted that with a few atoms of a pleasant salt, inflammation might be cut short; acute or chronic only became a question of numbers, the acute might, in the face of great improbabilities, demand a second dose, the chronic hardly half a dozen. Bleeding arms, shaking teeth, drowsy brains, deadly prostrations, and depurative leakings, were henceforth to be no longer the means by which welcome Hygieia was to descend antiphlogistically to the inflamed sufferer,



like Othello's, their occupation's gone. No more was the pathologist to allay his morbid appetite with the thousand and one deadly victories that the once triumphant foe anywhere and everywhere achieved. The lecturer could now replace his multitudinous and inexhaustible discourses by a few happy words, sententious and practical, and afford a profitable airing to the non-philogistic specialities which the one absorbing idea or act had always asphyxiated. In short the lofty castle of cards, we were hitherto heaping up, now disappeared before the mystic little powder of the undoubted magician. The salt was a secret, an American practitioner, a Dr. Coggswell, made it, and supplied it at two dollars a box,—enough to cure the inflammatory in a battalion of the sick. But alas, the ruthless analyst, has changed the spirit of the dream. Our attention is again directed to the subject. The salt has been proved to be bicarbonate of potass. Can it be so? or may not the same mystician before claimed for its nature have given its solid outward particles the characters of the bicarbonate, to deceive the daring mind of the presumptuous investigator? Let Dr. Coggswell answer,—our part is done.

LECTURES ON BOTANY.—A short course of lectures will be delivered during the ensuing session, by Dr. Barnston of this city, as lecturer on this branch, in connection with the course of Natural History, McGill College, by Mr. Principal Dawson. Hereafter, pupils beginning their studies, we believe, after May 1857, will be required to attend one course of Botany before graduating. They, however, will not be required to submit to any examination upon this branch. The examinations for M.D. will remain as they are, and be without extension. The fee for attendance will be as for the Natural History course.

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#### LONDON CORRESPONDENCE.

1st MAY, 1857.

#### No. II.

FOR the fifth time in my life I saw amputation at the hip joint performed on the 28th March, by Mr. Stanley, at Bartholomew's Hospital, before an immense number of anxious spectators. It was not done in the usual brilliant manner by transfixion, which particularly struck my eye years before, when performed on the dead body during surgical demonstrations by my old teacher and friend Professor Campbell, of McGill College. The nature of the disease precluded transfixion in the present instance, as a large medullary tumour occupied the whole upper

half of the thigh and terribly encroached upon the groin, so much so, as to render the operation one rather of dissection to accomplish disarticulation, than a regular amputation. An idea will best be formed of the whole proceeding when it is stated that 15 minutes was the time, before the limb was completely severed. And then, oh! what a frightful surface was exposed, with not much to boast of in the way of flaps, being for the most part skin. When a first year's pupil, I remember well the right leg fell to my share to dissect, it was of course attached to the body, and when the superficial muscles anteriorly were roughly gone over, I took it into my head to remove the limb altogether, and did so in a most barbarous manner, severely soliliquizing with myself afterwards at such wanton destruction. The appearance of the two cases strongly resembled one another; and I felt that in Mr. Stanley's case, the stump—if it may be so called—was very different from what I had before seen in Mr. Erichsen, Mr. Curling, Mr. Hancock, and Mr. Nelaton's cases. The poor fellow died within 2 hours after from secondary hemorrhage. To be sure the operation was quite justifiable, but the patient might have survived some months longer without it, but that of course, as your intelligent readers are aware is a secondary consideration altogether.

An operation not the less striking, but which more interested me was lithotomy by Mr. Fergusson, on the 11th April, upon an old man aged 59, from whom 2 calculi were removed, and at the same time the middle lobe of the prostate gland which projected upwards and backwards like a valve, the size of a walnut was excised, being caught hold of with a pair of stone forceps, and cut off with a pointed bistoury. This is a thing not before attempted by any man, and it is only such a mind as that of the operator which could suddenly conceive it. However, it took my fancy so much, as illustrating a point in relation to the treatment of an enlarged middle lobe of the prostate, as to draw forth from me a short communication, which appeared in the *Lancet* of the 13th of April, the same number which contained a report of Mr. Fergusson's case in the "*Hospital Mirror*" of that Journal. The title of my note was "Cannot enlargement of the middle lobe of the Prostate Gland be removed by the lateral operation of lithotomy?"

At this moment the injection of Iodine into Ovarian Tumours, bursal cavities, sacs of cold abscesses, synovial cavities, &c, is receiving a fair trial, and so far as I have seen, promises to be pretty successful. I saw Mr. Erichsen inject a very large hydrocele the other day with pure strong tincture of iodine, with success, also an ovarian cyst, but the patient was not a suitable one for it. A case of Mr. Baker Brown's, at St. Mary's Hospital, struck me forcibly: 6 ounces of strong tincture of

Iodine, (Eli. Ph.) were carefully injected into an ovarian cyst in a healthy female, after being first tapped, and allowed to remain in. In 5 minutes—Iodism set in—the saliva tasted of Iodine, and in half an hour the urine and other secretions were strongly impregnated with it. She had to be supported with wine and Brandy for 24 hours, and a radical cure was accomplished. I have seen other cases thus treated, but if success is to be expected, the pure strong tincture of Iodine must be used, *undiluted with water*, and allowed to remain.

The Iodide of Ammonium—a chemical much used in photography—has been introduced into Therapeutics, by my friend Dr. B. W. Richardson, the Editor of the Quarterly Journal of Public Health. It is quite soluble in water, not unpleasant to the taste, and a little more pungent than Iodide of Potassium. It is given in doses of from 1 to 3 grains for an adult. It possesses absolutely marvellous powers in dispelling strumous enlargements, much more rapidly than its sister salt. It has been found of great value by Dr. Richardson, in secondary syphilis, chronic rheumatism, the primary stage of Phthisis, and various forms of scrofula. It may be used also externally in the form of a liniment with Glycerine or Soap Liniment as a menstruum. It is thus easily absorbed. In this manner (a drachm to the ounce of glycerine,) he treats enlarged tonsils in children, applying it by means of a camel hair brush every night. From what I have seen and heard of this new salt from my friend, and with the experience I am already gaining of its value myself in public and private practice, I do not hesitate to prophesy the most valuable and important results from its use, and I lose no time in drawing your readers attention to it. There has been a death lately from the administration of Amylene, but there was found hypertrophy of the left ventricle at the autopsy, and we must expect accidents of this kind to occur from almost any anaesthetic, when such diseased conditions are present. Dr. Snow gave it himself in this instance, and has used it upwards of 150 times, without the least bad effect. Sulphuric ether, is perhaps the safest thing to use after all.

You will have perceived by the papers the announcement of the death of the well known and justly celebrated Dr. Scoresby, at his residence at Torquay, on the 21st March. He was a corresponding member of the Natural History Society of Montreal, and was an old friend and acquaintance of the Society's late Secretary, Mr. Dutton, who has often discoursed upon the Doctor's whaling voyages, which were published in 1820, in his account of "The Arctic Regions," which has proved to every Naturalist both old and young, one of the most interesting narratives of maritime adventure ever written. I think Mr. Dutton is called

upon, to bring a short sketch of Dr. Scoresby's eventful life, before the Natural History Society, and which ought to be published. I trust that this may catch Mr. Dutton's eye.

I have another death to record, but with feelings very different from those which prompted me to do so in Dr. Scoresby's case. It is the death not of an individual, but of one of the instruments of a system, which is fast on the wane, and will be shortly reckoned as one of the "strange things that were." The London Homœopathic Hospital, the last hospital devoted to this delusion in London has closed its doors. The *Lancet* says, while recording the melancholy event, that "Like all quackeries, it has had its day: like all quackeries it has been supported, by the shallow, weak, and credulous on the one side, and the charlatan and the rogue on the other. Such alliances are invariably broken when either the eyes of the one are opened, or the capacity of the other is not gratified." Poor Lord Robert Grosvenor, the great champion of Homœopathy has confessed himself diddled, and declares he has been humbugged from first to last. He now employs a regular genuine allopathic practitioner. One Sunday when a passenger on the South Eastern Railway, who should happen to be in the same Car with me, but Dr. Rosenstein, who practised homœopathy in Montreal for some years. He did not know me. I watched him for some time and found he was in an advanced stage of phthisis, the mere wreck of what he once was; his young wife and mother in law were in the car with him. After a while I spoke a word into his left ear, which made him stir up, he nearly fainted with delight. I parted from him shortly after. A few days later a letter reached me from Woolwich, where he is settled, telling me he could not have been better pleased at meeting an angel than having seen me, and after entering into a few details about his history since leaving Montreal, the letter concluded by asking for a loan of the needle. It was quite clear, he too had found homœopathy a delusion as many others had done before him.

In one of my previous letters, I recounted an accident of a very fearful character in St. Katherine's Dock, in which the abdominal and thoracic viscera were forced out, with the heart lying exposed on the outer surface of the abdomen. (Page 238 of Vol. 4.) It fell to my lot on 23d March, to witness a most horrible scene at Charing-Cross, which was the running over of an old gentleman who had been waiting for a Clapham omnibus. He was making an attempt to cross the road in front of a Westminster omnibus, immediately in front of the horses which at that moment started to go down the incline; he was knocked down before he knew what he was about, and run over as quickly as it

takes me to write the few words about it. Both wheels passed over his body, completely rupturing the walls of the abdomen and squeezing out his bowels. The shocking spectacle was one which produced a very sickening feel in every one who witnessed it. It is needless to say life was immediately extinct. No blame is attachable to the driver. People are very frequently run over at the bottom of Agar Street in the Strand, where no less than five different streets meet, and the patients are generally taken into Charing-Cross Hospital.

My friend Mr. Erichsen of University College was telling me a few days ago, he had received an invitation to attend the meeting of the American Association for the advancement of Science, which is to be held at Montreal. He is much flattered by the compliment but will not be able to go. His work on Surgery is out of print and a new edition, of which he is at this moment correcting the proofs, will be out before October. It will be in 2 handsome volumes, with 140 additional woodcuts. Both he and his valuable book, are well known to all the McGillites who come over here, at least those whom I chance to meet. I introduced Dr. Walter J. Henry to him, who was much taken with the Professor. If you turn out many such men as Dr. Henry from McGill College, you need not be ashamed to send them to any part of the globe. From the opportunities I had of forming an opinion, I was much pleased with him indeed, and I will take any amount of trouble to show such men as he, or Dr. John and James Stevenson what medical life is in London. I very frequently meet another graduate of the same College, and lately have been almost daily in his company, I allude to Dr. David D. Logan, formerly of Montreal, who resides at Cheltenham, and is practising there as a Physician. He, Dr. Baker of Dawlish and myself are the only 3 I believe in England who rejoice in the terms McGillite, but I am glad to say not of the recreant class, an example of which you have shown up in your March number.

In concluding, I would recommend your employing stout, and at the same time thin, brown paper, to envelope the numbers of your Journal, for I believe many of them go astray, owing to the lacerable nature of the kind of paper you employ, and it is really a disappointment to find sometimes odd numbers not making their appearance.

G.

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#### MEDICAL NEWS.

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A Physician in New York was lately robbed by a woman suddenly stepping up to him, and before he was hardly aware of her presence, she snatched his gold spectacles from his nose. The Dr. was too much astonished to give any alarm and the woman escaped.