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THE

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ORIGINAL COMMUNICATIONS.

ARTICLE XXX.—*Valedictory address to the Graduates in Medicine of McGill College, on their receiving the degree of Doctor of Medicine and Surgery, conferred by Convocation, 5th May, 1859; by* GEORGE W. CAMPBELL, A.M., M.D., *Professor of Surgery.*

GENTLEMEN GRADUATES,—Before addressing to you the few words of parting advice customary upon occasions like the present, I may be permitted, I hope, without being thought guilty of self-laudation, to take a brief retrospect of the progress of the Medical Faculty of McGill College, which I have now, for nearly a quarter of a century, been connected with as a Teacher. Upwards of 34 years ago, much to their honour, four medical gentlemen in this city, the late Drs. Robertson, Caldwell and Stephenson, along with the present respected Dean of our Faculty, Dr Holmes, feeling the want and necessity of a means whereby appropriate instruction might be furnished to Students of Medicine in Canada, associated together and founded, for this purpose, the Montreal Medical Institution. The school thus organized was most successful, and, five years after its establishment, was embodied in this University, of which its Teachers constituted the Medical Faculty. These gentlemen at once took the proper ground of demanding a high standard of professional education from their graduates, and, as far as circumstances permitted, assimilated their curriculum, and the duration of their lectures, to what was then in force in the University of Edinburgh, of which they

themselves were Alumni. From time to time, the Faculty thus organized, although contending against want of pecuniary means and numerous other adverse circumstances, added to the number of its Teachers and the efficiency of its instructions, until the year 1845, when it completed, in the advantageous sub-division of labour, its present very extensive teaching staff, consisting of nine Professors and one Demonstrator The senior members of the Faculty can now welcome, with pride and pleasure, their former pupils as their valued and able colleagues and fellow-laborers.

The Universities of Great Britain, and the Colleges of Surgeons of England, Scotland and Ireland, early recognised the McGill College class certificates and degrees, as equivalent to their own, in entitling their holders to become candidates for University Honors and Surgical Diplomas. Our Graduates spread over the length and breadth of the Canadas, have, we believe, as a body, done no discredit to our instructions. We have representatives in England, one in the great metropolis, a frequent and able contributor to the Medical Periodical Literature of his native city, and now regularly employed in the editorial staff of the London Lancet. One of our Graduates, after competing successfully at public concours for an Hospital appointment in Victoria, Australia, has already realized an ample fortune, and still remains there, a highly popular and favored Medical Practitioner; and another has just returned on a brief visit to his native country, from Oregon, Vancouver's Island, and the new Fraser River Gold Regions, after five year's absence, where he has had an equally fortunate career. Three gentlemen, natives of Canada, and Graduates of this University, are now serving Her Majesty in regimental and staff appointments in India; and upon six previous instances, as upon the present occasion, we have had the great pleasure of conferring our degree upon gentlemen serving as medical officers with the Troops in Canada. You will thus perceive, Gentlemen, that we have some cause for thankfulness at the measure of success which has hitherto attended our labours, and the number of Graduates of the present session, is an evidence that public confidence in the character of our teaching is assuredly not diminishing.

I am certain, I can say with truth, that we, as a body, have earnestly laboured for the moral, intellectual and political exaltation of our profession; that we have endeavoured to keep pace in our instructions with the modern progress of science; that we have not neglected the important practical bearing upon the rational and philosophical treatment of disease which the discoveries in the recent advances of Chemistry, Microscopic Anatomy, Physiology and Patho-

logy have brought to light; that we have inculcated conservatism in Medicine and Surgery; that in the latter science there is much greater glory in saving than in operating, however skilfully or dexterously the work may be performed; above all, we believe we have endeavoured to teach a hopeful trust in the tender mercies and restorative power of our kind nursing mother, the *vis medicatrix naturæ*, when aided, but not thwarted by art, in remedying accidents and arresting disease.

And now, gentlemen, I may be permitted to state, that though of late years we have been pleased to observe a higher standard of previous education in those commencing their medical studies, still we believe there is much room for improvement in this respect; and now there is not the same excuse as in former times for such neglect, as the higher schools and colleges abound in both sections of the Province. I would urge upon parents and guardians, who intend to educate their sons for any of the learned professions, not to be in any hurry fixing their choice before the mental powers have had time to develope themselves, and the tastes have in some degree been decidedly displayed. The employment to which the whole subsequent life is to be dedicated, which is to be its business, and ought as much as possible be its pleasure, should not be decided upon when the judgement is immature, and the higher mental capacities are only beginning to manifest themselves. I believe that a course of education which will qualify a youth to commence, with advantage, the special study of any of the professions, should be followed up, at least, to the age of eighteen; the mind will then have had time to unfold itself, and its powers will be readily directed, with full intensity, to the special profession,—the heart as well as the head being engaged in its pursuit. A good knowledge of classics is universally acknowledged to be an essential part of the general training necessary before entering upon the study of medicine, without such knowledge, the very meaning of the terms, constantly employed in medical literature, would be incomprehensible to the student; but the chief importance of a classical education consists in this, that experience has proved the labor bestowed in its acquisition to be far the best discipline for preparing the intellect for being advantageously employed upon any other subject.

An acquaintance with the physical sciences is now considered an essential part of a preliminary medical education, and, to the understanding the more exact among them, as Mechanics and Astronomy, a certain amount of Mathematics is necessary. Some knowledge of Zoology, Botany, Geology and Mineralogy, is now regarded as essential to any well-informed and liberally educated medical man, and

Chemistry might, with great advantage, be studied as an elementary branch.

It may be thought that the range of study, now suggested, is too extensive for the generality of medical students; but, for my part, if circumstances permitted, I would feel disposed to add to it the study of Logic and Metaphysics; the exercises in composition, usually combined with the instructions on these sciences, are most valuable in the formation of habits of thought, as well as in the acquirement of power and facility of expression. I am convinced that a youth thus prepared, with the advantage of a large amount of available knowledge, will commence the study of medicine with the probability of much greater ultimate success than he who has not had such a thorough preliminary training.

Gentlemen Graduates, you are now about to leave us, having creditably passed through your final examinations and obtained the honors of this University. Your minds are now stored with that frame-work of knowledge upon which experience can alone afterwards be securely based; and as most of you will at once commence practice, you will shortly be called upon to bring your acquirements to bear upon matters of practical utility, to apply to the principles of your profession, which have been taught you in the lecture-room, the practical test of bedside experience. You are now about to study the book of nature—see that you become her faithful interpreters; her lessons are worthy of implicit belief, and the statements of lecturers and writers frequently require to be corrected by them. The zeal and intelligence which many of you have displayed during the time you have been with us, afford, unquestionably, the best promise that can be given of future eminence and success; but, in order that this hope may be realized, let me caution you not to give up study. Honorable distinction in the practice of medicine is only to be attained by keeping pace with its progress. At the present day, when science in every department is making such rapid advances, when education is becoming diffused so generally, the medical man cannot stand still, but must exert himself to maintain the exalted character of his profession; and, I say it with pleasure, that medicine has not been stationary,—she has not been behind others in the march of improvement, but has kept pace in advancement with her sister sciences; and her literature is daily adding new and important facts to our present store. Do not think, then, gentlemen, that such of you as relax in your efforts will meet with future encouragement: it is only by industry and perseverance that you can expect to obtain, in after life, respect and reputation as scientific practitioners.

But, gentlemen, superior attainments, without upright principles, will

never secure success. In order to have a fair prospect of being esteemed in your profession, you must never let your medical skill and knowledge be disjoined from those sacred principles of honour and virtue which you have this day sworn to respect; and this not only towards your patients, but also towards your professional brethren, who on all occasions have a right to expect from you that integrity of conduct and fair dealing which are the characteristics of the true gentleman and honourable medical man. In conclusion, gentlemen, permit me for my fellow-labourers in the Medical Faculty, as well as for myself, to return you our sincere thanks for the attention and respect with which you have invariably listened to our instructions. I can assure you that there is nothing more gratifying to the teacher than gentlemanly behaviour and exemplary conduct on the part of the student: encouraged by such evidences of diligence and zeal, his labors are lightened, his industry stimulated, and his endeavours to impart instruction materially assisted; good feeling is kept up, and mutual respect becomes the connecting-link between him and his class. And now, gentlemen, farewell. You carry with you our sincere good wishes for success in life; and we part with you, perfectly convinced that, whatever stations you may fill in the profession, you will acquit yourselves in a manner calculated to reflect credit on the University which has this day conferred upon you its degree.

ARTICLE XXXI.—*Uremic Poisoning.* By Wm. H. Hingston, M.D., L.R.C.S.E., Member of the Imperial Leopold Academy, &c., &c.

Isolated facts, as such, possess very little, if any value; and it is only when multiplied and properly averaged, that they obtain any real worth in science: yet, isolated facts, when chronicled with accuracy and truth are always important, when they assist to elucidate general observations; to strengthen general rules; or by multiplying exceptions, to deprive universal rules of their universality.

The following case presented to my mind many features of unusual interest, and for this reason, and with the expectation that it might prove interesting to others, I present it to the readers of the *Journal*.

Mr. S, a gentleman well known, and engaged in an important public trust in this city, consulted me professionally in July, 1854, for stricture of the urethra. He stated to me that he had suffered considerable inconvenience from inability to micturate freely, for more than seventeen years; that during those seventeen years he had had many severe attacks of retention of urine, and that each attack (with the exception of one about 12 years before) had increased in severity. This he related to me

while suffering fr n an unusually severe attack, for the relief of which, he had summoned me. On examination with the catheter, a long, hard, and unyielding stricture was detected in the membranous portion of the urethra. At longer or shorter intervals during the subsequent five years he suffered from inability to micturate, but on most of those occasions he preferred the expedient which he had resorted to for years, of extending the penis with one hand, pressing upon the urethra behind the stricture with the other, and in this manner, forcing a small quantity through the constricted part. During the intervals, he enjoyed good health. Frequently, during my attendance, I proposed to him dilatation by bougies, and, failing this, division of the urethra as recommended and which I had frequently seen successfully practised in Edinburgh by Mr. Syme. To the pain which necessarily attends the use of the catheter, he seemed averse. Within the past two years he consulted a professional gentleman, *habile* and dexterous in the use of the catheter, but the pain which attended, and the irritative fever which followed its employment, weakened his resolution—never very strong.

When he again came under my care, in last autumn, I urged him to submit to treatment, but he seemed inclined

> "Rather to bear the ills he had
> Than fly to others that he knew not of."

Such was the condition of things when I was summoned to see Mr. S. on Monday, 28th March last. He had been out during the early part of the day and got chilled. I found him suffering from retention. I proposed to use the catheter, but he said that the pain not being severe, he would prefer to wait a while. A few hours afterwards he again sent for me, when he readily consented to the employment of the instrument, and a No. 5 silver catheter was introduced, without much difficulty. On the evening of the following day, the same symptoms supervened, and the catheter at his own urgent request, was again employed, but, from the irritable state of the canal, its introduction, as might be expected, was attended with less facility and more pain. Difficulty in that quarter now ceased—the urine during the following couple of days being ejected at regular intervals.

Two days after the evacuation of the urine, severe pain was felt in the left leg, which became both discoloured and swollen, looking like an aggravated form of phlegmasia dolens. Patches of a bright red appeared about the knee, which were acutely painful when touched. The following day, the limb pitted on pressure—patches of red less extensive, limb less painful. The phlegmasia of the leg deprived him of the power of changing posture; but, when held in an upright position, he could walk slowly across the room.

Simultaneously, almost, with the subsidence of the pain in, and redness of the limb, the skin became bathed with perspiration of a strongly urinous smell and taste; respiration, at the same time, became labored; the face assumed a deep yellow, cadaverous appearance; and, on the day following, (Thursday) numerous small, white specks appeared on the face, and uncovered portions of the neck and hands. On Saturday, the skin upon the forehead and face was as rough to the feel as sandpaper. I desired him not to allow the face to be washed, and, on Monday, large transparent cuboid crystals, many of them more than two lines in diameter, were thickly clustered on the exposed parts of the face and neck. About eighteen of the larger crystals were scraped off for further examination. So soon as the existence of urine in the circulation became evident, diaphoretics were prescribed; and, on the soporific effects of the poison manifesting themselves, Squill, digitalis, and nitre were substituted, combined with stimulants.

On the following day (Tuesday) I was joined by Dr. Campbell in consultation. The skin still presented the same speckled appearance, though the larger crystals had been washed away; breathing was less labored than before; all the external senses still unimpaired; pulse 110, weak and compressible; bladder not distended. Scheidam schnapps were substited for the champagne he had been taking; and vin. seminis colchici added to the diuretic mixture.

Monday, 9 a. m.—Found patient reading the morning papers; had slept well, and felt "better"; felt his wrist—no pulsation in the radial artery; heart acting feebly; coldness of extremities. 10½ a. m., symptoms same as at nine; breathing very labored; pespiration profuse; intellect quite clear when loudly spoken to, and correct answers given to questions asked, but quickly relapsing into semi-unconsciousness. The coldness of the extremities continued to increase till 2 p. m., when a short convulsive twitch closed the scene.

At 3 p. m. next day, I made a sectio cadaveris, at which Dr. Campbell assisted. The right kidney presented many diseased features. It was considerably elongated and redder than that of health, corresponding to the 2nd form of enlargement described by Rokitansky, which the translator, from a paucity of words, terms "congestive turgor." The kidney was very soft and flabby, resembling, not a little, in color and consistence, coagulated blood, partially organized.

The lining membrane of the pelvis and calices was covered with hemorrhagic spots of ecchymosis, of from two to six lines in area.

The ureters were large, but their lining membrane was of a natural pale color.

The bladder contained a small quantity of urine; its muscular tissue, was, as we might, *à priori* expect, considerably increased.

The position of the subject, dressed and coffined, precluded (which I regret) the possibility of examining the urethra.

A few observations suggest themselves to me, while hurriedly detailing this case, to which I should wish briefly to direct attention.

The most frequent concomitant of long continued stricture, is thickening of the coats of the bladder; distended ureters from a backward flow, (though the possibility of "backward flow" is denied by many,) comes next; and lastly, disturbance of the function, and arrest of the secretion of the kidney. In *unrelieved* retention, however, the urine, not finding passage per *vias naturales*, makes an opening for itself through some portion of the bladder by sloughing, and the patient obtains temporary relief.

That Mr. S. first laboured under retention of urine, there can be no doubt—the pain in, and fullness of the hypogastric region, with inability to micturate, were abundantly indicative of such a condition. Nor is there less doubt, that retention yielded and gave place to renal Ischuria, The question now occurs, whence arose this suppression? How is it that kidneys, which, at the beginning, acted so vigorously as to send to the bladder more fluid than could be there disposed of, so soon failed in their offices altogether? The imperfect drainage from them of the prepared fluid, and its consequent lodgement, even for a short time, must have paralyzed their efforts altogether. The period at which symptoms of uremic poisoning first manifested themselves, favours this view; the appearance of the kidneys, after death, supports it.

The symptoms of uremic poisoning (occuring long after all difficulty with the urethra had passed away) presented certain anomalies. The drowsy condition to which the circulation of urine in the blood generally gives rise, was not only, not well marked, but frequently absent altogether.

The most remarkable feature in the case was the presence of the vast number of crystals upon the skin. These, upon examination, were found, as I have already observed, to be crystals of oxalate of lime. Under the microscope they presented the appearance which Hassal delineates in the Lancet for April and May, 1858, being generally of an octohedral form. Exposed to a white heat, on a piece of porcelain foil, they were carbonized; changed to brown, moistened turmeric paper; and effervesced. They appeared with the first copious perspiration, and increased in numbers and in size, as time wore on. The records of medicine, so far as within my limited reach, do not furnish a parallel example.

Montreal, 29th April, 1859.

REVIEWS.

ARTICLE XXXI.—*On Poisons in relation to Medical Jurisprudence and Medicine.* By ALFRED SWAINE TAYLOR, M.D.F.R.S., Fellow of the Royal College of Physicians; Hon. M. D. St. Andrews; Member of the Royal College of Surgeons; Professor of Medical Jurisprudence and Chemistry in Guy's Hospital; and Examiner in Chemistry to the University of London, and the Royal College of Veterinary Surgeons; and author of a Treatise on Medical Jurisprudence. Second American, from the Second and Revised London Edition. Philadelphia: Blanchard & Lea. Montreal: B. Dawson & Son. Quebec: Middleton & Dawson. 1859.

Dr. Taylor has re-modelled his work on Poisons in the present edition. As he very properly remarks in the preface, it is impossible within the compass of one small volume to comprise all the principles and experiences which have been enunciated in reference to poisons. The list of these articles is so comprehensive as to include nearly, if not altogether, the whole number of diverse agents that belong to Pharmacology. For the difference between a remedy and a poison is only one of degree or of contingency. Within proper limits, and in conformity to certain circumstances, every substance, even the most deadly, is either harmless in general, or, under specific conditions, sanative in particular. While, on the contrary, everything by abuse is injurious, and proves deleterious. We know of nothing more toxic than Hydrocyanic Acid; but still it is only relatively so; for, in suitable portions, no substance is more efficient as a remedy. And again the usefulness and safety of bread, as a dietetical article, is a matter of general assent; and yet if an undue amount of it—"the staff of life" though it be—were taken, death would follow the rash adventure. Considerations such as these, therefore, shew that the most fit guide to choose in the determination of what are Poisons is to accept the popular view of the question, and decide from the records of historical facts. We shall then find that certain substances in preference to others have been selected and employed with a destructive intention, and of these, that some have been more frequently resorted to than others. Such is the guide that Dr. T. has followed, and it is the one which must bring the largest return of practical advantages to the reader. In speaking upon the courses an author may pursue in the discussion of such a subject, he remarks:—

"Or he may exclude those substances which belong rather to the history than the practice of the subject, and thus devote more space to the considera-

tion of substances which, from the frequency of their employment for murder and suicide, are of great practical importance. I have chosen the latter course."

Dr. T. has kept pace with the march of intellect over the ground of Toxicology, and has embodied in this new edition such new cases and additions to the previous literature as have fallen under his notice in the interim, and been judged by him deserving of appropriation. He has, for instance, some interesting pages upon various Anæsthetics.—Speaking of Chloroform vapor, he refers to 50 fatal cases, and subsequently remarks:—

"Fatal cases have been proportionally much more numerous from the use of chloroform vapor than from ether vapor. In some of these, latent morbid conditions of the heart or brain may have led to the unfortunate result; in others the improper mode of administering the vapor. But there have been undoubtedly cases in which, with the exercise of proper skill and care, death has still occurred."

Although not near so often poisonous, yet ether also, by inhalation, has undoubtedly destroyed life in the human subject. Four cases are mentioned where such a result followed this cause. Death, however, appears to be more delayed: when the time has been defined, three hours is the shortest interval between death and the exhibition of the letheon, and generally it is much more contracted.

Some American Surgeons have been very favorably impressed with the supposed advantages of a combination of chloroform and ether, in the proportion of one part of the former to four parts of the latter; principal recommendation being that it is perfectly safe. This observation, however, is not entirely true, as might have been expected from a little reflection; for, if both the components have been prejudical and injurious, it is scarcely to be expected that their mutual union should yield an innocuous compound. Dr. T. refers to an instance where—

"One drachm of this mixture, administered with due precaution (in vapor), caused death in a few minutes."

An anæsthetic more recent than the preceding in its employment, and yet less often resorted to, is Amylene. In the course of his short notice of it, our author relates:—

"Its use has already led to at least two deaths; and on the whole it does not appear to be so safe an agent as chloroform vapor for surgical purposes."

Those of our readers who remember the prominent and distinguished position which Dr. T. held in the case of Reg. *v.* Palmer (1856), reported in the *Medical Chronicle* for that year, will be prepared to hear that he

has given a minute account of the remarkable circumstances by which it was characterized; and, while also recalling to mind the fierce animosity by which he was assailed, will not consider the following remarks unnatural—evidently made in full perception of the opposition by which he was then pursued. Concerning the defence, that Cook's death might be explained by any form of nervous disease, epilepsy or angina pectoris, he adds:—

"It argues but little for the knowledge or moral feelings of medical witnesses, and must shake the confidence of the public, as it has already done to a great extent, in the trustworthiness of medical opinions. Such must be the result when scientific witnesses accept briefs for a defence; when they go into a witness-box believing one thing, and endeavour to lead a jury by their testimony to believe another—when they make themselves advocates and deal in scientific subtleties, instead of keeping the plain truth. Such men should be marked by the public; and their efforts at endeavoring to confer impunity on the foulest crimes, and to procure the acquittal of the most atrocious criminals, should be duly noted."

ARTICLE XXXII.—*Tilden and Company's Book of Formulæ.* New Lebanon, N. Y.; and 98 John Street, New York City. 1858.

We hereby tender our best thanks to Messrs. Tilden & Co. for this accompaniment of the last favor, for which we stand indebted to the liberality of their enterprising firm. Last fall we received the box of which they were polite enough previously to advise us. Upon examination it turned out to be a most acceptable present, containing a plenful supply of a number of admirably-made pharmaceutical preparations, most of which were peculiar in their method of execution to the processes followed out in the carefully-conducted operations of the drug establishment of these gentlemen. Their forms of getting up various officinal compounds are great improvements upon the more primitive methods. The sugar-coated pills, of which various kinds were furnished, especially deserve commendation, for the artistic skill displayed in their formation is of a high order of merit. The book, above specified, contains prescriptions for making tinctures, infusions, syrups, wines, mixtures, pills, &c., simple and compound from the fluids and solid extracts, prepared at the laboratory of Tilden & Co., New Lebanon, N. Y., established in 1848. To parties dealing in the aforesaid extracts it will prove of much useful service.

CLINICAL LECTURE.

On over-worked brain, and the nature of the phosphatic deposits in the urine in such cases.—By E. A. Parkes, M.D., L.R.C.P., professor of Clinical Medicine, University College, &c., etc.

[Professor Parkes has been delivering a very practical course of weekly clinical lectures, on the various contituents of the urine, taken *seriatim* in health and disease, with the pathological bearings of the latter illustrated by cases in his wards. The following abstract of his Lecture last week contains some interesting points.—Ed. Clinical Sketches.]

Gentlemen,—The indications of the urine furnished to us in disease are very remarkable; some of them are of very great importance in clinical research, and none, perhaps, more so than the indications afforded by the excretion of phosphorus and phosphates, chlorine and chlorides, from the system. We have already gone over the excretion of urea and uric acid, oxalic acid, &c; we now come to phosphorus.

In all ordinary febrile diseases, as we have had occasion to observe recently in this hospital, the curious fact has been made out, and now verified over and over again, that the chlorides disappear from the urine. Various arguments and explanations go to show that this absence or disappearance is an actual "retention" of the chlorides; thus in typhoid fever, in one case, we had an entire absence of chlorides; so it is also often in rheumatism. The immediate pathological cause of this is still unknown. An absolute want of chlorides or chlorine is perceptible in a most marked manner in pneumonia. This diminution advances or commences early with the period of hepatization, and goes on for days; we always look upon it as a favourable symptom, as it is sure to be, when the chlorides make their appearance again in the urine in such cases; the chlorides, in fact, are increased as the urea is increased, and this is tantamount to saying—as the normal physiological changes in the body supersede the diseased changes or actions set up by the pneumonia, or capillary bronchitis, for it is the same as regards this phenomenon in both diseases.

Now it is a curious fact, also, that there are two or three diseases of a rather striking character in themselves, and in these the chlorides are enormously increased. One of these diseases is ague—the chlorides increase during the cold fit, and go on to increase as well as the urea. The other disease is dropsy, with great diuresis. Here 500 or 600 grains of chlorides a-day (three times the normal amount; will be given off. The chlorides are all increased very much in the disease known under

the name of *diabetes insipidus*. We have had frequent opportunities, and shall have again, to refer to these curious facts in some other of these clinical lectures.

The next constituent of the urine that I wish to draw your attention to is the phosphoric acid, or phosphates, given off in disease and in health.

Now you will do well to remember that of the phosphoric acid contained in the urinary secretion, one-third to one-half, though no doubt it has some special function to perform in the system, is obtained directly from the food. If patients suffer from insufficient food, as amongst children badly nursed, or our poor-law patients and dispensary patients, then the phosphoric acid in the urine is diminished or disappears nearly altogether. The phosphoric acid in the urine usually exists in combination as acid phosphate with potash, sometimes with soda, lime, and magnesia, but not with ammonia. You know already that there is a large amount of phosphate of magnesia in common bread, also in meat, but this, as well as phosphate of lime, requires acids in the stomach to dissolve it. You know, also, the old distinction of alkaline and earthy phosphates in the urine; the proportion of these are as five to one, and the total amount of phosphate for an adult may vary, so much as from a drachm and a half to five drachms, given off in the urine, but depending in a great measure on the quantity and character of the food.

The phosphoric acid, on the opposite hand, formed in the system itself, comes directly from the disintegration of certain tissues in the body, such as the disintegration of nerve tissues in particular; and this brings us to the consideration of a most important subject—the phosphoric acid formed in nervous or convulsive diseases from the exercise of the brain and nerves; and I may also add, from the disintegration also of muscular tissues; but before we come to that subject I may say a few words to make more clear what I mean by phosphatic deposits, and I may begin by saying that what one reads even yet in what are thought to be "standard books," as the phosphatic DIATHESIS in patients is altogether a mistake, there is no such thing as this diathesis. But if we place some urine, which is feebly acid, over the flame of a spirit lamp, and boil it a change takes place in some remote manner, like what is seen in what is called the phosphatic diathesis. The neutral phosphate of lime is divided into two parts—a basic phosphate is thrown down and an acid phosphate remains in solution. The same occurs to the magnesia phosphatic salt; these basic compounds fall down, but on the urine standing, they partly redissolve again. It is said, as a theory to explain the change, carbonic acid is driven off by the boiling, or urea decomposed; but be this as it may, the fact of the de-

composition is enough for us, in a clinical point of view; the subject is indeed of very great importance to men, especially in surgical practice, where this so-called phosphatic diathesis is often encountered from disease of prostate, or diseased mucous membrane of the bladder from stone. A deposit of mucus in the urine will lead to such deposit of phosphates, by the mucous decomposing urea. The prolonged exhibition of alkaline remedies may also induce a deposit of phosphates. It has been even said, and is practically held to be true by surgeons, that the mucous membrane of the bladder itself has the power of forming phosphatic deposits. The surgeon's finger in lithotomy will occasionally feel a coating of phosphates; but I don't know that this point has been sufficiently studied to decide whether this is a phosphatic deposit.

Now, as to this often vexed question or hypothesis of prolonged action of brain or nerve tissues being invariably followed by disintegration of nerve cells and deposits of phosphates in the urine though a very fashionable theory, I think the evidence is not at all decisive one way or the other. It is still a moot point on the confines of psychological science. You will perceive from what I have just stated that many circumstances, such as deranged health, excessive use of alkalies, prostatic disease after fifty years of age, &c., may lead to deposits of phosphates in the urine. Now I need not say that prolonged mental work, or over-excitement of the brain, will lead to impaired health*; the urine then becomes alkaline. I believe that after severe mental labour, such as that of reading up for University honours, a deposit of earthy phosphates in undue amount appears in the urine. I very much doubt, however, if it be solely from disintegration of nerve or brain tissues, but from the constitution of the urine, as I pointed out a few minutes ago, being altered. In diseases where we have delirium, it is said also that we find excess of phosphoric acid in the urine. These physical or psychological reactions of the mind, over the body are, no doubt, too much neglected at present; the question, in fact, may be said to be still *sub lite*, or "not proven." There is no doubt that emotions of various kinds react also on the nervous system. And it is strongly insisted that in chorea, which is very often the result of simple fright or emotion reacting on particular parts of the brain and nervous system, there you have large deposits of phosphoric acid in the urine. If the fact be really a fact, as it is stated to be, it is one of great interest.

All I can say is, that a very reliable authority, Voegel, has examined the subject in over a thousand cases of this kind and meningitis, with all

* See a Lecture, by Dr. Addison, on this subject, recently in the CIRCULAR, where the theory of underworked brain, as a cause of disease, as held by Mr. Dickens in "Household Words," is combated.

the resources of the most accurate chemistry to furnish him with quantitative analyses of the phosphates in the urine, but at the end of his most laborious researches he is unwilling to commit himself one way or the other, to any opinion on the subject! There is, no doubt, something in these finer mental actions, which, though they may produce death by "shock" or may produce such formidable symptoms as those of chorea, hysteria, epilepsy, &c., still may not be measured by the chemical balance. But at the same time I feel it right to tell you that both in America, in Germany, and France the discovery of phosphate in the urine, after inflammation of the brain or nervous excitement engaging the brain material has been strongly insisted upon as an actual fact.

In rickets, according to the excellent authority of Lehmann, the phosphates are decidedly increased in the urine, as also in tuberculosis; this latter fact agrees with the view now generally entertained that in the process of cell formation the most essential inorganic element is phosphorus in some of its forms or combinations. It is said oxalic acid is sometimes found, and carries off the earthy phosphates in rickets, &c., no doubt there is a coincidence of the two generally in the urine in such cases as I speak of, but still phosphate of lime is not soluble in oxalic acid. Phosphate of lime as well as phosphate of magnesia, as found in the urine, it is well to recollect are in the condition of amorphous powders, while the ammoniaco magnesia phosphate is in crystals. If you wish to be correct, I think it is as well you should take particular note of this, as some of the class-books may mislead you.

[Dr Parks next explained to his class how the phosphoric acid in urine in clinical practice and elsewhere might be detected and measured after the "Volumetric" method. The essence of this plan depends on the fact as observed by Liebig that phosphate of iron is altogether insoluble in acetic acid. A certain quantity of solution of chloride of iron, therefore, is first taken; and to a measured amount of urine, to which acetate of soda and acetic acid are added in certain proportions, the chloride of iron is dropped in. A paper dipped in yellow prussiate of potash tells when the process is completed and all the phosphate separated. The subsequent ascertaining of the quantity of phosphoric acid in the urine is a matter of simple detail.]

There are fallacies of twenty per cent, even in the best concerted plans of estimating the phosphates, so that we are, as yet only at the threshold of the inquiry; but I would advise pupils to make themselves familiar with these "Volumetric" methods of Liebig, which are very ingenious: and as regards the phosphates the "Volumetric" plan is the best we have.

There is no doubt that the phosphates are very much influenced by food and exercise, as already referred to; then, again, they are diminished in amount by such affections as diarrhœa, by which phosphates are passed off with half-digested food, these phosphates having never entered the blood of all. The study of the phosphates is yet in its infancy, and how phosphoric acid acts in combination with iron and lime, or in cod-liver oil, in building up nervous tissues in process of "wear and tear," or how it acts in such diseases as rickets, chorea, epilepsy is altogether a very new and very instructive subject of clinical research.

THERAPEUTICAL RECORD.

Ash-Bath in Rheumatism.—Dr. Landerer, of Athens, states that the Greeks, like all Orientalists, make great use of every kind of bath. Among these is the ash-bath, which is prepared by the common people in the following way: Plants which are supposed of efficacy in rhumatism, as *pistacia lentiscus*, *pistacia terebinthus*, *spartium*, *juncaem*, etc., are burnt to ashes. These are collected in a copper vessel, which is heated as highly as can be borne. The suffering part is put in the vessel, completely covered with the ashes, and allowed to remain. The people relate marvellous accounts of the curative agency of those dry ash baths.

Sedative application.—Extract of belladonna, one drachm and a half; liquify with from thirty to forty five drops of laudanum; triturate in a mortar, and add one drachm of chloroform. Spread this three or four times a day on the region affected with neuralgia, or acute inflammation. It will adhere to the skin longer than an ointment.—*Dr. Diday.*

Discutient application to the indurated Epididymis.—Extract of belladonna, one drachm and a half; soften in from fifteen to twenty drops of water, and add one drachm and a half of tincture of iodine. The effect is both sedative and discutient.—*Dr. Diday.*

Chloride of Zinc in Gonorrhœa and Gleet.—M. Legouest, of the Val de Grace in Paris, has published an account of some experiments which he has made with this salt. The injection of a solution of the chloride (one thousandth part in recent, and one five-hundredth in old cases) is thrown in once daily, and retained in the canal for four or five minutes. There does not appear to be anything in the results he obtained in recent urethritis to recommend the practice over that by other well-known remedies, but in the treatment of gleet he had much better success. In seventeen cases, most of them obstinate and which had been treated in vain, the mean duration of treatment with the zinc injections was nine days. The remedy usually caused no pain, and was very rarely followed by accidents.—*Gaz. des Hop.*

PERISCOPE.

The "Dead-Alive." By R. B. Nason, Esq., M. R. C. S. Sir,—An article, "The Dead Alive," in your last impression* demands of me a veritable statement of the case alluded to. The subject of the inquiry is still living, and some time past has afforded me scope for observation.

I have only been waiting for a termination of the case, either in convalescence or death, to enable me to give to the profession, through your valuable columns, a full and truthful history of this rare and curious case, replete with interest. The exaggerated statement which has gone the round of the press, has produced such great curiosity in this immediate neighborhood, that I have been applied to by many parties, professional and non-professional, to be permitted to see the case, the parents of the patient having refused admittance to all strangers.

The case having extended over a long period, and fearing a detailed account might occupy too much of your valuable space, I have condensed the matter as much as possible; but should the profession consider the case worthy of a more enlarged history, I will gladly at some future period meet their wishes, as far as my rough notes, aided by my memory, will supply it.

In August, 1858, I was requested to visit Miss Amelia Hinks, aged twelve years and nine months, daughter of a harness maker, and residing with her parents in Bridge-street Nuneaton. She was supposed to be suffering from pulmonary consumption. I found her much emaciated, and complaining of headache; great lassitude; loss of appetite; short cough; secretions morbid; catamenia not appeared. I prescribed an alterative, to be taken at night, and a ferruginous tonic three times a day; a generous, though mild, nutritious diet, which she continued some time with benefit. I could not detect any chest disease. She then went into the neighborhood of Leanington, for change, to visit some friends, and after a short stay became much worse. Her parents, being apprized of her state, fetched her home as soon as possible. On her arrival I was requested to see her. I found her very attenuated, and complaining of great debility, headache, and loss of appetite: tongue clean; bowels confined. From this time she began to refuse food and medicine, and friends wished her not to be disturbed for anything, and daily and hourly anticipated her death. She was watched night after night in anticipation of that event happening and on the 18th of Octo-

*January No. p. 66.

ber, about half-past three A.M., she apparently died. She is said to have groaned heavily, waved her hand, (which was a promised sign for her mother to know that the hour of her departure was come,) turned her head a little to the light, dropped her jaw, and *died*. In about half an hour after her supposed departure she was washed, and attired in clean linen; the jaw was tied by a white kerchief; penny-pieces laid over the eyes; her hands, semi-clenched, placed by her side; and her feet tied together by a piece of tape. She was then carried into another room, laid on a sofa, and covered by a sheet; appeared stiff and cold; two large books were placed on her feet, and I have no doubt she was considered to be a sweet corpse.

About nine A.M. the grandfather of the supposed dead went into the death-chamber to give a last kiss to his grandchild, when he fancied he saw a convulsive monement of the eyelid, he having raised one of the coins. He communicated this fact to the parents and mourning friends but they ridiculed the old man's statement and said the movement of the eyelids was owing to the nerves working after death. Their theory, however, did not satisfy the experienced man of eighty years, and he could not reconcile himself to her death. As soon as I reached home after having been out in the country all night, I was requested to see the child, to satisfy the old man that she was really dead. About half-past ten A.M. I called; and immediately on my entrance into the chamber I perceived a tremulous condition of the eyelids, such as we frequently see in hysterical patients. The penny-pieces had been removed by the grandfather. I placed a stethoscope over the region of the heart, and found that organ performing its functions perfectly and with tolerable force. I then felt for a radial pulse, which was easily detected, beating feebly, about 75 per minute. The legs and arms were stiff and cold; and the capillary circulation. I carefully watched the chest, which heaved quietly but almost imperceptibly; and immediately unbandaged the maiden, and informed her mourning parents that she was not dead. Imagine their consternation! The passing-bell had rung, the shutters were closed, the undertaker was on his way to measure her for her coffin and other necessary preparations being made for interment. I ordered friction to the rigid limbs, moderately warm flannel to be applied, and other restoratives: and in about two hours she spoke, and requested to be taken to her mother's room having been in the winding-sheet seven hours. She told her friends that she heard all they said, and knew they were laying her out; and that she heard the passing-bell ring, but could not speak. She passed a very large quantity of limpid urine; and refused food.

At four P. M. the following day she groaned heavily, bid the bystanders farewell, and relapsed into the same cataleptic state, and remained so six hours and fourteen minutes. I saw her in that state, and tried to raise her; she fell, listlessly regardless of position or danger; and in whatever form the body was placed, it remained. She took no food between the attacks, but asked for water to wet her lips; and requested that nothing more in the shape of food might be given her, for she did not wish to eat nor drink again until she did so in heaven. For a whole week she took nothing, but lay perfectly quiet with her eyelids firmly closed and her teeth in apposition. At the expiration of that time I told the parents of the patients that I considered it their duty to insist upon food being taken. She was coaxed and threatened, but all in vain. She would not answer any question put to her, and whatever food was forcibly put into her mouth she ejected. I then, by means of a gag and an elastic tube, fed her with beef-tea, arrowroot, and other nutritious food. At this time she commenced moaning, and continued night and day, never ceasing for ten days.

After this painful state of things her friends thought she must sink from exhaustion; but she did not appear to have sufficient power to stir; in whatever position she was placed, she remained, until changed by some attendants.

Her mother now drew my attention to the absence of kidney secretion, and assured me that for many days she had not voided urine.—As there were more utensils in the room than the one set apart for her special use, I desired all to be removed but one, taking care that no other person made use of it. Ten days elapsed, but still no urine was discovered. I then told her mother that it was impossible—perfectly inconsistent with life; and asked if there were any closet or secret place in the room to which she had access. There was one, but it was filled with dirty linen. I asked permission to search it, when I found most of the linen saturated with urine. She had watched the opportunity of her friends' absence, and gone quietly into this closet and relieved her bladder.

At two A. M. one morning, whilst her parents were sleeping, she got out of bed, set fire to various articles in the room, and made her escape into the street in her night-dress, crying, "Murder!" The fire was, fortunately, extinguished, through the great presence of mind of the father, though at considerable cost, his hands being badly burned. She now began swearing most blasphemously, and continued to do so without intermission for sixty-hours, after which she became exhausted, and relapsed into a state much resembling her former condition, in which state

she has continued to the present time. Her eyelids firmly closed, her teeth set fast, and muscles rigid. Her bowels are moved about once a week, and she passes urine daily into the bed; not, I believe, from any want of power of the sphincter. For the last month there has been great difficulty in feeding her by the mouth —The determination she evinced to resist food was extremely annoying; but I felt inclined to be as determined as she, and from that time have fed her three times a day by the rectum, giving her about half a pint of strong beef-tea and wine, alternately with the same quantity of new milk, arrowroot, eggs, &c. After the first lavements, and when I was prepared to operate the second time, she raised her hand to her mouth, and repeated the movement two or three times, evidently wishing to convey the impression that she preferred food to be administered in a more agreeable manner; but I found on trying to give her food by the mouth, that she was obstinate as ever. I therefore persisted in administering food by the rectum. I ordered a certain number of biscuits to be placed on a chair near the head of the bed; the next morning they numbered one less. In the evening I requested the number might be made up, and three had vanished. We found unmistakable evidence that she had eaten them.

Dec. 4th.—Her friends beginning to despair of her, and feeling anxious to know what physical strength remained, as also whether she had the will to eat and power to masticate, I devised a scheme which, if carried out properly, would not only prove to her friends that she could open her eyes and mouth too if she thought she was unobserved, but in a great measure aid me in my diagnosis, and give me a hint as to my future treatment. I said in an audible tone, in the presence of the patient, that I insisted on the father and mother sleeping in another apartment; for she, by her conduct, was destroying their health. She should be locked in the room by herself all night.—Having said so, we arranged that the father should be secreted in a closet in the chamber, with the door sufficiently open to allow him to watch her movements through the night. At one A. M she raised herself upright in bed, opened her eyes, looked all around the room, turned down the bedclothes, and got out of bed as nimbly as ever, and walked directly to a quantity of food, which had purposely been laid for her. She turned it over, tasted, and finally took a good supply into bed, quietly drawing the bedclothes over her.

8th.—It is five weeks to-day since she spoke to any one. Her eyelids have been closed the whole of the time, and her mouth, too, excepting when forcibly opened; the pulse has varied very little, between 70 and 80. Her body appears much better nourished.

Having now given a description of the case to the present time, it remains for me to give my opinion as to the nature of this mysterious case. Considering that her mother has been at times hysterical, and that there has been sufficient evidence of the early development of the generative organs in most of the female members of the family, coupled with most of the prominent features of the case before us, and from many trifling though important incidents which from defective memory I have omitted, I am inclined to consider it one of hysteria of an aggravated character, complicated probably with a morbid condition of the brain. I entertain hopes that, provided I can sufficiently nourish the body until the uterine organs are more fully developed, my patient may continue to be "*The Dead Alive.*"

I am, Sir, your obedient servant,

RICHARD BIRD NASON, M.R.C.S., L.S.A.

Bridge street, Nuneaton, December 14th, 1858.

On *the Hydrochlorate of Ammonia*, By M. J. RAE, M. D., Blackburn. Late Physician to the Fever Hospital, and Dispensary, Carlisle.

ALTHOUGH the value of new remedial agents, which are from time to time added to the pharmacopœias, may often admit of question, there can be no doubt of the great practical importance of ascertaining the therapeutic action of those medicines which have long held a place in the materia medica; and of determining the diseases which they have the power either of mitigating or curing, and also of determining their comparative value over other and similar remedies in the treatment of such affections. There are medicines possessing considerable and even great curative virtues which are seldom employed by practitioners; and this may be attributed partly to prejudice, to the rage for new remedies, to want of knowledge respecting them, and to other causes. The muriate of ammonia appears to me to be one of these; for although it has long formed part of the materia medica, it has been little used by practitioners in this country, except as an external application. Amongst continental physicians, however, it has been long esteemed as a valuable internal remedy in the treatment of many chronic and febrile disorders. Entertaining a very high opinion of its curative powers, I have prescribed it pretty extensively, in various diseases, for the last eight years in private and for the last four years in dispensary practice, and with satisfactory results. The hydrochlorate of ammonia, besides being liquifacient and resolvent, as mentioned by Sundelin, Wibmer, and others, appears also to possess considerable neurotic action, as is shown by its curative power in neuralgia and other nervous disorders. Its remedial influence is often

so rapidlymanifested in these affections as to preclude the idea of the effect being owing to any alterative or resolvent action; it seems more rational to refer it to a direct or peculiar influence of the salt on the nerves or their centres.

I have used the salt with marked success in goitre, and am not aware of its ever having been tried before in the treatment of that deformity. In several cases, where the local application of the muriate was conjoined with its internal administration, the tumors—some of which were very large—rapidly diminished in size, and were soon reduced to the normal condition. It bared the whole of the cases (ten in number) in which it was tried, the period of cure extending from a fortnight to two months. The subjects of treatment were mostly factory girls, of ages varying from fourteen to twenty. To test the powers of the muriate fairly, it was given alone in mucilage, or infusion of quassia, and combined with soap liniment for external use.

As goitre, from some unknown cause, prevailed here last year to a considerable extent, opportunities were thus afforded of contrasting the curative power of the muriate with iodine in this affection. Cases were selected where the tumors were nearly of equal size and duration, and where the age, temperament, general health, and sanitary condition of the individuals corresponded as nearly as possible; and in the cases treated with the muriate, which was used internally and locally, the tumors generally yielded as readily, sometimes more quickly, than in those subjected to the trial with iodine similarly employed, and apparently quite as permanently. The muriate appears to be a safe and sufficient substitute for iodine in the cure of bronchocele, and worthy of further trial. The hydrochlorate of ammonia is also a valuable remedy in hooping-cough. I was first led to make trial of it in the treatment of pertussis, from a belief that if the disorder was dependent—as it is considered to be by some pathologists—on an enlarged or morbid condition of the lymphatic glands, or that the exciting cause of the paroxysm, was owing, as is very probable, to the presence of irritating glairy mucus in the bronchial passages, the muriate, on account of its alterative power in glandular enlargements and diseased mucous structures, and its effect in promoting the healthy secretion of the mucous membrane in cases of bronchitis, accompanied with the discharge of tenacious, glairly mucus, ought to prove an excellent remedy in the treatment of that often troublesome affection. The result was most satisfactory. It was tried in thirty-seven cases, ten of which were private patients, and the rest home patients at the dispensary, which were, for the most part, under the charge of Mr. Langsford, house surgeon to the institution, to whom I am indebted for

the efficient carrying out of the treatment, and for a report of the cases. Of the number, two died—one, a weakly nurse-child, aged three months and a half, on the third day of treatment, and fifteenth of the attack; the other, which had been under the *druggists* for a month previous to being brought to the dispensary, and was then almost moribund, died shortly after the commencement of the treatment. Both these were hopeless cases, and unfavourable for a fair trial of the medicine. There were two doubtful cases, the patients having been removed from town before the cure was completed. In the thirty-three remaining cases, the majority of which were of more than ordinary severity, the average period of cure was about twenty days. But, in most instances, when the patient was at all favorably placed, and came early under treatment, the disorder yielded in from nine to fifteen days.

The remedial influence of the muriate in the disorder is immediate and decided. Under its use the expectoration soon loses its irritating, glairy character, becoming bland and less tenacious and the paroxysms are rendered milder, less frequent, and of shorter duration; in fact, by its influence the little patient seems to be carried more easily, quickly, if not at the same time more safely through the attack than by the agency of any other remedy with which I am acquainted. In most cases, the muriate was given in mucilage, or with liquorice water, combined with an aromatic, and in doses of one to five grains, according to the age of the child, and repeated every four or six hours.

When pneumonic or bronchial complications existed, or were threatened, antimonial or ipecacuanha, with morphia or hyoscyamus, were added to the ordinary mixture. The only inconvenience observed to result from the use of the muriate was the occasional supervention of a slight mucous diarrhœa, which was easily checked, and did not interfere with the treatment.

I can confirm the favorable opinion of other observers as to the efficacy of the muriate in enlarged lymphatic glands, and in indolent bubo and can confidently recommend it in scrofulous ulceration of the lymphatic glands. There are few more intractable cases to be met with in dispensary practice than those of extensive ulceration of the cervical lymphatic glands, which frequently occur in weak, under-fed, and badly lodged children. In several aggravated cases of this sort which have come under my own observation, some of which presented a chain of foul, ragged ulceration extending from ear to ear, the muriate acted with great rapidity; and in some instances, where iodine, syrup of iodide of iron, and other medicines, had no effect, the ulcerations quickly healed under its employment.

It is also a excellent remedy in many forms of cutaneous affections, more especially in the scaly variety. I have seen cases of psoriasis inveterata which had resisted the long-continued use of arsenic, iodine, and other remedies, quickly yield to its influence. It seems to me to have the most decided effect in those cases of psoriasis occurring in patients of dissipated habits, or when complicated with enlarged liver. It is also very useful in eczema and syphilitic squamæ. Drs. Watson, Ebden, and others, recommend the muriate in tic and facial neuralgia, and it certainly possesses very considerable curutive power over these painful affections, and particularly over that form of neuralgia mentioned by Dr. Watson, which is confined chiefly to the lower part of the face, and in a very troublesome variety affecting one or other side of the neck, and probably connected with a morbid condition of the cervical lymphatic glands.

The muriate like other remedies in neuralgia, does not succeed in every case; but in those cases in which it proves successful, the beneficial effect generally follows soon after its administration. In my hands the best results were obtained with it in neuralgia when it was given in the ordinary dose, and repeated every half hour or hour.

My experience of the muriate in catarrhus vesicæ, enlarged prostrate, muscular rheumatism, sciatica, and other analogous affections, has as yet been too limited to enable me to report with confidence on its value in their treatment; but judging from the result of the trials which I have made already with it in these disorders, I think it deserves the high opinion entertained of it by René, Vaneye, Dr. Fuller, and others. Never having occasion to prescribe the salt in the large doses recommended by some authorities, I have not observed any irritant or injurious effects on the stomach, intestines or other organs, to follow its employment. When given to adults, in from five grain to scruple doses in mucilage or bitter infusion, with aromatics and anodynes, it may be continued for a considerable time without producing any unpleasant results. The ordinary dose to adults was from five to ten grains three or four times daily. It was seldom necessary to increase the dose beyond the latter quantity.

The muriate of ammonia is unquestionably a valuable medicine, possessing active curative powers; and having a wide range of action, and being cheap, and therefore the more likely to be pure, it is well fitted for hospital and dispensary practice and deserves more of the attention of the profession generally in this country than has hitherto been given to it.—[*London Lancet.*

Use of the Essential Oil of Turpentine and Opium in Large Doses in the Treatment of Severe Puerperal Affections.

In the discussion going on for the last three months at the Academy of Medicine in Paris, and which has attracted so much public attention, puerperal fever has been considered by the most competent authorities as a disease almost universally beyond the resource of art, at least in the present state of our knowledge; all the means hitherto employed have, almost without exception, proved useless. This melancholy confession of the inefficacy of medicine to subdue an affection which carries off so many women in the flower of their age, is unfortunately but too well founded when we speak of the severe epidemic form, but ought not, however, to be adopted as literally true. We have lately seen a case of very severe puerperal peritonitis, which M. Antoine has cured by the method above mentioned, and which Velpeau introduced many years ago. We have since seen two cases in Velpeau's wards, both cured in the same way. This plan of treatment is by no means new, for we remember to have used it with success some twenty years ago, but is not the less worthy of notice. It is the plan of Graves (of Dublin) which Trousseau has long employed with advantage in the treatment of puerperal illnesses: it consists in giving to lying in women attacked with metro-ovaritis, or phlegmonous inflammation of the broad ligaments, or peritonitis, or uterine phlebitis, &c., &c., opium and essential oil of turpentine in large doses.

Dr. Bonfils has just published, *in extenso*, in the "Bulletin Therapeutique," two very interesting cases of this kind. In the first the patient was attacked after her confinement with peritonitis and double pleuro-pneumonia, and was cured of this formidable complication after seven weeks' treatment. The other patient was attacked under similar circumstances, with a very severe general peritonitis, all the puerperal complications were rapidly checked by the plan of treatment recomended, but after the most marked improvement, which promised to end in a perfect recovery, she was seized with symptoms of hectic, which closely resembled that of pulmonary phthisis, and she finally sunk, owing, in all probability, to a purulent infection.

Opium and turpentine were administered in both cases in the following manner:—

In the first case Trousseau prescribed opium in pills, and turpentine in enemata; he gave at first 5 centigrammes of opium, in five pills, in the day; then the dose was raised to 8 centigrammes, in eight pills; then 10 centigrammes, in ten pills. The opium was continued for thirteen days.

Turpentine was administered at first in doses of 10 grammes, divided into two enemas; one was given morning and evening; then it was gradually increased to 20 grammes, 25 grammes, 80 grammes; this last dose was continued for fifteen days. The following was the formule adopted; essential oil of turpentine, 10, 20, 25, 30 grammes; yolk of an egg, water, 100 grammes; to be divided into two enemata; add to each enema five or six spoonfuls or gum water or linseed. The enema to be retained as long as possible.

In the second case the opium was likewise given in pills, in the dose of five centigrammes continued for three days. The essential oil of turpentine was administered by the mouth, in capsules, for six days; the patient took every day six capsules, each containing 1 gramme of the essential oil; she took two, morning, noon, and night.

M. Boufils details the following as the physiological phenomena which were noted as occurring in both cases:—

In the second case, immediately after taking the capsules, the patient felt a sensation of intense heat at the pit of the stomach; a few minutes afterwards there was a very complete general reaction, characterised by heat of surface, general perspirations, increase in the volume and frequency of the pulse; then followed in succession confusion of vision, vertigo stupefaction, and after some time, itchiness of the skin.

The physiological phenomena were less pronounced when the turpentine was administered in enemata; they consisted in an immediate sensation of heat in the abdomen, a general but moderate reaction, slight vertigo, some confusion of ideas, slight disturbance of vision, and slight itchiness of the skin. Such were the phenomena which existed in the first case.—*Dublin Hospital Gaz.*, and *Braithwaite's Retrospe ..*

Fæces.—Fæces consist partly of undigested, partly of indigestible substances; their odor depends on volatile fatty acids: butyric acid, and capric acid also called fæcin. Sulphuric acid is employed as a test for fæces in cases of strangulated hernia, &c., after having first mixed them with water; the fatty acids are thus volatilized, and are then recognized by their smell. Sulphuretted and phosphuretted hydrogen are formed in the intestinal canal, and are partially absorbed by the fæces. The color of normal fæces is yellowish brown, from caprophæin, which is a product of biliphæin. Biliphæin does not occur as such in them. Caprophæin immediately strikes a red color with nitric acid. If the flow of bile into the intestinal tube be obstructed, the fæces assume a pale color. Soluble salts are found only in very small quantity in the fæces;

under the microscope, we observe portions of vegetable matter (spiral vessels), and from these the ashes of incinerated fæces derive their potash. The earthy phosphates are found in great quantity; in rachitis they are so abundant, that the ashes occupy almost as much space as the fæces did before incineration. Of iron there is scarcely a trace; the ashes are white.

The consistence of abnormal fæces may be natural, increased or diminished.

1. In fæces of natural consistence we do not find much that is abnormal. In affections of the bones, and especially in rachitis, the earthy phosphates are present, as has been observed, in excessive quantity. After the use of ferruginous remedies (which however, usually produce a thinner, porridge-like consistence), and after hemorrhoidal bleeding, we observe a darker, blackish-green color, derived from sulphuret of iron. The ashes then have a rusty brown color, whilst the ashes of vegetable coloring matters are white. Analysis does not show whether the iron is derived from the chalybeate preparations, which have been taken, or from blood. In thin fæces albumen may be sought for.

2. *Increased consistence* is observed after the ingestion of carbonate of lime (in spring-water, or as chalk, &c.) in abstinence from drink, in chlorotic patients, &c.

3. *Diminished consistence.*—Before examination, the portions which are not quite fluid should be dissolved or suspended in water. We may distinguish.

(*a*) Watery Discharges.—These contain soluble salts, which do not ordinarily occur in the fæces, and usually some biliphæin; their reaction is sometimes neutral, sometimes acid; in children this is owing to the presence of lactic acid.

(*b*) Serous Discharges.—The fluid floating above the solid portions contains albumen, although the solid parts do not contain blood (in which cases these portions would be of a greenish or brownish-black color). They have an alkaline reaction derived from carbonate of soda, sometimes also from ammonia, as in typhus, and are generally poor in caprophæin. They occur in chronic diarrhœa, dysentery, typhus, and cholera.

(*c*) Bloody Discharges.—They are either of a bright red color, from the lowest part of the intestinal canal, and exhibit blood-corpuscles under the microscope; or are darker colored in proportion as the effusion has taken place higher up in the tube; if they are derived from the stomach they are black as pitch. Iron may be demonstrated in the ashes and albumen in the fluid portions.

(*d*) Bilious Discharges are sometimes pap-like, sometimes watery, sometimes serous; they usually contain biliphæin instead of caprophæin. It is detected by means of Heller's test. Great importance is often ascribed to them, as they are supposed to be connected with an affection of the liver. When diarrhœa sets in rapidly, the first motions almost always contain biliphæin; this is, therefore, formed after the exhibition of purgatives, in the commencement of cholera, &c. Where biliphæin is long persistent (cholorrhœa) we may infer the existence of an affection of the liver. In dysentery the excretion of bile seems somewhat increased.

The green stools which occur during the use of mineral waters often proceed from sulphuret of iron. After calomel, they proceed from sulphuret of mercury, but we should remember in both cases that biliphæin passes off in the beginning, as during the administration of other purgatives.

(*e*) and (*f*) Mucous and Purulent Discharges are not easily distinguished. The microscope exhibits no diagnostic characters. In purulent stools the fæcal serum contains albumen. Mucus is found in the mass, as transparent lumps capable of being drawn out into threads; it is also often voided in this form without any fæcal mass. Pus is more equably intermixed; where ammonia is not present, and has not already affected the pus, the ordinary test for that secretion may be applied to these fæcal masses.

All diarrhœal discharges may become *ammoniacal;* it is a bad sign: we find a strongly alkaline reaction, and with it invariably crystals of ammoniaco-magnesian phosphate. This condition frequently attends purulent diarrhœa in typhus and puerperal fever. In dysentery the fæces may become ammoniacal without giving rise to an unfavorable prognosis, as the development of ammonia proceeds from the decomposition of of intermingled urea derived from the blood and serum.

Biliary Calculi are in general distinguished from conglomerated fæces by floating in water. They may consist of,

1. *Cholesterine*, which occurs in masses of all possible sizes, sometimes exceeding that of a pigeon's egg; such calculi are ordinarily white or slightly colored with biliphæin. Ignited on platina foil, they first melt and then burn with a yellow flame, forming much soot, and developing a smell of burning fat. They dissolve in boiling alcohol, from which the cholesterine precipitates on cooling in the form of white scales. It is by this process cholesterine is usually obtained.

2. *Cholesterine and Biliphæin.*—This is the most usual form of biliary calculi; they are of a brownish-yellow or dark orange color, and participate in the characters of Nos. 1 and 3.

3. *Biliphæin.*—These calculi are blackish-brown, do not fuse on platina foil, but burn with a faintly yellow flame. Extracted with solution of potash they give a dark orange-yellow solution, to which Heller's test is to be applied.

4. *Inspissated Bile.*—These are very common in the old; are usually small, black or green, very hard, and do not fuse when heated on platina foil. They are to be extracted with solution of potash, to which Heller's test for biliphæin and Pettinkofer's test of bilin are to be subsequently applied.

5. *Carbon.*—(Demonstrated by Berzelius); these are rare, do not fuse, and are insoluble in all re-agents.—[*Heller, by Dahl,* and *Medical News.*

Experiments on the action of caffein.—Stuhlmann and Falck, of Marburgh, have made a series of thirty-eight experiments with caffein, on dogs, cats, rabbits, birds, frogs, snakes, and fishes, clearly showing that caffein is a poison, that will kill in comparatively small doses, and in a short time. Thus five centigrammes, (about $\frac{8}{10}$ gr.,) introduced beneath the skin of frogs and toads, determined local irritation, and of the organs of locomotion. Synchronous with this, or somewhat later, there is found hyperæsthesia of the nervous centres, with tonic, cataleptic and tetanic cramps, and sometimes anæsthesia and paralysis.

In one case, the injection of 5 centigrammes into the veins of a cat brought on death in a few minutes. A smaller dose produced death in a few hours. In addition to the tonic and clonic spasms, there was observed salivation, liquid stools, disturbed respiration and circulation dilatation of pupils, reduction of temperature and anæsthesia. A like dose, introduced under the skin, excited salivation and vomiting, then adynamia, very laboured respiration, reduction of temperature, with a tendency to fright and spasmodic and paralytic phenomena.

Large dogs were not destroyed when 5 centigrammes were given by the stomach. But a dog who had survived such a dose succumbed in two minutes after the injection of a like quantity into the jugular; while another, larger and older, was not destroyed by the injection of 25 decigrammes in *the crural vein.* (This difference of result is remarkable; was it on account of the size and the race of the animal, or the vein into which the injection was made? It is unfortunate that this experiment was not repeated.) Whatever the modes of administration, dogs were purged, and food in the stomach produced vomiting. Rabbits died in an hour or an hour and a half, with 3 decigrammes to 5 decigrammes, presenting symptoms analogous to those exhibited by the dogs.

Microscopic examination exhibited no alteration sufficient to explain the death. There was only found an inequality in the distribution of the blood, only hyperæmia of some and anæmia of other organs; the heart, liver, and larger vessels contained much black blood, possessing all the characteristics of venous blood. All the other alterations were insignificant.

The pathological disturbances caused by caffein are of different kinds; but the most important occur in the nervous system. It destroys by exhaustion of nervous power, and seems to act especially upon the heart and the parietes of the vessels.—*Archiv für pathologische Anatomie and Physiologie.* L. H. S.

The action and uses of digitaline—MM. Homolle and Quevenne have stated, as the result of their experience, that, in doses of one seventy-fifth of a grain, given three times a day, this substance acts as a diuretic in general dropsy, and with great speed and efficacy in reducing the effusion; and that it is not rendered more certain by any material increase of the dose. They further found that, in about double this dose, and sometimes in the same dose, it reduces greatly the frequency of the heart's action; and that the dose cannot reach the one-twelfth of a grain without producing nausea and symptoms of incipient poisoning. Dr. Christison, in the Monthly Journal of Medical Science, January, 1855, gives us the results of his experience of its use. He believes it to be an energetic diuretic and sedative. His first two trials of it were made in cases of extensive renal anasarca. In one case, diuresis commenced towards the close of the second day, and in the other a day later; in both the flow was profuse, and the œdema entirely disappeared. He commends strongly the use of such diuretics as digitalis, squill, and bitartrate of potash, in renal dropsy. He has not found them, except in one instance, increase the albumen in the urine; and believes they have been shunned on grounds purely theoretical and baseless. It is the same with digitaline. In the first of the two patients, the albumen quickly and greatly diminished; in both it disappeared at last, but in one, after some days, reappeared, but in diminished proportion. In one instance, great depression of the heart's action was brought on, instead of a flow of urine. He thinks it very likely that diuretic and sedative actions do not concur. He gave it in the doses recommended by Homolle and Quevenne.—*Association Med. Journal, June* 15, 1855, *p.* 565.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

VALEDICTORY.—With this number the publication of the *Medical Chronicle* ceases. During the six years which it has existed the *Chronicle* has not been the organ of any party or cliqua. Its pages have been open to communications from any quarter in the profession, and to writers in the two languages spoken in Canada—English and French. Indeed, the aim of the editors has always been to make it the representative of the varied interests of the profession in this Province—the medium by which members could communicate with each other, and the repository of such original observation and research as may have from time to time engaged the attention of practitioners. In the Review and Editorial departments, for which they were alone and entirely responsible, they always endeavoured to be impartial in their strictures and criticisms, and although occasionally obliged to differ widely in opinion from others, they fully believe they close their editorial career without having made an enemy.

The reasons which have determined the publishers in stopping, or at least suspending for the present, the publication of the *Chronicle*, are various. One of the principal, we may mention to our readers, is the advent of the new Postage law, which imposes a sum of Two Pence on each number of the Journal sent through the Post-office. This, if paid by the Proprietors, would make the Journal, with its present subscription list, a losing enterprise. From the first year of its issue up to the termination of last year, it has merely paid expenses, no profit whatever accruing to either the former or present proprietors. A large sum is now due to Messrs. Dawson & Son for the past year, and much will depend upon the promptitude with which these subscriptions are paid as to whether or not they will re-assume the responsibilities of publishing a Medical Journal.

The Editors offer their sincere thanks to all those who have faithfully supported the *Chronicle* by contributions to the original department of its pages.

MEDICAL GRADUATES, McGILL COLLEGE, 1859.—At the Convocation held at McGill College, May 5th, 1859, the degree of M.D. was conferred on twenty-two gentlemen. Their names, with subject of their theses, are as follows:—

John Rambaut, Montreal, C.E.—Tropical Dysentery.
James J. O'Dea, Toronto, C.W.—Compression of Brain.
Andrew W. Hamilton, Dundas, C.W.—Puerperal Hæmorrhage.
William A. Duckett, St. Polycarpe, C.E.—Corpus Luteum.
Edward W. Smith, Montreal, C.E.—Hysteria.
James McIntosh, Montreal, C.E.—Necrosis.
James Stephenson, Prescott, C.W.—Croup.
Thomas Keiler, Brantford, C.W.—Phthisis Pulmonalis.
Philippe Giroux, Three Rivers, C.E.—Pneumonia.
S. Arthur Carter, Nelson, C.W.—Cirrhosis.
Irvine Bogart, Belleville, C.W.—Glucosuria.
E. Gilbert Provost, Boucherville, C.E.—Vaccine.
Stephen Wright, ——C.E.—Scarlatina.
Robert W. Carroll, Woodstock, C.W.—Paraplegia.
William Rumsey, Ingersoll, C.W.—Purulent Ophthalmia.
Patrick O'Leary, Montreal, C.E.—Tetanus.
Walker H. Marr, Simcoe, C.W.—Morbus Coxarius.
George W. Hurlburt, Prescott, C.W.—Acute Laringitis.
Samuel S. Macklem, Chippawa, C.W.—Rhus Toxicodendron.
Linus O. Thayer, Montreal, C.E.—Strabismus.
Edward T. Roberts, Montreal, C.E.—Acute Hydrocephalus.
Wm. M. H. King, St. Sylvester, C.E.—Intestinal Worms.

PRIMARY EXAMINATIONS.—The following gentlemen passed their primary examinations for the degree of Doctor of Medecine and Surgery, at the close of the winter session 1848-59, in the University of McGill College:

Louis Robitaille.	John W. Pickup.
Jno. Rolph Malcolm.	Edwin Hulbert.
H. Adolphe Mignault.	Alexander Ault.
Gustave Chevalier.	Herbert H. Read.
Henry Warren.	Thomas Tait.
Adolphe Robillard.	Robt. W. Burnham.
Geo. L. MacKeleas.	Chs. Battersby.

Israel W. Powell.

McGILL COLLEGE—PRIZES FOR 1859.—*For the three University* Prizes the successful competitors were—

For best Thesis.—Mr. Edward W. Smith, Montreal. Subject of Thesis—Hysteria.

For best Final Examination.—Mr. James J. O'Dea, Toronto.

For best Primary Examination.—Mr. Henry Warren, Whitby.

Professor's Prize in Materia Medica for best Essay on the "Action and Uses of Wine," was awarded to Mr. Chas. Batteraby, Toronto.

Professor's Prize in Clinical Medicine for the best six reports of cases under treatment in the Montreal General Hospital, was carried off by Mr. James McIntosh, Montreal.

Professor's Prize in Clinical Surgery for the best six reports of cases under treatment in the Montreal General Hospital, was awarded to Mr. James Stephenson, Prescott.

Do. do. do. for the best written answers to a series of questions on subjects in Clinical Surgery lectured on during the Session, was likewise awarded to Mr. James Stephenson, Prescott.

LONDON CORRESPONDENCE.

No. 13.

LONDON, 8th April, 1859.

The profession in the Metropolis has lately been in a state of unusual excitement at the discovery of the remains of *John Hunter*, in the vaults of the church of *St. Martin in the Fields* which, as most of your travelled readers will recollect is situated at the north east angle of Trafalgar square. His re-interment took place in Westminister Abbey *on Monday, the 28th March*, and was attended by many hundred medical men from all parts of the country and the metropolis, and representing various public bodies and classes of the profession. If it will be any satisfaction to the profession in Canada to know that there were two men from their own body present on this occasson, I may state that Dr. Logan and myself—two graduates of McGill College—witnessed the last and final rites paid to Hunter's remains. It has been entirely owing to the exertions of Mr. Frank Buckland, the son of the celebrated Dean of Westminister of Geological renown, that the coffin containing Hunter was discovered in the vaults. For years he has made many efforts to obtain a view of it without success, as its exact position could not be ascertained. A recent order in Council to close up the vaults of most of the churches in the Metropolis, a part of the sanitary movements now going on in this immense city, gave an opportunity to Mr. Buckland of searching again, and ultimately securing the precious remains of Hunter. I was assured by himself that several times he was upon the point of giving up the matter in despair, but on examining several hundred coffins in succession, they came upon one at the corner of the vault on the stone floor, upon which dozens of others had long lain

piled, and this turned out to be Hunter's. The coffin was covered with black cloth, in some places torn and destroyed, and was studded with gilt nails and ornaments. The bottom of the coffin was rotten and had to be replaced, whilst the leaden coffin within had several small holes through which there was a strong odour exuding. A desire was expressed to view the interior, but that was opposed by Mr. Wm. Hunter Baillie the grand nephew of Hunter. It was removed to the Abbey on Saturday evening, the 26th, and temporarily placed in Abbot Islip's Chapel. On Monday the 28th, I repaired to this spot at 2 o'clock, and found Mr. Buckland present, taking several impressions on tissue paper of the original brass plate, by rubbing them over with black lead. One of these I have secured for myself. The family arms were engraved on the upper part, encircled by a rich scroll, and beneath was the following inscription:—

"John Hunter,
Esq.
Died, 16th October,
1793.
Aged 64 years."

Underneath this again, was another plate just attached, mentioning that—

"These remains were removed
from the Church of
St. Martin in the Fields,
By the
Royal College of Surgeons of
England.
March 28th, 1859.

At four o'clock a large number of persons had assembled at the Jerusalem chamber to attend the re-interment, there could not have been less than 700, among whom were several ladies. The procession then entered the Abbey, proceeded up the nave to Abbot Islip's Chapel, when the bier with coffin raised on men's shoulders so that it could be seen by almost every one was laid hold of; the procession then moved on, round St. Edmund's chapel, down the south aisle, across the west end of the nave, and then up the north aisle to the grave between the third and fourth columns. The coffin was then lowered in its final resting place, which is between Sir R. Wilson and Ben Jonson. I may mention *en passant* that the skull of the latter was handed about and examined, and a friend close by showed me some of his hair and one of his bones

which possessed a gloss from friction in his pocket, not unlike that of ivory. This closed the ceremony. Hunter's life is so well known to our profession throughout the world, that I refrain from referring to his labours, a monument of which has been left by himself in the Museum of the College of Sugeons which will never be surpassed. A monument of another kind however, composed of pink granite from the quarries of Peterhead in Scotland, is to be erected near to the spot where now lies his remains, after a repose of 65 years in the church of St. Martins in the Fields. Whilst taking leave of Hunter, I must say a word of *Harvey*. I should not be surprised if in a short time the college of Physicians bestir themselves to collect the bones of Harvey for interment in the same venerable pile which contains those of his compeer Hunter. Harvey is buried in the village church of Memel, Hempstead in Essex, about 40 miles from town; his remains are beneath an elevated family pew, and any visitor to the place when shown the coffin of the immortal discoverer of the circulation of the Blood, hears the rattling of his bones by the sexton, as part of the ceremony of exhibition. I intend very shortly to visit the spot, and will give your readers an account of it on another occasion.

Since my last letter we have obtained a *Medical Reform Bill* which promises to work wonders in a little time. No person who is not registered according to the provisions of the "New Medical Act" as it is called, will be permitted to practice any branch of Medicine, nor even to assume the title of a physician, surgeon, or apothecary without prosecution. The 15th section provides for the registration of persons now qualified and of those who may hereafter become so. The fee demanded for registering the former, that is to say, all those who were qualified according to the provisions of the act *before* the 1st January of the present year is £2, and those who obtain their qualifications *after* that date £5. The various qualifications are enumerated in the schedule A of the Bill, and these comprise all the Universities and Colleges throughout Great Britain and Ireland. The eleventh and last clause of the schedule runs as follows, I give it entire because it interests Colonial Graduates:—

"Doctor of Medicine of any Foreign or Colonial University or College, practising as a Physician in the United Kingdom before the 1st day of Oct., 1858, who shall produce certificates to the satisfaction of the Council of his having taken his degree of Doctor of Medicine after regular examination, or who shall satisfy the council under section 45 of this Act, that there is sufficient reason for admitting him to be registered."

The provisions for Colonial Graduates was a concession in favour of the very few men, I believe but three, who are practising in England. I call it a concession because my fears were at one time very strong, that any thing Colonial would have been cast to the winds. To give you an idea of the exclusiveness entertained by some people in relation to these questions, I may state, that before the Bill passed, I was present at a meeting of the Council of the Metropolitan Counties Branch of the British Medical Association, when its various clauses were discussed. I spoke in favour of Colonial Graduates not being altogether ignored, especially as provision was made in favour of Foreign Graduates, and I was told by Dr. A. P. Stewart (one of the Physicians of the Middlesex Hospital) that we had enough to do for ourselves without legislating for the colonies. The liberality of the times however, is such, that the great privilege of equal justice to all was most fully recognized in the Bill. And I have great pleasure in quoting a remark of Dr. Hawkins the Registrar under the new act "that we have no reason indeed to be ashamed of our colonies, for we are justly proud of everything relating to them. When it is stated that we have obtained redress of all our grievances after upwards of 20 years incessant agitation in the matter, it will show what perseverance will effect. Medical Reform would long ago have been granted had there been anything like unity of action among the profession.

The existence of Cellulose in the body questioned.—You may remember almost 5 years ago, in one of my letters which appeared at page 38 in the 2nd volume of your *Journal*, I announced the discovery by Virchow of cellulose in the Brain and other parts of the nervous system; this substance has since been recognised in other parts of the body. A refutation of Virchow's views was brought before the Pathological Society on Tuesday evening the 5th inst., by Mr. Ord and Dr. Bristowe of St. Thomas' Hospital, who principally relied upon the absence of the cross in employing polarized light as showing that these bodies were not cellulose but some modification of fibrine. A mere abstract of their paper was read but it will be published *in extenso* in the Transactions during the summer. They have performed many hundreds of experiments upon man and animals, but so far as I am enabled to form an opinion from what was related at the meeting, Virchow's remarkable and interesting discovery will still hold good, as the grounds of objection appear to be in reality of a very trivial character.

Excised Knees.—A most curious and novel sight occurred the other night at the London Medical Society, which took my fancy very much. Mr. P. C. Price, a young surgeon of great promise, a protegé of my

friend Mr. Ferguson, and who has at the same time performed most of the capital operations, read a paper on some of the causes of failure following the operation of Excision of the knee Joint, in which he most ably considered the subject, and very satisfactorily showed that the want of a successful issue depended upon circumstances which might have occured had amputation been performed. At the conclusion of his paper, some 10 or more male and female persons walked into the room, each of whom had undergone resection of one of their knees, and who were living proofs of the value of a limb without a joint. One lad could walk his 14 miles a day, without inconvenience or fatigue, all were in excellent health. The sight was rather amusing too, for both males and females had their knees exposed whilst walking up and down to show their anarthrodial agility. Mr. Price is engaged in the preparation of a Treatise on Excision of the knee, which will be copiously illustrated, and at the same time will contain an account of every operation that has been done up to the year 1858.

The last Canadian Graduate who came under my notice was Dr. James S. Duncan, who called upon me the day before he went up for his examination at the army Medical Board, which I need not say, he passed most agreeably and satisfactorily. He is now in India, in fact he was but a short time at Chatham before being ordered on foreign service.

I hope soon to write again.

G.

(*To the Editors of the Medical Chronicle.*)

Messrs Editors.—I perceive by a recent number of your very respectable Journal, that a case of single Placenta, with double funis, has been recorded by a young practitioner in Ottawa, as something unique and unheard of, and it is further stated that the fact has not been noticed by any of our leading authors on midwifery. If the gentleman who reported the case in question turns up Burns's Midwifery, Section 9, Chapter 16, he will find there written:

"Two cords have been met with connected with one Placenta or with two Placenta, belonging to one child."

Your very obedient servant,

A. B. C.

QUARTERLY REPORT OF THE MONTREAL GENERAL HOSPITAL, ENDING 22ND APRIL, 1859.

Patients remaining from last Quarter,		81
Do. admitted present Quarter,		142
		223
Died during the Quarter,	5	
Now in Hospital,	64	
Discharged,	154	
		223

IN-DOOR PATIENTS.		OUT-DOOR PATIENTS.	
Males,	76	Males,	813
Females,	66	Females,	1114
	143		1927

DISEASES AND ACCIDENTS.

Diseases, &c.	Admitted.	Died.	Diseases, &c.	Admitted.	Died.	Diseases, &c.	Admitted.	Died.
Abscessus,	2		Emesis,	1		Paralysis,	1	
Ambustio,	2		Enchondroma,	1		Paraplegia,	2	
Amputatio,	2		Endocarditis,	1		Pericarditis,	1	
Anæmia,	1		Eneuresis,	1		Phthisis,	9	
Anasarca,	3		Erysipelas,	1		Pleuritis,	1	
Aneurismus,	1	1	Favus Confertus,	1		Pneumonia,	1	1
Arthritis,	1		Febris Com. Cont.,	8		Polypus Nasi,	1	
Bronchitis,	8		Fistula,	1		Psora,	1	
Bubo,	1		Fractura,	3		Ptyalismus,	1	
Calculus Renal,	1		Gangrena Sen.,	1		Rheumatismus Acut.	3	1
Caries Spinalis,	3		Gelatio,	1		" Chronic	9	
Catarrhus,	2		Hæmoptisis,	2		Rubeola,	1	
Cephalalgia,	3		Hæmorrhoides,	1		Scarlatina,	1	
Conjunctivitis,	4		Hysteria,	1		Sclerotitis,	1	
Contusio,	3		Inebrietas,	1		Sphacelus,	1	
Cornecitis,	2		Influenza,	4		Staphyloma,	1	
Cynanche Pharyngea	2		Laryngitis,	1		Synovitis,	1	
" Tonsill,	1		Luxatio,	1		Syphilis,	1	
Cystitis,	1		Morbus Cordis,	1	1	Ulcers,	8	
Delirium Tremens,	7		" Coxæ,	1			11	
Dysenteria,	1	1	Odontalgia,	1				
Eczema,	2		Orchitis,	1			142	5

OPERATIONS, &c., DURING THE QUARTER.

Major Operations.—Amputations: of hands, 2; of toes, 2; of thumb, 1. Removal of epithelial cancer, 1; of encysted tumour, 1; of fibrous tumour, 1; of sequestra, 2; of nasal polypus, 1. Total, 11.

By Dr. McCallum.—On April 30th: Ligature of femoral artery.

By Dr. Campbell.—Removal of loose cartilage from knee-joint.

Fractures.—Ununited, treated by friction and starched bandages, 1.

Recent.—In-door, 3; out-door, 3. Total, 7.

Dislocations reduced.—Humerus, 1.

Minor Operations.—Venesections, 3; Cuppings, 17; Starched Bandages applied, 13; Ulcers, &c., strapped, 37; Wounds dressed, 26; Abscesses opened, and other incisions, 92; Teeth extracted, 117. Total, 305.

Attending Physicians.—Drs. McCallum and Scott.

ROBERT CRAIK,
House Physician and Surgeon.

MEDICAL NEWS.

Hirschfelt, the Chef de Clinique de l'Hotel Dieu, and great writer on the nervous system, has been lately appointed Professor of Anatomy in the Imperial Academy of Warsaw. The appointment is remarkable from the fact that it is the first instance of a Jew being allowed to hold office in Russia.....Mrs. Ann Martin, a wealthy huckster of Detroit, has donated to that city landed property to the value of $20,000 for use as a Free Hospital.....The Emperor of Austria, it is reported, is suffering under some serious cerebral symptoms, which are supposed to be the results of the injury inflicted on him when struck by the dagger of a man who attempted to assassinate him some years ago.....A German savant has taken the trouble to count the number of hairs existing in four heads of hair, of different colours. He found in a blond 140,409 distinct hairs; in a brown, 109,440; in a black, 102,960; and in a red, 88,740.....The young Princess Windischgrätz has been accidentally poisoned by chloroform, having inhaled too strong a dose for the relief of a headache, to which she was liable.....A gentleman of Exmouth, named Hayne, has recently died, leaving the Devon and Exeter Hospital a legacy of £15,000, and large sums to the Blind and Deaf and Dumb Institutions of Exeter.....Four hundred doctors dined recently in the grand hall, Hotel du Louvre, to celebrate the defeat of the homœopaths, in their action for libel against "Le Journal de Medicine."....A Quack in a canton of Switzerland having told a girl that her "spasms" were owing to her having been bewitched by the wife of a tradesman in the neighbourhood, was condemned by the court before whom the matter was brought to damages and to imprisonment for his impudent calumny, and £28 fine, with costs, for illegal practice.....It was once observed that the College of Physicians, London, cut a very sorry figure by the side of its newly-painted neighbour, the Union Club. "Oh!" quoth a wag, "the reason is obvious—they have painted their's in distemper."....Five young Persians have arrived in Paris from Teheran; two of them to study medicine, two to be educated in military schools, and the fifth, who is a nephew of Feruck Khan, to be an outdoor pupil of one of the principal colleges.....THE TESTIMONIAL MANIA. The Halifax (Eng.) Courier says:—"It is actually intended to present a testimonial to the man Hodgson, of Shipley, from whose shop was purchased the arsenic used in the lozenges which poisoned so many people in Bradford some months ago." This mania is becoming a public nuisance.....PORSON'S ESTIMATE OF DOCTORS. "Porson thought meanly of all the science, and hated consulting physicians. He once said to me: 'I have been staying with Dr. Davy at Cambridge; I was unwell, and he prevailed upon me to call in a physician, who took my money, and did me no good.' He once was declaring that he had not the slightest dread of death, and that he despised *fabulæ anilles*, when Dr. Babington said to him:—'Let me tell you, Porson, that I have known several persons, who, though when in perfect health they talked as you do now, were yet dreadfully alarmed when death was really near them.'" *Rogers's Porsoniana.*....A LARGE MEDICAL FEE. Scanzoni of Wurzburg attended the Empress of Russia in her last confinement, and received for his services $25,000.....Dr. Elizabeth Blackwell, who for several years has practised medicine in this

city, is now astonishing and alarming many of the good people of London by appearing there as a public lecturer to ladies on medicine, hygeine, and other topics in which her auditors are supposed to be specially interested..... MEDICAL COSTUME IN JAPAN. The difference of sex, and even distinction of profession, is generally exemplified by the mode of dressing the head; the men usually shave the hair from the front and crown, and gather the rest together in a sort of coil on the bald part; priests and physicians shave off all their hair, while surgeons retain the whole.

MEDICAL EPITAPHS.—A prolonged medical statement of the disease of which the departed may chance to have died, is extremely popular. At Acton, in Cornwall, there is this account of how one Mr. Morton came by his end:

"Here lies entombed one Roger Morton,
Whose sudden death was early brought on;
Trying one day his corn to mow off,
The razor slipped and cut his toe off:
The toe, or rather what it grew to,
An inflammation quickly flew to:
The parts they took to mortifying,
And poor dear Roger took to dying."

And here is still a more entertaining one, upon a certain lady in Devonshire; singularly free from any nonsensical pretence or idle bravado:

"Here lies Betsy Cruden,
She wood a leaf'd but she cooden,
'Twas na grief na sorrow as made she decay,
But this bad leg as cart'd she away."

Whenever I read (and it is often) of folks who were passionately *desirous to* leave this vale of tears, I shake my head, and quote the simple-minded Betty: "For all this," says I, "they wood a leaf'd but they cooden."

There is a distressing inaccuracy of metaphor in the following *south country* elegy, but the meaning is painfully distinct:

"Here lies two babes as dead as nits,
They was cut off by ague fits."

A doctor of divinity, who lies in the neighborhood of Oxford, has his complaint stated for him with unusual brevity, as well as his place of interment:

"He died of a quinsy,
And was buried at Binsy."