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THE  
UPPER CANADA JOURNAL

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ORIGINAL COMMUNICATIONS.

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ART. XL.—*Cases of Operation for Cataract, chiefly at the Toronto General Hospital.* By W. R. BEAUMONT, F.R.C.S., Eng.—  
Continued from p. 332.

Case 3. — Cataract (capsular) of left eye, complicated with much contracted, displaced, and adherent pupil. Amaurosis of right eye. Extraction of cataract. Prognosis as to operation very unfavourable.

James Clifford, æt. 60, was admitted under my care into the Toronto Hospital, June 3rd, 1845. The pupil of the left eye was very small, adherent and irregular, being a mere horizontal fissure situated a little above the centre of the iris. Immediately behind this opening was seen a pearly-white, shining, densely opaque substance, an anterior capsular cataract. With this eye he said that he could distinguish light from darkness. In the right eye, there was a small central, deep-seated, slight opacity, and its vision much more impaired than such an opacity could account for. He could only see to find his way about. His sight had been bad, and gradually getting worse for the last four years, but he had never suffered any pain or inflammation in either eye; and therefore, as in case 2, the contraction, adhesion, and altered form and position of the pupil, must have resulted from a very chronic form of iritis.

June 10.—I operated by making, with Beer's knife, a section of the cornea through its lower half circumference so as to form a flap of this part. The lens (almost of its normal transparency) was immediately forced through the contracted and adherent pupil, and

through the incision in the cornea, by the mere action of the recti muscles, the laceration of the iris caused by the expulsion of the lens, leaving as good and well-placed an artificial pupil as could have been formed by the most successful operation for that purpose. The iris was easily ruptured, offering much less resistance to the extrusion of the lens than many an unadherent pupil. The opaque capsule, which was rather firmly adherent to the posterior surface of the iris, I extracted with forceps.

June 11th.—(Twenty-four hours after the operation.) There had been no pain in the eye; the pulse 60, and good.

June 14th.—(Four days after the operation.) I examined the eye, and found the sclerotic conjunctiva but little injected, the cornea slightly nebulous, and the incision in it apparently united. The enlarged pupil was of good size and form (not a circle of course, but the vertical and horizontal diameters nearly equal). It extended from a little above the centre of the iris towards the lower margin of this membrane.

June 19.—(Nine days after the operation.) The cornea had become perfectly transparent, and the pupil a bright black, but he could only distinguish the window from the wall, and recognize the flame of a candle.

July 13.—(Thirty-three days after operation.) He left the hospital, having suffered no inflammation of the eye operated on, its vision somewhat improved, so that he could distinguish large objects, and best in a moderate light.

Dec. 28.—(Six months and a half after operation.) I found the pupil of a clear bright black, and unchanged in form or size. He could recognize a finger when held before his eye (without a convex glass) and could see objects best when held on its temporal side, showing that the nasal half of the retina was most capable of receiving impressions. The cornea and humours being perfectly transparent, some impairment must have existed in the nervous apparatus of vision, without which we cannot account for the imperfect sight restored by an operation as successful as the mere operation can be, i. e., the removal of the opacity without injury to any important part.

The prognosis in this case was unfavourable. 1st. Because the right eye being to a certain extent amaurotic, the left was not unlikely to be similarly affected, and

2ndly. Because the contraction and adhesion of the pupil was likely to render the extraction of the cataract difficult, although fortunately it proved otherwise.

Case 4.—Cataract (capsulo-lenticular) of the right eye, complicated with much contracted and adherent pupil (which was irregular as to form, and fringed at its upper part.) Left eye amaurotic. Extraction of Cataract. Formation of artificial pupil. Prognosis very unfavorable.

Hugh King, æt. 24, was admitted into the Toronto Hospital, Nov. 13, 1845. Immediately behind the contracted pupil of the right eye was seen a dense pearly-white capsular cataract. The iris was tremulous, and the globe slightly altered in form. He stated that this condition of the right eye had not been preceded by any pain or inflammation, and therefore as in Cases 2 and 3, there must have been a very chronic form of iritis. Of the left eye, the pupil was large, and a clear bright black, contracting and dilating on exposure of the eye to different intensities of light, but its vision only sufficient to enable him to find his way about. For the last six months he had been subject to the appearance of *muscæ volitantes* before this eye, and to occasional severe attacks of head-ache.

He was first treated with some benefit for the amaurosis of the left eye, by cupping in the left temple and nucha, and by mercury till the gums were sore.

On Dec. 12th I operated on the right eye, by making a semi-circular section of the lower half of the cornea, and then with Maunoir's scissors, (one blade sharpe-pointed) I pierced the iris at its lower part, and divided it to the pupil. Through this opening I extracted the lens, amber-coloured and hard, and also the opaque capsule, which being adherent to the posterior surface of the iris, I gently tore away with forceps. Immediately before, and also during the operation, the patient had a severe rigor, caused apparently by fear. By the time the operation was completed, so large a quantity of the vitreous humour (being fluid) escaped, that I thought the eye irremediably lost. Cold water dressing was ordered to the eye.

December 16.—(Four days after the operation.) There had been no inflammation of the eye, but on the preceding evening he had an attack of violent mania, tearing his shirt to pieces, and the bandage from his eyes. Venesection to  $\bar{x}xvi$ , and a blister to the nucha, were soon followed by subsidence of the mania.

December 20.—(Eight days after operation.) The wound in the cornea was firmly united, the artificial pupil was of good size, and of a clear bright black, and the cornea of its normal convexity, but the iris was changed in colour, and there was a pink zone around the cornea. For this incipient iritis, two grains of calomel and five of Dover's powder were given three times a-day for four days when the pink zone had entirely disappeared, the gums having become sore.

Twelve days after the operation, he could distinguish, with the eye operated on, the frames of the windows from the glass squares. Before the operation there was total loss of sight in this eye.

Nine months after the operation, the cornea was quite transparent, and the artificial pupil of a clear bright black, but there was no further improvement in vision. For about six months past, he had been subject to frequent paroxysms of violent convulsions.

spasms of muscles of the face, trunk and extremities, on some days occurring many times in the course of the day. There was probably some cerebral disease, causing both the amaurosis, and also the convulsions and spasms.

The prognosis in this case was unfavourable, for the same reasons which rendered it unfavourable in case 3; but as in that case the operation was successful, so far as an operation could be, i. e., it removed all impediment to the passage of light to the retina.

Case 5.—Cataract (Capsular) of right eye, complicated with diminution and altered form of the cornea. Left eye quite amaurotic. Prognosis very unfavourable.

John Duffy, æt. 52, was admitted into the Toronto Hospital, April 27, 1847. The cornea of the right eye was about half its normal size, very prominent, and uneven from the cicatrix of a wound across its upper part, but still transparent. Behind it there was very little iris visible, but an anterior capsular cataract of a dense pearly-white. With this eye he could perceive the passing of a small body between it and the light, not distinguishing the body, but only the diminished light caused by its passage before the eye. No perception of light remained in the left eye. He was admitted for operation, being told that there was little prospect of improvement in his vision.

April 22.—I made a section of the lower half circumference of the cornea (of the right eye), and on endeavouring to extract the opaque capsule, I found it so firmly adherent that I could not detach it, even after piercing it and seizing it with fine hook forceps, and using a degree of traction which drew the anterior part of the globe forwards. The capsule was so hard that when I pierced it with the knife it produced a crackling sound as if ossified. Some dark amber-coloured fluid escaped, and all attempts at extraction were ineffectual. Cold-water dressing was constantly applied over the eye for four or five days, and no pain or inflammation followed the operation. He left the hospital on the 22nd of May, twenty-three days after the operation, without any alteration as to vision in the eye operated on. The prognosis was unfavourable in this case, 1st, on account of the changes which had previously taken place in the cornea and iris; and secondly, on account of the amaurosis of the other eye.

Case 6.—Cataract (lenticular) of left eye. Perception of light good. No complication. Vision of right eye unimpaired. Extraction. Prognosis favourable.

This patient, Mr. A., was sent to me by Dr. Cobham of Trafalgar. I directed him to live on a spare and unstimulating diet for ten days or a fortnight, and then to return for operation.

Aug. 14, 1847.—I made a section of the upper half circumference of the cornea, the pupil being moderately dilated with Belladonna. Immediately the section was completed, the lens was

forced by the recti muscles through the pupil, and into the wound in the cornea, from which I extracted it readily with the scoop. The lens before the operation, when seen in its normal position, appeared of a greyish colour, but when extracted was seen to be light amber, which circumstance is not unfrequently met with. The consistence of the lens was not hard, but moderately firm. A small portion of it broke off at the time of its extraction.

Cold-water dressing was constantly applied over the eye, and the patient kept in a darkened room. Twenty-four hours after the operation, the pulse was 96, but he had not experienced the least pain.

Forty-eight hours after operation the pulse was seventy-two, and the eye had been quite free from pain.

Aug. 19.—(Five days after operation.) I examined the eye, the patient having had no pain or other sign of inflammation since the operation. The incision in the cornea was well united, and scarcely visible, and the sclerotic conjunctiva very slightly injected. In the pupil on the nasal side, there was a very small piece of the lens remaining. He could however distinguish even small objects.

October 24.—(Ten days after operation.) The conjunctiva was still very slightly injected. He had suffered no pain or inflammation in the eye operated on, and its vision very good, the pupil when dilated with Belladonna being a clear bright black, except where the very small piece of lens was seen on its nasal side.

Oct. 15.—(Two months after operation.) I saw the patient, and found him capable of reading (with the eye operated on) very small print, a foot distant from the eye, using a cataract glass of about three inches focal distance. He stated to me, if I recollect rightly that there was no confusion of vision when he used both eyes at the same time.

{ *To be continued.* }

ART. XLI.—*Two cases of Fistula in ano, treated by injections of the Tincture of Iodine.* By EDWARD M. HODDER, M. C. and M.R.C.S., England.

MUCH has of late been written on the cure of fistulæ in ano; yet, in all the methods recommended, the division of the sphincter muscle appears to be absolutely necessary.

To obviate the dangerous hæmorrhage which too often followed the use of the knife, Mr. Marshall, of University College Hospital, has proposed the use of a platinum wire made red hot by a galvanic battery, to divide the textures, and which he states is accomplished "as surely as with a bistoury, and without causing any, or but a very trifling, hæmorrhage."

The result of this operation appears to have been satisfactory,

as "the whole tract heals very rapidly from the bottom after the casting off of the eschar, the separation of which generally takes place in a few days."

However satisfactory this treatment may be, it cannot be denied that the pain produced by it must be very severe; although the patients operated upon by Mr. Marshall were under the anæsthetic influence of chloroform, consequently they did not suffer at the time, yet we are told "that until the sloughs separated there was some dragging and aching pain, which, however was not at all to be compared to the suffering after the division of fistulæ by the knife;" nevertheless anodynes were required for two or three nights, owing to restlessness.

It is an axiom in British surgery that the cure of a disease is to be attempted in the first place by the simplest and at the same time by the gentlest means; should such fail, then we are justified in having recourse to those of a severer or more decided kind.

Having succeeded in curing two cases of *fistula in ano* by means of the tincture of iodine, without any suffering or untoward symptom to the patients, I feel anxious to give publicity to the safe, yet effectual, method which I adopted; and hope that it may prove as efficacious in the hands of any who may feel disposed to try it, as it has been in mine.

Case 1st.—Mr. M., aged 39, florid complexion and full habit, but whose constitution has been injured by habits of intemperance has, for about two years past, been the subject of *fistula in ano*, and which latterly has given him much uneasiness and occasionally sharp pain.

On making an examination, I found that two fistulæ existed: one commencing an inch and a half from the verge of the anus, to the right of the perineum, and opening into the rectum about  $2\frac{1}{2}$  inches up; the second had its external opening opposite the tuber ischii, about an inch from the anus, and opened into the rectum immediately above the sphincter. No sinus could be detected leading from one to the other.

My patient not being a good subject for an operation, and dreading much the ordinary method of dividing it, I proposed the use of the iodine, as recommended by Dr. Clay, of Manchester,—to which he readily assented. I accordingly ordered him mild aperients, and to abstain from the use of spirits for a few days, until I could procure a syringe that would answer my purpose.

Having had a silver tube made about two inches long, fitted on an ordinary syringe, and sufficiently small to enter the fistulæ, I commenced the treatment on the morning of the 23rd August, by injecting a little of the Tinct. Iodini Comp. through the sinuses into the rectum. It produced a little smarting pain at first, which became more severe, but subsided in about an hour, and he remained easy during the rest of the day.

I discovered that a communication existed between the two fistulæ, as the fluid when injected into the first, found its way out of the second.

Aug. 24th.—The injection used as yesterday.

After I left him yesterday, he had severe griping pains, with diarrhœa, which he attributed to the free use of lemonade; but from its returning again to-day, after using the iodine, I ascribed it to that cause, and ordered a dose of oil with a little laudanum, by which he was speedily relieved.

Aug. 26th.—All pain and uneasiness has ceased,—the smaller fistula was completely closed yesterday; the other feels sore upon the introduction of the syringe, and the iodine still passes into the intestine.

Sept. 1st.—No injection could be used after this date, as both the openings are completely closed, and he appears quite well in every respect.

After each injection of the iodine he complained of severe tenesmus and griping pains, which continued until a starch injection was administered, from which he obtained instant relief.

Dec. 10th.—I examined him to-day,—both fistulæ remain firmly closed. He considers himself cured, not having felt the slightest pain or uneasiness since the last date.

Case 2nd.—It is unnecessary for me to give the details of the second case, as it was precisely similar to the first, except that there was only one fistulous opening.

I might also mention a third case treated in a similar manner by a medical friend at my suggestion, and followed by the same beneficial result.

The value of iodine as an injection in various diseases is no longer a mere hypothesis, as it has been successfully used by Velpeau in several cases of hydrarthrosis; by Borelli in hydrocele, in encysted tumours, in adenitis, and *fistula in ano*; and by M. Dieulafoy, even in ascites.

For several years past, I have been in the habit of removing those small encysted tumours which form about the head and face, and contain a steatomatous or fat-like matter, by simply opening them with a lancet, pressing out the contents, and promoting adhesive inflammation by the use of the tincture of iodine.

ART. XLII.—Cases of Acute Abscess of the Prostate Gland. By JAMES RICHARDSON, Esq., M.D., M.R.C.S., Eng.

CASE 1.—The subject of this case is L. Paterson, æt 43, father of six children, resident in Brock, and was under the care of Dr. Kellogg of Mariposa. He has been a farmer until within the last nine months, since which time he has followed the occupation of a shoemaker.



Has never had any discharge from the urethra, nor difficulty in micturition, until this illness.

Dr. K. was called to him on the evening of Aug. 31, 1851, when he found him in great agony from distension of the bladder, having had complete retention for twenty-four hours. His abdomen was tense; pulse 100, full but compressible; tongue slightly coated; perspiring profusely. He says that about the 24th he experienced a sensation of fulness in the perineum, that defecation gave him pain, and that his fœces, which were passed daily, were hard and flattened. At this time, his urine commenced to pass with difficulty, and in a smaller stream than usual, and this difficulty increased until complete retention ensued, when Dr. K. was summoned. He had some slight chills for two or three days past, but on that day had a very violent one, which was followed by fever and sweating. Attributes his illness to exposure to cold and wet. On examination per rectum, a hard tumour, globular in shape, and about the size of a hen's egg, was found occupying the position of the prostate. The examination gave him great pain.

Failed in introducing Nos. 6 and 4 gum elastic catheters, but succeeded with a No. 3, and drew off a large quantity of highly coloured urine, to his great relief. The passage of the instrument gave him considerable pain, and it was firmly grasped while in the urethra.

Withdrew the instrument; ordered Hyd. Chlorid. et. Pulv. Dov. aa. grs. iv. every fourth hour, and warm bip baths, followed by hot fomentations to perineum.

Sep. 1.—Had slept well; constitutional symptoms slightly improved; bowels freely opened; in great pain from distention of bladder. Dr. K. succeeded after some difficulty in passing a No. 6 gum catheter: its introduction was followed by the discharge of a considerable quantity of thin pus, and then of some blood, which was succeeded by about a quart of urine.

Repeat hip bath and fomentations.

In evening, repeated the operation more easily, with less pain and same results. Ordered an opiate, to induce relaxation and repose.

Sep. 2.—Continues as before. Introduced the catheter twice, being obliged in the evening, however, to put him in a bath and administer an opiate before this could be done with No. 3. Repeated the opiate.

Sep. 3.—Continues about the same. Passed the No. 3, drew off a quantity of urine which was preceded as usual by blood and pus. Left the instrument in the bladder. In the evening found that he had drawn off the urine several times, and was comparatively easy. Repeated the opiate, and left the instrument in.

Sep. 4th.—Had passed a restless night. Bowels open; tongue coated; pulse 100. He had removed the catheter, because

it gave him pain, and had become clogged. Passed a No. 4; difficulty in passing it increased; repeated the operation in the evening.

5th.—On this day I first saw the patient with Dr. K. He had slept well, but was again suffering intensely as before from distension.

In morning and evening passed a No. 6. At first it seemed to pass after some difficulty into the bladder, but the urine flowed slowly by its side instead of through it. It was withdrawn several times, each time being found clogged with blood and pus; ultimately however the urine flowed freely through the catheter, first pushing before it coagulum and pus.

Repeated the opiate.

6th.—Slept well. In morning passed No. 6, as before. In the evening it appeared to take a direction to the left side, and became clogged with coagulum and pus, some urine flowing guttatum by its sides. It was withdrawn and repassed, when nearly a gill of clear pus flowed through it, but no urine. It was again withdrawn, and a slight curve given to its point towards the right side, after which it easily entered the bladder, and a large quantity of urine was evacuated.

Repeated the opiate.

7th.—Has had several chills, and has considerable pain in the perineum.

Instrument passed twice. Results the same.

8th.—Better, pulse down to 80; tongue cleaner; has a little appetite. Bladder distended; catheter pressed morning and evening.

On examination per rectum the prostate was found slightly diminished in size and softened in its centre. The posterior margin of its middle portion could be easily felt—but its lateral portions extended farther than the finger could reach. The whole tumour was very tender, particularly on the left side. Intense vascular action; heat and throbbing in tumour and rectum.

9th.—Continues better. Has passed the catheter himself several times with relief. Some blood followed the urine.

10th.—In the morning, continues better; passed the instrument himself; some blood, not much pus.

In the evening not so well, pulse 120; skin moist; tongue clean; bowels constipated; catheter passed; contraction of the bladder as the urine was evacuated caused him much pain.

Ordered a cathartic of Cal. and Jalap; and a suppository of Gum Opii and Ext. Conii. of each two grains.

Mustard sinapisms to the pubic region, followed by fomentations.

11th.—Suppository had given ease. Had slept well. Bowels opened twice; pulse 88; tongue clean and moist; skin relaxed.

Had introduced the catheter himself twice or thrice. After draining off his urine, he experienced great pain from contraction of the bladder; has constant uneasiness in the region of the bladder, and tenderness on pressure over the pubes.

Ordered fomentations; mustard sinapisms to pubic region, and one grain of morphia at bedtime.

From this to the 15th has passed the instrument himself; contraction of bladder still attended with pain; urine deeply tinged with blood; discharge of pus diminished very much; tenderness over pubes as before.

On the 15th he was able to pass his urine naturally; contraction of the bladder still gives much pain; urine highly coloured with dark blood; no pus, slight fever, bowels acting well. Took away some blood by two cups over the pubic region; ordered fomentations and inf. uvæ. ursi.

17th.—Better; not so much pain from contraction of the bladder; passes urine naturally; less fever; urine dark; tongue clean; appetite fair: continue the uva ursi. Ordered nourishing broths.

24th.—Has continued to improve daily. His urine passes naturally in a full stream attended with but little pain. He sits up most of his time, and walks about without inconvenience. Appetite good.

Since then he has completely recovered.

Case 2nd.—A. F., æt. 40. Married; has three children. Had enjoyed good health until within some months, since which he had suffered from pain in the loins and across the abdomen.

He applied for advice, on Sunday, June 3rd, 1849. Since the preceeding Monday, he had suffered much from pain and obstruction in making water. At first the pain was confined to the glans penis, but latterly it had been severe in the perineal region, shooting upwards to each groin. He had constant desire to micturate. His urine passed guttatum; occasionally, however, more freely: it was natural in appearance, not coagulable by heat or nitric acid. Had great pain in his loins, and considerable tenderness upon pressure in the perineum. He experienced great pain when he sat upon any hard substance. His bowels were constipated; tongue clean; pulse natural; appetite impaired. He attributed his complaint to confinement and constant sitting in a crowded room, which caused him to neglect to perform regularly his natural functions. Until recently his duties were such as to require almost constant out-door exercise.

I ordered him a powder of Cal. and Jalap, to be followed by a dose of castor oil in two hours. I urged on him the necessity of repose and the recumbent posture; and directed him to use the warm hip bath several times a day. He called again the following morning. His medicine had operated once. He was slightly

relieved whilst in the hip bath. Otherwise he remained as before. I again urged on him the necessity of attention to the measures I had before recommended, and also advised the application of half-a-dozen leeches to the perineum; but he replied, that his duties were such, that it would be impossible for him to follow my advice for a few days.

I saw no more of him until the next Friday, the 8th, when I was called to him at half past two in the morning. He then informed me that he had not been able to follow my directions, excepting in the use of the hip bath; that his symptoms had continued as before, increasing gradually until that night, when the pain and desire to micturate had become excruciating. About half an hour before my arrival he was straining to make water, when he felt something crack or snap; immediately he passed a little urine, which was followed by a quantity of dark-coloured pus. Since then he had not suffered as much as before. Pus of the same character was flowing freely from the orifice of the urethra; and its quantity was increased by pressure on the perineum. Examination per rectum gave great pain, but detected no particular fullness. He had had a severe rigor a short time previously, and had then considerable fever. Skin hot, tongue white, pulse quick and full. I took  $\text{ʒ}vii$  of blood from his arm, and put him in a hip bath, when after a few minutes perspiration broke out freely, and he passed more urine. I gave him a dose of castor oil, and left him composed and comparatively comfortable.

During that day a considerable quantity of pus flowed from the urethra, but he evacuated his bladder freely and easily twice. The *Ol. Ricin.* operated once. The hip baths gave much relief. The urine was slightly turbid, from admixture with pus.

He had continued to improve to the 13th, when there was a sudden increase in the quantity of pus discharged, but it diminished in a few hours. The pain in his loins was nearly gone. Made water freely and easily, preceded always by a few drops of pus, at which time he experienced a slight smarting. At other times had no discharge, it having gradually disappeared. Bowels costive, but kept open by castor oil.

He gradually improved without further assistance, and is now enjoying good health.

In May, 1850, he called again, stating that he was again suffering from frequent desire to micturate, and pain, as before, but not so severe. His bowels were constipated. He was again engaged with his duties, which kept him confined and sitting. I ordered him a *Seidlitz powder* with  $\text{ʒ}ij$  of *Sod. Tart.* daily, and all the symptoms disappeared.

ART. XLIII.—*On Epidemic Dysentery.* By ARTHUR PATTERSON, L.P.S.M., Embro, C. W.

THERE are few diseases the Canadian country practitioner is called upon to treat, more annoying than epidemic dysentery; he will seldom see his patients until the domestic pharmacopœia has been exhausted, leaving them prostrated, the stomach rejecting everything solid or fluid, and the incessant calls to stool, ejecting nothing but a little bloody mucus; if under these circumstances the medical attendant contents himself with a *routine* treatment, following blindly some worthless authority, under a great name, without exercising his own judgment, and bringing the efforts of a vigorous common sense to bear upon the exigencies of each case, he will soon find his patients diminish, without recovering, and the faith of the survivors, in his ability to assist them, waxing faint and feeble.

I am not aware of any writer on dysentery whose opinions on treatment it is absolutely safe to follow in the disease, as it has appeared for several years, in this province. One alternates calomel and opium, with sulphate of magnesia; another has great confidence in acet. plumb cum opio, &c. &c. Under these circumstances, I beg most respectfully to suggest to the profession in Canada West, through the medium of your Journal, to give the results of their experience, of the various modes of treatment to which they may have had recourse in combating this formidable disease, as a means of arriving at a more uniform and successful mode of treatment of a disease likely to be an annual visitant of this Province.

Several parts of the county of Oxford, have this season been visited by epidemic dysentery of a very severe and fatal character, during the months of July, August, September and October; the town of Woodstock suffering severely in the first instance, and afterwards many localities in the surrounding country; those neighbourhoods much exposed to malaria appearing to suffer most severely. Both adults and children, according to my experience, were equally liable to the disease, but the mortality in the latter was much greater than in the former class.

In one class of cases, the disease was ushered in by chills, followed by burning hot skin, thirst, abdominal pains, frequent calls to stool, accompanied by severe tormina and tenesmus; the discharges though at first feculent, soon dwindled down to a little bloody mucus, the patient having hardly half an hour's rest at once: in many cases incessant vomiting was a most distressing symptom, and very difficult to relieve, and in these cases there was diffused tenderness over the whole abdomen, the tongue was generally furred, sometimes brown, and in severe cases dry and red, with constant thirst.

Another class of cases would commence very like a simple diarrhoea, without constitutional symptoms of any kind, in a few days the stools assuming a dysenteric character, the unfortunate subject in the meantime going the round of all the nostrums in vogue in the neighbourhood, including the panacea of the druggist, which is invariably followed by castor oil; then brandy, both burnt and raw is tried, and this again is followed by Epsom salts; the patient following in some degree his ordinary avocations. After the operation of this last dose, the patient becomes alarmed, and calls in medical aid, perhaps two weeks subsequent to being attacked; the Doctor finds his patient labouring under asthenic dysentery, in some cases advanced so far as ulceration of the colon or rectum; the result may be guessed, comparatively few of such cases being restored to health. In cases of the above kind, there has been little pain or uneasiness, but great prostration throughout.

In children it was very severe and intractable, and was in some cases accompanied with head symptoms, as evinced by dilated pupil, slight delirium, &c.; but I did not find such cases less amenable to treatment than others in which they did not exist.

That the disease was contagious in the common acceptance of that term, I think few unprejudiced observers could entertain a doubt, few families escaping, where one case appeared, without a second, third, or fourth being attacked consecutively.

Respecting the treatment I found most successful, I may mention, that it was based on the view of the disease being an intestinal inflammation of the colon and rectum *certainly*, and of both large and small intestines *possibly*, in a majority of the cases treated, as evinced by the constant abdominal pain, vomiting, thirst, dry tongue, &c. With this in view accordingly, every case I was called to (except young children) where typhoid symptoms had not set in, I began the treatment with venesection, which was sometimes repeated next day. In every instance the blood drawn exhibited the buffy coat. After the bleeding, an enema, containing tinct. opii ℥j, acet plumb. gr. xv—ʒss, aque ℥iv, mix, was administered. In many instances this was instantly rejected: if it remained, it generally afforded signal relief for several hours; if rejected, a suppository, containing opii gr. ij, to gr. iv, and extract: hyosc. gr. iv, was given, which in all cases was of essential benefit. Either one or other of these was directed to be repeated, at intervals of four or six hours, as the urgency of the symptoms might seem to necessitate; an enema of water, either warm or cold, as was most agreeable to the patient's feelings, was also ordered to be given, whenever the patient felt a desire to use the close stool. This was a great relief to the tenesmas, and at the same time washed out the acrid secretions, whose presence no doubt is the

cause of a great deal of the distress. In cases where the symptoms were urgent, accompanied with furred or dry tongue, great thirst, &c., I prescribed as follows:—

R Opii gr. vj—x.  
 Sulph. morphiæ gr. iv.  
 Ipecac. gr. xij—xv.  
 Ext. hyos. gr. xij—xx.  
 Chlor. hydrarg. gr. v—x.  
 M: et divide in pil. xij.

Of these I gave two immediately after the bleeding, and ordered one every hour till sleep was induced, and then to be continued as the symptoms might indicate. The opium was combined with morphia. As I carried a pill containing opii gr. i, ext. hyosc. gr. ij, it was convenient to combine the mass into a pilular form, and the hyoseyamus was a most valuable adjunct. These pills, after the V. S., generally operated like a charm, and the enema of tepid or cold water gave the greatest relief. The above prescription, in severe cases, would last from a day to thirty-six hours. The calomel was generally continued till the mouth was slightly affected, and in two days, or in some cases three or four after its commencement, copious feculent motions were discharged. In cases where the hyoseyamus was left out, and the opium continued, a state of distressing wakefulness with slight delirium was evinced, which disappeared, however, by leaving off the latter, and giving a full dose of either the tincture or extract of hyoseyamus.

Many of the cases however, did not require this heroic treatment, being perfectly manageable after bleeding with a combination of morphia and ipecac—as

R Sulph. morphiæ gr. ij.  
 Ipecac. gr. x.

Mix and divide into twelve papers, one every two hours.

Where there was diffused tenderness over the abdomen, which was very common, I applied the warm turpentine epithem—or flannels wrung out of hot water, sprinkling the oil of turpentine freely over the surface which was to come in contact with the skin, was kept applied to the abdomen till it produced smarting.

Till convalescence was completely established, I never administered purgatives, nor even laxatives, and very rarely and cautiously then. I am fully persuaded that incalculable mischief is done by purgative medicines in Canalian dysentery. I hardly remember a case to which I was ever called, in an adult, which had not been fearfully aggravated by that everlasting castor oil, a medicine I am inclined to think enjoying a reputation of which, as it is procured in this country at least, it is utterly unworthy. And

even when convalescence was established, the gentlest laxative I could administer in some cases produced a renewal of the tenesmus and pain, necessitating recourse to the anodyne powders or pills.

In cases accompanied with vomiting, I had recourse in some cases to creasote, which generally was successful in allaying it; in others I found it yield to frequent doses of calomel and opium, after which I commenced the liberal use of the opium, ipecac. and hyoseyamus, as already detailed.

The acetum plumbi, having of late obtained a reputation in dysentery, I gave it pretty freely, both in solution and form of pill, and combined with opium, and in some cases, found it agree remarkably well; in others it certainly aggravated the pain, and increased the tenesmus. My own opinion is, that the nearer the disease approaches to diarrhœa, it will be found to agree the better, but where the disease is accompanied with much fever and inflammatory symptoms, its propriety is doubtful; or in other words, where V. S. and calomel are indicated, I think acet. plumbi is not: in children, however, where the disease was as yet not fully developed, I found it a most valuable medicine, promptly arresting the discharges, both of blood and mucus, which would return whenever it was discontinued, until the patient was some time under its influence.

With respect to the treatment of the disease in children, I find that I have already taken up so much room, that I cannot think of entering on this subject at present, as it is one which would require a paper itself, being necessarily in them surrounded with difficulties, from the impossibility of detracting blood locally, as leeches cannot generally be procured, and general bleeding, could it always be performed, would not often be borne, in this class of patients, and the opium treatment would plainly be unsafe, except in a very limited degree.

There were cases in which I found it necessary to have recourse to a treatment in some respects different from that detailed, but I will not take up your valuable space with details respecting them, as I hope I have said enough to induce some other medical gentlemen, who saw the same epidemic, to favour us with the result of their observations.

With respect to the success of the treatment I have here detailed, I can only say that in every instance in which I found it safe to enter upon it, the result was recovery: the only fatal cases, in adults, were those in which, from other circumstances, it was obviously improper to subject the patient to the treatment above specified, as where typhoid symptoms had set in before being called in to the case, &c.



## Review.

*“ On the Theory and Practice of Midwifery. By FLEETWOOD CHURCHILL, M.D., M.R.I.A., &c., &c., with Notes and Additions, by D. FRANCIS CONDIE, M.D., &c., with one hundred and thirty-nine Illustrations. A New American; from the last improved Dublin Edition.”*

It is with pleasure we announce the re-publication of a new edition of one of the most valuable manuals of Midwifery in the English language, by Messrs. Blanchard and Lea, of Philadelphia: edited by Dr. Condie, whose name alone is a sufficient guarantee for the able manner in which that duty has been conducted.

There is perhaps no department in medicine in which so many valuable discoveries have of late been made as in the obstetric art; and in the edition before us, Dr. Condie gives ample proof that he has been a diligent labourer in this field of science, by the copious and valuable notes with which the original work is enriched.

It would be impossible for us, in this brief notice, to direct the attention of the Profession to the many important alterations and additions contained in the present volume—yet, we should be equally remiss were we to pass over in silence the great attention which Dr. Condie has bestowed on the recent Physiological discoveries, as well as the improvements in the practical department of the science, and which, in the present edition he has carefully revised, and brought down to the present day.

The work is exceedingly well got up; the letterpress being very correct, and the illustrations executed in a superior manner.

We consider this the best edition of the best manual of the obstetric art extant, and which no student or practitioner in this branch of medical science should be without.

## Correspondence.

[The following communication has been forwarded for publication, and although appearing under a fictitious signature, has been substantiated by the author's name, which for certain reasons is at present withheld. Coming from an esteemed subscriber and contributor, we have been induced to give it publicity over the assumed signature, at his request, contrary to the strict meaning of the rule we have established against anonymous communications. At the same time we protest against the proceeding, and hope that this departure from the custom will not be established as a precedent; our desire is to discountenance the practice of anonymous writing in publications of a strictly professional and scientific character:—] ED. U. C. J.

*To the Editors of the U. C. Medical and Physical Journal.*

GENTLEMEN,—As the columns of a Medical Journal are undoubtedly the most appropriate place for any communication respecting either the public or private interests of the Profession, I trust the following will be deemed worthy a space in the pages of your widely circulated and useful publication:—

In your third number there is an able article from the pen of Alexander Keefer, Esq., Barrister, respecting the duties of Coroner, in which he has given a succinct account of those duties, as well as an analysis of the act itself which lately passed the legislature. Medical testimony being generally of the highest importance at an inquest, the act in question provides that "Whenever it shall appear to the coroner that the deceased was attended at his death or during his last illness, by any legally qualified medical practitioner, he, the coroner, may issue his order for the attendance of such practitioner as a witness at the inquest, and where the deceased was not so attended, the coroner may issue an order for the attendance of any legally qualified practitioner being at the time in actual practice, in or near the place where the death happened." In reference to the above, I am sorry to say that one of our Town Coroners, Dr. Wanless, seems to have overlooked the former part of my quotation from the act, and only availed himself of the latter, in proof of which the two following cases will be sufficient. A few months ago, a man was stabbed in this town, Dr. Going, a licenced practitioner was sent for, and attended the deceased sufferer up to the time of his death. At the inquest, Dr. Wanless, the officiating Coroner, instead of summoning the deceased's medical attendant, who had been in constant attendance after the accident, and who alone was able to give positive and correct evidence, neglected to do so, and summoned his own particular friend and brother Coroner, Dr. McKenzie, who I believe had never seen the patient at all; for what reason, I shall not here attempt to say, but leave the unprejudiced to judge for themselves. Again: a soldier was accidentally shot in the barracks a few weeks since, and although the medical officers of both the Royal Artillery and of the 23rd Regiment attended the man immediately, and continued to do so until he died, yet at the inquest Dr. Wanless again summoned Dr. McKenzie, who had not seen the deceased when alive, to give evidence before the jury, setting aside, or I should say neglecting the evidence of the two military surgeons who were in actual attendance on the deceased: one of whom, I am credibly informed, even intimated to the coroner that he was in attendance and ready to be called when wanted, but he received an answer to the effect that his services would not be required. On this extraordinary conduct, I shall not make any comment at present, only that it appears a mockery of justice and a subversion of the real object of the Coroner's inque.

I trust this hint will have a salutary effect on Mr. Coroner Wanless; but should it not, it will become imperative on me to enlarge more freely on the subject, and the prople cause of it.

I am, Mr. Editor, your obedient Servant,  
London, Nov. 14, 1841.

SCRUTATOR.

PUBLICATIONS RECEIVED.

*Lectures on Materia Medica and Therapeutics*, by J. B. BECK, M.D.;  
Edited by C. R. GILMAN, M.D. Messrs. S. and W. WOOD, New York.

This work shall meet with an extended notice in our next issue. We have also to thank Messrs. Wood for their catalogue of Medical Works. *Nelson's Monthly Lancet, Plattsburgh.*

TORONTO, DECEMBER 15, 1851.

THE PROVINCIAL LUNATIC ASSYLUM.

THE Medical Superintendent of this Institution has been recently brought under the public notice in a manner little calculated either to promote the popularity and usefulness of the establishment over which he presides, or to render the situation he fills one of professional emulation or honour.

A simple narrative of the circumstances which produced this unpleasant and unfortunate notoriety, appears to be necessary as prefatory to the remarks it is our intention to make on the subject. We glean this narrative from the several statements which have appeared in the city papers.

Two gentlemen, Messrs. Whittemore and Brewer, merchants of this city, having occasion, one day last month, to visit the "Potter's Field," observed a coffin which had been sent, they were told, from the Lunatic Asylum for interment. How their attention was particularly directed to this coffin, we have not been able clearly to make out; but, however this may have occurred, some suspicion seems to have been aroused in their minds, from its *apparent lightness*, either that it did not contain an adult body at all, or at least not the whole of one. To gratify their curiosity, or to confirm their awakened doubts, the sexton, under their direction, opened the coffin, and in it was found the body of a man, wanting the head, an upper and a lower extremity. They directed the removal of the coffin and its contents to a certain place of custody, and laid information of the facts before Dr. King, the City Coroner, with a view to judicial enquiry.

A coroner's jury was empaneled, and from investigation it appeared that the body under view was that of a pauper who had

died in the Lunatic Asylum, and whose body had not been claimed by any one. It was proved that Dr. Scott had made a post mortem examination of the body prior to giving his evidence before Mr. Coroner Duggan, who had already held an inquest in the Assylum on the same body. That the missing parts had been removed and retained by Dr. Scott for the purpose of anatomical investigation; that they had been subsequently sent to the Potter's Field for burial, had been retained by the sexton acting under the orders of some person, and were produced and identified before Dr. King. On Mr. Coroner Duggan, identifying the body as that on which he had already held an inquest, Dr. King properly declined to proceed any farther. Subsequently, the Board of Commissioners of the Lunatic Asylum, at a meeting held for the purpose of enquiring into these circumstances, passed a vote of censure on Dr. Scott, for "indiscretion and a want of judgment."

Such is, we believe, a plain and correct statement of the whole matter.

On reviewing the transactions here brought to light, several points of great interest to the public generally, and to the medical profession in particular, suggest themselves for reflection and comment. It is our desire to discuss these points impartially with reference to all the parties concerned; with a due respect for the prejudices of the non-professional reader, against the practice of human dissection, as well as with a careful regard for the interests of medical science, and the welfare of mankind as depending upon its improvement and extension. It will not be denied, we think, that had proper precautions been taken by the officers of the Lunatic Asylum to secure the coffin sent to the Potter's Field being promptly and properly interred, all the excitement which has arisen on this occasion, fostered by the injudicious declamation of a portion of the press who delight in pandering to popular prejudice on any subject, would have been avoided. It could not then have fallen under the scrutinizing observation of Messrs. Whittemore and Brewer, and the public would have been as ignorant this day, as to whether the body of Andrews, of whose existence it was totally unconscious and perfectly indifferent, was mouldering into dust in the clay at Yorkville, or was more carefully preserved for the future instruction of those to whose care its suffering members will be intrusted, as it is of what the Cham of Tartary eats for lunch. We question the assumed right by Messrs. Whittemore and Brewer to open that coffin without a coroner's warrant, and we doubt not that if any one felt sufficiently interested in the matter to test the question, its illegality could easily be established, and they would be punished. We feel keenly the prejudicial consequences which a knowledge of the occurrence is calculated to produce on the unfortunate inmates of the Asylum; but if it was a feeling of

human sympathy which prompted those gentlemen to act in the matter at all, it would have been much more wisely displayed by a quiet demand for the restoration of the missing parts, their Christian burial, and a subsequent dispassionate investigation of the conduct of the medical superintendent, than by the course adopted, by which such publicity has been given to the whole proceedings that the poor lunatics cannot fail to become acquainted with them. It was the act of "indiscretion and want of judgment" on the part of those who first became improperly acquainted with the fact of the absence of certain portions of that body, which has given rise to all the injury likely to arise to the inmates of the Asylum, and which has created such odium against its Medical Superintendent. If there had been any just grounds for suspecting crime of any degree, the ends of justice would have been more effectually promoted by a different course of procedure, which probably in such a case would have been adopted. In the absence of all ordinary grounds for suspicion, we are entirely at a loss to conceive the motive which prompted the interference with the coffin and the subsequent proceedings. It was sent from a public institution to a place of public burial, in the usual manner, and by the customary person, after judicial enquiry by the proper officer—it being a fact patent to the community that an inquest is held on every person dying in the Asylum. We abstain from further remark on this point, believing that every well-thinking person regrets that such an occasion should either have been used for the furtherance of private views or the display of political partizanship, or have afforded ground for the belief that such were the combining causes and governing influences which instigated these proceedings.

— Dr. Scott has in our opinion displayed "indiscretion and want of judgment," not in removing and retaining the portions of the body which he considered worthy of particular and careful examination, but in not directing his subordinate officers to see the body of his patient properly and decently interred, and in allowing it to be left to the custody of an unscrupulous sexton, who for some consideration or the gratification of his own idle curiosity would subject the corpse to the gaze of inquisitive and officious bystanders. Again, we think Dr. Scott to have been in error in sending, at the time he did, the portions of the body he had retained to the sexton for interment; it was a concession to public sensitiveness; a tacit acknowledgment as it were of impropriety on his part which really did not exist. He was justified by the law of the land in making a post mortem examination of the body; he was justified by general custom in every enlightened country in retaining such portions of that body as in his judgment were calculated to throw any light whatever upon medical science, not only in connection with the special disease which comes within his own particular

department of practice, but also with respect to any other disease to which the body is liable, and any structural peculiarities, an acquaintance with which might be important to the surgeon and anatomist. He should have retained them in his keeping, or have deposited them in some public educational institution for general remark and study. Public feeling was outraged, not by the fact of the examination which was known to have taken place, but by the unnecessary exposure of the circumstance, and by the idea of useless mutilation in the removal of a portion of the body, an idea which it was the purpose of the prejudiced and designing to encourage, and which would have been most completely refuted by an open avowal of the reasons for which the dismemberment was effected.

On the broad question of the necessity for minute anatomical study, little it may be supposed would require to be said at the present day. In Great Britain and elsewhere, legislative provision has long since been made for its efficient prosecution. The abuses which existed, nay even the crimes which unfortunately were committed in large cities where medical education was carried on, for the purpose of supplying the dissecting rooms with material for the study, were of so grave a character, as to call loudly for preventive legislation; and accordingly an act was passed by which the bodies of all persons dying in the public hospitals and charitable institutions which were unclaimed within a certain period after death, were given to the several schools of medicine.

That some such measure is required in this country, must be allowed. There are now several schools of medicine, and the number of students is yearly on the increase. The difficulty experienced in procuring bodies for their use, is a very serious hindrance to their efficient instruction. We rejoice to see manifested by them also a desire for more complete education in their own country, than has hitherto existed; such, for instance, as will obviate the necessity for an expensive journey and residence in another county, and a temporary, but in the majority of cases, inconvenient and distasteful separation from their families. While, however, this growing and ardent desire for competent tuition and complete education must be a source of national gratulation, it will most surely bring about much of the inconvenience of this peculiar branch of study to the community, unless some similar provision is made for meeting the demand thus arising. We would earnestly recommend the subject to the attention of our Parliament, and now that Dr. Rolph has attained so prominent a position in the councils of the land, we call upon him to exercise his influence to obtain this needful concession to the wants of a profession in teaching which he has been for some time engaged, and with the necessities of which in this respect he must be very familiar.

We now approach to us the most painful and delicate, and to the community the most important point connected with this subject, we mean the general question of the present management of the Lunatic Asylum. It must be admitted that great distrust has arisen in the public mind of the manner in which the affairs of this Institution are conducted. Without imputing to the individuals who have hitherto, or may at present constitute the governing body any blame, we cannot fail to recognize a general incompetency in many of them for the situation they fill, an incompetency arising from no personal fault, but simply from the want of that complete educational training, which above all things is necessary to the proper discharge of the peculiar duties imposed upon them. There are two or three exceptions to this among the members of the present Board of Commissioners, but it must be allowed these are the minority. It is beyond the persons composing the Board however that we carry our objection—it is to the system itself upon which that Board is constituted and the manner in which its functions are performed. Whenever institutions of this kind are made a means for the exercise of political patronage, evils must result of the gravest nature, opposed in every respect to their welfare and utility. Nor can it be said that in this respect the Asylum has escaped the common fate.—The last few years have witnessed frequent changes in almost every department connected with its internal management, a circumstance itself contrary to all the recognized principles for the management of the insane. The following passage from the first authority of the day, M. Pinel, will sufficiently illustrate this assertion, “it is impossible for one who has not had for a long time the care of them, and studied their disease, to know the mental disposition of lunatics. Without such preparation we should attribute to wickedness what is the result of disease. It is almost impossible to make servants understand that mad persons have the use of some of their faculties, with the exception of those servants who have themselves been attacked by the disease.” How, we would ask, is this familiarity or intimate personal acquaintance with the unhappy inmates to be acquired, if the medical attendant is liable to be changed with every breath of popular favour?—Again, it is laid down as an indisputable axiom by the same author,\* “It is absolutely necessary that a judicious arrangement of authority and subordination be established in Lunatic Asylums, and that the Physician be invested with a power superior to all with regard to every thing that concerns the patients.” Is such, we would ask the position of the medical superintendent of this Asylum? Is he not liable to the interference and dictation of these commissioners in matters where his authority should

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\* See Prichard on Insanity, page 305.

be absolute? We have been given to understand that until very lately he could not even dismiss a servant for impropriety or disobedience of his own will.

The discussion which took place during the last session of Parliament revealed to the public eye enough for any one to form a judgment on the errors of the present system, and we shall wait with anxiety the appearance of the report of the Commission of enquiry, then obtained on the motion of Mr. W. H. Boulton. If that enquiry is going on, we must give the Commissioners credit for conducting it in a remarkably quiet and marvellously proper manner; and we trust the result of their labours will be satisfactory to the public. In the mean time it cannot be denied that a strong prejudice exists in the public mind against Dr. Scott and the institution, a prejudice engendered, we would fain believe, more through the insufficiency of the whole system of management, than any personal disqualification on his part—a prejudice which events such as those now under consideration must heighten and promote to the great detriment of the best interests of a noble establishment.

The elective principle it appears to us might with great propriety be applied to the direction of the Asylum. It is supported by a rate leviable on all taxpayers—let these as constituents, at the ordinary quaterly elections for members of Parliament elect a commissioner from each county, city, or borough; from the body of Commissioners so selected, let there be chosen by election among themselves yearly, a Board of Directors, who shall have the general management of the Institution, as far as its financial interests are concerned, and who shall likewise have the appointment of the medical officers of the institution,—for there ought to be more than one. These medical officers should consist of one apothecary, two resident house surgeons, and two or more consulting physicians. It is only by a complete staff of this kind that the most efficient care can be secured for these unfortunates. It is the scale upon which every well regulated establishment of the kind of similar extent is conducted. And this staff, especially those resident in the house ought to be liberally paid. The great personal sacrifice made by men who shut themselves and families up in an Asylum, the risk they run, not only from the personal attacks of their patients, but from the constant wear and tear of mind produced by the harassing and peculiar character of their duties, call loudly for the sympathy of the public, and merit a rich reward. It is too much to expect one man to manage the treatment of between 300 and 400 lunatics, and at the same time to control the domestic arrangements of an Asylum; and expecting this to be done, the present rate of remuneration is very inadequate.

Moreover, the building is insufficient in extent and incomplete in arrangement, to admit all who ought to be received



within its walls, and to permit of that proper classification which is one of the most material features in the successful management and cure of the insane. We trust shortly to see some decided measures adopted for the amelioration of the evils we have now endeavoured to point out.

### ECLECTIC MEDICINE.

WE clip the following paragraphs from "*The North American*," in the hope that the perusal of them will be attended by some good result to the regular licensed members of our profession. They are full of interest to us, and contain a lesson by which we hope the profession in Upper Canada will profit.

#### ANNUAL MEETING OF THE CANADIAN ECLECTIC MEDICAL ASSOCIATION.

*From the American Medical and Surgical Journal.*

This body held its third regular annual meeting at the Town Council Rooms in Brockville, C.W., Sept. 24, 1851. \* \* \* After an extended and interesting discussion, the meeting adjourned till the next day.

Sept. 26.—The Association again assembled at the Council Rooms pursuant to adjournment. The first business in order was the election of officers; and the following gentlemen were chosen: Dr. Orin Ford, of Newmarket, President; Dr. R. Stedman, Recording Secretary, J. G. Booth, Corresponding Secretary; G. W. Edwards and Dr. Brown, Assistant Secretaries; Dr. J. G. Booth, Treasurer.

Officers were then appointed for several districts:—

The Business Committee then reported the following preamble and resolutions for consideration:—

Whereas "all that a man hath will he give for his life," it is natural to suppose that when his life is in peril from disease, he will resort to the most reliable aid which his knowledge indicates, and he therefore ought to have the right to select his physician without legal restriction or molestation from any person for such selection and employment: And whereas reformed medical practitioners have had unexampled success, and their services are therefore demanded by a large and highly respectable portion of community, while the most stringent and oppressive laws prohibit them from rendering such services under penalty of a severe fine and imprisonment, in all parts of the Canadian territory: And whereas, while the present statutes continue in force, protecting a medical practice, the merits of which cannot sustain it, but which, like intemperance, requires the strong arm of law to license the traffic—the people from necessity are compelled to become accessory to the violation of legislative enactments, as is not becoming for law-abiding citizens: therefore—

1. Resolved, That every person ought to possess the legal right to employ such physician as from his best information he shall deem properly qualified.

2. Resolved, That laws which impose a penalty upon a physician for relieving pain, and curing the sick though entreated to do so by the afflicted themselves, are the climax of tyranny, and savour of the dark ages, rather than of the enlightened, liberal and progressive spirit of the nineteenth century.

3. Resolved, That the merits of any system of practice ought to be considered sufficient recommendation for public patronage; are all that any branch

of medicine has a right to ask for its protection ; and are all that any other art or science ever claimed.

4. Resolved, That when any system of Medical practice requires for its necessary support, to be enforced upon the patronage of the people, its representatives must feel that truth and merit are wanting.

5. Resolved, That the laws of the United States, giving equal privileges to all classes of physicians, are there acknowledged to be most highly beneficial in lessening the amount of human mortality.

6. Resolved, That penal enactments will not constrain our citizens from acting in this particular as they think that duty requires ; and only teach them not to be a law abiding or law-respecting people.

7. Resolved, That we will not hereafter vote for a member of the House of Assembly who will not pledge himself to use his influence to obtain the repeal of the present laws regulating the practice of medicine.

8. Resolved, That the Editor of the *North American* is requested to add to his platform another plank, namely, MEDICAL TOLERATION—the expunging from the statute books of all protecting and prohibitory enactments in relation to Medical practitioners.

9. Resolved, That the electors of the third Riding of York have set us a worthy example, in requiring their candidates to pledge their efforts to secure the unqualified repeal of all laws favouring or prohibiting any party in the practice of medicine.

10. Resolved, That we tender our thanks to those friends of the cause of Medical Toleration for their zeal and defence of our rights during the last session of Parliament, and that we hope for them better success at the next election, in returning approved men to the next Parliament.

11. Resolved, That we recommend, and urgently though most respectfully insist, that all friends of Medical Reform shall exert their influence in every manner proper to procure at the earliest day possible, a repeal of the offensive laws against which we complain.

12. Resolved, That the friends of the Reformed Practice have already strength sufficient to hold the balance of political power ; and that we will employ our influence, one and all, to obtain liberal and enlightened enactments, and to effect all we can in this important particular.

Resolved, That we recommend to all Reformed practitioners and students close attention to study, and a rigid investigation of scientific principles ; to make every exertion to elevate our profession and render ourselves deserving of the patronage of an enlightened public, able to fill the high station which we occupy and to discharge the responsibility of our calling ; and that to secure this object, we do most cordially recommend all to attend Medical Lectures, and to graduate at some good Eclectic Medical College, that thus we may become equally qualified, as to learning and other attainments, with the other branches of the Medical profession.

The preceding Report was then accepted by the Association, after which a lengthened, earnest, and interesting discussion was held upon the topics alluded to by the committee. Dr. Potter addressed the assembly with his usual ability ; and the other gentlemen present were animated, and awake to the exigencies of the occasion. The vote was at length taken, and resulted in the adoption of the preamble and resolutions by acclamation.

Dr. Potter, Prof. of Theory and Practice in Syracuse Medical College, now announced that there were a committee from the Trustees of that Institution,

and from the New York State E. M. Society with instructions to offer the Canadian Eclectic Medical Association a professorship in that college.

1. Resolved, That the thanks of this Association are presented to the New York State Eclectic Medical Society and the Trustees of Syracuse Medical College, for their liberal offer of a professorship in that institution; and that Professor Potter and Russell are requested to convey to the official members of those bodies our high sense of their consideration and courtesy.

The President and Secretaries, together with Drs Phillips, Schofield, and Miller, were appointed a Committee to consider upon the selection of a person to fill said professorship.

2. Resolved That our thanks are herewith presented to the medical gentlemen from Syracuse and Watertown, for their attendance and assistance rendered us at this session.

3. Resolved, That the Ministers of the different religious denominations, as sincere friends to the lessening of human misery, and to the promotion of the happiness of our race,—who approve of our principles, and are willing to cooperate with us, are hereby acknowledged members of this Association *ex officio*.

4. Resolved, That the President and Secretaries are authorised to establish a monthly publication, provided they can obtain the means necessary to defray the expenses.

5. Resolved, That the thanks of this Association be returned to the Mayor and Town Council for granting us their Hall for our sessions.

6. Resolved, That the proceedings of this Association be published in the *Examiner*, *North American*, *Globe* and *Brockville Recorder* in Canada, and in the *American Medical and Surgical Journal*, Syracuse, New York.

R. STEDMAN, *Secretary*.

ORRIN FORD, *President*.

We direct the attention of our readers particularly to the 1st, 2nd, 7th, 10th, 12th, and last resolutions of the first part; and to the 3rd, 4th, and 5th resolutions of the second part. Our space is already so preoccupied that we can do little more at present than request a careful consideration of the subject. We shall refer more particularly to it in our next number, when we hope to be aided by the remarks of some of our valued correspondents. In the mean time, we would strenuously advocate the formation of County Medical Associations, upon the basis of those already in operation in some counties. We would instance particularly the Middlesex Medico-Chirurgical Association.

If this plan were generally adopted, and delegates chosen from each Society, who would meet at some central place for general consultation on the present position, prospects, and interests of the profession, we might hope to establish something like communion among ourselves, and common action for the general good. When those who are opposed to us evince this spirit of combination, it is surely time to act on the defensive. Again we entreat the profession to be unanimous and energetic. The dearest interests of true science now call for our exertions. The community at large will view with a keen and jealous eye the proceedings of the two respective parties now

existing in the Province,—these spurious pretenders, and the regularly educated men. Let not public judgment be warped by the industrious efforts of the one, and the indifferent apathy of the other. It will not suffice to say that the educated and more enlightened portion of the community will be able to discriminate between us. It is with the mass we have to deal. It is our high prerogative to protect them from presumptive ignorance on the one hand, and persevering imposture on the other. More than this:—it should not be forgotten that such proceedings as these here reported cannot fail to attract attention abroad; and it will indeed be a just reproach to us, if we take no measures to prove that we are really not asleep. We owe the obligation of character and position to the profession throughout the world, let us not fail in the duty of maintaining them.

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"A MEDICAL EVIL CORRECTED."

"MESSRS. HIGHLEY AND SON *versus* QUACK PUBLICATIONS—The Profession will be much gratified on being made acquainted with the important fact that Messrs Highley and Son, the eminent medical publishers of Fleet-street, and Booksellers to the Royal College of Surgeons of England, have declined the further publication of all homœopathic, hydropathic, and other works devoted to the advancement of quackery."—*Lancet*.

We insert the foregoing passage with much pleasure. This is the true way to meet the evils of quackery: instead of declaiming against it, however well merited the language used may be, nothing will so surely arrest its progress as a combined opposition to its interests, and a determination to discountenance it by every act which will interfere with the pecuniary gains derivable from it by these parasitical impostors.

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OUR CONTEMPORARY.

The remarks of the *British American Medical and Physical Journal* contained in his last number, page 364, did not escape our eye, although omitted in the list of contents.

With respect to his charges, that he had not received our exchange for two months, and that our subscribers in Montreal had not received the number for November, our publisher instructs us to say that they were properly mailed in this city in due time.

Our contemporary does not forget that it was only after the little dressing we felt it to be our duty to give him in September, that he condescended to forward us the first exchange copy of his Journal; a circumstance which fully corroborates the sentiment of the writer, who says, "When a man feels the reprehension of a friend, seconded by his own heart, he is easily heated into resentment." We are strong and well, thank'ee Archy!

**MONTHLY METEOROLOGICAL REGISTER, at H. M. Magnetical Observatory, Toronto, C. W.—November, 1851.**  
 Latitude, 43 deg. 39.4 min. N. Longitude, 79 deg. 21.5 min. W. Elevation above Lake Ontario, 108 feet.

Barom. at tem. of 32 deg.	Temperature of the air.				Tension of Vapour.				Humidity of Air.				WIND.				Hb. or Snd. In.	WEATHER.				
	6 A.M.	2 P.M.	10 P.M.	MEAN.	6 A.M.	2 P.M.	10 P.M.	MEAN.	6 A.M.	2 P.M.	10 P.M.	MEAN.	6 A.M.	2 P.M.	10 P.M.	MEAN.						
1	29.593	29.450	29.216	29.369	40.4	45.0	47.2	44.42	0.221	0.276	0.300	0.263	69	91	94	90	Calm	ESE	ESE	ESE	0.415	Overcast; thin and light. 8 p.m. m. at 9.
2	156	254	278	378	36.0	37.8	23.4	35.82	196	175	180	182	91	77	85	87	SW	SW	WSE	WSE	0.415	Overcast rain at 10 a.m. Day mostly clouded
3	422	429	442	452	34.7	34.7	31.6	31.84	152	162	162	162	90	74	94	87	SW	SW	WSE	WSE	0.3	Clouded. Slight snow 10 p.m. and all night
4	511	563	709	598	24.1	27.8	29.72	31.50	181	160	133	139	81	80	87	SW	SW	WSE	WSE	0.3	Overcast till 2 p.m. remainder mostly clear.	
5	638	782	801	759	26.4	35.4	33.6	31.50	188	155	166	165	84	74	84	SW	SW	WSE	WSE	0.3	Dense clouds dispersed; mostly clear.	
6	740	669	674	676	31.4	42.0	36.4	37.52	163	211	192	184	87	81	86	SW	SW	WSE	WSE	0.3	Generally clear, detached passing clouds	
7	740	615	741	700	35.2	47.0	35.6	38.52	165	184	178	188	83	84	86	SW	SW	WSE	WSE	0.3	Clouded till 2 p.m.; rem. of day mostly clear.	
8	720	548	508	565	31.4	33.8	31.0	31.73	165	167	140	131	81	87	81	SW	SW	WSE	WSE	0.3	Clouded till 4 p.m.; evening clear and fine	
9	30.291	30.282	30.3	30.368	20.8	29.4	27.6	24.08	168	134	694	111	94	95	79	83	SW	SW	WSE	WSE	0.3	Generally overcast; slight snow dur'g night
10	357	201	663	184	23.2	34.8	33.9	30.70	163	147	141	145	73	80	84	SW	SW	WSE	WSE	0.3	Clouded; dense masses with clear spaces	
11	070	254	659	850	29.34	32.4	31.6	31.57	169	177	155	149	90	100	88	SW	SW	WSE	WSE	0.3	Clear, save few light clouds round horizon.	
12	29.643	29.8	282	411	32.4	30.2	34.6	31.98	159	180	168	167	94	98	92	SW	SW	WSE	WSE	0.3	Densely overcast; dull	
13	183	569	599	533	31.9	36.6	31.2	32.73	166	189	165	171	93	88	85	SW	SW	WSE	WSE	0.3	Rain and sleet from 9 a.m. Ceased 10 p.m.	
14	620	712	800	720	31.6	37.3	27.9	31.88	156	159	152	164	88	91	89	SW	SW	WSE	WSE	0.3	Clouded, faint aurora light from 8 p.m.	
15	821	777	802	800	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Densely overcast; snowing from 4 p.m.	
16	799	818	828	817	29.0	25.6	31.9	32.05	145	161	148	141	81	79	84	SW	SW	WSE	WSE	0.3	Overcast, aur high 9 p.m.; snow during night	
17	738	519	306	560	34.0	36.4	37.0	36.25	171	192	201	191	88	90	89	SW	SW	WSE	WSE	0.3	Morning clouded; afternoon mostly clear	
18	068	28.9	38	94	32.4	30.2	34.6	31.98	159	180	168	167	94	98	92	SW	SW	WSE	WSE	0.3	Light detached clouds, generally dispersed.	
19	206	29.352	20.520	319	34.4	31.4	29.7	31.08	181	146	142	156	92	82	87	SW	SW	WSE	WSE	0.3	Light detached clouds, generally dispersed.	
20	655	737	762	746	23.8	32.9	30.0	28.38	115	143	146	135	87	79	86	SW	SW	WSE	WSE	0.3	2770; constant rain from 1 p.m., contin. all night	
21	763	487	201	487	28.4	32.4	27.8	29.63	160	169	159	149	94	92	89	SW	SW	WSE	WSE	0.3	0.69; slight rain till noon; overcast all day.	
22	879	697	544	673	29.4	37.8	36.2	34.05	163	140	120	117	87	68	78	SW	SW	WSE	WSE	0.3	0.1 Overcast; slight snow from 3 p.m.	
23	264	171	205	266	37.8	36.2	37.6	35.27	199	181	149	149	89	82	87	SW	SW	WSE	WSE	0.3	0.3 Dense overcast; slight snow dur'g night.	
24	531	589	691	614	34.0	37.0	33.9	31.97	161	181	149	149	89	82	87	SW	SW	WSE	WSE	0.3	Dense detached clouds, dispersed.	
25	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Snowing constantly from 3-30 p.m.	
26	445	671	842	669	28.8	35.8	36.2	34.05	163	140	120	117	87	68	78	SW	SW	WSE	WSE	0.3	Ceased snowing 1 a.m., day mostly clear	
27	879	697	544	673	29.4	37.8	36.2	34.05	163	140	120	117	87	68	78	SW	SW	WSE	WSE	0.3	Overcast, commenced raining 8 p.m.	
28	264	171	205	266	37.8	36.2	37.6	35.27	199	181	149	149	89	82	87	SW	SW	WSE	WSE	0.3	Overcast; slight snow at 4 p.m.	
29	531	589	691	614	34.0	37.0	33.9	31.97	161	181	149	149	89	82	87	SW	SW	WSE	WSE	0.3	Densely overcast; slight snow at 4 p.m.	
30	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Overcast, haze; very dull.	
31	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	New light clouds round horizon; fine.	
32	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
33	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
34	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
35	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
36	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
37	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
38	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
39	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
40	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
41	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
42	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
43	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
44	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
45	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
46	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
47	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
48	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
49	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
50	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
51	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
52	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
53	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
54	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
55	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
56	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
57	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW	SW	WSE	WSE	0.3	Very light clouds round horizon; fine.	
58	618	618	618	618	29.0	26.1	27.4	30.50	138	183	118	139	81	74	81	SW						

# SELECTED MATTER.

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## PHYSIOLOGY.

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### ANATOMICAL EXAMINATION OF AN INFANT BORN WITHOUT EYES.

By *M. Lissa*.

The palpebral fissures were very small, not being above two lines in length, but the lids and lachrymal apparatus were perfectly developed, and the conjunctival membrane covered the contents of the orbit. There was not a vestige of the globe of the eye in either orbital cavity; its place being occupied by areolar tissue, in which the optic nerves seemed to lose themselves. The intra-cranial portion of these nerves followed its usual course; but the tubercula quadrigemina and the thalami optici were of very small size; thus confirming the view that the latter, as well as the former, are the ganglionic centres of the visual sense. —*Gazetta Medica Italiana*, July 1850.

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## MEDICINE.

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### THE CHARACTERISTIC PECULIARITIES, PATHOLOGY, AND TREATMENT OF RHEUMATISM;

MORE PARTICULARLY AS IT IS FOUND PREVAILING WITHIN THE TROPICS.

By Dr. JAMES BIRD, A.M., London.

In a paper published in the "London Journal of Medicine," (March,) Dr. James Bird, in consideration that the practice pursued in rheumatism is undefined and somewhat empirical, one employing lemon juice, another colchicum, and a third a purely alkaline treatment, without any explanation of the principles or differences of diseased condition, on which such opposite systems of treatment are recommended, has studied the disease, as met with in Europe, and compared it with that prevailing within the tropics, among a class of patients subsisting almost exclusively on non-azotized articles of diet. The great prevalence of rheumatism, and the severity of some of its forms, both among Europeans and Natives in India, originating under atmospheric conditions and habits of life so different from those under which it is found prevailing in this country, seem well calculated to afford light as to the nature of an obscure disease, and which may be said to be protean in its modifications. Dr. Bird's observations are confined to three points. 1st. Leading varieties of tropical rheumatism, and the particulars in which rheumatic inflammation differs from simple suppurative inflammation. 2nd. Origin of the rheumatic diathesis, nature of the paroxysmal fever accompanying articular inflammation, and causes which produce them. 3rd. The general principles of treatment.

Tropical rheumatism presents two principal forms, the steno-phlogistic or acute; and the asthenic-cachectical or chronic. The former, in its attack of particular tissues, shows a preference for the compound membranes of a serous and mucous kind; the latter affects the muscular, nervous, and filamentous tissues, including the aponeurotic expansion of muscles and the periosteum, having much of a neuralgic character, and being accompanied by vitiated nutrition, and wasting of the parts affected. The very acute variety, associated as in Europe, with pericarditis, or endocarditis, is a form of the complaint seldom pre-

sented to observation in India ; though cases in which the ordinary symptoms of heat, pain, redness, and swelling of the joints, accompanied by fever, are present, occur both among natives and Europeans. Such attacks usually happen among those inhabiting the colder, dryer, and more elevated table lands of that country. The astheno-cachetic varieties, associated with different forms of periostitis having all the character of mercurial syphilitic cachexia, are peculiarly the produce of malarious districts. Several interesting cases of these different forms are given, in illustration and proof that astheno-cachetic rheumatism, associated with arthritic periostitis, is a state of constitutional *cachemia*, more frequently developed among the natives of India, than among Europeans after mercurial treatment. The proclivity of native constitutions to this form of disease is said to arise from the more general use of non-azotized articles of diet by the natives than by Europeans ; giving to the former less vital power of resistance to the destructive metamorphosis of the tissues, brought on by cold, and abused courses of mercury. As cachexia advances in cases of this kind, attended by complication of rheumatic symptoms, the skin becomes harsh and dry, and is covered by white scales or papular eruptions, having all the character of obstinate psora. The intimate existing sympathy between the skin and epithelial covering of the intestinal mucous surfaces, is deemed to afford sufficient explanation of the occasional association of cutaneous eruptions with derangements of the primary assimilating and intestinal mucous surfaces, as observable in the different forms of arthritic complaints.

The intimate relation that subsists between milder and modified degrees of scorbutic *dyscrasia*, and the forms of astheno-cachexial rheumatism, is then pointed out. This connection has of late years been almost lost sight of, notwithstanding that the great and accurate observer, Sydenham, described a species of rheumatism resembling scurvy in its capital symptoms, requiring nearly the same method of cure : and which he distinguished by the name of *scorbutic-rheumatism*. This species of the disease will be found under ordinary circumstances on shipboard, and among European sailors using in excess salt meat diet, with little or no admixture of succulent vegetables ; or on a diet of unvaried character, with total abstinence from animal food. Such are the circumstances, aided by extreme aridity or dampness of climate under which land scurvy prevails among prisoners in the jails of India, and also among bodies of native troops in particular seasons and localities. The same unvaried farinaceous character of diet, used by many of our Sepoies, predisposes them to attacks of cachexial rheumatism. Several cases are given of this kind of scorbutic rheumatism wherein lemon-juice, with an allowance of potatoes and fresh meat diet, was found to be of much service in aiding the other means of cure.

The graduated forms of rheumatism just described, derive more of their difference from constitutional causes of distinction, and the less or greater aberration of the blood from its normal state ; and though the distinctions of the disease, according to its seat in various parts, are thought to afford less important grounds for opposite therapeutical principles, and modes of treatment, than the differences deduced from constitutional causes,—still the varieties founded on localities are deemed of importance as guides to practical results. The best description of such varieties is considered to be that adopted by M. Chomel:—1st, articular rheumatism, or rheumatism in the joints ; 2nd, muscular rheumatism, or rheumatism of the voluntary muscles ; and, 3dly, visceral rheumatism, or rheumatism of certain fibro serous tissues, situated within the splanchnic cavities.

The generality of cases belonging to the first form as met within the tropics, oftener present symptoms of the mild chronic variety than of the intense articular rheumatism of European climates; and though attacks are generally ushered in by febrile symptoms, these symptoms are of less severity than in colder climates, and the disease is less mobile in character. Muscular rheumatism, too, though observed in every part of the body, and usually more amenable to treatment than cases of the articular form, is more frequently met with in the loins and muscles of the limbs than in any other part of the serous tissues. This is peculiarly a disease of malarious districts, being very prevalent among the men of native regiments when located in such.

Dr. Bird then proceeds to inquire whether the phenomena of rheumatism be identical with those of inflammation and the phlegmasiæ? Though rheumatism appears with all the phenomena of the latter, its local inflammation still possesses a specific character more symptomatic than idiopathic in nature, and manifesting in progress that the symptoms proceed from a particular constitutional taint, which gives to them a character distinct from simple inflammation. Rheumatism generally presents quite as much of the character of the *neuroses* as of the *phlegmasiæ*; and though evidence is not wanting to prove that acute articular rheumatism sometimes terminates in suppuration and purulent effusion into the joints affected, still rheumatic inflammation differs from simple inflammation, inasmuch as it proceeds from a specific cause, and is associated with greater abnormal sensibility of the nerves.

Regarding the origin of the rheumatic diathesis, rheumatism is considered as the result of that pre-existing lesion of the assimilating and excretory organs of the body, which, on the application of cold, errors of diet, intoxication, malaria, and like exciting causes, gives rise to that abnormal change of the blood which constitutes the rheumatic diathesis. Sometimes the blood seems altered previous to the appearance of swelling and local rheumatic inflammation; but, occasionally, where the disease is produced by cold acting on constitutions little or not at all disposed to rheumatism, the altered condition of the blood probably follows the development of the local affection.

In either case the heightened metamorphic power of the blood globules gives rise to a greater relative formation of *fibrin* and progressive diminution of *hæmato-globulin* as they occur in rheumatic fever and its consequences. The natural tendency of rheumatism is to *anæmia*, and to the production of phenomena depending on a diminution of the blood globules, as lately prominently noticed by Dr. C. Ferral, in his observations on rheumatic cases with endocardic complications; where after the employment of depletion and mercury, a cardiac bruit different from that which originally presented itself continued to persist, notwithstanding the steady employment of means for subduing inflammatory action.

That morbid condition of the blood, which constitutes the *rheumatic dyscrasia* occurs in all cases where the circulating fluid either becomes deteriorated by the absorption of foreign poisonous matter, as in gonorrhœa, and in certain exanthematous diseases, accompanied by primary and secondary symptoms; or by the reversion into the blood of increasing morbid secretions, and is fashionably treated as a local disease by caustic and other like applications often are, indeed, results of this very state of constitutional *dyscrasia*.

The anatomical seat of rheumatism is peculiarly confined to the fibro-serous tissue, including articular capsules, cellular tissue, mucous follicles, synovial



glands, the interior ligaments or joints, the muscles and tendons, the *dura mater* as reflected on the medulla oblongata and spinal cord, the pleura, the peritoneum, and nerve tubules. The localized manifestations of disease are accompanied, according to age, temperament, and previous habits, by almost opposite conditions of the blood, states of *hyperinosis* and *hypenosis*; which differences of constitutional cause give the rheumatic swelling of the joints more or less the character of ordinary inflammation. The local swelling of sthenophlogistic rheumatism differs from ordinary inflammation in having more a character of irritation than the latter; but, according to the researches of M. Andral, agrees with it in this, that the fibrine in the blood increases from two-and-a-half or three to as much as ten parts in one thousand, oscillates in the sub-acute form between four and five, and returns to the natural standard in well marked chronic cases. This state of *hyperinosis* is, however, rather relative than absolute, being accompanied by a corresponding diminution of the red corpuscles; which, as Simon supposes, are wasted in the metamorphic production of the fibrine.

We come next to the treatment—on which subject Dr. Bird says—the general therapeutic principles to be followed in attacks of tropical and European rheumatism, are—1. To subdue constitutional irritation and fever by narcotics and refrigerants. 2. To eliminate from the system the retained cholæic elements, and other excrementitious matters of the blood, which render the urine acid, and occasion its lithic deposits. 3. To restore the conditions of normal nutrition by suitable diet in the sthenophlogistic kinds, and by iron, cod-liver oil, and tonics, when the rheumatic symptoms are associated with *cachemia*. 4. To subdue local symptoms of swelling and pain by leeching, cupping, and blisters, followed by anodyne applications, or local aæsthetics.

In order to fulfil the first indication, which is the principal and leading one, in cases of the sthenophlogistic kind, much professional discussion and difference of opinion have arisen, regarding the efficacy and propriety of general bleeding, as one of the means. The extent to which this remedy may be usefully employed, will depend much on the youth and naturally plethoric constitution of the patient, the inflammatory character of the local affection, the severity and tonic nature of accompanying fever, and the purity and bracing influence of the air in which the patient has been habitually exposed. The degrees of fever are bound to correspond generally to the coldness and purity of the air in which the patient has lived, the azotized richness of the diet, and the proportionate *hyperinosis* of the blood accompanying good air and rich nourishment. In a general inflammatory diathesis, therefore, the propriety and efficacy of general bleeding are fully established by our own experience, and recommended by a host of unexceptional authorities. But the natural tendency of the rheumatic inflammation and fever, being to produce anæmia, we must not be too prodigal in wasting the nutritive resources of the constitution; and should be guided in repeating the bleeding, according to the quantity and inflammatory firmness of the blood-clot, and the effect which the first bleeding may have had in subduing irritation and mitigated fever. The same extent of general blood-letting that might be useful to the temperate and well-fed inhabitants of cold, salubrious localities, would be highly injurious to the nervous, irritable bodily habits, of those addicted to excessive beer-drinking and other dissipated practices. The same quantity of blood, then, abstracted to cure quickly the plethoric mountaineer of Scotland, would endanger the life, or render tedious, the convalescence of an inhabitant of London, breathing an atmosphere deteriorated by sulphuretted hydrogen. The necessity, too,

of general bleeding in tropical rheumatism is rather an exception than the rule, as might be expected from the comparatively mild character of the fever and inflammatory symptoms.

To carry out further this indication, after a moderate bleeding, recourse may be had to ten-grain doses of nitrate of potash, given along with small doses of tartarized antimony and citrate of potash, three or four times day, in the form of effervescent draughts; or the nitrate of potash may be combined with nitrous ether and other diuretics; the intention in either case being to subdue heat and irritation, by restoring the normal excretory functions of the skin and kidneys. The utility of the nitrate of potash seems dependent on its power of diminishing the plasticity of the blood and suspending the metamorphic disposition of the blood globules to produce fibrine. Under its use the specific gravity of the urine is increased, this being a medicine which possesses the power of eliminating urea and other compounds of lithic acid from the system. Such power is probably increased by the combinations of the nitrate of potash with other alkaline compounds, as the citrate and acetate of potash, which are converted into carbonates in the course of the circulation. All such means, however, prove refrigerant by subduing the heat and irritability of the body; and the effect of such may be increased by the addition at bed-time, of anodynes, either opium or aconite.

Of medicines best adapted to carry on the second indication, calomel and Dover's powder at bed-time, followed next morning by a solution of sulphate of magnesia in compound senna infusion, with the addition of an alkali and colchicum, will be found among the most useful. Much misapprehension regarding the beneficial therapeutic action of the latter medicine seems to exist; some deeming its chief efficacy consists in its power of eliminating urea and uric acid from the system; while others deny to it any efficacy in subduing symptoms of true rheumatism. It is chiefly useful in cases of the acute disease, accompanied by a foul loaded tongue, biliary derangement, and intestinal mucous accumulation. Both our Indian and European experience has convinced us of the fact, that without its purgative effect being induced, the urinary secretion is seldom so much increased in quantity as to bring with it any considerable relief of rheumatic symptoms. The most beneficial mode of administering it in India is to give the wine of colchicum twice or thrice a day, in a weak solution of tartarized antimony, along with liquor potassæ, and tincture of the hydrochlorate of morphia. Free action of the kidneys and skin is thus kept up, and the feverish frequency of the pulse reduced; but, even in such a case, the use of purgatives, and the elimination of the biliary secretion, must not be neglected or lost sight of.—Where diarrhœa, or the purgative effect of colchicum is established, there the amount of urea and uric acid in the urine appears to be diminished; these compounds being eliminated, as it would appear, by the intestinal evacuations. Dr. Bidder, in a late minute examination of the action of various medicaments, with reference to the changes produced by them in the constituents of the urine, the exhalations of the lungs, and the blood, found that, contrary to the general opinion of pharmacologists, the use of colchicum produced but slight diuretic action, and had very little effect on the constituent parts of the urine. During its employment, the activity of the skin and lungs, in exhaling carbonic acid, is considerably augmented, and after a time its effects in causing an augmented secretion of bile becomes apparent; the melanotic blood globules, which are unable to combine with the oxygen of the air, being destroyed in the hepatic system, affording materials for an augmented secretion of bile. The result of his analysis, thir-

teen in number, on the action of colchicum and its known utility in rheumatism, seem to bear strongly on the truth of the opinions expressed as to the pathological nature of the disease.

The employment of calomel, with a view of obtaining its full purgative effect in cases of the stheno-phlogistic variety, should be more steadily pursued to carry out this indication than the plan of giving it with opium in order to obtain its constitutional effect. From its special action on the biliary organs, it is in Indian rheumatism an invaluable remedy; and in this country too, when properly administered in aid of colchicum and other purgatives, will be found of much utility, by depurating the blood, through increased biliary secretion, in those hyper-carbonized states of the system associated with the disease in many of those cases met with in London. The practice of mercurial fumigation, as successfully used both in this country and in India, proves useful by increasing the elimination from the skin, and restoring the cutaneous functions to a normal state. The same result may be partially secured in both varieties of the disease, by means of warm bathing, warm clothing, and friction of the surface.

The third indication has more immediate relation to cases of the asthenocachexial kind than to those of acute rheumatism. The impaired state of the digestive function being so intimately associated with the origin and progress of the rheumatic constitution, it is of much importance, while carrying out the second indication, in acute varieties of the disease, that due attention should be given to the diet of the patient, which must be diluted and of easy assimilation. In the early stage of disease it should consist of gruel, thin arrow-root with milk, or weak broth; and if tea-beef be allowed, it may be given with the addition of twenty or thirty drops of the liquor potassæ; the alkali serving to neutralize the lactic and other acids which accumulate in the stomach along with diseased mucous secretions. As phlogistic symptoms, even in the worst examples of acute Indian rheumatism, are associated with much destructive irritation and waste of tissues, a too active or injudicious employment of the diaphoretic and purgative treatment must be avoided, as such will both derange the primary and secondary assimilation. Such derangement is marked by emaciation, loss of strength, pale, anasarous visage, and other signs of cachexia; and as the early appearance and rapidity of such symptoms are most remarkable in persons inclining to the leuco-phlegmatic temperament, the treatment for carrying out the previous indications should not be such as makes too great a demand on the resources of the constitution. When cachexia appears, we must have recourse to the bark, sulphate of quinine, preparations of iron, or iodide of potassium, all of which operate beneficially on the constitution, by improving the tone of the organs of primary assimilation, modifying the nutrition of the tissues, and increasing the hæmagine of the blood. A combination of these several remedies may be necessary, according to the nature of particular cases; and where iodide of potassium, if given alone, would utterly fail in relieving symptoms, it may be usefully employed in combination with the bark, or sarza-decoction, or extract of taraxacum, by which the double effect of healthy cutaneous action and increased elimination by the kidneys may be generally secured. The iodide of potassium must not be given in large quantities, but along with it laxatives are as essential as in using colchicum. In many such cases, the compound decoction of sarza to the extent, at least, of half a pint twice daily, with an equal proportion of warm milk, has been found to be of much utility in promoting the nutrition of the tissues and bringing back healthy cutaneous action. The extract of sarza pills, with resin of

guaiacum, and sulphuret of antimony, may be given advantageously with the same object, care being taken to supply the patient with light easily digested elements of nutrition. Among such elements we may mention cod-liver oil, which in two cases when prescribed in this country, proved of much benefit. One of these was a case of excruciating pericranitis, affecting the aponeuroses of the cervical vertebrae, and accompanied with neuralgia of the superior maxillary branch of the fifth pair of nerves; the other was hysterical neuralgia of the intercostal muscles. In both cases counter-irritation was employed by means of a liniment of oil of turpentine with pyroligenous acid over the pained parts; and in the former the oil was given along with the extract of aconite at bed-time.

The last and fourth indication is to employ remedies suited to subdue the pain and swelling of the local affections. If such are of a muscular kind, strongly stimulating terebinthinate liniments, warm fomentations, and shampooing of the parts, will be found beneficial in relieving pain; but in some cases, such was its severity and persistence, that the patients were relieved by nothing except the abstraction of blood from the parts by means of cupping-glasses. When the joints suffer, and are much pained and swollen, we found no local applications more useful than leeches and repeated blisters to the parts. If the latter be employed, the blistered surface may be dressed with an ointment containing quantities of hydrochlorate of morphia, covered over by cotton wool and a piece of spongio-piline to prevent evaporation, will be found of much utility. Others have of late recommended for the same purpose a chloroform lotion, or one of Dutch liquid, stating such to be of great utility in relieving the pain and swelling of the joints; but though we have had no experience of their efficacy, they appear well calculated to fulfil the same intentions as other like remedies which have been long in use. More might be said as to the greater or less efficacy in rheumatism of special remedies, but as we place little faith in such when used without discrimination, we defer any such remarks to a more fitting opportunity, the great object of this paper being to delineate the leading characters of rheumatic disease, and the therapeutic indications most applicable to each.

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## PATHOLOGY.

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### ON SOME OF THE HISTOLOGICAL CHARACTERISTICS OF MALIGNANT GROWTHS.

*By Professor Albers, of Bonn*

1. No form of growth other than the malignant consists so exclusively, even to the acquisition of a large size, in cell-formation, all non-malignant ones containing a great abundance of fibre-formations. It may be objected that epithelial tumours consist of cells, and yet remain innocent. It is to be observed, however, that such tumours always remain small, and have not proved so generally innocent as the polypus and fibroid. Epithelial tumour, too, frequently relapses, and is sometimes as destructive as cancer itself. Among other innocent tumours, the fatty especially exhibit cell, but the regular fibrous network, which is also present, essentially distinguishes them from all malignant tumours.

2. In innocent growths the cells decrease with the duration of these, while in malignant ones they increase. At the commencement of the so-called tumours of the cellular tissue, among the predominant fibres, cells are to be seen, which

at an older date are entirely absent ; and the same is observed in polypus and fibroid. In malignant tumours a great number of fibres are found at first ; but the longer the tumours exist and the larger they become, the more completely do such fibres disappear, leaving the cells as the sole histological element.

3. Certain peculiarities are observed in these cell-formations, among which may be mentioned the incomplete formation of the greater part of the cells, when the tumour is old and large, and especially in the case of relapsing and secondary formations. The cells exhibit either a different form, an unequal size, or an irregular degree of development. The equal development of the structural elements of polypus, fibroid or fatty tumour, furnishes an entirely different general impression from that derived from any kind of malignant tumour.

4. Besides this incompleteness and irregularity of the development of cells in malignant growths, they are found in these to undergo a rapid disintegration, examples of which, though more frequently met with in the older tumours, are not wanting in the younger ones, showing the retrograde changes which are taking place. The elements proving this, are granules, granular bodies, and granular cells ; and these are to be found in a greater or less number in every cancerous tumour proportionate to its age. If, on the other hand, we consider the regular and unchanged condition of the cells in fatty tumours or polypus, in which scarcely any granular bodies or cells are found, it becomes certain that the duration of the life of a cell is much longer in innocent than in malignant tumours.

5. Malignant tumours are remarkable for the rapidity of their cell growth. In a few days an entire lung may undergo tubercular transformation, or a cancerous tumour acquire double its size. A relapse may occur in five or six days, and a few days later may attain enormous dimensions. No innocent tumour comports itself thus.

6. In malignant swellings we always find a more abundant juice, which flows out on pressure, and contains some of the elements of the disease, as the cells, and the same fluid blastema is obtainable from tubercular lungs. When fluid is pressed out from a polypus, it contains no cells or fibres, or very few, while in that obtained from cancer there are numerous cells in every stage of development. It follows from this, that the textural connection in the malignant tumour is always looser, and the proportion of fluid blastema always larger than in the innocent ; and that these slightly connected elements are easily separable, and are incapable of the degree of development observed in the innocent, being, therefore, endowed with a shorter duration of life than these.

It results from the above observations, that there is less vital energy and durability in malignant growths, as is shown by the fewer stages of development they are capable of ; and by the great disposition of the cells to terminate their life, and to pass into granular bodies and granule-cells. This retrograde course explains the inordinate increase of cells, just as we see an immense reproductive power in animals placed low down in the scale. The lower its vital energy sinks the more rapidly does the growth increase, so that the second or third relapse takes on a much larger and more rapid development than did the original tumour—a point well deserving the attention of the operator, lest by his interference, he lowers the amount of vital energy, and hastens death more rapidly than it would have occurred had the case been left to nature. It is to this diminution of vital activity, that the peculiar softening of these tumours is due. In the

softened mass are found the elements of the degenerated structure with incompletely formed pus globules; and when the vital power is increased, and, as in tubercle, stationary condition of the disease produced, a more complete pus formation takes place.—*Canstatt's Jahrb.*, 1850.

## SURGERY.

### PARTIAL ANCHYLOSIS OF THE LOWER JAW REMEDIED BY DIVISION OF THE MASSETER MUSCLES.

By *W. J. Little, M.D., London.*

A healthy woman, aged thirty-three, of steady habits, not hysterical aspect applied to me for relief of a contracted condition of the jaws. My report of the case is as follows:—

She states that for three years she has been unable to open her mouth, and that during this period she has subsisted entirely upon fluid or semi-fluid aliments. The contraction immediately followed a mercurial ptyalism excited for removal of some inflammatory ailment. On examination of the mouth, the maxillæ are observed to be firmly approximated; the teeth perfect, but those of the inferior maxilla much concealed behind those of the upper. No unnatural adhesions can be discovered between the cheeks and gums. Externally, and also within the mouth, the masseter muscles can be felt firmly contracted, verging upon atrophy rather than hypertrophy. Nothing abnormal is discoverable in the temporal muscles. It is impossible, on a hasty trial, to introduce even the blade of a knife between the dental surfaces, in consequence of the edges of the lower incisors being on a superior plane to that of the corresponding edges of the upper teeth. She possesses no voluntary power of separating the maxillæ, but sufficient lateral movement can be effected to show that complete ankylosis does not exist. The patient is of opinion that the left maxillary articulation is less free than the right, which corresponds with the impression I have received from my examination. She exhibits several box-wood wedges, used for separation of the jaws, on which imprints of the incisor teeth are visible. She says she is enabled, by moderate perseverance during three or four days to separate the incisors one-twelfth of an inch; beyond this amount she has never succeeded in temporarily diminishing the contraction. Several surgeons have endeavoured to relieve her by means of wedges and screws. She has also been an inmate of a metropolitan hospital, but without benefit.

Feb. 22, 1851.—Divided the masseters, with the assistance of Mr. Barrett and Mr. Gowland—the right muscle by *sub-mucous* myotomy, and the left *subcutaneously*. The mode of operation was as follows:—

In the case of the right muscle, I introduced an ordinary sharp-pointed tenotome through the mucuous membrane of the mouth, opposite the anterior border of the masseter, on a line with the commissure of the lips, penetrating backwards, first between the muscle and the mucous membrane, and afterwards between the muscle and the coronoid process of the jaw, the knife being carried posteriorly, until it could be felt by the left index, placed behind the ascending ramus. On turning the *edge* of the instrument towards the muscle, the whole of the fibres between it and the integuments were severed.

For the division of the left muscle, the tenotome was passed through the skin at the inferior-posterior angle of the jaw, and carried *flatly* along the surface

of the bone towards the mouth. On attaining the mucous membrane—notice of which was received by the left index, purposely placed in the mouth—the point of the knife was carried carefully between the mucous membrane and the muscle, towards its anterior edge, the fibres having been divided in a similar manner to the section of the opposite muscle, although in a different direction. The puncture in the mouth—that which resulted from division of the right muscle—appeared inclined to emit red blood. This was immediately restrained by pressure of the part against the teeth, through a dossil of lint externally applied. The cutaneous puncture required no particular attention.

On the following day, considerable ecchymosis of both cheeks was visible, and she complained of some tenderness. The external puncture cicatrized immediately; the healing of the puncture in the mucous membrane was delayed for four or five days by a slight discharge. On the third day after operation, when tenderness and tumefaction were subsiding, the patient expressed her conviction that she possessed greater command over the jaw, but increased mobility was not apparent. She was desired to use the wedges as before the operation. On the fifth day I was favoured by Messrs. Craigie and Barrett with an instrument admirably adapted for separating the maxilla when so closely contracted as scarcely to admit a thin spatula between the opposing surfaces. By its means, rapid amendment was effected. Within a fortnight I was enabled to separate the incisors nearly one inch. She was not required constantly to wear any mechanical contrivance, but recommended to employ the extending apparatus many times daily for some minutes at each time.

The only pathological observations worthy of record during the after treatment were, that greater soreness of the left masseter was complained of, and that about a fortnight after the operation a painful globular swelling, corresponding in situation and size to the left maxillary articulation, presented itself. This swelling appeared to be attributable to some congestion of the capsular tissues and effusion into the joint. She was consequently desired to proceed less actively with the instrumental separation of the jaws, and to apply compound tincture of iodine to the part. Whilst these measures were adopted, the swelling quickly subsided.

The case proceeded most satisfactorily; with the aid of the instrument, a month after the operation, she was enabled to open her mouth to the utmost extent, and by volition could open it half-way. A few weeks later she could slowly masticate, and she had acquired greatly increased facility of speech. Tendency to re-closure of the mouth still existed, the case resembling in this respect contracted states of most other parts of the body, in which the tendency to relapse requires to be counteracted by persevering use of active and passive movements of the articulations. Mr Barrett subsequently very effectually assisted me with the mechanical resources of the dentist's art, causing an apparatus to be prepared for wearing within the mouth, calculated, by means of springs, to act upon the dental arches, and assist the weak depressor muscles of the jaw in their antagonism to the powerful muscles which tended to close it. This apparatus, when first employed, occasioned irritation of the interior of the cheeks, and required frequent adjustment. At present (June, 1851) it is worn in comfort a few hours daily. By its means she can fully open her mouth in mastication and speaking, and even without it has greatly recovered the use of the part. I entertain no doubt that in this false ankylosis of the jaw, as in deformity of many other parts, the temporary use only of mechanical apparatus will be needed.

*Remarks.*—The infrequency of the application of tenotomy and of myotomy to contracted jaw, invests this case with sufficient interest to justify its publication. The result of the treatment has quite equalled my expectations. A cure has not yet been attained, but the facility with which at present the subject of the operation is enabled to apply the mouth to purposes of assumption of food, mastication, and speech, indicates that perseverance in these uses of the parts will lead to perfect recovery.

It may excite surprise that a contraction which had resisted mechanical extension without operation, subsequently yielded when section of part only of the muscles which close the jaw had been effected. Thus, in a fixed closure of the part of three years' duration, it could not be doubted that the temporal and internal pterygoid muscles were more or less concerned with the masseters in the abnormal contraction. Or if the whole of the above muscles were not originally implicated, analogy with the phenomena observed elsewhere teaches us to apprehend that they may have become secondarily involved. Thus in other parts of the body in which spastic or other contraction of one muscle occurs, we find that this primary contraction of one muscle is usually, after a time, accompanied with shortening and rigidity of all the muscles concerned in those normal actions of the part in which the primarily affected muscle bears a principal share only. Thus, for example, in wry-neck, we have reason to believe that in many instances the sterno-cleido-mastoideus, with or without its congener the trapezius, is primarily affected, but that after the lapse of a variable period, other muscles, the scaleni, for example, become shortened, and oppose restoration of the position of the head; or as at the elbow, the biceps appears to be primarily or principally affected, although after section of it the brachialis anticus, and aponeurotic and articular structures, for a time resist replacement. In the jaw, therefore, when we examine the masseters and feel them rigidly contracted, we should not conclude that the morbid closure of the mouth is attributable to shortening of these muscles only, but apprehend that the temporalis and pterygoideus internus may be similarly affected. From this argument it might be inferred, that in any case of deformity dependent upon muscular contraction, it would be necessary, in the operative treatment of it, to sever all the contracted muscles or their tendons. This necessity is recognised, and is adopted as far practicable with speed and security. Thus, many years since, I pointed out the propriety, in the operative treatment of severe talipes varus of infants, of severing not only the tendo-Achillis, but also the tendons of the tibialis anticus, tibialis posticus, and certain plantar structures, leaving untouched the other structures on the back of the leg and in the plantar region, which are more or less contracted in that deformity. Experience in treatment of many deformities, has, however, taught that, although division of all the contracted structures facilitates restoration, section of one or more muscles, having a principal share in maintaining a contraction, often suffices: the relief afforded by section of one tendon is considerable, rendering the remainder of the cure practicable by instrumental means.

The impulse towards restoration afforded by the removal of one obstacle renders the remaining struggle less considerable. I am not of opinion that section of one muscle or tendon operates indirectly, or by reflex through the nervous system, upon other (undivided) muscles, so as to calm down their resistance. The relief afforded is, I believe, through reduction of the quantity of resistance, possibly in another mode analagous to certain physiological phenomena. As it is well known, in the animal kingdom, that the exercise of a power fully adequate to compete with any resistance a victim is capable of offering, appears



to paralyze that resistance. The dominion of the more powerful animals over the lower is thus beneficially facilitated. In physiological experiments upon living animals, it has been observed that the tight grasp with the instrument of the physiologist arrests that resistance which previously obstructed observation during the experiment. Something akin to this is witnessed in the treatment of the insane, and in some diseases. It is true that in these instances, the reasoning power of the animal or of the individual comes into operation, whilst in deformities dependent upon muscular contraction it is believed that the influence of the mind or of the brain is not exerted. But who shall venture to say what share the truly cerebral organs may not have in morbid muscular contractions? in some, at least, the influence of the mind is incontestable.

The present case illustrates the relief afforded in a fixed closure of the jaw by section of the masseter muscles, or rather of the principal mass of them, for the fibres attached on the inside of the coronoid process necessarily escaped division; the resistance afforded by the temporalis and pterygoideus internus having yielded to mechanical means previously unsuccessfully applied.

I may be excused one observation respecting the pathogeny of the case. The increased rigidity of the left maxillary articulation, and the globular swelling which formed in that situation during treatment, appear to indicate that on the occasion of the mercurial ptyalism, some inflammation extended from the neighbouring parotid gland to the articulation. Hence, when the ptyalism subsided, the usual freedom of the left maxillary articulation was not obtained. Notwithstanding the well-known indisposition of muscular fibre to assume inflammatory action, it is not improbable that the left masseter or its aponeurosis was involved in the inflammation. Whether or not the muscle was directly implicated in the inflammation, it seems probable that ptyalism, inflammation of the articulation, muscular contraction, and partial anchylosis, were the links in the pathogenetic chain.

I doubt not that many cases popularly termed locked-jaw, accompanied with cicatrices in the mouth, consequent upon the ulceration that occurs after fevers, ptyalism, stomatitis, or cancerum oris, present themselves, in which, after fair trial of mechanical means, and a satisfactory diagnosis of absence of true anchylosis of the maxillary articulations, myotomy and division of cicatricial bands, if any such be present, would lead to relief of the contraction.

It may not be superfluous to add, as a caution to over-ready operators, the discrimination of suitable cases is not invariably easy.\* Above all, it should be remembered that many cases of closure of maxillæ occur in nervous females, consequent to emotional and other influences, in which, of course, an operation is not advisable, as the onset, departure, and recurrence of such contractions may occur suddenly or without premonitory phenomena. They are, in short, sometimes intermittent in their character. In no case of muscular contraction should operation be employed until after persevering trial of suitable mechanical means by the practitioner himself.

\* I trust I shall be pardoned for this apparent discouragement of tenotomy, but in view of so many unsuccessful cases of tenotomy applied to the lower extremities, that I was warranted in protesting beforehand against failures through want of caution, and, to avoid the guilt of presumption, I might add, want of experience in the management of contractions in general, and of that special fact which opportunity can alone, here as elsewhere, give. Happily, half-cured cases of club-foot, &c., if properly operated, admit of complete restoration, even without re-operation, by perseverance in suitable manipulations by competent attendants, and mechanical treatment—means applicable by every prudent and enquiring practitioner.

## ON FRACTURE OF THE OS HYOIDES.

By Dr. Grunder.

The following proves that this affection is not always so easy of recognition as it is usually considered to be. A labourer, æt. 63, fell from a waggon on his face, and discharged a large quantity of blood by the mouth. He found he could not swallow, and when seen twelve hours afterwards complained of severe pain in the neck and nape, with inability to turn his head, though no injury of the vertebræ could be detected. His voice was hoarse and difficult. On attempting to drink, the fluid was rejected with violent coughing, the patient declaring he felt it as if entering the air passages. An examination of the fauces led to no explanation of this condition. The epiglottis did not, however, appear to completely close the larynx, or to be in its exact position. The tongue was moveable in all directions, and pressing it down with a spatula caused no inconvenience. The hyoid seemed to possess its continuity. No crepitation or abnormal moveability could be perceived, and no pain at the root of the tongue occurred on attempting to swallow. After repeated examination, the case was concluded to be one in which the functions of the nervus vagus had undergone great disturbance, or the muscles of the larynx had become torn or paralysed.—Medicine and food were administered by means of an elastic tube. The patient had a good appetite and slept well, the pain of the neck was lost, and its motion recovered; a hectic cough, from which he had long suffered, alone remaining. After continuing, however, to go on thus well for six days, the cough increased, the appetite failed, strength was lost, the voice was scarcely audible, and in five more days the patient died exhausted. At the autopsy, a fracture of the os hyoides was found. One of the large cornua was broken, and had become firmly embedded between the epiglottis and rima glottis, inducing the raised position of the epiglottis, loss of voice, and difficulty of swallowing. The fracture was probably produced by muscular action, a cause first assigned in a case occurring to Olivier d'Angers.—*Schmidt's Jahrbuch.*

## ON THE ABORTIVE TREATMENT OF GONORRHOEA BY CHLOROFORM.

By M. Venot.

M. Venot, of Bordeaux, states, as the result of a twelvemonth's experience, that injections of chloroform, though of little avail in confirmed gonorrhœa, are possessed of a complete abortive efficacy, if employed during the first week.—*Bull. de Therap.*

## MIDWIFERY.

## ABSENCE OF THE UTERUS.

By M. Depaul.

M. Depaul recently related a case at the Medical Society of Emulation, which he regarded as an example of absence of the uterus and vagina. It occurred in the person of a woman, æt. 22, having well developed breasts and external sexual organs, together with marked venereal desire. In place of the vaginal opening was a simple depression; and by the simultaneous introduction of a finger into the rectum, and a catheter into the bladder, no body having any analogy to the uterus could be felt. The right ovary was supposed to be detected. Every month she has all the symptoms of menstruation, except the flux.

M. Depaul, by careful examination, convinced himself that this case was not one of mere imperforate vagina; but, as the woman is still living, the exact state of the parts is not demonstrable. In a case, however, recently related by Dr. Ziehl, an autopsy was possible. The person, æt. 57, had been married for thirty-two years, but had never menstruated. She was feminine in appearance and inclinations, and the external sexual organs were completely developed.—The vagina was very narrow, so as only to admit the finger for an inch, when it terminated in a blind sac. No uterus could be felt. The Fallopian tubes lay in the broad ligaments behind the bladder, the fimbriæ being normal. The ostium abdominale was open in both, but of the ostium uterinum no trace could be found. Behind and below the tubes lay the ovaries, somewhat wasted, wrinkled on their surface, dry and firm in structure, and containing only small thick nodules. Not a rudiment of the uterus existed.—*L'Union Med.*

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## FORENSIC MEDICINE.

### ON THE DETECTION OF LEAD IN A BODY THAT HAD BEEN INTERRED NEARLY TWO YEARS.

*By Dr. Mayr.*

Although lead-poisoning is of such common occurrence, it seldom takes place in a manner calling for judicial investigation. Dr. Mayr has, however, recently published an interesting case of this kind. The body of a clergyman was disinterred after twenty-one month's burial, as it was reported he had been poisoned. The head had become a complete skeleton. To the chest hung some dark green fleshy substance. Within its cavity more remains were found of the right than of the left lung. Below the diaphragm a mouldering mass was found, apparently formed of the remains of the liver, stomach, spleen, and small intestines,—a yellow spot, the size of a hen's egg, resembling effused bile, existing in the region of the liver. Of the ascending colon little remained; but the rectum, and a small portion of the sigmoid flexure were observed. The fecal remains were of a blueish-white colour, and shone remarkably through the serous membrane. The inner lining of the intestines seemed thickened, and in parts ulcerated. After all had been removed, the cavity of the pelvis exhibited a shining white, almost silvery appearance. On testing the remains of the abdomen, lead was freely detected and reduced, no arsenic, which was also sought for, being present. Several grains of lead were reduced from three oz. of the lung substance, and a drachm from the same quantity of the intestinal contents,—although no flux was employed to facilitate the reduction.

When the history of the case was investigated, it was found that the poisoning had been going on for ten months of the year 1844. Four physicians, who had attended him under supposed attacks of gastric fever, and latterly an ulcerated condition of the bowels, now deposed to the existence of symptoms of lead poisoning, though this was not suspected during life. As severe abdominal pain always came on after the performance of mass, it was now supposed that the wine used had been poisoned. No lead was prescribed for him among his medicines during his long illness.

From the fact of the poison having been found in the lungs, it must have been introduced into the economy as a soluble salt, which, from its solubility and tastelessness, was probably the acetate. Large quantities must have been ad-

ministered for a long period, or it would not have been found in such abundance, and diffused over so great an extent; it being estimated from the quantity obtained, that at least 30 drachms must have been contained in the body. It is of importance to remark, that although the body had been buried for twenty-one months, and no traces of the brain, heart, or other muscles remained, the poison was yet detectible in the remaining portion of the lungs and intestines, and that it had undergone a partial reduction through the putrefactive process in the body itself. That the acetate was not, however, completely decomposed, was seen by procuring from the intestinal contents a soluble salt. This shows also that the acetate, like other metallic salts soluble in water, more or less resists the putrefactive process, and that the decay of organic structures impregnated with it may be delayed,—the putrefactive process, which ordinarily commences in the abdominal organs, being in this case much less advanced in the large intestine than in other parts of the body. The finding so considerable a portion of the lead in the lungs, is also therapeutically interesting, in regard to the administration of the substance in hæmoptysis and phthisis.

It seems that the minister, who was formerly mild in his manners, became latterly morose and impatient, exhibiting signs of the peculiar melancholy generated in *tubes metallica*; while with this were conjoined all the ordinary symptoms of gradual lead-poisoning, even to the occurrence of attacks of paralysis.—*Buchner's Repert.*

#### ON THE DETECTION OF MERCURY IN THE BODY OF A PERSON DYING OF MERCURIAL CACHEXY.

By M. Gorup-Besanez.

That quicksilver is one of the metals capable of absorption into the economy is a well-known fact, detected as it has been by various chemists, not only in the blood, but in the secretions of various organs, and especially the saliva, and in the structure of the organs themselves. But as to the mode of its distribution, the duration of its presence in the various organs, and whether it is found in all or certain tissues only, are points yet to be investigated. Dr. Gorup-Besanez relates the results of a recent investigation of the body of a woman, who was long (twenty-five years) laboriously engaged in silvering looking-glasses, but who, from the convulsive tremors that were induced, had been obliged to desist from her occupation for a year prior to death.

The somewhat collapsed brain did not entirely fill the skull, and the dura mater was of a reddish-blue from the venous congestion. The consistency of the brain was firmer than usual. The lungs were hepatized, loaded with dark-coloured blood, and non-crepitant.

The chemical results obtained by following the processes of Fresenius and Babo were as follows. The lungs and heart gave no traces of mercury; a very small quantity was detected in the liver, and none in the bile. A doubtful precipitate was thrown down upon the gold plate by the brain, while the spinal column presented no traces. That any remains at all should be found after a year is remarkable, and is confirmatory of other facts, proving how long certain metals, e. g. antimony, may be retained in the economy. That the liver was the only organ in which it could then be detected, confirms the doctrine that metallic poisonous substances are longest found in that organ.—*Buchner's Repert.*

## ORGANIC CHEMISTRY.

## NATURE'S CHEMISTRY INEXPLICABLE.

By J. L. Levison, Esq., Brighton.

There appears to be something anomalous in the effects of light on some flowers, which seems to render Nature's chemistry inexplicable. Probably some of your readers may solve the problem. For instance, it is said that when light is excluded from vegetables or flowers, they become white, and the inference which most students have arrived at is, that light is the principal cause of the difference of colour, modified in different kinds by some difference in their structure. That the exclusion of light does certainly blanch some kinds of vegetables, is now admitted as an axiom in vegetable chemistry; for example, the endive, the celery, the white cabbage, &c.; and although the deprivation seems to induce the colourless condition of those mentioned above, it is not a law, otherwise it would be universal. And my object, therefore, in this brief paper, is simply to mention a few facts which seem to be exceptions. The *viburnum opulus* (guelder rose) has a green flower in the first instance, which gradually becomes white if the weather is fine and the light intense, the flowers under such stimulus assuming a most beautiful opaque whiteness. They remain for weeks in this colourless condition, and are finely contrasted with the dark-green leaves which surround them; and so delicate is the whiteness of the flowers that they are popularly called snow-balls." So also *lilium album*, &c., present similar phenomena.

Can it be explained why the *viburnum opulus*, &c., &c., seem to be exceptions? That all the rich variety of colours in the domain of Flora, court the light which gives them their beautiful shades and tints, and in those we have named, that its presence should banish from them every vestige of hue or colour, shows that we have still much to learn on the chemical effects of light.

## ON THE OXIDATION OF AMMONIA IN THE HUMAN BODY; WITH SOME REMARKS ON NITRIFICATION.

By Henry Bence Jones, M.D., F.R.S., &c.

It is shown in this paper, that when ammoniacal salts are taken into the body, nitric acid is excreted by the urine, although no trace of that substance could previously be detected in it. The author was then led to investigate other cases of combustion, in which ammonia is present, and came to the conclusion that nitric acid is formed out of the body as well as in it; and he further ascertained, that even the nitrogen of the atmosphere is not indifferent in ordinary cases of combustion, but that it gives rise to minute quantities of nitric acid. He found that a mixture of starch with a drop or two of hydriodate of potash and hydrochloric acid was a more delicate test of the presence of nitric acid than either the indigo test or the protosulphate of iron test; and that he was able to detect, by its means, as little as one grain of nitre in 10 c<sup>z</sup>. of urine, which neither of the other tests would indicate.—*Proceedings of the Royal Society.*