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ORIGINAL COMMUNICATIONS.

ART. XXX.—*Contributions to Clinical Medicine.* By JAS. CRAWFORD, M.D., Professor of Clinical Medicine, McGill College.

Case of intermittent Fever, with temporary Hemiplegia.

Alexander Craig, a native of Scotland, 28 years of age, a house painter, about two years arrived in Canada, of temperate and steady habits, and generally enjoying good health, till about 20th October, when he was seized with a chill, followed by a smart fever, and attended with delirium, which lasted about 18 or 20 hours, and terminated in a slight perspiration, the whole paroxysm lasting about 24 hours. Next day there was slight fever which confined him to bed, and on the following day he was quite free from it. From this period till I was called to see him, he states that he daily labored under more or less fever, or malaise, which prevented him from going to his work, except for two days.

He sent for me on the 11th November, when I found him in a small, ill-ventilated, dark room, in a lane near Craig Street; a situation, however, free from any known source of malaria, although evidently a very unfit residence for a fever patient. I therefore advised that he should be removed to the Montreal General Hospital. He had been previously visited two or three times by a Physician, but his case being, hitherto, slight, very little treatment was had recourse to. He was, then, labouring under a high fever, with excruciating headache; his pulse 120 full; skin hot and dry; face flushed; eyes suffused: great thirst, and he was constantly licking or smacking his lips. He stated that he never had ague, nor was exposed to malaria, that he was aware of; Montreal being the only part of Canada that he had resided in. He attributed his attack to having lain down on the carpet of his room, while over-heated, and in all probability he was correct as to the cause, as he felt a chill at the moment which was followed by fever. On his admission into hospital, I ordered him to be cupped on the back of the neck, to have calomel gr. v.,

pulv. ipecacuanhæ gr. vii., antimonii tartarizatæ gℓ, and to have a saline purgative in the morning. The next day he felt easier, but there was still a slight fever; the headache was much relieved by the cupping He was not aware that a blister had been applied, till it was spoken of. He was ordered quinine disulphas gr i., every two hours, during the intermission, and to take calomel gr. ij., ulv. dover, gr. v., antim. tartar, ℓ. every three hours during the febrile paroxysm. From that period the attacks returned generally daily, and were very irregular in the time of accession and degree of violence, and might be termed double tertian; the cold and sweating stages being slight, the febrile stage severe and generally accompanied by headache, which sometimes was very agonizing. The febrifuge and antiperiodic treatment, was continued for about ten days, when the fits appeared to have moderated considerably, and to have assumed a double quartan type, the headache being much lighter, and always relieved by the cupping; the febrifuge treatment was omitted, the quinine continued. From this period till the end of Nov., he appeared to be going on fairly, the fits slight, and sometimes absent, the headache generally much easier, except on two or three occasions; at this period he had been three times cupped.

There was on many occasions a degree of nervous agitation some what resembling Chorea—principally of his loins, sacrum and glutei; which sometimes was so violent, when he attempted to sit up on a chair, as almost to throw him off it, and quite incapacitated him from standing, even when holding on by the bed. Although his arms and hands were in some degree similarly affected, he could control the involuntary motions, by holding some object: which in bed his agitation was not observable. In the night of the 30th Nov., while in a febrile exacerbation, accompanied by delirium, he was suddenly seized with hemiplegia, of the right arm and leg, and he in a great measure lost the power of articulation,—in which state I found him, at my visit next day.—He appeared intellectual, although he made no attempt reply to questions, nor to utter more than "*Oh dear*". He protruded his tongue, on being *signed* to do so; his pupils were natural, there was no indication of fever, or suffering in the countenance, nor flushing of the face; pulse 90, of natural volume. He was ordered to be cupped, and to take calomel gr. v. ol crotonis *m* ij. a blister to be applied to his neck, in the evening, and to have infusion of senna and magnesia sulphas, next morning. At next day visit, (1st Dec.) I found him quite free from any paralytic affection, of his limbs; and he had regained his power of speech. He had no recollection of what had occurred on the previous day, except that he was conscious of having lost the power of his arms, and [illegible] the whole he was surprisingly well, and free from any

headache. Lest the quinine might have had some injurious influence, it was omitted for some days.

The returns of fever at this period were somewhat of a double quartan type, and generally slight, and he appeared to be progressing very favorably, although weak, and subject to some degree of hysterical or nervous agitation, on occasions, especially on receiving a visit from his wife, when he frequently lost the power of articulation, and could only express his pleasure, by smiling; on the 7th, he had again a return of the hemiplegia; but retained his speech; he was perfectly free from fever, and had some power of drawing up his leg, but none of the arm, he said he had no headache, and retained sensation in the limbs. This attack lasted only about two hours, when he perfectly recovered the power of his limbs. He was again freely purged, and the quinine ordered as before. From this time he gradually recovered, the returns of fever being slight, and at long intervals, and he was discharged on the 20th Dec. Since which period, (he has informed me, that) he had three or four returns of his fever, which on one occasion, was accompanied by delirium. He is now quite well.

This very tedious case, was very anomalous and irregular in its character, and periods attack. The unusually high degree of fever, and excruciating headache, which occasioned delirium, evinced great cephalic determination, and necessitated an active antiphlogistic, and febrifuge treatment, for an affection which usually does not require so energetic a mode and which in all probability averted a more serious paralytic affection.

It is probable that the paralysis would have been of longer duration, had the febrile action been more continued,—the relief which the brain received during the period of intermission, we may presume, permitted it to regain its more healthy tone. The lighter and more transient attack of hemiplegia, I am inclined to class together with the temporary and recurring paralysis of the organs of speech, and also the choreic condition of the lumbar and glutual muscles, as hysterical, although occurring in the male sex, which circumstance is no objection to the view.

ART. XXXII.—*Case of Raptured Uterus.* By T. W. SMYTHE, M.D., Brockville, C. W.

Mrs. M., was taken in her third labor on the evening of the 21st Oct., 1853. She was attended by a *woman* through the night, her labor went on regularly until the next morning about 7 o'clock, when her pains ceased, and I was sent for. On my arrival, I heard from the attendants that her

pains had been regular but slow. No complaint from the patient, but that she was much fatigued and her pains had left her. On examination, I found the head presenting, and well down in the *pelvis*, and all my inquiries as to *symptoms* of *rupture*, being negatived, I viewed the case as merely a temporary suspension of *utarine action*, which I would in a short time be enabled to renew. The patient exhibited no urgent symptoms, and as she stated the child to be living (from, as she supposed) having felt it move. I decided upon a little delay, to allow nature to rally, and with it, renewed action of the womb.

I, however, waited in vain, the patient became impatient and irritable, and all the usual means having failed to excite contraction of the womb, and more urgent symptoms exhibiting themselves, I decided upon instrumental interferance and counsel. Having sent for Dr. McQueen, of this place, and Dr. Scott, of Prescott, (the latter gentleman being, happily in town, at the time,) both of high standing in the profession, and most successful and accomplished acconcheur's, these gentlemen on their arrival, and examination into the case, kindly agreed with the views I had taken, and the treatment pursued, and likewise the necessity of immediate delivery. The forceps were at once applied, and the child in a few moments was born *dead*, and from all the appearances, had been so, three or four days. The child was a *male*, and I should think would weigh eight or nine pounds. The placenta was removed without any difficulty, and the patient made comfortable in bed, feeling perfectly easy. On my visit in the evening, all was appearently right, except the patient complained of a little tenderness on the left side of the abdomen, and I now learned for the first time, that three or four days previous to her labor setting in, she had fallen on the corner of the *banisters*, and hurt herself. I examined the seat of injury, and discovered a small discoloration of the skin, about the size of a shilling, midway between the navel, and the middle of *Poupart's ligament*. Ordered fomentations and a dose of castor oil.

23rd. I found my patient had passed a comfortable night, the fomentations had relieved the tenderness complained of, but the oil had not operated. Ordered a small dose of *calomel* and *jalap*. On my evening visit I was surprised to find, no action on the bowels had taken place, and my suspicions were somewhat aroused by my patient bringing up in mouth fulls, a greenish subtance almost continually.

Another minute examination elicited nothing, but a little tenderness about the seat of injury, on pressure. In addition to the fomentations I placed my patient upon cal: and op: every *three hours*, together with copious injections.

24th. Much improved, vomiting not so freqaent, but still returned now

and then. Ordered Hydrocyanic acid—*three drops*, which had the desired effect, the injections had not produced the necessary evacuations.

Ordered to be renewed in larger quantities, cal: and op: continued every four hours.

25th. Patient free from all pain, passed a good night, and exhibited symptoms of the constitutional effects of the calomel.

The injections had acted but slightly. Consulting with my confrère, Dr. McQueen, we decided upon using the long tube, which was introduced as far as possible, and a large injection thrown up; after repeating the operation, we succeeded in moving the bowels freely. Cal: and op: discontinued and ordered a Saline draught.

26th. Draught had acted well and the patient felt so much better, as to express a desire to sit up a little, which I declined. From this date she continued to improve up to the 30th, when she complained of much weakness. A gentle tonic was prescribed which acted favorably, but on the night of the 2*nd* of *Nov.*, she suddenly expired.

On being apprised of the fact next morning I felt much surprise as did my confrères of the profession, to whom the case had been made known.

Sectio Cadaveris.—On examination of the body, twelve hours after death, (in which I was kindly assisted, by Drs. McQueen and Garvey), we found in dissecting back the flaps of the abdomen, the spot before mentioned, where the patient had received an injury from a fall, exhibited signs of inflammation, and for a space of about the size of a penny piece, was gangrenous. On opening the cavity of the peritoneum, there were traces of violent peritonitis, the omentum was destroyed and the intestines, already far gone into decomposition. The womb was about six or eight inches in length and a *laceration* extending from the neck, its entire length, with ragged edges corresponding to the seat of the *injury* from the fall. Here was a solution of this singular case, wanting in all the usual symptoms, with the exception of the vomiting of a greenish substance the day after the labor. The length of time she lived after the accident, was certainly much extended, in comparison to the great majority of such cases. Of thirty-one cases recorded by Dr. Collins, only two lived longer, than did my patient. Drs. Clarke & Ramsbotham's cases all died soon after delivery, except such as were *cured.*

Brockville, January, 1855.

ART. XXXI.—*Medical Institutions &c. of Paris.* By W. H. Hingston, M.D., L.R.C.S.E.

(Conclusion.)

In, and around Paris, there are ten establishments (private) for the reception of the insane. They are all favorably situated. Most of them are fitted up in style approaching to elegance, with every comfort, and even luxury, that humanity could suggest, or fancy desire. On the establishments of Esquirol and Pinel in particular, too much praise cannot be bestowed. The precepts laid down by Pinel, and followed by Esquirol, have caused a complete revolution in the management of the insane. Previous to their teachings, they were treated with cruelty and harshness, as beings incapable of appreciating kindness. Loaded with chains, they were thrust into dungeons, into which the light of Heaven feebly penetrated, and there treated, without any reference whatever to their recovery. A mad house formerly served the same purpose as a gaol, namely, to shut out from society individuals dangerous to it. The inhuman treatment to which they were subjected, soon produced the result too often devoutly wished by friends and relations—perfect quietness was generally soon obtained, and patients were removed without difficulty—*en cercueil.*

Pinel and Esquirol taught that reason may be dethroned temporarily; that it may be re-placed upon the seat it once occupied, and that firmness, tempered with gentleness—not coercion—is the means to be employed.

The revolution that has, since their day, taken place, and the happy results by which it has been followed, must afford pleasure to all those within whose breast one sympathetic note of pity responds to the voice of misery.

A list of the "Causes" of Insanity, and the trade, occupation, or profession, which seems most to influence it, may not be void of interest. The following are the statistics for 1819, of M. Segoyt, published in the *Paris Medical.*

PHYSICAL CAUSES.		MORAL CAUSES.	
Effect of Age,	582		
Idiotism and Inherited,	3145	Love and Jealousy,	801
Excessive Irritability,	958	Sorrow,	1369
" Labor,	217	Political Events,	313
Want,	458	Ambition,	473
Onanism,	450	Pride,	340
Skin Diseases,	67	Religion improperly understood,	632
Wounds and Injuries,	144		
Syphilis,	106	Total known causes,	13.123
Hydrocephalus,	29	" unknown do.	5.849
Epilepsy and Convulsions,	1383		
Fevers, Phthisis, and Heart Disease,	343	Total,	18.972
Emanations from Putrid Substances,	26		
Abuse of Liquors,	957		

LIBERAL PROFESSION.	
Divinity, Law, Medicine, &c.,	993
Landlords, Proprietors, &c.,	1216
Military,	453
Artists.	110
Negociators, Merchants, wholesale,	218
Retail Merchants,	456
MECHANICAL PROFESSION.	
Workers in Wood,	409
" Iron,	239
" Gold and Silver,	71
" Other Metals,	91
Workers in Thread and Tape,	771
" Buildings,	303
" Leather and skins,	298
" Colors,	41
" Eatables, Drinks, &c.,	471
" Articles of Clothing,	1427
Persons engaged in Husbandry,	2564
Laborers,	1256
Domestics,	1164
Without Profession,	3014
Unknown do,	3898

I have given the statistics *in extenso*, for, with the exception of Prussia, and perhaps Bavaria, there is probably no country in which medical statistics are kept with so much precision. Among the list of "Physical Causes," the reader will observe that out of nearly nineteen thousand cases of insanity, only 450 are traceable to Onanism. On comparing this, to the statement made a few years ago, in the "American Journal of Insanity," to the effect that upwards of half the cases in the U.S. were traceable to an excessive indulgence in this solitary vice, we are surprised at the discrepancy, and wonder why it is so much less frequent, in a country, in which the standard of morality, is unquestionably lower. "Many a truth is told in a joke," and the remarks of a French gentleman to whom I mentioned the circumstance, may not be an exception to the adage: "On n'est pas necessité ici en France, a avoir recours à ces moyens artificiélles.—VIRGINES FACILES ne sont pas si rares que dans l'Amerique, et on est licencié tant par les mœurs qu'on est protégé par la loi."

There exist, for the removal of deformity, three orthopædic establishments. *Hydropathy* also has a few, where worshippers at the shrine of Humbug, may, for a small consideration of £50 or £60, be fed, lodged, and rolled in wet sheets 365 times a-year! In the Rue des Recollets in the Faubourg St. Martin is situated the HOSPICE DES INCURABLES (male), a house of retreat for old men above the age of 70. Some are admitted under that age when infirm and helpless. It contains 512 beds; some the property of donors who fill them with the aged of their choice. Mortality 1 in 8.3.

An establishment of the same name as the preceding for females over 70 years contains 695 beds. Mortality 1 in 10.6.

The Hospices Le Prince and St. Merry are for the same purpose; the former admitting 20 above the age of 70—the latter 14 of both sexes.

There are three houses of retreat, in addition to those already mentioned, containing in all 1212 beds, which demand special notice. One (Hospice des Ménages) is intended for aged house-keepers, or the widowed, who receive threepence a-day, a certain quantity of bread, meat, wood and coal. The inmates must have been house-keepers for at least

10 years. Another (H. de la Rochefoucauld) receives the old servants of similar establishments, 12 aged or infirm ecclesiastics, and persons above 60, or deprived of their limbs. The third (H. de Ste. Périne) receives those, who, up to the period of their admission, had paid regularly a small instalment.

Institution Imperiale des Sourds Muets.—Notwithstanding the advancement made in science and learning, after the revival of letters, the attention of philanthropists and physicians was not directed to the condition of the deaf and dumb, with an eye to their alleviation until late in the eighteenth century, when France and England, ever foremost in those works which have for their foundation, science, and for their end, the good of mankind, showed us in the labors of a Wallis, a Péreira, and others, that *mind* is given to every infant with the breath of life; that for the *manifestation*, speech or signs are necessary; but that mind, or idea, or thought, is associated with the human form whether there exist means for manifesting the same or not. Previous to the seventeenth century, sages and theologians taught, that deaf mutes were animals of an inferior class or order in the scale of being, and as inferior animals were they treated. Those already mentioned were among the first to regard speech merely as the echo of thought, and to suggest means for the production of that echo when impediments to it existed. Had they lived a century later, physiology, which teaches us that there is no such thing as dumbness, but that it arises from, and is a consequence of, an impossibility of hearing or appreciating sound, would have greatly aided them in their labors. The principles which they laid down were those which guided l'Abbé de l'Epée in his teachings, when he first formed the class of deaf mutes. 115 boys and 45 girls are now being educated where the Abbé once gave his solitary instruction. Children of from 9 to 15 years of age are received and educated. They are permitted to remain 6 years. This institution is situated in the *Rue St. Jacques*.

Institution des Jeunes Aveugles,—This very excellent and very admirably conducted institution, is situated in the Boulevard des Invalides. It is now about 70 years since it was founded. Between 150 and 200 now receive instruction in the various branches of education. A full course is distributed over a period of eight years, and comprises, with the usual branches, a knowledge of different trades.

Hopital Imperial des Quinze-Vingts.—Founded by St. Louis in 1224—this hospital afterwards contained so many, that badges had to be worn to distinguish them from the other blind. It is again confined to its original object, namely, the accommodation of, as its name implies, twenty fifteens.

The old men of the 10th Arrondissement have a maison de retraite of

their own; the origin of which is peculiar. About 14 years ago, two young girls, one less than, and the other 18 years of age, collected together a few infirm old persons, and by begging the crumbs and waste victuals from the rich man's table, managed to support them. The National Guard, observing the good resulting from the labours of two individuals, and thinking that by more extended encouragement, they might obtain for themselves, a comfortable retreat when overtaken by old age, secured the services of these two maidens. The inmates now amount to upwards of 100. About £1 sterling is charged annually to males; £2 15s to females. Cheap boarding this; but

> "No solid dish their week-day meal affords,
> No added puddings solemnize the Lord's."

A cup of coffee for breakfast; soup, a plate of meat, and a glass of wine for dinner; a plate of vegetables and a glass of wine for supper. The inmates work about six hours a day, and receive half the proceeds of their labour.

In the Rue de Colombes, Protestants have a very agreeable retreat—the Asile Lambrechts for the aged and the blind—amounting to 100. The situation is agreeable, the grounds and garden well laid out; the whole establishment most comfortable.

The Jews have, since 1852, a house of refuge for those of their persuasion, for which they are indebted to Baron James Rothschild. The Hospice Israelite is second to no institution of the kind in external appearance, and contains 100 beds.

The Asile de la Providence receives 60 old persons; the Maison de Secours du Grand Orient, 24; relieves with bread, meat, fuel, clothing, or medicaments, the masons *en voyage* to or from any part of the world, and furnishes them with a home, or money, if necessary. The Maison Hospitaliere d'Enghien lodges 60 men and 40 women. The Infirmerie de Marie Therese, 32.

This brings the enumeration of the Hopitaux et Hospices Parisiennes to a close, and, in taking leave of them, I must express to my very excellent friend, Dr. Meding, President of the Société Med. All., my warmest acknowledgement for his advice and assistance—assistance of the greatest moment, inasmuch as he himself, had previously been engaged in the same labour. I have consulted his work, and when time did not allow me to obtain correct statistics, I have incorporated his, well assured, that few errors were likely to occur in a work by a gentleman of his talent and application.

A few general remarks on the management of the Parisian Hospitals, legitimately belong to a description of each one of them. And as the

internal arrangement as well as the general management of them, differ in many respects from those of similar institutions in Britain and America —those remarks may possess some interest.

While in Britain, Canada, and elsewhere, PRIVATE CHARITY erects, and private charity supports those institutions which have for their object the alleviation of diseased humanity—L'assistance publique forms a huge and important item in French Government. There are numerous exceptions, however, and costly edifices are here and there seen to rear their heads, beneath which are collected numerous living monuments to individual philanthropy. These institutions flourish with the founders; and, as a general rule, the latter, dying, "bequeath them as a rich legacy" unto their country. All French Hospitals, as well at Paris as in the Provinces, are under the direction of, are guided by, and receive assistance from, the *administration generale*. This is one of the wealthiest and most perfectly organized corporations in France. With an annual income of upwards of half a million, it is placed *hors de besoin*, and prepared for any emergency. This immense income enables it to support not only general hospitals, but also special ones for almost every disease and age. Thus it has been seen that the infant may draw the first breath of life in a hospital—reach extreme old age, and terminate his existence there; and during the whole course of his chequered and diseased life, public solicitude watches over him, and ministers to his every comfort. The *administration générale* is composed of a Director General, (a government appointment) a council of inspection, composed of 20 members, of which only 4 are physicians, a general secretary, two inspectors, and a treasurer. Each one of the above is charged, in addition to his common duties, with the inspection of certain institutions. The ostensible head of a hospital, in virtue of his appointment is a non-professional, or at least a non-medical; the *actual* director, in virtue of his duties, is a professional. Where a perfect understanding and friendly relations exist between the legal and should be director, I mean, when the physician assumes all responsibility, and acts independently of, though apparently in concert with, the director, the latter, all the time unconscious but that he is the moving power, every thing goes on smoothly; but when a director is too keenly alive to the importance of his office, is jealous of his prerogative, and seeks for opportunities of exercising it, such as refusing wine or extras to patients when ordered, or denying admission to those who require immediate care, it is then the greatest confusion arises, and the injurious effects of misplaced power are most apparent. This has been commented upon at great length by the *Presse* of Paris, and there is no doubt but the evil will soon be remedied.

It is not left to the discretion of an individual to seek admission into

any hospital he may choose, unless suddenly taken ill, or in danger of death from accident; otherwise, he is compelled to go the *Bureau Central*, in the *Place du Parvis*, and there receive a ticket for that hospital —to which the nature of the disease peculiarly entitles him. This *Bureau*, in addition to the above, serves the purpose of a large dispensary. The poor there receive bandages, trusses, bougies, catheters, belts, wooden legs, &c., &c., &c. On certain days, attention is given to special diseases, as of the eye, urethra, &c. The *Bureau Central* is composed of twelve physicians and six surgeons. But to return to the hospitals. The number now in Paris under the supervision of the *administration générale* amounts to 27* In these 27 there are about 18,000 patients. The number consigned to the care of one medical attendant is, by far too great. Most of the hospital staff are men of extensive practice, and it cannot be expected that in an hour or less, physicians can prescribe for 80 patients—more frequently still for 90, and often for 100. The hurried manner in which they pass through the wards, is as unproductive to patients as to those who take the trouble to follow them—scarcely sufficient time being allowed to enable the *interne* to write the oft repeated order, *bouillon, bouillon, bouillon.* Indeed, to hear a clinical teacher's observations on cases in the ward, a person must station himself in advance at some bed where the ticket has been taken down —for at such only does he stop. The hurried manner in which Physicians pass through the wards, is, to a considerable extent, compensated for, by the care and attention of the zealous and highly efficient hospital apothecaries and other officers. Patients are much more at the mercy of these, than of the attending Physicians, and much more still at the mercy of the Sisters of Charity who act as nurses. The latter are in the constant habit of altering prescriptions, diet, &c., *ad libitum.* The *externes* are advanced students—elected annually—and having served for one year are eligible for *internes.* These are elected for four years.

The diet of the hospitals is divided into four kinds—the lowest or 1st consisting of nothing—the 4th or most generous of bread, soup, boiled meat, dry or fresh vegetables, in sufficient quantity, with wine. The bread used is very good and is made at the Boulangerie Générale in the Rue Scipion. The meat is killed at the Boucherie Générale in the Boulevard de l'Hopital. These establishments are under the exclusive management of the *administration générale.* When patients leave the hospital they are allowed 3 portions of bread, 3 of wine and 5 of boiled meat with soup. The poor receive, in addition, some money and clothes.

* I do not, of course, include the numerous private institutions, some of which I have already mentioned in the text.

The mortality at the different hospitals averages 1 in 12.07—the greatest (1 in 9.06) being at the Hotel-Dieu—the least (1 in 15.09) at the hopital Cochin.

In closing, I cannot refrain from again alluding to, and censuring, that direct infringement of all Hygienic law, by which 80, 90, or 100 sick persons are confined in a not over-cheerful or too well ventilated room. The wholesale manner in which patients are prescribed for, might also, with advantage to them, be changed. Nor would the immense number of students who frequent the hospitals be injured thereby, for it must be apparent to all who have given the least attention to the subject, that more real good is to be derived from the careful study of a few select cases brought together in a clinical ward, (as is the case in the German hospitals, and those British ones into which the late Dr. Graves introduced the German system) than in hurrying past a hundred diseased creatures, in about as much time as might suffice for the proper examination of half a dozen.

There yet remain a number of houses of refuge, &c., which should with equal justice be introduced, but the limits originally prescribed have already been overstepped, and time and circumstances permit of but very little addition. I will conclude with a brief review of the most important medical societies, &c., commencing with that which seems to exercise the greatest influence on the character of the French Physician—the

Faculte de Medecine.—The foundation of this institution—pregnant with historic interest, is, by many writers, carried back to the time when Charlemagne held imperial sway. It was not till the middle of the 12th century, that the nature and objects of the Faculté were defined—when it assumed to itself the prerogative and authority of a University. Up to that time, the members of it amounted to 31, the number (exclusive of Surgeons and licentiates) practising in Paris. At its origin it was poor, for then, as now, Physicians, as a body, were as much distinguished for their poverty, as they ever have been for their scientific acquirements. In the beginning of the 16th century, schools were built, and thence we may date the commencement of a system of instruction, which, modified and improved, has, in our day, arrived at a degree of excellence and perfection, which we meet not with elsewhere. At an early period of its history, there were two professors of medicine; one taught concerning "*things natural and unnatural*," (anatomy, physiology, hygiene,) the other, concerning *preternatural things*. Each one completed the course he had begun, by taking the place of the other. Surgery was then introduced, and physicians fearing they might overstep their legitimate boundary thus define the province of surgery:

Chirurgiæ professor chirurgica tantum doceat idest quæ operationem manum pertinent. At that time the qualifications necessary to become a member were very high, and strange to say, of a medical society, members when admitted, were required to declare on oath that they were not married, nor were they allowed to marry, when members, under pain of expulsion. Early in the 18th century, surgery, under the special favour of the King, eclipsed in brilliancy, the proudest days of medicine, and the indignities which the latter had heaped upon surgery, were now aided by the strong arm of royalty, returned. The Faculté was, after a time, again victorious, and again and again was on the brink of dissolution. It continued, however, to drag its sluggish length along until 1821, when the Academie Royale came into existence. This Academie afterwards called Nationale, now Impériale, succeeded in obtaining the suppression of the Faculty—but only for a time—for students, attached to their teachers, and possessing unusual advantages in an excellent Museum, Library, &c., would not attend those, whose greatest claim to be listened to, was royal favour. The Faculté still exists, changed indeed, by making new and repealing old statutes, but still possessing the germs implanted by its founders, which has enabled it to exist during a period of 500 years of no common vicissitude, and at times to flourish. Connected with it, are an Anatomical Amphitheatre, Botanic Garden, Museum (the far-famed Dupuytren's) Chemical Laboratory, Library, Hospital, where there are conveniences for dissecting 450 bodies.

All the chairs in the Faculté de Médecine are filled by men of world wide *reiommee*, and it is necessary to mention among others, the names of Cruveilhier, Malgaigne, Orfila,* Andral, Piorry, Bouillaud, Trousseau, Roux, Nelaton, Velpeau, Dubois, &c., &c. in confirmation.

Institut de France.—At the latter part of last century, the various academies in Paris, of which there were then a great number, were united into one, under the name of Institut de France. It is unneces-

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The faces of the students wore an unusual air of solemnity, when on repairing on the 12th March 1853 to the Ecole de Medecine in the *Quartier Latin*, they found the gates closed, and their eyes rested on a small piece of paper attached to the court-railing on which was written: "causé par la mort de M. Orfila." The unwelcome nature of the intelligence was visible in their countenances, for Orfila was their favorite and friend, and had fitted up a Museum of great value, which he dedicated "*aux Etudiants en Medecine*," and had instituted prizes in those branches to which he had devoted his lite-time. The following Monday, the corse was borne from his late residence to the Eglise St. Sulpice, where a service for the dead was performed. All the professors and academicians in their robes assisted. The road leading from the Church to Père la Chaise was lined by military, who, "close up" as the *cortége* passes. The coffin is laid in the earth—a funeral oration is pronounced, and Orfila is left alone. Thus terminated the existence of one, whose sun rose in obscurity, but went down in splendour. The youth, who, upwards of half a century ago, finds his way to Paris, unknown, uncared for, becomes the honoured associate of potentates and princes in science, whose authority has brought, is bringing, and will bring death or freedom to thousands who never heard his name, for Orfila as a toxicologist and an authority in legal medicine, stood alone.

sary to dwell at any length upon it, for few, I am convinced, who are at all conversant with French literature, can be ignorant of the advantages which have resulted to the whole scientific world from the labours of this *non-pareille* institution. The scientific world is also indebted to the Institut, for being the first to permit to their distant colabourers in science—competition for prizes. Even at a time when the most deadly hatred existed between the French and English nations, when all foreigners, especially Frenchmen, were excluded from taking part in, or competing for honours in the learned societies of England, the Institut under Napoleon, threw open "the lists," to persons of all parties, and of all nations—which were freely entered—and more than one Briton has borne off laurels from the Capital of France. The Institut is divided into eleven sections. The first five pertain to mathematical science scilicet: geometry, mechanics, astronomy, geography and navigation, physics; the latter six belong to the physical sciences, they are: chemistry, mineralogy, botany, rural economy, anatomy and zoology, and lastly medicine and surgery. Each section is represented by six members. Francois Arago, whose loss, science has since had to deplore, was present in his place of perpetual Secretary, when I last saw him, in April 1853. Several prizes are given annually. Those relating to medicine are the following: 1. Pour récompenser les perfectionnements de la médecine et de la chirurgie, et les découvertes ayant pour objet le traitement d'une maladie interne, et celui d'une maladie externe. 2. Pour récompenser ceux qui auront trouvé le moyen de rendre un art ou métier moins insalubres, et a décerner aux ouvrages ou découvertes qui auront paru dans l'année sur des objets utiles. 3. Prix de statistique. 4. Prix de physiologie experimentale.

Academie de Medecine.—Founded in 1820, for the purpose of furnishing to government information concerning the public health. This is considered the highest medical society in Paris—and to be *member* of it, is a distinction much coveted, and bestowed with care and discrimination. The President is M. Berard, and the foreign British associates are Brodie, Lawrence, Marshall Hall and Travers, all of London.

Societe de Chirurgie.—This society, founded in 1843, for the purpose of advancing the interests of surgery, is composed of 36 members. Candidates for membership must present an original *memoire*, addressed to the society, accompanied with a written application. The character of the Essay, and the professional reputation of the writer, decide the voting. The President is M. Guersant and 15 distinguished foreigners are members, among whom are Brodie, Guthrie, Lawrence, and Travers

of London, Ballingall and Simpson, of Edinburgh, Sir Phillip Crampton, of Dublin, and Mott, of New York. *

A Society under the name *Société de Médecine pratique*, under the presidency of Paul Dubois, holds its monthly sittings for the purpose of directing special attention to Therapeutics. Another bearing the title *Société Médico-pratique* discusses at its fortnightly meetings, questions relating to practical medicine and surgery. The *Societe Medicale d'Emulation* hold its sittings once a month. The above three give prizes annually, on the best essays presented to them during the year.

Societe Medicale des Hopitaux.—Composed entirely of the physicians to the Civil Hospitals in Paris, this society, which publishes the business of its fortnightly meetings in the form of Actes de la Société Médicale des Hôpitaux, may be regarded as the exponent of French doctrine and French practice. It apparently possesses more vitality than the others I have mentioned, and occasional *Assaut d'Armes*, add to their discussions an enlivening character.

Societe Medicale d'Observation.—Of which M. Louis is the permanent President--perpendendœ et numerandæ observationes--meets every Friday evening, at the Hotel-Dieu. The proceedings of the Société Médico-Chirurgicale may be gleaned from the Gazette des Hopitaux. The Société Anatomique was reorganized in 1826 around a nucleus composed of Cruveilhier and a few students; Cruveilhier has since continued president. The Société de Pharmacie, founded for the purpose of binding together the pharmaceutists of France and elsewhere, distributes annually a number of prizes, many of them of value, Bouchardat presides and Souberain is Secretary.

Biology has lately become a science in Paris, and the Société de Biologie for its propagation, counts among its members, Velpeau, Magendie, Andral, Bouillaud, Barth, &c., the latter being president.

The British, German and American Physician, congregated in Paris, have each a society (Parisian Medical Society, Verein Deutscher Aerzte, American Medical Society), in which are discussed what of interest has occurred in the hospitals during the preceding week. *Messieurs les Médecins des Hopitaux* little dream of the over-hauling they sometimes get at the hands of these worthies.

I will hazard a short sketch of the French Physicians for (although I much doubt my ability to give a correct one) the nature of this paper imperatively demands some such attempt. But far from wishing to thrust

* It must be a source of gratification to Americans visiting Europe, to perceive the very high estimation in which their illustrious countryman is held—showing that there are those *ultra mare* who are not quite "Barbarians in Science." The name of Valentine Mot tis "as familiar in their mouths as Hous-hold words." His election to the Société de Chirurgie was the only unanimous one.

any observations of mine upon the reader, to be received as articles of faith I would beg to mention them merely as impressions. If we follow a physician through the wards of an hospital, or attend him in the walks of private professional life, we soon learn to form an estimate of his character, and to estimate, at something approaching to an equivalent, his professional worth. Of individuals, however, it is easy to speak, but, to reduce a class composed of such heterologous material to a general standard, is, to say the least of it, a matter of no small difficulty.

Regard in what aspect we may, the Parisian Physician and Surgeon (for such I take as the type) the conclusion at which we cannot but arrive, is, that they are, generally speaking, men of high scientific attainments, and, in the principles of their noble profession well versed. Few there are who deny this, and were we content to admit all that is told us concerning

> "The way toe heale diseases rare
> As if by plummet rule and square."

the high opinion preconceived of them would be greatly strengthened. Indeed, on first visiting Paris, I was half inclined to think that I had spent too much time in cruising about among the hospitals of Britain and Germany picking up the little crumbs of knowledge. How much more might I have learned, thought I, had I sooner directed my steps hither where they seem to have the happy nack of curing diseases in *half* the time. But the charm with which novelty invests all things, soon wore off, "and then came a change o'er the spirit of my dream."

The *Chefs de Clinique*, especially those of *renommee* seem placed in a false position, as it were. Great things, in the form of novelties, are expected of them, and their utmost endeavour is exerted in catering to this morbid taste. But taking matters by the fore-lock is frequently the least expeditious, and the rem[illegible]louded, and the theories built-up to-day, require discarding and pulling down to-morrow. The lectures of many of them are occupied, and the medical press teems, with "wonderful discoveries" for curtailing misery and lengthening the human span. No doubt, a stray shot does occasionally hit the mark, but the vast majority fall far wide of it. If we wish to derive much real, and less apparent good, we require to leave the much frequented haunts of students and visit those hospitals where time permits the attendant, quietly to consider the cases under treatment, and it is *there* we see French practice, and hear opinions which have been matured by experience and reflection. The French are proverbially no philologists, and it may be for this reason that we rarely hear the name of a British physician or surgeon mentioned within the walls of a College or Hospital, unless by Britons themselves, who do not like to see their countrymen passed over in silence.

At first I thought this proceeded from jealousy, and no doubt it often does, but when we hear a lecturer, for instance, enumerate the different amputations at the foot without mentioning Harvey or Syme ; speak of diseases of the chest and liver, without allusion to Stokes, Budd, &c., but cite in all cases, French authority and the results of French practice, we cannot but conclude that they are really ignorant of the existence of such men, and of the boon they, *et hoc genus omne*, have conferred on mankind. Indeed they seem constantly to impress on the minds of the students, that, without the gates of Paris there is little to be learned, impressions generally acted upon, for French students are rarely met with out of France. The political alliance now happily subsisting between the two great powers will greatly tend to a change in these matters. The French Physician possesses in an eminent degree that "manière à faire" so peculiar to his countryman ; I might also add "la maniere à parler," but verbiage is oft times substituted for argument. An hour is with ease occupied in discussing questions of trivial importance. For the time an auditor may well be satisfied, but a retrospective glance too often shows him that there has been (to use a Shaksperian phrase) 'much ado about nothing." I do not intend such sweeping remarks to apply to the whole profession, for there are men such as Civiale, Nelaton, Andral, Velpeau, Guersant, and a hundred others, who despise anything approaching to *charlatanerie*, but I am convinced that they are applicable to the class. Of the talents, genius, faculty for observation and powers of perception of the French, it would ill-become me to speak, they are discernible in almost every page of medical history, and the names of many will last as long as the science they have so much enriched.

The medical Student in Paris is not so distinctive a character as he is in Germany. While the latter has been pictured with his scars across his intelligent and contented looking face, his mug of *Bayerische bier* and his pipe, the latter might be sketched with his wan, sallow countenance, his *demi-bouteille de bon vin* before him, and his *grisette* by his side. The latter is with him an indispensable article of furniture to grace his lodging, prepare his meals, &c. Each grisette occasionally gives her little tea-party, at which assist the intimate friends of her *aimant* and their grisettes. Once aweek they adjourn to the *Prado*, or some other dancing *locale*, and there "trip the light fantastic toe." The grisettes, when students are received, are transferred to some one else, provided they do not get married, which not unfrequently happens. It is sometimes a difficult matter to keep students in order during a lecture or operation. If too long, they put an end to it by their shuffling. If some unlucky assistant places himself between the operator and the stu-

dents, the confusion that arises is really amusing; he is saluted with such epithets as cannot but be painful to his vanity; and if that does not succeed, with such missiles as may chance to become. If a lecturer is too long in making his appearance, one might fancy that all the animals of a menagerie had found their way into the lecture room, nor is quietness always restored on his entrance.

The curriculum of study requires four years in Paris. It is not so expensive as in Britain, for hospital tickets, which, in the latter, form such a huge item of expense, are free. The order of study is prescribed by the College.

I have thus hastily reviewed much of what I considered interesting—but while there yet remains matter for a hundred such papers, I have contented myself with merely lifting a *corner* of the veil which conceals the whole.

Montreal, January 22, 1855.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXX—*A Manual of Pathological Anatomy.* By C. Handfiel Jonesd M.B., F.R.S., Fellow of the Royal College of Physicians, Assistant Physician to, and Lecturer on Physiology at, St. Mary's Hospital; and Edward H. Sieveking, M.D., Fellow of the Royal College of Physicians, Assistant Physician to, and Lecturer on Materia Medica at, St. Mary's Hospital. First American edition revised. With three hundred and ninety-seven illustrations. 1854. Pp. 733. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

A work on pathological anatomy which should faithfully exhibit the existing state of this department of medical science, was a want long felt by the profession of England and America. The want is now fully met, for in the work before us, the talented authors have given a clear, succinct, and withal full and satisfactory exposition of the views held by the greatest modern pathologists, with all their recent investigations and discoveries. It is decidedly a "manual" superior to the class of books usually issued under that name. Its importance to the physician cannot be too highly estimated, and we would recommend our readers to add it to their library as soon as they conveniently can.

The work has been disposed in allotments. Dr. Jones writes the chapters on "General Pathological Anatomy;" "Pathological Anatomy of the Alimentary Canal;" "Pathological Anatomy of the Urinary Apparatus;" and "Pathological Anatomy of the Joints." Dr. Seiveking writes those on "Pathological Anatomy of the Nervous System;" "Pathological Anatomy of the Organs of Circulation;" "Pathological Anatomy of the Organs of Respiration;" "Pathological Anatomy of the Female Organs of Generation;" and "Pathological Anatomy of the Osseous System."

Among diseased conditions of the blood, Dr. Jones introduces a chapter on leucocythemia, or "white-cell-blood." This peculiar affection, consisting essentially in a great increase of the colourless corpuscles of the blood, was discovered about the same time by Virchow of Berlin, and Dr. Hughes Bennet of Edinburgh. It was the latter who gave it the name of Leucocythemia, as he considered that term more expressive of the pathological condition of the blood than "Leukhemia", the name imposed by the former. The term "Leukhemia or white-blood", as he very properly observes, "given to this disease by Virchow is objectionable, because in the first place the blood is not white, but presents its usual red tinge when drawn from the arm. The colorless clots occasionally observed, will certainly not warrant the application of this term to the blood generally, as they are frequently present without the morbid conditions under consideration. Besides, the same name has been given with more propriety to the fatty blood, examined by Drs. Traill, Christison, and others, which presents a milky opalescent appearance." When a drop of blood is taken from the arm of a person with leucocythemia, and placed beneath the microscope, the red corpuscles, after a time, are observed to arrange themselves in rouleaux, as in healthy blood; but in the interspaces, a greater or lesser number of the colorless corpuscles are aggregated, the amount, however, invariably exceeding the normal standard. The white cells differ much in size, some being smaller and others larger than those of healthy blood. They resemble very much the pus cell; so much so, indeed, that Dr. Bennet published his first case in 1845, under the title of "Case of Hypertrophy of the Spleen and Liver, in which death took place from suppuration of the blood." He was led to regard them as pus cells, not only from their being identically the same in appearance, but also from their being similarly affected by reagents. When acetic acid is added, the cell-wall is made distinctly visible, and the granular contents become quite transparent. They have either a single, double or tripartite nucleus. "Occasionally, a cresentic nucleus is to be seen in the cells, and some free nuclei are also observed between them." Of 25 cases pub-

lished in pamphlet form by Dr. Bennett, sixteen occurred in males and nine in females. There was more or less distension of the abdomen in twenty cases, dependent, in the majority, on enlargement of some one or more of the abdominal viscera; ascites was also present in five. In twelve cases, the respiration was difficult; dyspnœa being caused in eight by the enlarged abdomen, and consequent diminution of the thoracic cavity; and in five from disease of the lungs. There was hemorrhage from different parts in fourteen; vomiting in seven, and diarrhœa was a marked symptom in many. Febrile symptoms existed in eleven cases; and in *all*, emaciation was present, being more marked, however, in the fatal cases. Post mortem examination revealed in the majority, diseased spleen, liver and mesenteric glands.

Dr. Bennet offers the following theory of its nature: "He regards the spleen, thyroid, supra-renal, pituitary, pineal, thymus and lymphatic, as constituting a great glandular system, whose office it is form the blood corpuscles. These are for the most part thrown off from the organs mentioned, and enter the circulation as colourless nuclei, identical with the peculiar corpuscles of these glands. Sometimes, however, the nuclei proceed to cell-development and appear then as the white corpuscles. The nuclei of these multiply by a process of division, circulate in the blood with colourless cells subsequently escape and become coloured blood-globules. Now, 'in certain hypertrophies of the lymphatic glands', Dr. Bennet believes, that 'their cell-elements are multiplied to an unusual extent, and under such circumstances find their way into the blood, and constitute an increase in the number of its colourless cells. This is leucocythemia" (p. 149) Dr. Jones differs in opinion with Dr. B. All the observations of the former regarding the development of the red globules, are opposed to those of the latter. He beleives that the, so-called, vascular glands have no share in the production of the corpuscular elements of the blood; these being altogether formed by the blood itself.

In the chapter on "New Formations" reference is made to the group of Tumours for which Mr. Paget has proposed the name of "Recurring Fibroid". These tumours present all the external characters of the common fibrous tumour. "Their microscopic structure consists of corpuscles caudate and elongated, as if developing into fibres: and the most striking feature in their history is their proneness to return after removal" (*Paget's Surg. Path.* p. 412.) They apparently form a transition between the innocent and malignant tumours. In one of the cases recorded by Mr. Paget, the tumour, which was situated in one of the lower extremeties, returned and was removed six different times within a period of four years. The last time it returned, it was as a soft fungoid mass protruding from the front of the leg. Two profuse hemorrhages

having occurred from it, the limb was amputated, but the patient survived the operation only a few days. In a second case the tumour was successively removed four different times, as it reappeared during the lapse of two years; but a fifth one, which had remained stationary for sometime, was present when Mr. Paget wrote. The gentleman, however, was pursuing an active occupation, and his health did not appear to be suffering from it. Mr. Syme has published a case agreeing in many respects with the above; and a fourth has been placed on record by Dr. Douglas MacLagan. The class of tumours which Professor Gluge believes to be transitional to cancer, and which he names "Albuminous sarcoma," Mr Paget looks upon as being identically the same as those for which he proposes the term "Recurring Fibroid."

Professor Campbell, of McGill College, sometime ago shewed us a tumour which he had removed from the mammary region of a lady. It was the size of a walnut, and presented to the naked eye all the external characters of the ordinary fibrous tumour. It was, moreover, firm to the touch, heavy, and when cut into, the section revealed a greyish basis structure with white lines intersecting it. When examined by the Microscope, it was seen to be composed of fine fibres curving and undulating in different directions. Prof. Campbell informed us that this was the third tumour, of like nature, which he had removed, within a period of eighteen months, from the same person. The first operation was performed on the 18th August 1852; the second on the 1st Dec. 1853; and the third on the 20th March 1854. A fourth tumour has since appeared, but as the lady is in an advanced stage of pulmonary phthisis, an operation for its removal cannot, of course, be entertained for a moment. These tumours were situated between the mammary gland and axilla, and had no connection whatever with the structure of the gland. They did not recur in the same site, but each succeeding one appeared in a place contiguous to the cicatrix left by the removal of the preceding.

This case resembles the one recorded by Dr. MacLagan, inasmuch as there was no difference in the consistence of the growths—the three removed being equally dense and resilient. No softening or fungoid protrusion occurred, as in the cases met with by Mr. Paget and Professors Syme and Gluge. It differs from the others in the patient being concurrently affected with phthisis. The supervention of this disease is a signification of some import, as it points to the fact, that the tendency of these recurring growths is not absolutely to degeneration; the cancerous and tuberculous crases being inimical, each to the presence of the other.

"These cases", and the one which we have mentioned is not the least important among them, "will suffice to prove the existence of a

group of tumours having these remarkable characters in common :—1st. A general resemblance to the fibrous tumours in their obvious characters; 2nd. A microscopic texture composed, essentially, of elongated and caudate or oat-shaped cells, somewhat resembling the elongated cells of granulations or of lymph developing into fibres, yet differing from them enough to be easily distinguished; 3rd. An exceeding tendency to local recurrence after removal and, in the worst extremity to protrusion and ulceration; 4th. An absence of those events which in cases of ordinary malignant growths, would coincide with local recurrence: such as cachexia, independent of profuse suppuration, pain, and other ordinary causes of exhaustion; and the absence of all affection of distant parts, or of the lymphatics. 5th. Occasionally, a cessation of the tendency to recurrence, and a complete recovery." (*Paget's, Surg. Path.* p. 417.)

The sections on the abnormal conditions of the stomach, alimentary canal and liver, are particularly instructive. Indeed, the entire work is instructive, and will well repay a studious and attentive perusal.

XXXI.—*Positive Medical Agents*, being a treatise on the new alkaloid, resinoid, and concentrated preparations of indigenous and foreign medical plants. By authority of the American Chemical Institute. 1855.

The work bearing the above caption has been characterized by one of our exchanges as a "most complete arrangement, collection and history of the active principles of medicinal plants." This panegyric, however well intended, is, we fear, calculated to injure the character of the work, by leading persons to frame anticipations in regard to it that must entail disappointment, and eventuate in its depreciation. Therefore we will endeavor to avert so undeserved a catastrophe by a timely correction of the misrepresentation. Messrs. B. Keith & Co., in publishing the present treatise, have merely had in view the direction of the public mind to certain *concentrated* preparations, which are prepared expressly by them with great care at the American Chemical Institute. They in no place give such prominence to the substances distinctively called active principles, as would justify the statement made in our exchange.

Between active principles and concentrated medicines, there is a very wide difference, which requires to be kept closely in mind, more especially as unfortunately the same name has been in several examples given to very dissimilar substances belonging to these divisions. Thus, hyoscyamin expresses both an active principle and a concentrated medicine;

but the active principle thereby designated is an alkaloid, crystallizable, of a white color, and so energetic, that the sixth of a grain is capable of causing in man the most alarming symptoms, which do not disappear till after the lapse of 12 or 20 hours. On the other hand, the concentrated preparation of similar name, is a complex substance, called resinoid, amorphous, of a greenish colour, and in the same quantity as the former, is a gentle calmative. In like manner jalapin signifies a pure resin, transparent, colorless, odorless, and forming about 9-10ths of jalap resin, but as "a positive agent," this same term refers to a resinoid, opaque, of a light drab color, having a slightly aromatic odor, and a rather unpleasant odor, and in doses of two grains is an efficient cathartic. Again, sanguinarin, obtained from Canadian blood-root, when applied to the active principle, denotes an alkaloid of a white pearly aspect, which forms salts with acids, of an elegant crimson color, but when assigned to the concentrated preparation it expresses, a compound organic substance in the pulverulent form, of a reddish brown color, and incapable of entering into chemical combination with acids. And lastly, lobelin. This, referring to the active principle, means a liquid alkaloid of a light yellow color, and aromatic odor, thus bearing a physical resemblance to nicotin and, indeed, in activity is not very much its inferior. The same word, however, applied to the concentrated preparation, denotes a solid, reduced to powder of a cream color, and with a smell likened to that of an old honey comb. Its ordinary dose is ½ to 1 grain. This similarity of nomenclature in dissimilar substances, is a matter of regret, from tending to create confusion and misapprehension. In the work before us we find that the names of the concentrated preparations terminate with the letter *n*, whereas those of the alkaloids, when mentioned, end in *e*, so that *hyosciamin* would mean the concentrated preparation, and *hyosciamine* the alkaloid; but this is a distinction that is very arbitrary, and not commensurate with the magnitude of the difference. Moreover, it is not supported by writers on materia medica, who indiscriminately write the names of active principles with the terminal syllables *in* or *ine*, and use the first more frequently than the last.

In addition to the four preparations above specified, the present work takes cognizance of 30 other concentrated medicines. With one or two exceptions they are made from plants which have been discarded from general practice. Physicians, from not having experienced, in their employment, sufficient virtues to warrant their retention in the materia medica, have in the spirit of that true eclecticism which has ever formed so marked a character in the philosophy of rational medicine, ceased to use them, and preferred others of less impotence. But the objections which apply to the herb do not necessarily apply to its concentrated preparation,

for the latter may embody such a quintessence of strength as to become a valuable agent in therapeutics. For this reason, the "positive medicines" manufactured by Messrs. Keith & Co., are entitled to trial. Of them, however, as yet we confess to have no experience in their employment, and therefore must speak of them as others have found them. In the present volume will be found, under the head of "clinical reports," some very satisfactory cures accomplished by their use. We find each to have been treated by a combination of the above agents, and by no one alone; so that it is difficult to estimate the individual value of any singly. A somewhat singular fact, also deserving of notice is, that in no one instance has the concentrated medicine, seemingly required to be exhibited with a medicine derived from the non-metallic, metallic, or animal kingdoms. Nay, it was not even conjoined with any of the pure alkaloids, or acids, or neutrals, derived from the vegetable kingdom, much less with any of the active drugs derived from this same division of nature that are prescribed in their entirety.

In illustration of the value of the positive agents of which we have been writing, we make the following quotations from the work under notice:—

Hyosciamin is "a narcotic and sedative which, while it quiets the nervous system, relieves pain, and produces sleep, has a laxative effect on the bowels," p. 220. Its dose is 1-12th to 1-8th of a grain.

Jalapin "is an active cathartic, and somewhat disposed to griping pains in its operation. This may be readily obviated by giving it in combination with other agents." "It produces copious watery discharges," p. 194. "It is applicable to all cases where it is desirable to make a powerful impression on the intestinal tract," p. 196. Its dose is 2 grains.

Lobelin is "a safe and efficient emetic when properly used," and is a most relaxant nauseant. "As a nauseant, it becomes a certain sedative, a reliable diaphoretic, and, in short, a general prostrator of all the vital forces," p. 152. Dose ½ to 1 grain. Given alone, its operation is apt to be harsh.

Sanguinarin "is emetic, nauseant, somewhat sedative, tonic, and escharotic? It may be safely combined with other nauseants to procure its expectorant virtues," p. 154. Dose 2 grains as an emetic, and to be diminished in proportion to the desired effect.

In conclusion, we have much pleasure in recommending this treatise to the notice of the profession in Canada. Its perusal cannot fail to be interesting, abounding as it does in pharmacological novelties and practical observations that have been diligently recorded. At the request of the proprietors we state that C. B. Norton, 71 Chamber Street, N. Y., is now the publisher.

XXXII.—*An inquiry into the pathological importance of ulceration of the os uteri*, being the Croonian lectures for the year 1854. By CHARLES WEST, M. D., fellow of the Royal College of Physicians; Physician, Accoucheur to St. Bartholomew's Hospital; Physician to the Hospital for sick children; author of "Lectures on the Diseases of Infancy and Childhood," &c., &c. Philadelphia: Blanchard and Lea. Montreal: B. Dawson. 1854, pp. 88.

There is only a brief month required to complete the annual cycle when we were called upon in the discharge of our critical labours to comment upon the modern doctrine of uterine Pathology, and felt ourselves compelled to dissent from the statements which were annunciated by Dr. J. H. Bennet, in his treatise on inflammation of the uterus. The reasons for this disagreement we endeavored to explain, and any one of our readers who feels sufficient interest in the subject can judge of their value by turning to the March number of the 1st volume of the Chronicle. This re-perusal will not be pointless, for on the present occasion we intend to continue the remarks then made by resuming the thread of our discourse.

One of the chief objects of the review in question was to determine the actual frequency of the prevalence of disease of the os uteri, and we are particular in calling attention to the circumstance from the direct relation which the conclusions we formed have to those which Dr. West has arrived at on the same subject, after, however, a much more lengthened and thorough investigation.

After the adduction of a body of statistical evidence which was impressed—to our eye at least—with irresistibility, we put down this deduction. "While denying that ulceration is of the frequent occurrence which it is represented to be by Dr. B., we are disposed to consider it as actually of rare occurrence." We then proceeded to reconcile in a kindly spirit the discrepancies we regretted existed between Dr. B. and ourselves. It is gratifying therefore to find that Dr. West, in a masterly manner, clearly substantiates in the present work the comparative rarity of ulceration of the os uteri. We need not follow him in the personal observations by which he justifies his opinion, since they are not so forcible as those which have already been recorded in the before-mentioned review, but we may in extension seek to ascertain the real importance of this lesion when it is positively present. Dr. West on this matter observes: "We have seen that in by far the majority of cases the ulceration when present was not merely trifling in extent, but that it had not given rise to so much irritation of the neighbouring tissues as to produce any appreciable congestions of the mucous membrane in its vicinity; while the changes in the uterine substance alleged to depend

upon it (as in duration) were oftener present without than in connection with it; and moreover, none of the alterations about the os and cervix of the womb, were so considerable as these which were apparent in its cavity."

In the second lecture Dr. West alludes to several clinical facts which serve to show 1stly, that the neck of the uterus is not so sensitive a part and is not so endowed for ulceration as is commonly believed; of the different classes of women the conditions calculated to inflict local injury on the uterine neck exist in prostitutes in a far greater degree than in any other; yet observation tends to prove that be the causes of diseases of the os uteri, what they may, sexual excesses at any rate, have no great share in their production, of 40 females admitted into the Lock Hospital indiscriminately, the os and cervix were absolutely healthy or presented only, and this, but rarely a slight blush of redness; in 10 others there were only what we would call epithelial abrasion not over a line in breadth; in the remaining 3 the excoriation was more extensive surrounding the os uteri for about one-third of an inch. 2ndly, The presence of ulceration is not necessarily attended by any local disturbance of functional activity. Perhaps no more striking exemplification of this assertion could be set forth than the case afforded by women suffering from procidentia uteri; here the part is exposed more than any other to external injury, it is in a state of permanent disease, the ulcerations are generally indolent and consist of a surface from which the epithelium has been denuded, but for which latter a covering of lymph has been substituted, they are further marked by vivid redness and elongated granulations from which an albuminous secretion constantly weeps. In addition to ulceration there is commonly conjoined more or less hypertrophy of the organ. Nevertheless, under these urgent disadvantages conception can still take place, pregnancy can be passed through without accident, and labour can be accomplished in safety, the very functions being normally discharged that are supposed to be especially disordered by ulceration of a far simpler type than that described above as occurring under much more favorable circumstances. This proposition concerning non-impairment of uterine function by ulceration is fully demonstrated in the present lecture by the discussion of a series of questions founded upon the analysis of 1,226 cases which is well deserving of a careful consideration. Dr. W. has further more shewn that menstrual disorder is not more common, more severe or different in kind; leucorrhœa is not more abundant nor furnished from a different source, and pain is not more excruciating when the os uteri is ulcerated than when that condition is absent. These opinions are borne out by tables that have been constructed from which it appears that amenorrhœa existed in 37.6 per

cent of cases where ulceration was absent, and in 30 per cent when it was present, and menstruation was irregular in 6.4 per cent when ulceration was absent, in only 5.9 per cent when it was present. Again leucorrhœa existed in 89.6 per cent of cases of absent ulceration, and in 9.5 per cent of those in which the lesion was present. In the former it was profuse in 37.6 per cent and in the latter in 44.1 per cent, and lastly, there was no complaint of pain in 14.6 per cent of females without ulceration and in 14.4 of those who laboured under this disorder.

The great truth which the preceding facts teach, is, that ulceration of the os uteri is not the cause of the local and constitutional derangements to which the female system is obnoxious and we must therefore seek some other explanation of their production. To this inquiry Dr. W. devotes his third and last lecture. Our limits do not now permit us to develop our own views on this interesting subject, and we shall therefore conclude with a short quotation which embodies Dr. W.'s opinions: "I believe that instead of the different symptoms which are supposed to depend upon ulceration of the os uteri being produced by that or by any other single cause, they in reality arise from very various causes; that at one time they attend on general constitutional disorder; at another, on some ailment of the sexual system and that ailment by no means the same in every instance. If this be so, however, instead of the consideration of one pathological condition of the uterus and its possible consequences we have to enquire into little less than uterine disorder in general, their causes and their symptoms."

XXXIII.—*Nature in disease*, illustrated in various discourses and essays. To which are added miscellaneous writings, chiefly on medical subjects. By JACOB BIGELOW, M. D., Physician and Lecturer on Clinical Medicine in the Massachusett's General Hospital; Professor of Materia Medica in Harvard University; President of the American Academy of Arts and Sciences: and late President of the Massachusett's Medical Society. 1854, pp. 391. Boston: Ticknor and Fields. Montreal: B. Dawson.

Dr. Bigelow has produced a very readable little volume, abounding in facts and hints of practical importance. His style is chaste, being entirely devoid of bastard carlyleism, verbosity, or evident straining after effect. His language is terse, elegant, and always to the point. We like much the views which he entertains regarding medical education and the treatment of disease. The essays on those two subjects

we recommend to the careful consideration of our readers, convinced that an attentive perusal of them will be attended with equal pleasure and profit. The following sentences are pregnant with truth: "Much injury is done to the cause of true learning by medical assumption, amplification, and exaggeration, by premature adoption of novelties, and by tenacity of theories, personal or espoused. Students, in all former years, have expended much time in learning, what it afterwards cost them both time and trouble to unlearn; in acquiring, not merely the truths of science, but the crude announcements and plausible doctrines of sanguine or ingenious men. How much time has been wasted in some of our distinguished seminaries, in acquiring the visionary and now neglected theories of Rush and Broussais." (p. 95, 96.)

The book has been brought out in good style by Messrs. Ticknor and Fields.

CLINICAL LECTURE.

(From Dublin Medical Press.)

Clinical Lecture on Physical Diagnosis in Fevers. By E. A. Parkes, M. B. Lond., L. R. C. P., Professor of Clinical Medicine, University College, London.

Typhus and Typhoid.—Dr. Parkes, last week, after describing all the familiar symptoms of typhoid and typhus, went into considerable length as to the difficulties of diagnosis. Occasionally we have local manifestations of disease of such severity (he observed) as may lead us to overlook the nature of the disease altogether. We may treat cough, dyspnœa, bronchitis, in a word, with all its various phases, and yet the disease be typhoid fever; other times, diarrhœa of a most troublesome kind is persistent—indeed many deaths are registered in London as deaths from diarrhœa, but they are nothing more or less than deaths from typhoid fever. Yet, if a correct examination were made, and the history of these cases made out, they would give us the tenderness of the iliac fossa, the rose-spots I have just described as so characteristic of typhoid, and in fact all the progressive conditions of this disease. Again, we may have nervous symptoms predominant—an ataxic form of typhoid; and here you will find very great difficulty indeed in the diagnosis. These difficulties are not attended to sufficiently in practice.

Fourthly, we may have a still more troublesome and insidious form of typhoid, attended with weakness and weariness, excessive thirst, no shivering; the patient has no very marked symptoms of any kind, yet suddenly dies of perforation of the intestine. All these difficulties of

diagnosis should lead us more and more to study the disease, as only by seeing the entire features of the history of the case, can we come to understand really what it is.

We will now, as illustrations of typhoid, take one or two of the cases up stairs in the wards at present, and I will read to you from the case-book the history :—

T————, aged 21. admitted September 30. Her previous history, as in all such cases, is a little deficient, as when patients are very bad in fever you cannot get that connected account you wish. She was born of phthisical parents; she has been very poor, and has suffered many privations. The disease first came on by vertigo, shivering, and, after the fourth day, profuse purging with extreme weakness, loss of appetite, thirst; two or three days after, pain in the abdomen. Diarrhœa lasted fully a week, headache also continued for that time; muscular weakness and thirst not abated. She then sought relief in University College Hospital. (Dr. Jenner, who has described this disease, also saw her; these cases, in fact, are now very interesting.) The symptoms in hospital were first, on coming in, excessive heat and dryness of skin, as shown by the thermometer at 105° Fah.; flushed face; abdomen presenting the peculiar red-rose spots, disappearing on pressure, slightly elevated; in fact, the rose-spots we now recognize as so characteristic of this disease in contradistinction to the mulberry-colored blotches of typhus. She complained of frontal headache, with other nervous symptoms well-marked; tightness across the sternum, frequent cough, and, on stethoscopic examination, dry bronchitis; but no deeper-seated disease of either lungs, or chest generally; the actions of the heart quite normal; the pulse, I should have said, so high as 116. Careful palpation over the liver detected nothing wrong; the same remark applies to the opposite side, at the angle of the large intestine and spleen. She had, as many of you will remember (I dwelt upon it at the time,) excessive tenderness over the abdomen, and more especially in the right iliac fossa; there was marked anorexia; the stools were liquid, yellowish, granular; the tongue large, and red at the tip, moist, not at all the tongue of typhus. You will remember, we have seen all these symptoms in more than one other case to-day also, as we were going round; they are very worthy of study, as so often met in medical practice.

As this subject of physical diagnosis in fevers is one in which I wish to exercise you, as it is, in fact, in practice in England, one of very eminent usefulness, and, in London, a matter in which at any moment you may be called upon to put in force, we will skip now from this part of the case, and come to the sixteenth day of the disease. And how are you to know it? You are brought to see this young woman, we will say, for the first time; the specific rose-spots are gone; she is laboring to all intents and purposes under severe bronchitic and chest symtoms (a chemist, or practitioner with a druggist's shop, has prescribed, and given cough mixtures perhaps, without seeing her); you find her respiration 30 in a minute, cough incessant, with some expectoration, nervous symptoms also well-marked; vertigo complained of, torpor, the eyes closed; she is delirious at night; she has also diarrhœa, pain over the abdomen, pulse quick, tongue furrowed and somewhat coated. Suppose, I say, you were called to such a patient, and moreover she is unable to give

any account of the previous illness, how are you to make the diagnosis? There are only two ways—one the positive method, the other the method as it is called by "exclusion." The first is obvious enough, and will of course be more valuable to the practised eye of the experienced physician, who seizes the nature of the case at the first glance by a sort of intuitive knowledge of what typhoid really is. Now the method of diagnosis by exclusion—the plan of logic-writers, *per viam exclusionis*, in this and other diseases, is one, though not without disadvantages, yet of no mean importance. The first question you resolve in your mind will be—Is she or he, as the case may be, laboring under any of the idiopathic fevers? any of the exanthemata? No. Is it typhus? You make the same answer, as the eruption in ty-*phus* is as different from ty-*phoid* as scarlatina from measles. The eruption is absent in patients under 22 or 21 (this patient's age is about this.) Is it relapsing fever, so common in some years, as 1828-29? No. You ask yourself then, is it typhoid? Yes, nervous symptoms are marked, chest symptoms and diarrhœa also; the latter loose, granular, yellow, so peculiar to typhoid. You have soreness of the right iliac fossa; but then you say we have no rose-spots, and then you remember in at least 20 per cent. these rose-spots are not found. You must weigh and balance all these circumstances in your mind.

There are two diseases not unlike typhoid, to which I wish now to direct your attention, and which may be mistaken, and are mistaken for typhoid—one is *pyæmia*, so called, but it is quite untrue there is any pus in the blood; the other is *acute tuberculosis*. In pyæmia we have its positive indications absent, such as inflamed joints, diseased veins, &c.; we have septic materials in the blood in pyæmia, and a vital change perhaps in that fluid, but you cannot well mistake it for typhoid fever. There is another disease, however, which has been lately quite mistaken for typhoid—this is *acute tuberculosis*, in which, more or less, every organ in the body becomes studded with tubercles, and known in England and the Continent as "miliary tubercles", in the intestines, heart, lungs, and in the female, even in the uterus, and pelvic viscera. It is a disease common in younger patients. The disease, however, is extremely rapid, in three or four weeks usually coming to an end. It is attended with febrile symptoms, furred dry tongue; the symptoms, in fact, all like as possible of typhoid. It runs parallel, so to speak, with typhoid, but is not typhoid. Acute tuberculosis is often mistaken for typhoid, but the *rose-spots are absent*. In these cases the best observers will make mistakes. These tubercular deposits are miliary; they are uniform over the lung. We have no opportunity of comparing disease in one part of the lung with another; no stethoscopic indications, in fact, but those of bronchitis. Again, in this disease of acute tuberculosis, the head symptoms are always most intense, from deposit, in the shape of acute meningitis: the latter produced by deposit of tubercle. It is, in fact, something quite out of the common to find bad headache in typhoid; torpor is more common; and according as the disease advances, as a general rule, head symptoms are found to go away. You will find, also, if you study these cases in the wards of the hospital for yourself, that the pupils are dilated in meningitis, and that the special senses of hearing, taste, smell, &c., are all more or less affected. Deafness, for instance, is common; and, as I have just said, you will have most intense headache.

Again, in one disease the abdominal symptoms will seize your attention; in the other, the head or chest symptoms. Diarrhœa is not so frequent in one; while in the other it is almost specific. In acute tuberculosis, you will not find the intestinal glands red and inflamed; in the other affection we are speaking of, it is very characteristic after death. The typhoid stools are liquid, yellow, or brown, containing albumen, and coloring matter of bile; this singular substance rendered mahogany-color by nitric acid. In hospitals I would advise you to familiarize yourselves with all these circumstances.

To sum up the whole matter, then, you will find that in these two diseases, confounded by superficial observers, we have a prominence, at the bedside, of head symptoms in one, and abdominal symptoms in the other. We have symptoms also of pyrexia in one. We may have "typhoid pneumonia," using these words now in a different sense, "typhoid" as an adjective; with all the other differential signs indicated. Then bad influenza, with capillary bronchitis, may also be mistaken for one of these diseases, purulent meningitis and a disease lately described in Ireland "cerebro-spinal meningitis".

THERAPEUTICAL RECORD.

(From Nashville Jour. of Med. & Surgery.)

Solidification of Cod-Liver Oil.—M. Stanislas Martin, pharmaceutist, Paris, gives the following process to make this oil palatable to patients: Cod-liver oil, 125 grammes; spermaceti, 23 grammes (in summer, 20 grammes in winter); mix, heat over a sand bath in a close vessel, pour into wide-mouthed vessels, and allow it to cool without shaking. An aromatic essential oil may be added. Cod-liver oil thus prepared looks like jelly. Mix with unleavened bread, gum, liquorice, or flour wet with sugar-water.—*Dub. Med. Press.*

A new method to extract fish bones from the Œsophagus.—We see tartar emetic in sufficient doses to act, and then the whites of six eggs immediately swallowed, recommended in the Scientific American. The coagulation of the albumen and its ejection from the stomach will, it is thought, entangle the foreign body.

Poisoned by Chloride of Zinc—A case is mentioned in the London Lancet, in which an infant swallowed by mistake a solution of chloride of zinc. Dilute sulphuric acid in milk was prescribed, with the view of converting the salt to a sulphate, and it answered well—the little patient recovered.

The seeds of Asparagus a substitute for Coffee.—Baron Liebig has discovered that the seeds of asparagus contain large portions of tannin analagous to that which is found in coffee, and, therefore, may be found a substitute for that delicious and universally-adopted beverage. They

have been tested in England, and found to possess all the richness, flavor and aroma of the best mocha coffee. This will be interesting information to the consumers of coffee, as the important article commands an exorbitant price in our market, while the asparagus is easily cultivated and prolific in its yields.—*Boston Med. & Surg. Jour.*

Dropsy.—Diuretic Wine.—M. Grand, pharmacien, publishes in the Repertoire de Pharmacie, for June 1854, the following formula for diuretic wine: sliced bulbs of squill, eight parts; powdered digitalis, eight parts; canella, twelve parts; acetate of potassa, fifteen parts; Madeira wine, five hundred parts. Macerate for eight days and strain. The dose is half an ounce, which may be increased to a wine glassful daily. —*Virg. Med. & Surg. Jour.*

Herpes—Ointment.—Dr. Quintanilla announces in the Bulletin de Medicina, that he has succeeded in curing a large number of obstinate herpetic eruptions by the following ointment: ℞. Of powdered cinnabar, 4 parts; sublimed sulphur, 2 parts; laudanum, 2 parts; fresh butter, 32 parts; with a few drops of essence of mint. The diseased surface should be carefully cleansed with warm soap water thrice daily, and then covered with ointment.—*Ib.*

Frictions with Vinegar to cure Itch.—Dr. Le Cœur has cured ten cases of itch, by frictions with vinegar. He has them rubbed three times aday with a hard sponge well moistened with vinegar. The friction is to be rough enough to destroy the vesicles. The medium duration of the treatment in these cases was less than five days. He thinks it may be reduced to a much shorter time by general frictions practiced in the same manner. The economy, absence of disagreeable odor, facility of application, and the celerity of action, render this method of cure worthy of a trial.—*N. Y. Med. Gaz.*

Prof. Erichsen's Prescription in Scrofula.—In his System of Surgery, he says he has found the following prescription most efficacious in removing strumous onlargements and deposits of aplastic and tuberculous matter:—

℞ Potassii iodidi:
Potassæ chloratæ aa ʒi.
Potassæ bicarbonate ʒiii.

Divide into twelve powders, of which one is to be taken night and morning in half a pint of warm milk.

PERISCOPE.

Treatment of Gangrene of the Lungs.—Prof. Skoda, of Vienna, has recently published four cases of gangrene of the lungs successfully treated by inhalations of the vapor of oil of turpentine and internal use of sulphate of quinine. Under this treatment the cure was rapid, without

leaving infiltration, caverns, or any abnormal sounds; the vesicular respiration having re-established itself. The vapor was inhaled every two hours, for five or ten minutes, and the quinine given in one grain doses every two hours. In order to render the turpentine vapor less disagreeable, oil of roses may be added, as did Mr. Skoda in one of his cases. —*Zeitchr. d. K. K. Gesellsch. d. Aerzte.*

On the Nasal Irritations in the Treatment of Ozæna.—By M. Maisonneuve. Hôpital Cochin, Paris.—All physiologists are aware that, in the act of deglutition, the pharynx and soft palate close the communication of the fauces with the nasal fossæ, by a combined movement, so as to prevent the alimentary bolus from regurgitating into the nostrils; but no one, so far as I know, has yet mentioned the production of this same phenomenon under the influence of injections of liquids by the anterior nares, nor remarked that injections propelled violently into one nostril invariably escaped by the other, without penetrating into the throat.

This fact, to which I now desire to call the attention of surgeons, appears to me to be of considerable importance in the treatment of several serious diseases, and especially in ozæna.

Ozæna, as every one knows, is an infirmity consisting in an excessive fœtidity of the nasal secretions, depending on the protracted sojourn of blood, pus, and mucosities, in the recesses of irregular cavities, where they are subjected to the triple action of air, heat and moisture.

At each expiration, the air which traverses these cavities, is charged with putrid emanations, and forms a loathsome atmosphere around the patient; so that the victims of this disease become objects of horror and aversion.

Hitherto, our art has possessed only feeble resources against this appalling disorder. With the exception of syphilitic ozæna, in which the preparations of mercury and iodine have a direct action, the graver varieties of the disease have been regarded as nearly incurable. Cauterizations, insufflations of detersive and astringent powders, were employed indeed; patients were advised to inspire balsamic and emollient liquids, and timid injections were made with small syringes, but these remedies were but insufficient applications, and persons who used them, still exhaled the repulsive odour characteristic of the disease.

No one thought of using free and powerful injections, under the persuasion that they would penetrate into the throat.

Now numerous experiments have demonstrated to me positively that this opinion is completely erroneous, and that injections propelled with great force into one nostril, will always escape by the other.

It results from this fact, that we can readily wash out the nares, and free them from the accumulated crusts, mucus, and pus, which by their sojourn produce ozæna.

Nothing can be simpler than this operation. It suffices to introduce the canula of a large syringe into one nostril, and to push the piston energetically. A current is presently established, and foreign matters are washed away. The operation is not disagreeable, and may be executed by the patient himself.

Thus discharges are removed, the fœtor is corrected, and in a short time the morbid condition of the mucous membrane begins to amend, and a durable cure is ultimately effected.—*Virginia Medical & Surgical Journal.*

One Hundred and Eighty Cases of Intermittent Fever treated in the Philadelphia Hospital with Sulphate of Quinidia (Quinidine).—Reported by J. S. Dorsey Cullen, M. D., one of the Assistant Physicians.—The increased consumption of sulphate of quinia, and the fears lest the source from which it is derived should fail, have excited the ingenuity of the medical public to find some cheaper preparation of, or substitute for Peruvian bark. Quite recently the attention of the profession has been called to *quinidine*, the newly discovered alkaloid of cinchona, as possessing anti-periodic and febrifuge properties equalling those of quinia.

By permission of the physician in chief, Dr. A. B. Campbell, an opportunity has been afforded the writer of testing the virtues of this medicine in a large number of cases of intermittent fever treated in the Philadelphia Hospital during the last few months. A tabular report of these cases, with the result of the treatment, is subjoined.

From the similarity of their names much confusion has arisen respecting the *quiniodine* of Serturner ("the amorphous quinia of Liebig"), and the alkaloid *quinidine* here alluded to. It may, therefore, be best to give the following notice of these articles, taken from the new (10th) edition of the U. S. Dispensatory. After adopting, for the sake of an uniform nomenclature, the termination *ia*, the author says: "Besides quinia and cinchonia, there can be no doubt that one other alkaloid, *quinidia*, exists in Peruvian bark, and it is highly probable, that though found most abundantly in the pale, and some of the Carthagena barks, it is contained, occasionally at least, to a greater or less extent, in all. • • • With acids it forms salts, most of which are beautifully crystallizable, and much more soluble than those of quinia • • • When treated, first with chlorine, and then with ammonia, it does not, like quinia, yield a green colour, nor like cinchonia, a white one, but remains unaffected. It differs from quinia, too, by its much less solubility in ether. • • • The sulphate of quinidia is obtained from the quinidia barks by the same process as that by which the sulphate of quinia is from Calisaya barks. *Quiniodine* (or the substance left after the crystallisation of sulphate of quinia, purified by solution and precipitation) consists of the alkaloids, mixed with a large proportion of resinous and colouring matters, into which the salts of the alkaloids have been transformed."

The price of sulphate of quinidia, though less than that of the salt of quinia, is higher than that of cinchonia; but, the fact that it abounds in the cheaper kinds of bark, especially in the Bogota cinchona, from which, at this time, it is extensively manufactured in Massachusetts, induces the belief that it will yet be obtained at a rate much lower than it now is.

The patients treated were chiefly Irish and German labourers, as their names indicate. Most of them had been employed on the canals, the banks of the river, and other exposed situations, which may explain the

great frequency of the quotidian type. Many of them, at the time of their admission, by their anæmic appearance and enlarged spleens, showed that the disease was of long standing.

In every case, if time permitted, a purgative was given before commencing with the quinidia. Where there was much reason to doubt the truth of the statement made by the patient, as to the type of the chill—as, *e. g.* in the cases of the double quotidian, the medicine was not given until a paroxysm had occurred in the house. The quinidia was administered, in most cases, in doses of three grains every hour for five hours preceding the expected recurrence of the chill. If this failed to prevent the return of the chill, it was repeated on the following day. In cases of long standing, and in others of less duration, where the patient had evidently suffered very seriously from the attack, it was thought best to give him the security of a somewhat larger dose; and, in several instances, twenty grains were given on the first day. In all the cases reported in which the amount taken is a multiple of fifteen, the additional quantity was given on the following day. On the day after the arrest of the chill, each patient was put upon the use of the subjoined prescription, and in this way a decided anti-periodic influence kept up; the chief use of the quinidia being in the first place to avert the recurrence of the paroxysm, which it will be seen it did admirably:—

℞.—Serpentariæ, cinchonæ, gentianæ, aa ʒiv contus.; ferri citratis ʒss aquæ Oj. S. A wineglassful three times daily.

Of the 180 cases recorded, 111 were of the quotidian type, 35 of the tertian, and thirty-one of the tertian and quotidian, *i. e.* began as tertian, and entered the house as quotidian, or the reverse, while there were three cases of double quotidian. This is an unsually large proportion of quotidians, but it must be remembered, that the patients were, at least many of them, of bad habits, greatly exposed, or unwilling to give up their means of support so long as there was not a daily interference with the pursuit of it; besides which, much allowance must be made for what may be their erroneous statements. In 129 cases the chill was arrested by fifteen grains of the salt, and there was no return of it; though it must not be forgotten, that these patients were, as before said, kept steadily under the use of a compound infusion of cinchona with iron. On the seventh, fourteenth, and in those remaining on the twenty-first day, ten grains of the sulphate of quinidia were again exhibited.

Upon the whole, so well convinced is the writer of the merits of sulphate of quinidia, that with him it has entirely superseded the salt of quinia; being, he believes, quite as efficient in the treatment of intermittent fever, while its price, about one-third less than that of sulphate of quinia, renders it especially desirable for large hospitals, among the poor in private practice, and with all who are influenced by considerations of economy.

—*Amer. Jour. of the Med. Sciences.*

Cancrum Oris treated by the Application of Nitric Acid.—A case of cancrum oris has just occurred in St. Bartholomew's Hospital, under the care of Dr. Baly, which has well illustrated the usefulness of the appli-

cation of the strong nitric acid. The patient was a boy, in whose left cheek the phagedenic ulceration commenced during recovery after scarlet fever. The internal use of chlorate of potass was first tried, and persisted with, in ten-grain doses, for several days, the disease, meanwhile, being unchecked. A single free application of the concentrated acid was then made to the part, and with the effect of completely arresting the morbid action. The induration of the surrounding part has since gradually subsided, and the sore is now almost healed. The case, although not one of the most acute class, was yet of a character sufficiently alarming.—*Med Times and Gaz.*

Application of Coniin in Scrofulous Photophobia.—Prof. Mauthner, of Vienna, extols the efficiency of the external application of coniin for the non-inflammatory spasmodic contraction of the orbicularis palpebrarum muscle in scrofulous children. The following is his formula for its use. ℞.—Coniinæ gr. ss.; ol. amygdal. dulc. ʒj; solve. The eyelids are to be pencilled with this twice or thrice daily. He says the most obstinate cases are cured by it in from eight to fourteen days.

He also recommends the preparation for hard, indolent, glandular swellings of the neck.—*Journ fur Kinderkrankheiten*, 1854.

GERMAN.

Abortive treatment of Mastitis by Nitric Acid.—Dr. Blaschko having witnessed the successful results attending the application of Nitric Acid in Orchitis, was led to its employment in Mastitis, and the success was such as to warrant his warmest approval. Late one evening he was called to a patient whom he found labouring under violent pain of the right mamma—the volume of which was greatly increased—the redness intense, temperature exalted, and the cardinal symptoms of local inflammation strongly marked. Lactation from the recent death of her child was arrested. The patient had already passed two sleepless nights, tormented with pain, and Morphia was prescribed. The following day he resolved to try the Nitric Acid, and with a pencil of lint, smeared the inflamed part five or six times. As if by magic did the pain disappear, and a violent sensation of burning was felt, which lasted about a quarter of an hour. The temperature was lowered, the redness gave place to a yellow colour, and it resumed its volume as after the application of collodion. The patient could attend to her household affairs during the day. When applied the second and last time, total absence of pain followed, and a few days afterwards the nodes remaining in the gland were dissipated by warm cataplasms.—*Med. Centr. Zeitung.*

On regeneration of divided Nerves.—C. Bruch publishes the following in Siebold's und Koelliker's Teitschrift. A cat, on which B., on the 23rd Dec. 1853, divided the ischiatic nerve in the middle of the thigh, was,

after it had for a long time lost all trace of interruption to the function of the limb, and had become fat and strong, killed on the 21st January 1854. The cicatrix in the skin was completely healed, there was no adhesion to the adjacent texture, the muscles were of their normal colour, and showed in the place of the cut blood like streaks.

When these were separated from one another, not the slightest abnormity could be seen. When first separated, a place was observed, which appeared softer and greyer, and by stretching, somewhat thinner than other parts, but on removal of extending force returning to its original volume; the regeneration was the most complete. When Bruch separated a thin bundle for examination with the microscope, and detached a few fibres from each other, he found fibre united to fibre, no blind or lost ends, and on each fibre was the seam visible, where the union of the cut ends must have taken place. No where hung two or more fibres together, no where an intermediate substance, no where an exudation or a callus; on the contrary, the neurilemma appeared rather thinner than thicker. The end of each central fibre had thus found a peripheral one, with which it had formed a continuous and isolated fibre. Above and below the scar, the fibres were healed in all their parts, and in every respect normal.

The site of the scar, was everywhere characterized by a little more depth, but on the whole, a distinct annular constriction, which was very broad and at both sides, a somewhat bellied or swollen, bottle like siphon. The "white substance" was, in all the fibres, as well above as beneath the point of division, for a short distance, clouded, crumbly, granular, or finely spread and doubly contorted, but on the place of the cut and on the bellied enlargement perfectly clear and transparent. Through this space, could be seen without reagents or further preparation in many instances, the axis cylinder, going through the centre, whereby its diameter had not much altered, now small, now thicker; in less frequent places, it terminated abruptly on one side or another and was no longer visible. It thus appears that Regeneration principally took place in the outer sheath and axis cylinder, while the "white substance" (Nerven mark) was not completely restored or by another more transparent substance.—*Medizinische Neuigkeiten.*

Collodion in Orchitis.—Very satisfactory results have attended the application of a solution of gun cotton turpentine, &c., in Orchitis. The proportions are as follow: 60 parts of Collodion, 1 of Ricinic Acid, and 3 of Turpentine. The application was not attended by the least pain; on the second day after the re-application of the remedy, pain, swelling and heat disappeared.*—*Ibid.*

FRENCH.

Vératrine dans le rhumatisme (Marotte.)—Si j'ai su, dit M. Marotte, interpréter d'une manière judicieuse les faits que j'ai observés et ceux dont j'ai lu la relation, l'opinion qui attribue les effets curatifs de la vé-

* Unfavourable results have sometimes attended its use, and in certain instances the most intolerable pain has succeeded, without the slightest benefit.—*Translator.*

ratrine à sa puissance sédative et non pas à son action irritante sur le tube digestif, est la seule fondée. La preuve la plus capitale qu'on en puisse donner, est la guérison de certains rhumatismes pendant l'administration de ce médicament, sans qu'il ait produit la moindre évacuation, le moindre trouble des voies digestives; guerison qui étonne par une rapidité et une netteté qui ne sont pas le fait habituel des rhumatismes accompagnés de symptômes généraux et locaux aussi intenses, et qui ne peut être attribuée qu'à la puissance sédative de la vératrine, reconnaissable à l'abaissement du pouls et de la chaleur générale, en même temps qu'à la diminution des lésions articulaires.

L'action sédative de la vératrine se trouve également dans les observations où elle a déterminé des troubles digestifs. Elle constitue donc un fait beaucoup plus constant que la diarrhée et les vomissements; elle doit donc avoir, par cela même, une part plus grande et plus constante que les troubles digestifs dans le résultat définitif. C'est ce que démontre surabondamment l'analyse attentive des observations recueillies jusqu'ici. En effet, non seulement les vomissements et les garderobes manquent quelquefois complétement; mais il n'est pas rare de ne les observer qu'une ou deux fois et à des intervalles de plusieurs jours, tandis que la dépression du pouls et l'amélioration du rhumatisme suivent une marche progressive et non interrompue.

Il y a plus, dans ces observations aussi bien que dans celles où des troubles digestifs sont plus suivis, les évacuations atteignent rarement par leur durée, par leur nombre ou par leur quantité, une importance assez grande pour qu'on puisse leur attribuer les modifications heureuses et rapides qu'on observe. Lorsque les purgatifs amènent de ces changements dans le rhumatisme, les évacuations sont nombreuses et abondantes. — Ajouterai-je, enfin, que, plus d'une fois, ainsi que l'a remarqué M. Trousseau, l'élévation du pouls et l'exacerbation des douleurs a coincidé avec l'apparition des évacuations et en particulier des vomissements.

Admettons que, dans certains cas, une amélioration évidente succède à des évacuations produites par la vératrine; faudra-t-il en conclure que l'effet évacuant constitue l'action propre du médicament dans la majorité des cas? On n'a pas oublié, sans doute, que la diarrhée est une des terminaisons critiques du rhumatisme; Stœrck, de Mertens, Stoll, et tous les auteurs qui ont écrit sur le rhumatisme, ont constaté ce fait. Il n'y aurait donc rien d'étonnant à ce que cette crise favorable fut déterminée par un médicament qui, à son action sédative générale, joint une action irritante locale. C'est ainsi que j'explique la promptitude avec laquelle a cédé à une potion de teinture de colchique (qui amena des évacuations abondantes), le rhumatisme articulaire aigu, accompagné de phénomènes généraux très intenses et d'endocardite valvulaire, que le docteur Fabre a observé dans le service de M. Rayer, et qui avait résisté au traitement antiphlogistique combiné avec la sulfate de quinine. Cette dernière circonstance m'autorise à penser que la maladie durait déjà depuis un certain temps, et avait été amenée par la médication combinée au point favorable à la crise, pour peu qu'elle fut sollicitée là où elle tendait: *quo vergit eundum.*

L'impossibilité d'expliquer les faits thérapeutiques de la vératrine par son action évacuante, devient encore plus évidente si l'on se rend compte des conditions dans lesquelles cette action évacuante se manifeste.

Deux, trois pilules ont produit quelques vomissements ou quelques garderobes; vous vous contentez de ne pas augmenter la dose, et, dans la pluralité des cas, tout est rentré dans l'ordre dès le lendemain. Souvent même vous pouvez reprendre l'augmentation progressive, et arriver à une dose double ou triple, sans que les troubles digestifs se renouvellent. Quelquefois même, la tolérance s'établit, quoiqu'on ait donné une pilule de plus. Les cas sont rares dans lesquels la suspension complète de la vératrine est nécessaire; encore, dans ces cas-là, peut-on reprendre le médicament après un jour de repos, quelquefois même à la dose antérieure, sans plus grand inconvénient que précédemment.

J'ai dit plus haut que la tolérance s'établissait quelquefois quoiqu'on eut continué à augmenter les doses, et j'en ai donné des exemples; mais je dois ajouter que, le plus souvent, le défaut de tolérance tient à ce qu'on n'a pas suivi le précepte qui avait été déjà donné à propos de l'émétique à haute dose, et que M. Piédagnel a renouvelé pour la vératrine, savoir: de ne pas augmenter la dose ou de rétrograder jusqu'à celle qui ne détermine pas d'accidents physiologiques (Obs. II du docteur Fabre). Moi-même je ne suis peut-être pas toujours resté assez fidèle à ce principe. Peut-être serait-il convenable de donner la vératrine à doses plus réfractées (un quinzième à une vingtième de grain) données toutes les heures, tous les cinq quarts d'heure, chez les malades qui la supportent difficilement; on pourrait arriver aussi surement à l'effet sédatif, tout en évitant l'effet évacuant (1).

Je ferai une dernière remarque qui justifie l'assimilation que j'ai établie plus haut entre la vératrine et le tartre stibié; c'est que, moi qui ai employé des doses plus rapidement croissantes et plus élevées que MM. Trousseau et Fabre, j'ai déterminé des effets évacuants, sinon plus rares, du moins aussi peu marqués que ceux qu'ils ont observés.

Je partage donc l'opinion de mon honorable collègue, M. Piédagnel, sur l'efficacité de la vératrine et sur son mode de traitement du rhumatisme articulaire; je le félicite d'avoir réhabilité le colchique dans son principe actif, et d'avoir mis entre nos mains un moyen dont l'action fut plus facile a doser avec certitude; mais cela ne veut pas dire que la vératrine soit à mes yeux un spécifique infaillible auquel aucun rhumatisme ne doive résister. Comme le nitre, comme le sulfate de quinine, comme la saignée, la vératrine est souvent d'une merveilleuse efficacité; dans certains cas elle est seulement utile, dans certains autres elle échoue d'une manière plus ou moins complète. Comme moyen thérapeutique, elle peut être donnée seule ou, au contraire, précédée, accompagnée ou suivie d'une autre médication. Elle a, en un mot, ses indications et ses contre-indications.

Solution d'iode dans l'hyposulfite de soud. (Miergues.—Hyposulfite de sonde, 10 grain; Iode, 1 grain; Eau, 300 grain.—Une cuillerée par litre d'eau comme boisson ordinaire vantée contre les diathèses humorales.

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(1) M. Garnier, pharmacien à Paris, prépare des *granules contenant un milligramme de vératrine* qui rempliront parfaitement ces inclinations.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

MEDICAL MATTERS IN THE CRIMEA.

"From some letters in the Medical Times and Gazette, it appears that the ambulance corps has been a failure. The debauched old pensioners, of whom it was mainly composed, were swept away by the cholera at Varna. The carriages even were not in the field at Alma; the wounded had to be carried to the beach, a distance of two miles and a half, on stretchers, or mostly on such temporary contrivances as seamen's hammocks slung on oars. One thousand seamen were employed for three successive days in carrying the wounded to the beach. All the disengaged medical officers of the fleet were likewise employed in whatever way they could make themselves useful; and yet a great number of the amputations were secondary; indeed, many capital operations remained to be performed on board the transports in the voyage down to Scutari. Only one army officer was detached to accompany the more than 2,000 wounded and sick sent to Constantinople after Alma. The naval men went with them cheerfully, and laboured night and day for the poor fellows. Yet Lord Raglan, in his dispatch, mentions only the services of the executive officers and seamen. There is not a word said in that or any subsequent dispatch of poor Mackenzie even, who, having accompanied the army as an amateur, laboured hard after Alma, performing brilliantly many most important operations on the field. A few days after Alma, he died of choleraic diarrhœa, brought on by fatigue, hardship, and privation. But, if the "commander of the forces" has been unmindful of these professional services to his army, the brave wounded men of the battle of Alma, both officers and privates, have not been ungrateful. They have been loud in their expression of thanks to the medical officers of the navy. That old war-surgeon, Guthrie, has always contended that there is no hemorrhage from gunshot wounds. Alma has borne him out. Some of the wounded were not brought in till the third day; yet I heard of no deaths from loss of blood. When a man wounded, however slightly I would say, in any of the extremities, than the limb is immediately strangulated by a rude contrivance called a temporary tourniquet—of which there are hundreds distributed about the "quarters" in all ships. No great harm is done, as, fortunately, medical assistance is always at hand in men-of-war. Not long ago, a marine, in one of the ships in this fleet, having cut his throat, and the circumstance being reported to the mate of the watch, his first expedient was to call for a tourniquet! • •

• • • • There is much less cholera now among the troops, but diarrhœa still prevails greatly. It will appear by and by, when the public, having recovered their sober peace senses, and can be brought to listen to the dark side of the war, it will appear, that in point of sickness and mortality, this has been one of the most disastrous campaigns on record; 10,000 men have disappeared from the ranks since the army landed in the Crimea. Many of them are only sick, it is true, and will soon again appear on the scene. The Russians, the poor soldiers say universally, are nothing to the cholera and diarrhœa. The next thing will be scorbutic dysentery, for they have been since they landed almost constantly on salt provisions; and there are no prospects of better fare, while also the cold wet weather will now soon set in. In the affair of the ships against the batteries on the 17th, the wounds were principally from fragments of shells. In naval actions, in the present day, "we are all rowing in the same boat." The surgeon of the Albion was wounded in the cockpit. Some of the men in the same ship wounded first at their guns, were a second time wounded in the cockpit, where they had been carried for shelter and medical attendance. • • • • •

Another letter concludes with: "You will be interested, also, to know that eighteen operations were performed in my field-hospital, of which number one only was unsuccessful; but this, I deeply regret to add, was upon the person of a brother-officer. There was abundance of assistance at hand. One curious and remarkable result at Inkerman was, the very few balls I had to extract; owing to the close proximity of the combatants, they generally penetrated both sides of the limb or body, which was very different at Alma."

Female Physicians.—"A lady suffers from a headache, the female physician is called in, and prescribes a new bonnet. Another female doctor finds her patient dying to go to the seaside. The husband might as well write and take the lodgings instantly; the doctor will be sure to order it.

Prescriptions will be made up of new dresses, bonnets, boxes at the opera, broughams, a party now and then, increased allowances for housekeeping, trips out of town, and the thousand and one other little whims which ladies are constantly "dying" to be indulged in.

The doctors will declare late hours on the husband's part most dangerous; order them, as they prize their health, to leave off dining at their clubs; tell them that latch keys are undermining his constitution; that cold mutton once a week on washing days is highly beneficial to the system; and as for smoking in the drawing-room, or bringing men home

unexpectedly to dinner—they would not answer for their lives a single day unless they give up such unwholesome practices.

Women have got already sufficient means of mastering us. Let them have doctors of their own sex to assist them, and the husband's case will be indeed a hard one.

"Perhaps, after all, there is no great absurdity in the notion of female physicians. All physicians except those who practice gratuitously, may be designated by the word female spelt with another *e*; and there are not a few of whom that is all that can be said. If the head woman is not calculated for the formation of a diagnosis she can at least shake it in a difficult case, as effectually as a man can: and having a softer and more musical voice than the masculine, she is better qualified than the most men are for that large part of medical practice which consists in whispering comfort to invalids."—*Punch*.

AN ACT TO INCORPORATE THE UNIVERSITY LYING-IN HOSPITAL IN THE CITY OF MONTREAL.

[Assented to 18th December, 1854.]

Whereas an Association hath existed for several years in the City of Montreal, in this Province, under the name of the University Lying-in Hospital, the object whereof is charitable and to afford the means of furthering the acquisition of obstetrical science, and supply scientific aid to destitute females at a critical period; And whereas the said Association is composed of the persons hereinafter named and others, who have set forth in their Petition, that the Incorporation of the said Association would greatly increase and secure the advantages resulting therefrom, and have prayed that they and their successors may be incorporated in conformity with the regulations and provisions hereinafter mentioned: Be it therefore enacted by the Queen's Most Excellent Majesty, by and with the advice and consent of the Legislative Council and of the Legislative Assembly of the Province of Canada, constituted and assembled by virtue of and under the authority of an Act passed in the Parliament of the United Kingdom of Great Britain and Ireland, and intituled, *An Act to re-unite the Provinces of Upper and Lower Canada, and for the Government of Canada*, and it is hereby enacted by the authority of the same, as follows:

I. Margaret Lunn, Mary Fulford, Eleanor Ostell, Directresses; Augusta Durnford, Secretary, of the said University Lying-in Hospital; Andrew F. Holmes, M.D., G. W. Campbell, M.D., O. Bruneau, M. D., W. Sutherland, M. D., James Crawford, M. D., William E. Scott, M. D., William Wright, M. D., Robert Palmer Howard, M. D., and William Fraser, M. D., Consulting Physicians to the same; Archibald Hall, M.D., Physician in Attendance, and Benjamin Workman, M. D., Medical Registrar, also Officers of the said Lying-in Hospital, and such other persons as now are or shall, under the provisions of this Act and the Bye-laws of the said Association, be or become Members thereof, shall be, and they are hereby constituted a Corporation, under the name of "The University Lying-

in Hospital," and shall be entitled to acquire, hold, possess, take and receive for the purposes of the said Corporation, but for the use and occupation only of the said Corporation, any real or immoveable property, and stocks and securities of any description not exceeding in yearly value the sum of one thousand pounds currency, and the same to sell, alienate and dispose of, and acquire others in their stead for the purposes above mentioned.

II. All and every the estates, real and personal, belonging to the said Association, and which the said Association, or the Members thereof as such, may hereafter acquire, and all debts, claims and demands due to the said Association, shall be, and they are hereby vested in the said Corporation hereby constituted, and the said Corporation shall be liable for all debts due by, or claims against, the said Association.

III. The By-laws, Rules and Regulations of the said association, in force at the time of the passing of this Act, shall be, and continue to be, the By-laws, Rules and Regulations of the said Corporation: and the Officers of the said Association, at the time of the passing of this Act, and each of them, shall continue to fulfil their respective duties as Officers of the said Corporation, and to manage and conduct the affairs thereof, until others shall be appointed in their stead, under the said By-laws, Rules and Orders.

IV. This Act shall be deemed a Public Act.

A New Bullet Extractor.—That "necessity is the mother of invention has just received another illustration. The frightful list of our wounded at the hard-fought battles of Alma and Inkermann suggested the idea of constructing an instrument for extracting bullets from the wounds with comparative ease, rapidity, and safety. The contrivance consists of a small air-pump and cylinder, to which a tap is affixed. To this tap is attached a suitable length of flexible tubing, about a quarter of an inch in diameter, lined inside with silver wire to prevent its collapsing. At the other end of this tube there is a small globe, from which a tube sufficiently minute to pass into a bullet wound is fixed, the end terminating with an India rubber collar. On the top of the globe there is a small tap in order to admit a probe to pass down the tube to sound when on the bullet. The mode of operation is this:—a vacuum is created in the cylinder, the tube before alluded to is passed into the wound, and when it is ascertained to be on the ball the tap in the cylinder is opened, when the bullet becomes fixed to the tube by the vacuum thus created, and is thus withdrawn. The great merit of this invention consists in its obviating the necessity for the painful and dangerous operation of cutting out bullets, and by its means a medical man, with the aid of an assistant to work the air-pump, would be able to accomplish the work which now occupies many surgeons."

Kirkbride on Hospitals for the Insane.—We have received from Dr. Kirkbride, Physician to the Pennsylvania Lunatic Asylum, an excellent work "on the construction, organization, and general arrangements of hospitals for the insane." The talented author has entered very fully into the subject. Indeed, there is no point connected with that all-important part of the treatment of the insane, which is included in the title of his work, that he has omitted to notice. We hope the new asylums to be erected in Canada may each be such as Dr. Kirkbride represents what an asylum ought to be.

Galt on Insanity in Italy.—From the general tenor of Dr. Galt's remarks, rather than from the insufficient statistics which are given, we should infer that insanity is more prevalent in Italy than we have hitherto supposed. Agriculturists and artizans, as in other countries, form the great majority of the insane; "but of 982, 56 are ecclesiastics, lawyers, physicians, and placemen: 26 are beggars and vagabonds. The hereditary influence, as traced in 52 cases; mania, 9; dementia, 15. Amongst the direct causes, 370 are moral causes. The physical causes amount to 249. Of these the largest in the catalogue is intemperance, 143 being so attributed. Twenty-seven are set down as owing to excessive venery, 11 to onanism, and 25 to insolation. Then the author has a third division, including chiefly different diseases, which he entitles physico-organic. Twenty-one are included under the head of organic, and five under that of palsy. It is doubtful, however, we think, whether we should consider these complications as simply such, or in the light of causative influences. As characteristic of the country, we find 24 to have originated from pellagra. Under the item meningitis, 19 are included."

Mayoralty of Boston.—"It affords us much pleasure to inform our readers," says the junior editor of the Boston Medical and Surgical Journal," that Dr. Smith, the senior editor of the Journal has been triumphantly re-elected Mayor of this city. This mark of confidence by his fellow-citizens is, without doubt, extremely gratifying to him, and we think he has merited it, for Boston never had a more energetic and faithful chief magistrate." We are very happy to hear of Dr. Smith's re-election.

TO CORRESPONDENTS.

Dr. Ruttan. Send down particulars, and state whether the announcement is to be an advertisement or editorial notice.——*Dr. A. H. Bucke.*

Letter was mislaid, but now found, and missing numbers will be sent. An index was sent with last number of first volume, a copy of which is also sent.——*Dr. S. A. Scott.* Many thanks for the substantial proof of his kindness. Hope he will never do worse.——*Mr. Grey.* Sorry to hear of his misfortune, and trust he is himself again.——*Dr. McKellar* will excuse the apparent remissness which has almost been unavoidable.

OBITUARY.

Suddenly, at the Bruce Mines, 2nd ult., David M. Rintoul, M. D., second son of the late Revd. Wm. Rintoul, A.M., of Montreal, aged 24 years. The subject of the above notice went to the Bruce Mines, as Medical Officer to the Company, in July last, having completed his studies, and graduated at the McGill College, with honour to himself, in, the month of May previously. He held an important office in the Montreal General Hospital for 12 months previous to his term of graduation and performed its duties to the complete satisfaction of the Medical Staff of that Institution. The kind and efficient manner in which his professional duties were discharged at the Bruce Mines, is attested by the respect paid to his memory, and the universal regret on the part of the officers and workmen of the Company at his sudden loss.

Death of the distinguished Dr. Golding Bird.—We see this sad event noticed in the London Lancet. He died at the early age of 38. We quote the following in evidence of how he worked:

"A few words descriptive of the amount of mental labour through which he passed in the short space of fifteen years, form the best commentary upon his talents, industry, and zeal. In addition to acquiring the large practice we have alluded to, he filled the public medical appointments of a professor in a large metropolitan school, and of a hospital and dispensary physician. He had passed through the necessary examinations for his degree, and for his license from the London College. He yet had found time to cultivate the collateral sciences sufficiently to secure his elevation as a fellow of the Royal, Linnæan, and Geological Societies; time, also, to prepare three courses of lectures delivered at the Royal College of Physicians; and still leisure to write three editions of his Book "On Natural Philosophy," to compose his work "On Urinary Deposits," and to almost rewrite it in the four editions through which it has passed; and all this before he had attained his thirty-ninth year."

To which we may add Dr. G. Bird was the author of works of a lighter nature, as "Nick of the Woods" and other novels, which are well known.

CORRESPONDENCE.

THE CAUSE OF CARDIAC PAIN IN CHOLERA.

Mr. Editor,—Will you be kind enough to allow me, through your medium, to put the following inquiry to the profession.

Yours, &c.,

Canada West. INQUIRER.

In an attack of cholera, what is the cause of the intense agony complained of by the patient in the cardiac region? Is it cramps of the stomach, as most of the profession seem to think, or rather *cramps* or spasms *of the heart*, or both?

In some of the severe cases which I attended during the late epidemic, the principal complaint was made of an agonizing *pain* in the *region* of the *heart*, analagous to that of angina pectoris. And this pain, I may here state, yielded to the inhalation of chloroform, which is recommended for angina pectoris, and the patients recovered.

Now, it has been asserted, and generally admitted, that the arrest of venous blood in a muscle is a cause of cramp, and that this is the cause, (proximate at least) of angina pectoris.

Therefore, admitting the above, and that this is the cause of the cramping in the extremities, back, &c., in cholera; does not the same cause extend to that muscle, the heart—and is it not the cause of that intense agony complained of in the cardiac region?

HOSPITAL REPORTS.

MONTREAL GENERAL HOSPITAL.

(Reported by Chs. Ault, Apothecary.)

Obscure affection of the head of an intermittent character.—James McGuire, ætat 24 (an Emigrant of last season) was admitted on the 29th December, 1854, into the Montreal General Hospital, under the care of Dr. Arnoldi. He had been suffering for two weeks previous to admission, with a severe pain in his head, for which quinine was prescribed, and a blister to the nape of the neck. This he said relieved him for a time. On the day of his admission he was suffering from a severe pain in his head, of a lancinating character. The pain usually commenced in the region of the frontal bone and extended backwards to the occipital. There was not much constitutional disturbance, the tongue slightly coated with a white fur, thirst somewhat increased, bowels regular, pupils

natural, pulse slightly accelerated, and the temperature of the body increased. On inquiring more particularly, it was ascertained, that he occasionally saw like sparks of fire, at other times black motes floating before his eyes; now and then he would feel giddy and stagger upon attempting to walk or stand. Sometimes he experienced a momentary blindness. After these symptoms had lasted from eight to twelve hours they would gradually pass off, and the patient would fancy that he was perfectly well. But the pain of the head invariably returned every other day. It did not observe any particular hour of accession, sometimes early in the afternoon, at other times late in the evening.

December 29th. Was ordered Inf. Chamomile and Sodæ Carb. This seemed to lessen the violence of the pain, and the next day he felt much better than he had on any previous day, since the commencement of the disease. On the following day (Jan. 1st), however, the pain returned with its former acuteness. The same treatment was continued, but the effect this time not so marked as before.

January 3rd. Pain having returned, was ordered an Emetic of twenty grains Ipecac. and three grains Tartar Emetic. This had a temporary effect in checking the attack, but it again returned.

5th. The Ung. Bin. Iod Hyd. was freely rubbed to the nape of the neck until vesication was produced. This also afforded temporary relief.

9th. Calomel grs. viij. to be taken immediately and followed two hours subsequently by Antim. Tart. grs. iv. The effect here also was temporary.

All the above means failing, salivation seemed the most likely to succeed; and to obtain this he was ordered Pulv. Antimonilias co. grs. iv, every three hours. The compound antimonials are composed of equal parts calomel, pulv. opiatus and pulv. antimonialis.

15th. In addition to the antimonials, an emetic of fifteen grains sulphate zinc was administered at the commencement of the attack. This had the effect of arresting the progress of the attack, but no permanent effect.

16th. Bowels being confined for the first time since his illness, was ordered a black draught with two grains antim tart.

18th. Attack again returned, sulph. zinc repeated, the antimonials were now omitted as the gums were slightly touched.

22nd. Has had no return of the pain since his mouth first became sore. Bowels being confined a cathartic was ordered.

23rd. Attack again returned, sulph. zinc repeated, but without effect.

24th. Seton was ordered to the back of the neck, but not fancying the operation he left the hospital.

Delirium Tremens.—Louisa Brown, æt° 34, suffering under an attac of *Delirium Tremens*, was admitted, 14tl Nov., 1854, under the care Dr. Arnoldi. Upon being questioned as to the nature of her complai t, sh said she had the ague; and at the time had a cold fit which caused he to tremble. That night she slept none whatever; but was continuall getting up out of bed and wandering about the ward. On the followin day at the noon visit, the symptoms of delirium tremens were present i a very marked degree. The tremulousness was excessive, and th expression of her countenance very wild. She was ordered ten grai calomel, to be followed three hours subsequently by four grains tart emetic. She vomited twice after taking the antimony. At the eve ing visit, the tremulousness to a great extent had subsided and she show ed a disposition to sleep; which was favored by an opiate. That nig she slept for several hours, also during the next day.

November 17th. She awoke bathed in perspiration. There being cons derable prostration, an ounce of the following mixture was directed to t taken every hour, R. spts. ammon. ar. ʒ sp. vin. rect. ʒ aqua. ʒ ft. mis

18th. Much improved, sleeps less. I may state that previous she slept at least twenty hours out of the twenty-four. Perspiration al diminished. The interval of taking the above mixture was increased every three hours. In addition (her bowels being confined) two scrupl pulv. rhei. co. with half an ounce lennae was administered.

19th. Medecine did not operate. Considerable pain complained in epigastrium. Sinapism was directed to be applied over the stomac and a dose of calomel and jalap was given internally.

20th. Bowels freely opened, pain in stomach relieved. From this s steadily improved, and was discharged cured on the 27th of the sam month.

MEDICAL NEWS.

The number of sick and wounded in the hospitals at Scutari, on the 25th October, w 2.339; and it was reported officially that the cases were in general going on most satisfa torily.——*The military hospitals at Stoke, England*, is to be prepared for the reception about 400 invalid soldiers, wounded in the battle of Alma.——Dr. Walker Lewis has be commissioned by the Secretary of State for the Home Department, to inquire into the la of foreign countries for the regulation of noxious trades and occupations, and to report the effects of these employments on the health of the artizans.——Dr. Wm. Turk, the ol est surgeon in the United States Army, recently died at Newark, N.J., at the age of years.——Dr. Rossiter of Savannah has been arrested on charge of having been concern in the death of a Mr. Hilzheim, in connection with the wife of the deceased.——A Parli mentary paper recently printed states that the last day of the week in the quarter endi at Lady Day, 1854, there were 21,673 aged and infirm women in the workhouses of En land and Wales, and 13,893 able bodied women. Of these latter, 5855 were of good ch racter, 1904 of dissolute and abandoned character, and 3593 were mothers of illegitima children, but were not of dissolute or abandoned habits.——A man in Haggerstown h just lost his seventh child by small pox, through his obstinacy in not having them vac nated.——*Dr. Huard, a French physician at San Francisco*, has been named Chevalier la Legion d'Honneur, in recompense for his devotion to the interests of the French popul tion.