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THE

MEDICAL CHRONICLE

OR,

MONTREAL MONTHLY JOURNAL

OF

MEDICINE & SURGERY.

VOL. II.

LICET OMNIBUS, LICET NOBIS DIGNITATUM ARTIS MEDICÆ TUERI.

EDITED BY

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

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THE

MEDICAL CHRONICLE.

VOL. II.] JUNE, 1854. [No. 1.

ORIGINAL COMMUNICATIONS.

ART. I.—*Valedictory Address* to the Graduates in Medicine of McGill College, on their receiving the Degree of Doctor of Medicine and Surgery, conferred by Convocation, 4th May, 1854. By A. F. Holmes, M.D., Professor of Medicine, and Dean of the Medical Faculty.

Gentlemen,—At the close of our mutual labors, and before we sever the relation so long subsisting between us, let me address to you a few words. I have said "sever relation;" I do not mean sever our connexion, for that, I hope, may become still closer by the new relationship in which we now are about to stand.

When you first placed yourselves under our direction, you had two objects in view—instruction and graduation—the former as the means of attaining to the latter; the latter as a testimonial of successful pursuit of the former. One of these objects, viz., graduation, it was in our own power to bestow; the other required your active co-operation; for no matter what amount of instruction we had in our power to give, it would have been of little avail had not your minds been prepared and ready to receive it. Pursuing, then, the same object, whether as instructors or instructed, we might naturally be expected to, and I trust have, become mutually interested in each other; so that while you in after life, may look back with satisfaction on the period of study spent with us, and with kindly wishes for the prosperity of your alma mater, we may hereafter, in hearing of your eminence in your profession, rejoice that you "Hail from McGill College."

The course of study which you have pursued is an arduous one. Four years, when looked forward to, seem a long period, but your own experience has taught you that it is by no means too long to conquer the various topics comprised in a good medical education. And yet, after all your labor, whereunto have you attained? You have only, as it

were, arrived at the portal of a vast enclosure. You have only reached the starting point of the race you are to run: you are furnished with arms, you have a complete panoply; yet you have not yet proved them, and will often find them cumbrous and difficult of management, till time and repetition shall have given you the facility of manipulation which you see in the hands of your seniors.

In fact, however prepared to commence the duties of your profession you lack EXPERIENCE, and this is a branch of knowledge which we cannot teach you, but which must be acquired by an intelligent and persevering use of those tools with which we have furnished you.

I well recollect, many years ago, when I first entered on the study of medicine, how wonderful it appeared to me that my preceptor could so rapidly decide upon the remedies required by his patients; a few hints and a glance or two seemed to enable him to seize the whole subject. It looked like intuition. The whole subject seemed to flash upon his mind without the labored operations usually required to reason out a complicated question, and to come to a conclusion. But, gentlemen, experience has long ago taught me how this is done, as it will undoubtedly in due time teach you.

It is of much importance in pursuing your profession, that you should estimate it properly. Medicine is not an exact science; the varied and often conflicting opinions of its professors give abundant proof of that. It has even been called disparagingly a "conjectural science," which no doubt it sometimes is, and indeed must be, till knowledge becomes perfect. There are, however, few branches of knowledge to which we can apply the appellation of "exact." It is in mathematics and the portions of other sciences dependent on them, that we can look for anything deserving of the name. In these we may be certain in our deductions, but in none other. What branch of knowledge is not shifting and changing? If it be a complaint that medicine, which has been studied for between two and three thousand years, is still unsettled and imperfect; may we not say the same of other branches? Can we not turn with confidence to the other Faculties of our College and ask, Are you better off than we? Are your foundations more firm, or your principles more stable? Look at education in general, a pursuit which must have occupied the minds of men ever since men were united in social relations, and yet do we find it at the present day pursued on a well-established basis. On the contrary, have not the "new lights" discovered the incapacity not only of old established institutions, but even of long-established rules.

Again, what is of more importance to the well-being of man than a proper knowledge of the laws that should govern international relations; still, as a science, political economy is b[illegible], and yet under its dic-

ture keeps up her fires in the body, the flues of which are perhaps liable to become over-heated by undue accumulation of fuel, as well as the more visible ones which we run through our dwellings.

But you may say these examples, though striking proofs of the need of chemistry to enable us to understand the functions of the healthy body, are not practical, inasmuch as they do not refer to the diseased body. They are highly important as physiological truths, but they are not pathological. This is true, but if you understand not the physiological, how can you understand the pathological? Could you venture to undertake a nice operation of surgery without knowing the parts amongst which you are to cut? So how could you venture to meddle with diseased organs, the elements of whose functions you are unacquainted with?

But I need not rest my argument on this ground. I can show you that changes which are strictly pathological can only be recognized by chemical manipulations, and being recognized, can only be remedied by chemical appliances. You have all heard of the Humoral pathology, or of what, in the not very grammatical though very expressive phraseology of the day, are called blood-diseases. This humoral pathology, by the bye, furnishes a not uninstructive episode in the history of medicine. Received as manifest truth for many ages, it fell at last into disrepute, became the butt of ridicule to the moderns, and was referred to chiefly as shewing the absurdities of the ancient schools of medicine.

This once supposed "exploded dogma" has, however, again begun to raise its head, and counts among its abettors many of the best and ablest of our practitioners; and this change is comparatively recent, for it was several years after I had completed my medical studies before this old doctrine began to reappear. My mind is apt to dwell upon this change as one evidence, among many others, of the imperfection of our boasted reason, and of the propriety of using modesty and caution in asserting even the most generally received of its conclusions.

It is true that in the olden time the humoral pathology was but a speculation, though certainly a happy one; it was not based upon experiment, the proper ground of philosophical deduction, and therefore fell. The humoral pathology of the present day may be expected to become an ascertained fact, inasmuch as it is based not on hypothesis, but on multiplied experiment and observation.

But to return. Blood diseases are so named because they consist in an alteration in the materials of which the blood is made up. That fluid consists, as you know, of certain constituents in certain proportions variable within certain limits, without affecting health; but beyond these becoming less fitted for the performance of its normal duties; and, be-

Gentlemen,—It is a great thing to know how much or how little we really know; for not only shall we be led to supply our acknowledged want, but we shall be able to apply what knowledge we have much more effectually to useful purposes. When we are in ignorance, we are very apt to allow prejudice to usurp the place of wisdom, and fostering our delusion so as to oppose an effectual bar to our improvement. How many evils and follies and crimes have originated from this cause? Medicine has not been free from them. It was from the prejudice of an erroneous theory that it was once customary to treat a case of small pox with blankets and heated air and drinks. It was from a similar erroneous prejudice that the cure of wounds was sought by cramming them with lint, the treatment of all others most detrimental to them. You will often, probably, be asked to give the reason of occurrences; nor will this inquiry always be kept within reasonable bounds. Nothing is more easy to ask than, What is the reason of a thing? yet, often, nothing is more difficult than to give a proper answer. A child may puzzle a philosopher, and it is often the ignorant who are most pertinacious in requiring an answer; but their very ignorance makes them contented with the most superficial reasons, and often the most flimsy are quite satisfactory. The Hindoo believes the earth rests on a tortoise, without asking what supports the tortoise; so, in our practice, we find that a mere learned name will often set at rest many difficult inquiries, and this is both fortunate and unfortunate—fortunate, because it often saves the labor of cogitation, and the often unpleasant confession that you do not know;—unfortunate, for it often prevents us from being *candid* with our patients, because we feel that our candour in declaring we do not know (perhaps what no one else knows) may be interpreted as if we were improperly ignorant of what it was our duty to know.

There are two errors to be avoided: an overweening prepossession that we are very wise, which leads to dogmatism and quackery; and a want of self-reliance, which leads to inefficiency. In our approaches to one or other of these errors, a great deal will depend on temperament; both of them, however, lead to one result, a system of routine—the one asserting the supremacy of its knowledge, will not condescend to alter; the other, fearful of untried consequences, prefers the beaten track. Routine is not the part of a scientific physician, whose decisions and directions should always have a basis of reason; it is manifestly unfitted for emergencies, and frequently injurious in ordinary cases; it leads to the treatment of mere symptoms, or is guided by mere names. I have often endeavoured to impress upon you that the inferiority of the physician over the quack existed chiefly in his acquaintance with the various phases of disease incident upon the differences of constitution,

state of body, and circumstances in which it was placed. I have also often warned you not to suffer yourselves to be led away by the mere name of disease, so as to treat all cases coming under that name in the same manner; but always to regard disease not only as modified by the circumstances which attend it, but often requiring a treatment opposite to that which at another time might be most advantageous.

Medicine should be as far as our knowledge will allow a scientific study. I have alluded in some former remarks to the rapidity with which an old practitioner will understand the nature of a case and prescribe its appropriate remedies; but it is not always so. Many times with most earnest attention are we obliged to scan the aspects of a case. Many times do we cautiously balance the plans of treatment most appropriate. Often do we wait in anxious solicitude the effects of the medicines we have thought necessary to prescribe. We are sometimes unable to decypher the indications of disease. Often we are unable to foresee the results of our treatment. The investigations required to treat a case are often extremely extensive. We must seek the medical history of the patient for years back, even to his progenitors; also, his habits and the circumstances in which he has been placed; all present symptoms must be examined and their importance analysed. Having thus obtained a knowledge of the disease, we have next to investigate in what way we shall be best able to remove it. Here we have to weigh all the circumstances which make one plan preferable to another, and here we are often led to treat the same disease at different times in different modes, *i.e.*, inflammation, which sometimes requires severe depletion, while at others we uphold the strength with stimulants and wine.

Gentlemen,—In the course which you have gone through, you have necessarily learned many things which were elementary; and many that seemed more directly practical; and you were led, perhaps, to look upon the former as mere steps for the attainment of the latter, and therefore to be disregarded when the purpose was fulfilled. Your conclusion, though in some respects correct, would, on the whole, be erroneous, and the examinations you have gone through will have shewn you that your professors required quite as much elaboration in your elementary as in your practical studies. I desire now to impress upon you that much of this elementary knowledge is of direct practical bearing, and must not be laid aside, as if its end were wholly attained; but must continue to be cultivated and refreshed from time to time.

Let us take, ex. grat., the department of Chemistry. You are perfectly aware that without a certain knowledge of chemical laws and combinations, it is impossible to get accurate notions of many of the func-

tions, and most of the materials of the body. The great operations of digestion, respiration, and secretion, and their products, cannot be understood without this knowledge, nor can the materials which, under the name of food, enter our bodies, and form the subjects of these operations, and hence become of such high importance in reference to health. Chemical research has revealed to us the interesting fact, that our food, whether derived from a vegetable or an animal source, is identical in its nature. It has shewn us that much of our food, though necessary for other purposes, is not qualified to repair our wasted frames, and that we may even die though supplied with abundance of what is usually thought nourishment, as was exemplified in the case of the too zealous Dr. Stark, who fell a victim to his perseverance in the use of non-azotized materials.

The daily, nay constant, waste and repair of the tissues of our bodies furnishes another example of the importance of chemical knowledge to enable us to understand ourselves. Every one, unavoidably, becomes experimentally acquainted with the need of food to support the strength and power of the body; but few, perhaps, out of the profession, are aware that this is effected by the continued addition to our tissues, through the medium of the blood, of those particles of food that are fitted to nourish them, and that, after these particles have served their purpose, and have become effete, they are again removed through the same channel of the blood, and consigned to their appropriate emunctories. This wonderful process of waste and repair continues from year to year, renewing us completely, and making us living Paradoxes—the same, yet not the same—same as to identity, different as to material—the same being from childhood to old age; yet every particle altering continually.

But to furnish you with another example. What more beautiful illustration can be afforded of Divine contrivance than the chemical apparatus which nature gives us for sustaining our animal heat, and enabling us to bear the colds of these northern regions, or even to enjoy health and comfort, when the thermometer is 50° or 60° below zero, as was experienced by the searchers of the North West Passage. This important process is effected by the passage of our food, after certain elaboration, into the blood, and then, as it circulates through every fibre of the body, by its gradual change in consequence of union with oxgyen: so that it undergoes a process of oxidation quite the same, as the change that takes place in the fuel of our stoves and common fire places, making us, in fact, examples of spontaneous combustion, though not precisely in the common understanding of that term, which is applied to designate a much doubted fact, that may hereafter, perhaps, obtain its confirmation from the mode in which na-

ture keeps up her fires in the body, the flues of which are perhaps liable to become over-heated by undue accumulation of fuel, as well as the more visible ones which we run through our dwellings.

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sides these changes among its own constituents in regard to proportions and to qualities, the blood is the great sewer, if I may so speak, through which the drainage of the body is effected. It is, moreover, liable to receive poisonous contaminations from without the body, introduced in a variety of ways. In these different modes, then, the condition of the blood may be altered, and origin will be given to the so-called blood diseases; the number of which seems rapidly increasing, as for instance, in the lectures of Dr. Todd we find alterations in the blood assigned as the cause of those derangements which seem most to favor the notions of the solidists, and depend upon the condition of the moving fibre, viz, Spasmodic diseases.

The blood then, you perceive, is liable to alterations, which, by calling in the aid of chemical manipulation, may be ascertained, and lead to the application of remedies more appropriate than could otherwise be applied. It is true that this field of investigation has been opened so recently that great results have not yet been effected, but they loom in the distance inviting us by their magnitude to carry forward the work with energy and perseverance. Discoveries in this field are not unfrequent, promising abundant fruit to future investigation, and probably leading to most satisfactory conclusions both as to pathology and practice. Take as an example the recent discovery by Bernard of a normal function in the liver, not before suspected, the conversion of a portion of food into sugar. That eminent chemico-physiologist by analysing the blood entering the liver and that emerging from it as well as the substance of the liver itself, has proved that in health, sugar is constantly produced, recognizable in the blood till it has passed the pulmonary circulation, after which, in the normal state, it is no longer to be found.

Do you not at once see one of the direct practical bearings of this new fact? Will it not serve to clear up the great obscurity which has long hung over the very fatal disease called diabetes, and not only tend to elucidate its nature but by fixing on the precise points where the hitherto considered abnormal material of sugar is produced, and the point where normally it disappears, enable us to ascertain what the precise change is which prevents its disappearance at that point, and allows it still to circulate with the blood; and when that change is recognized may we not expect to be able to apply with effect remedies suited for the case?

The practical importance of knowing the chemical state of the blood is now recognized even in the nomenclature which is being introduced to designate its condition. Such terms as spanæmia, uræmia, pyæmia, toxicæmia, &c., with the even more analytical names of hypinosis and hyperinosis serve to shew the direction which the inquiries of patholo-

gists are taking. I might also call you to survey the new views taken of the pathology of gout and rheumatism, as well as the whole tribe of zymotic diseases, as a reason for not neglecting chemical pathology, but I shall confine myself in this connexion to asking your attention to the glimmer of light which has been thrown upon the nature and prevention of Tubercle, that scourge of humanity under the form of consumption, and other allied maladies. This is conceded to be a blood disease, and seems to arise from deficient elaboration of the nutrient particles poured into the blood, and intended to be there developed into the nourishing material of the body, but in some hitherto unknown way perverted into the tubercular deposit. Recently observed facts, aided by minute chemical and microscopical research seem to point to over abundance in the supply of oxygen to the blood as a cause of the development of tubercle, while its prevention, if not cure, would seem to have some relation to the diminished arterialization of the blood.

But I must not omit to point out what may seem plainer evidence of the practical importance of chemical knowledge, viz., the direct administration of medicines to produce certain chemical changes. You are, of course familiar with the class of remedies which act entirely on chemical principles. They bear a part, indeed, in the classifications of materia medica—the antacids, the lithontriptics, the antidotes have always been known to act, not as vital but as chemical agents, and they have long been, and still continue, in use to remedy what I may call the grosser chemical diseases of the body. But the recognition of the blood-origin of diseases, and the investigation into the precise changes which constitute them, or, in other words, form their "proximate causes," will lead, and has already led to the search after remedies which have the power of altering these conditions. Many remedies which now we employ empirically, or which are called specifics, we shall probably come to use in order to fulfil precise indications, and to induce particular changes. You all know how useful the tartrate of antimony is in inflammation of the pulmonary tissue. It is generally used, but its mode of action is also generally unknown. But when you hear that it has been ascertained by chemical experiment that antimony is potent in diminishing the quantity of fibrin in the blood, you will feel more satisfied in prescribing it, than if you gave it empirically as an agent which you had found to be useful. So, again, in regard to nitrate of potash, which has been given in large doses as a remedy for rheumatism: it is a powerful solvent of fibrin, and we know that in rheumatism that element of the blood is largely increased. The effects of iron in augmenting the red corpuscles become evident by the pallor of disease giving way to the roseate hue of health.

I have dwelt so long on chemistry, that I can but glance at another elementary study, viz., Physiology, which you should not neglect on the plea that it is not practical; for, as the chemistry of the body is liable to become deranged, so is it of the physiology. The knowledge of healthy structure and function is indispensable to a knowledge of their disordered states, and furnishes assistance in our most practical researches. Let us select for an illustration the cell-theory of growth. It is well-established that, commencing in a cell of the simplest kind, our subsequent growth and full development is by multiplication of such cells and their varied modes of union and expansion. Now this would seem at first to be a fact curious and interesting in itself, but having little bearing on medical practice; but when we look into the nature of abnormal growths, usually called tumors, we find their progress a copy of that of the normal tissue, and you then find your physiological knowledge applicable to the diagnosis of such tumors. As the natural tissue possesses peculiarities in its cell structures, so do abnormal growths distinguish themselves by varieties in the appearance of their cells. Nothing can therefore be of more practical benefit than to acquire facility in the use of the instrument by which alone such researches can be carried on—I mean the microscope. That instrument is no longer to be regarded by the physician as simply furnishing curious and important information as to the minutiæ of creation, but as a valuable assistant in obtaining a practical knowledge of many of our common diseases. Indeed the results of the use of that instrument in giving precision to the diagnosis of several diseases are of the highest importance. But I shall allude but to one of its discoveries, a very curious though not a pleasant one, the existence of minute parasites, both vegetable and animal, both on and within our very textures. The existence of the larger parasites, such as the various worms and others that may be nameless, has been of course known in all ages, but the fact that vegetable growths occur upon our skins and within our bodies, or that minute animals in large numbers occupy at times our very flesh and blood, has been revealed only recently and through the aid of the microscope. It is now known that one of the troublesome diseases of the scalp known as scald head (favus) is a vegetable fungus growing on the spot; that another (porrigo decalvans) is produced by a similar growth within the tubuli of the hair. Intractable cases of disorder of the stomach have been found owing to a minute fungus (sarcina ventriculi) growing within that organ. Cases have occurred where the blood on examination was found loaded with animalcula, and others where microscopic worms (trichina spiralis) occupied a large portion of the muscular structure.

I have thus endeavored, and I trust successfully, to impress upon your

minds that the knowledge received in the elementary classes cannot lose its value even when you have acquired perfect acquaintance with that taught in the more advanced or practical departments; but that through your future clinical career you will need the aid of that knowledge which formed the first steps of your professional improvement.

I had intended to have addressed to you some ethical remarks in regard to your feelings and deportment towards your patients and towards your brethren of the profession, as well as to point out as a duty to yourselves that you should cultivate your talents, and use the opportunities you will enjoy for your own improvement, which will then be sure to result in the desire and effort to add to the general stock of knowledge, but I forbear and shall conclude by congratulating you on the honorable position to which you have now attained, and by hoping that the avenue this day opened to you may lead to a long course of usefulness to others, and of satisfaction and eminence to yourselves.

Montreal, May, 1854.

ART. II.—BATTLE OF VITTORIA;

A Sunday's Professional Work during the Peninsular War. By Dr. HENRY, Inspector General of Hospitals.

As war has again broken out in Europe, and sanguinary engagements in which British troops will probably take a leading part, may be soon expected in Turkey, it may interest the readers of the Medical Chronicle to learn how army surgeons are employed on such occasions; and to look on a great battle in a professional aspect.

The following communication has been condensed from a journal kept by the writer, during the last four years of the Peninsular War. He was then Assistant Surgeon of the 66th Regiment, and during the campaign of 1813 was detached temporarily from that corps, and ordered to assist his friend, Staff Surgeon Wasdell, who had medical charge of the second division of the British Army.

Montreal, May 3, 1854.

After a long march from the frontiers of Portugal, during which the French army had retreated in all directions before the Allied forces, it at last made a stand near the city of Vittoria, under King Joseph and Marshal Jourdan; and we halted on Saturday morning, the 20th June, 1813. During this day Lord Wellington closely reconnoitred the enemy's position, and made his arrangements to attack it on the following

morning. Being attached to the head quarters' staff of Sir Rowland Hill, and General Stewart, the writer had a quarter assigned to him, with them and Mr. Wasdell, in a village commanding a good view of the English camp, half a mile distant. He rose at daylight on Sunday morning and looked out; but there was some rain, with a thick fog, and nothing could be seen. Half an hour after the rain ceased, and the fog began to disperse before a light air from the west, giving promise of a fine day. In an hour the tents were struck, the baggage was sent to the rear, and the troops got under arms. Soon after this the corps of Sir Rowland Hill, about 14,000 strong, commenced its march towards the enemy, eight or nine miles distant. This force was composed of the second English, a Spanish, and a Portuguese division, a brigade of cavalry, and twenty-four guns.

It was early buzzed along the line of march that there would be hot work before night; though many supposed the French would abandon their position and retreat. The staff officers, as they rode past with orders, looked a little grave and excited, and there was an abatement of the usual talking and joking in the ranks; which, though not quite conformable to discipline, was usually connived at, because such amusement disguised the length and fatigue of a march, and kept the men in good humor.

Morillo's Spanish division had preceded us, and as we approached the river Zadorra at Puebla, we began to hear musketry firing, which gradually increased, and we found the Spaniards engaged on a mountain to our right, on the other side of the river, and the extreme left of the French position, which convinced us all that there would be a serious fight. There had been some skirmishing in the town of Puebla; and as we crossed the bridge, marched along the left bank, and ascended a long and steep hill, we saw several dead bodies—French and Spanish—lying on the sides of the road. On reaching the top of the hill, we came in full view of the enemy in position, 65,000 strong, about three miles distant.

This was a stirring and magnificent sight; and a young man of ardent temperament, like the writer in those days, might be excused for relaxing a little in his loyalty to physic, and even cherishing a momentary wish "to throw it to the dogs." But it was *only* momentary.

Sir Rowland had received orders to attack the left of the enemy. His corps advanced a mile or two along the high road from Madrid to Vittoria, then turned to the right, and moved some distance on open and rising ground, until nearly opposite the village of Subijana d'Aliva, keeping just out of gun-range; when the whole body halted, formed column and piled arms. And now the men walked about at their ease, and in

great glee, chatting and laughing, and looking as if they did not care a fig for King Joseph and his host, arrayed in full sight.

As soon as the troops halted, the generals and their staff rode in front to an eminence to reconnoitre, and the staff surgeon, five or six mounted regimental officers, and the writer, joined the party. But having now come within range, and seeing the French artillerymen at their guns, with lighted matches, and fears being entertained that the large group of horsemen might attract a shot, the amateur reconnoiterers received a hint to fall back; which of course was promptly obeyed.

In a few minutes the generals returned, the men stood to their arms, and an English brigade, with another in support, advanced to attack Subijana, about a third of a mile in front of the French position. As this was an important post, having a somewhat similar relation to the enemy's line as Hougoumont afterwards had to the British at Waterloo, Mr. Wasdell and the writer believed the village would be strenuously defended; and looked out for some convenient spot, near it, to receive and dress the wounded. Having discovered a sheltered nook near a spring of water, with some fine chestnut trees around it, and defended by a hill from direct range of shot and musketry, they assembled the brigade surgeons, unloaded their mules, and their own mule, of the surgical panniers, and made the necessary preparations without loss of time.

Subijana was most gallantly attacked, and resolutely defended; and its capture cost many lives, with five or six times the number of wounded. In about an hour we had four or five hundred on our hands: mostly from musketry, but some by round shot from batteries on the position behind; and here the medical officers of the 28th, 34th and 39th Regiments, the staff surgeon, and the writer were busily engaged in dressing wounds, amputating limbs, and sending the poor patients in spring wagons to Puebla, for more than three hours. Having been first engaged, our division had a larger portion of wagons than the others; still we had not half enough conveyance for the wounded. And this is a weak point in the composition and administration of British armies; and the only one, perhaps, in which our quondam enemies, now our gallant and attached friends, the French, have always excelled us. An hospital for the wounded had been prepared by Dr. McGrigor, our medical chief, at Puebla, early in the day; but towards the close of the battle, when Vittoria was abandoned by the enemy, they were all conveyed thither.

Although the spot we chose for the wounded was near the village, we were safe from direct fire, as has been said, yet both half spent musket balls and round shot, that had been misdirected and fired high, occasionally dropped around us; and one of the latter killed two poor men,

whose wounds had been dressed, and who were waiting for conveyance to the rear. This casualty sadly frightened a nervous surgeon, close beside these unfortunates, but a mouthful of brandy restored his efficiency.

When the bulk of the wounded at Subijana had been attended to, a pressing message for medical assistance from the surgeons of the first brigade was brought to the staff surgeon. The 50th, 71st and 92nd regiments, composing it, had early in the day been sent to the mountain on our right to assist Morillo's Spainards, who were unable to cope with the strong force there, and were falling back. When the red coats were seen mounting the hill, reinforcements double their strength were hurried from the left of the French position to meet them, and our Portuguese division, which had been in reserve, was despatched to restore the balance. The fighting on this mountain was desperate, and staff surgeon Wasdell directed the writer to proceed as quickly as possible to the assistance of the medical officers of the brigade.

As he was galloping up the hill on this duty a round shot, nearly carried off his head, and he was weak enough for a moment to think it had been fired at himself individually. It certainly passed closer than was agreeable, for he felt its wind, as it is called, within a foot or two of his cocked hat. His horse started with instinctive apprehension, and the writer believes that he also bobbed or bowed instinctively; though, as Napoleon is said to have told his timid guide at Waterloo, the bob might as probably have been *into* the line of the ball's parabola as out of it. At any rate there is a precedent on record, for the great Turenne said he always made it a point to bow to "a gentleman of that fighting family." Yet the illustrious Field Marshal gained nothing by his politeness, for a cannon ball killed him at last.

The possession of this mountain would have exposed and turned the French left, they therefore defended it for a long time with great resolution, and our loss was very severe. Here Col. Cadogan of the 71st, a most gallant officer, was mortally wounded; and the writer saw him in his last moments with his glazing eyes fixed on the retiring enemy.—The numerous wounded here suffered much from thirst, for no water could be found for some hours. The ground too was so rugged and rocky that the spring wagons were unable to reach the scene of action, and men could not be spared to carry them to the rear. They could only be treated as they required by the medical officers, and left on the spot, with scanty covering from the sun, till the battle was over.

The writer continued hard at work with this brigade between two and three hours; and when the enemy were at last driven from the mountain, and his services no longer required, he returned to Subijana. By this time the allies' line had everywhere advanced, several batteries

on the enemy's main position, which had, after its capture, played on the village, limbered up and retired, and it was plain that a general retreat was about to take place. The fire of artillery and musketry, however, had now become much heavier at a distance on our left; and we supposed that Sir Thos. Graham was then attacking the French right, and endeavoring to cut them off from their direct line of retreat to Bayonne by the Tolosa road. This conjecture turned out correct.

The staff surgeon and the medical officers of the brigade had now quitted the sheltered field where the wounded were first collected, and were assembled in a wood on the Vittoria side of Subijana which had before been strongly occupied by the enemy's light troops. Between this and the village was an extensive field of wheat, coming into ear, which we found thickly studded with English killed, and men so badly wounded that they could not move. For, with more bravery than good sense, two hot commanding officers of regiments, when the place was taken, had withdrawn their men from the cover of the houses and led them into the wheat, to fight the Voltigeurs in the wood, exposed at the same time to shot, shells and grape from the enemy's position. No account of this appears in the published despatches of the battle; but it is a fact that three or four hundred men fell needlessly in this wheat, and the loss would have been much greater if General Stewart had not recalled the exposed troops into Subijana.

After eating a biscuit from a wounded man's haversack, not improved in taste by the flavor of gunpowder, and taking a delicious drink of cold water from a spring, the writer recommenced work here which was continued till sunset, when all the wounded that could be found in the wheat field, and in and about the village, including many French, had received surgical assistance, and were sent to Vittoria.

Being obliged to move in advance with the army after the battle, we were uninformed of the individual result, with regard to the wounded we had attended; we only heard that they very generally recovered. But having noted at the time the names and regiments of those who lost limbs by amputation on the field, and subsequently made enquiry as to their fate, we learned with pleasure that nearly all had done well, and this corresponds with the general result of early amputation during the Peninsular War. The comparative comfort and ease of mind felt by a badly wounded man, whose limb requires amputation and is taken off at once, contrasted with another similar case, taken to the rear, materially promotes this good result. And where in civil life the limb might probably be saved, the sufferings of the journey to the rear, in military, the bad roads and the jolting vehicles destroy all analogy of practice.

In those days our amputations were nearly all circular, for flaps were scarcely known in military hospitals, and were only beginning to be used by civil surgeons. When the bone was sawed high up we had excellent stumps, and this appeared to be a point of the greatest importance. Stitches were very rarely used. After tying the arteries the surface of the wound was most carefully sponged, with relaxation of the tourniquet or finger pressure, and then long strips of adhesive plaister, heated often by the sun, sufficed to keep the parts together and promote union by the first intention. In the lower limbs three or four turns of a bandage, a foot or so above the wound, were generally used, to confine the muscles a little and prevent twitching, spasms and retraction. But we eschewed all unctuous applications and much wrapping up, for cool stumps healed best. A fold or two of lint sufficed.

Chloroform was then unknown, but the men generally bore all surgical operations with great fortitude, and this appeared to be a point of honor with them, for the writer has taken off many limbs when he did not hear even a moan.

Flaps, in most cases, appear to be a considerable improvement over the circular operation; but generally, from the great muscular absorption that takes place, they are very deceptive; and the promise given at first of a well covered bone is not kept. Our military amputations were all finished at once; for there was no time for draining before final closing of the stump; and if Liston had been in the army, during war, he would have found his own instructions impracticable in the field.*

When Staff Surgeon Wasdell and the writer finished their work, the second division had advanced several miles, in pursuit of the enemy, on the Pampeluna road. They repacked their panniers, made the bût-man load the mules, mounted their horses and followed in what they considered the proper direction. They passed the city of Vittoria half a mile to the left, where our dragoons had just captured King Joseph's carriages and baggage, and were now, full in their view, busily engaged in drinking his Tokay and Burgundy, and plundering his treasure. Had Mr. Wasdell and his companion deviated a little *from the right*, locally and morally, they might have picked up a bag of doubloons, like one of their friends, the same evening. This gentleman, (an officer,) on passing a hussar, a little unsteady from draining a bottle of Burgundy, and embar-

* The writer, when left behind at Aire, in March, 1814, to attend his wounded commanding officer, was ordered to take charge of an hospital of French wounded, after the battle of Orthes; their surgeons having abandoned them on our approach. Amongst these were twenty-five men who had lost limbs. Either from original bad surgery, or a journey of twenty miles, or, perhaps, both, the stumps were all pyramidal, with projecting bones, and mostly required re-amputation. In those days, French surgeons, in accordance with Baron Larrey's opinions, did not make union by the first intention, a point of primary importance, and even sneered at our practice in this respect. The case is different now.

rassed in mounting his horse with three heavy bags, offered his assistance. "Thank ye kindly," was the reply; "you are very civil, and look like an honest fellow. There's a bag of money for you, I have too much." And the soldier saluted him respectfully, and cast the munificent present at his feet.

By this time the road to Pampeluna was covered with the wreck of the French baggage; either thrown away by the captors as comparatively worthless, or by the enemy in their hurry and confusion. Parisian novels without number, packs of cards, military pay lists, soldiers' account books, moniteurs, and public and private letters strewed the way, and were scattered over the adjoining fields; and more substantial and valuable articles were not wanting. Live sheep with their feet tied, joints of meat ready for cooking, dead fowl, hams, Bologna sausages, enormous white and black puddings, bags of flour, kegs of brandy, bottles of wine and vinegar, pickles, and such like were spread around in all directions. And webs of cloth, table cloths, napkins, and a variety of articles of male and female attire were mingled in the general *debris*.

After losing all trace of our division, and wandering about an hour or two in the dark, Mr. Wasdell and the writer halted about midnight at an abandoned farm house, near the road. Having stumbled over a live sheep, and a small keg of cognac, most opportunely, themselves and their English but-man, carried them into the house, struck a light, found a stable to put up the cattle, and then explored for something eatable; but nothing was to be found. Soon after, a stray chaplain to the forces, and two or three stragglers of their division arrived; a fire was lighted, the sheep was turned into mutton chops, and as the party were very hungry, scarcely a vestige remained. When the soldiers had eaten their suppers, a temperate allowance of the brandy was distributed, and we lay down where we could, in hopes of a sound sleep. But in this we were at first disappointed, for a party with a wounded officer arrived; and it was late before he was properly attended to, and quiet restored. And so ended a long day's work.†

† "Never was an army more hardly used by its commander than at Vittoria; the soldiers were not half beaten, yet never was a victory more complete. All the guns, except two, 143 in number, all the artillery wagons, ammunition, treasure, baggage, everything fell into the hands of the victors." Gazan, a French general, said—"We lost all our equipages, guns, treasure, stores and papers. No man could even prove how much pay was due to him; generals and subordinate officers alike were reduced to the clothes on their backs, and most of them were barefooted."—*Napier*.

This battle induced the Austrians to join the Russians and Prussians against Napoleon, in August, 1813; and this may be said to have decided the war.

ART. III.—*Pickings from some of the Parisian Hospitals.* By JAMES BARNSTON, M.D., Edin.; Extr. Member of the Royal Medical Society, Edinburgh; Member (ex. of.) of the Parisian Medical Society, &c.

Art. 1. *Hopital du Midi.*—This was formerly a general syphilitic hospital for the reception of both males and females. The latter were subsequently removed to the Lourcine, and the Hôpital du Midi is now exclusively reserved for males. It contains about 300 or 350 beds, and receives the average number of 3400 patients per annum. It is, like all other civil hospitals, under the direction of the "Administration générale de l'assistance publique à Paris." The physicians to this institution are two, M. Vidal de Cassis, and the celebrated M. Ricord, whom the present age pronounces the most able "*syphilographe*" of modern times. If thousands upon thousands fall the yearly victims of syphilis and its dire consequences; nay, if prevalent error, even among the illustrious "savans" of the profession, lends its blind assistance to confound innocence with guilt, and to increase and magnify the sufferings of erring and unhappy humanity, it is but just to subscribe that tribute due to M. Ricord, who has not only, by profound investigation, acute observation, and sound argumentation, dissipated the dark clouds of error which brooded over the writings of his contemporaries, and even of a Hunter, but who has, by his untiring efforts and most enterprising zeal, in no small measure ameliorated the baneful evils of public prostitution.

The lectures of M. Ricord have long been celebrated, and being well attended by a large number of students, and ably illustrated at the bedside, they form the most powerful medium of diffusing "les véritables doctrines de l'Hôpital du Midi." In following out his researches on syphilis, M. R. has recourse to two methods of investigation. The first is the pure and simple observation of the phenomena, and the second experimentation. So far from inoculation deteriorating, as some maintain, the value of rational diagnosis, it forms, if the results be negative, one of the most precious elements of the latter. M. R. never inoculates from a diseased to a healthy individual, as some have not scrupled to do. He experiments upon the patient himself, and in doing so, maintains he does not give in reality another disease (une maladie de plus). He does not augment the gravity of the accidents with which he was already affected, and lastly, he does not expose him to greater chances of consecutive infection.

Adopting this mode of investigation, M. Ricord combats with great force the doctrine of the identity of cause, nature and consequences of blennorrhagia and syphilis. Hunter admitted the identity of blennorrhagic and syphilitic *virus*. Swediaur was convinced that an individual

affected with blennorrhagia could communicate chancre, and *vice versa*, and many able "syphilographes" of the present day believe, with Hunter, that blennorrhagia is a form of syphilis proper to mucous membranes. It was reserved for M. R. to elucidate and prove by experiment the opposed doctrine of non-identity, as maintained previously by Todd, Bell, and Hernandez. Numerous experiments have conducted him to the fundamental results formuled in the two following propositions.

1. The inoculation, whether upon the mucous membrane or upon the skin, of muco-pus (as of blennorrhagia,) taken from a mucous membrane not ulcerated, is always negative.

2. The inoculation of pus, derived from a chancrous ulceration, *at the period of progress*, is always positive, *i.e.*, it is fatally followed by a chancre, whether practised upon the skin or upon a mucous membrane.

The inoculations performed by M. Bigot, 68 in number, and all giving negative results, go to confirm and corroborate M. Ricord's opinion of the rarity of "syphilitic" or virulent blennorrhagia, and lead to the inference which he draws, viz., that blennorrhagia, of which the muco-pus inoculated does not give place to any result, does not recognise for cause the syphilitic virus. It cannot admit of being traced to a *particular* virus, but may be the result of a variety of common causes; that is to say, it is produced under the influence of most of the causes which determine inflammation in other mucous membranes. In order to blennorhagia, as for every other inflammation, a predisposition is essential, and admitting its special and common cause to be the muco-pus furnished by the inflamed genito-urinary mucous membranes, there are other exciting causes, as uterine catarrh, menstrual flux, error in diet, excess in sexual "rapports," usage of certain drinks, as beer, or certain aliments, as asparagus. (!) It may be even beyond possibility in some cases to recognise the cause, and rather than attempt to trace it to a presumed cause—sexual intercourse taken place 3 to six months previous—it is more rational to admit another cause which rests to you unknown. M. R. only admits a short time (1 to 7 days) to elapse between the application of the cause and the appearance of the first phenomena of blennorrhagia; but he contests the propriety of designating this *incubation*. He explains the interval as resulting from the disposition, and peculiar susceptibility of the tissues subjected to the influence of the cause.

As blennorhagia and syphilis differ as to their causes and nature—the same may be said in relation to their consequences, and yet it is to those analogies observed in the accidents determined by either, that many have attempted to establish their identity. There is no doubt that bubo, one of the accidents determined by syphilis, may follow a simple blen-

norrhagic discharge. The analogy is strong, but that they are essentially identical is disproved by the fact, that bubo, the result of blennorrhagia, strictly inflammatory, has generally very little tendency to suppurate; and when this takes place, it is never inoculable: and M. R. argues, also, that adenitis is infinitely rarer after blennorrhagia. It would be difficult to confound a blennorrhagic epididymitis with a syphilitic sarcocele, or a blennorrhagic ophthalmia with syphilitic iritis, much less establish the identity of these affections; and observes M. R., it is only the pre-occupation of a false doctrine that will determine to find a similitude between the cutaneous affections (as roseola), manifesting themselves during the treatment of blennorrhagia by certain remedies (as copaiva and cubebs), and the special skin diseases, the result of syphilitic saturation of the system.

If then it be maintained that blennorrhagia and syphilis are two affections distant in relation to their causes, nature and consequences, how happened it that constitutional syphilis has in so many instances been traced, or attempted to be traced, to a simple blennorrhagia? M. Martin's observations upon syphilitic patients shew, that out of 60, 46 were traced to antecedent chancre, the remaining 14 were stated as the result of blennorrhagia, not, however, upon positive evidence, but barely upon the testimony of the patients themselves. Was there not in these cases, as in all others of a like kind, where blennorrhagia has been believed the point of departure, *(point de départ,)* something additional, the existence of which would readily account for so serious affection of the system. This, M. R. maintains, and nothing less than urethral chancre. He is firmly convinced of the existence of the urethral chancre (larvé) not only by repeated experiment but also by pathological anatomy, which has in two cases at least verified the positive evidence of inoculation (clinique ichnographique). In cases of constitutional syphilis, accusing blennorrhagia as point of departure, the urethra has been the seat of chancre, the fatal and obliged antecedent.

Maintaining then the existence 1st. of blennorrhagia simple and benign, and 2nd. of blennorrhagia *virulent*, symptomatic of urethral chancre, is it possible to establish a differential diagnosis? Besides the means of rational diagnosis, this may be attained by artificial inoculation which, if the results be positive, furnishes the sign or evidence the most absolute and irrefragable. In order, however, that the test of inoculation be of value as a means of diagnosis, certain precautions are necessary to correctness; such as the repetition of the operation, the choice of the secretion, and the age and condition of the ulcer. This latter is important, because at a certain period the ulcer passes to a state of simple ulceration, and ceases to furnish specific pus. Should, then, the

muco-pus derived from the urethral discharge furnish by inoculation the characteristic pustule, one may affirm without possible error 1st. that the blennorrhagia is virulent, and 2nd. that there exists a urethral chancre in a state of progress and specificity. If, however, the results be negative, inoculation still forms a most valuable item in the elements of rational diagnosis.

(To be continued.)

ART. IV.—*Medical Institutions of Paris.* By W. HALES HINGSTON, M.D., L.R.C.S.E. Member of the German Society of Naturalists and Physicians; Member of the Société Médical Allemande de Paris, &c.

There are few cities, if any, of modern times presenting the same advantages of witnessing on a large scale the diseased portion of humanity, and the attempts for their alleviation, as does the French capital.—Paris has within its walls not only its own sick, but the sick of the surrounding country, and in many cases of the Provinces. *Les meilleurs hopitaux, les meilleurs medecins, les meilleurs chirurgiens sont à Paris,* forms an integral part of every Frenchman's belief from the Pyrenees to Calais; and judging from the number of young physicians from Britain and America who there pass a year or two before entering on their professional duties, it would seem that the Frenchman's opinion is shared extensively by those *ultra mare.* Whether we are to review the long list of names rendered immortal by their well directed efforts to abridge human suffering, to enumerate the large number of hospitals for the reception of the sick, or gaze on that army composed of *les heros de la science* still above the sod or lately laid beneath it, we are compelled *nolens volens* to admit the greater part of the claim of that Parisian, who styles his city *la ville par excellence des arts, des sciences, et de l'industrie.* So great indeed is the "material" for the pen of the medical historian, that upwards of 50 vols, some of them portly folios, have been written on this subject—institutions, &c. It must not be expected, therefore, that in a periodical whose pages are filled with matter of greater practical interest more than a hurried glance can be given. I will pursue a course somewhat novel in arrangement; instead of taking each *arrondissement,* and describing the several hospitals contained therein, I will commence with those in which the infant first draws the breath of life, follow it to those institutions prepared for its reception when overtaken by disease and indicated by the nature of that disease, thence to the

houses of refuge for the aged and infirm, and finally to its last resting place, and perhaps pay it a visit after it is there. I shall introduce in the course of my remarks, in connection with a few of the hospitals, some observations on the physicians and surgeons whose *cliniques* I followed. It is now nearly twelve months since I quitted the scenes I am now about to revisit in retrospect. I must claim the reader's indulgence if I state what may clash with their preconceived notions.—In alluding to the management of hospitals and to some of the individuals attending them, I will glean from a few notes taken at the time and written in as candid and liberal a spirit as intuitive likings or dislikings would permit. At this distance of time, short though it be, I cannot venture to retouch—*mais entrerons en matière.* I will begin with the largest Lying-in Hospital in Paris,—L'Hospice de la Maternite, an abbey in A.D. 1204, which was founded by Matthew de Montmorency; converted into a prison in 1793; destined by a decree of the National Convention of the year IV. to receive the nurses and children formerly placed at the *Val de Grace;* and converted into an hospital for pregnant women in 1814. Patients are admitted after having completed their eight month, or before that period if in danger of immediate delivery. It contains 530 beds, of which 223 are set apart for expectant parturients, 133 or thereabouts in form of small cabinets for women in labor. There are 11 beds for the nurses and 94 for apprentice midwives, besides 80 cradles. There is a special room for those who feel the first pangs of labour, where they remain until it is thought time to remove them to the room they are to occupy during their accouchement.

None but females are allowed to study as midwives. They are under the *surveillance* of under mistresses, assistant midwives, and the midwife *en chef.* Women in labour are attended by the female students. The latter are taught the theory as well as the practice of midwifery, vaccination, bleeding, and the doses and properties of those plants required during pregnancy and parturition.

When a female presents herself to be admitted as a pupil, she is required to give proof of being able to read and write well; to produce a certificate of birth and of marriage, if married, or if in widowhood the date and circumstances of the death of her husband; also, a certificate of good morals by the mayor of the district, which certificate requires to mention the condition of father and mother, and of her husband if she has one; and lastly, a certificate of vaccination or of having the small pox. During pupilage females are allowed to go out only six times during the year, and then only when accompanied by their father, mother, husband, or some friend particularly mentioned. No female is al-

lowed to commence her studies when pregnant. They are required to study from the 1st July to that time twelvemonth, when the examination takes place and prizes are distributed. The charge for twelve months amounts to £27 17s 6d sterling, of which £24 is for board, the remainder for washing, books and instruments. This must be paid quarterly in advance. Those recommended by the prefets of their respective departments are educated gratuitously.

The physicians attending the institution are *Moreau* and *Gerardin*—the former, author of a work on Midwifery published in 1830, also of the "*Accoucheur en vogue,*"—and the latter of a treatise on cholera.

The accoucheurs are *Dubois*, accoucheur to the Empress *en cas de besoin*, and son of the accoucheur to Maria Louisa, and *Danyan*. The *accoucheuse en chef* is Madame Charrier, an exceedingy intelligent, active woman, every way qualified for the fit discharge of her duties.

By strict attention to cleanliness, by placing each patient in a separate bed, the proportion of deaths has considerably diminished. Thus, in the *Hotel Dieu*, before the establishment of the Maternité, where four, and more even, were placed in the same bed, the pregnant with the delivered and those in labour, the mortality averaged 1 in 13. Now it is one in 191. In 1850, the *accouchees* numbered 5786, of whom 302 died.

To be continued.

ART. V.—*Death from Uterine Hemorrhage.* By WILLIAM MARSDEN, M.D., Governor of College of Physicians and Surgeons of Lower Canada.—*(Concluded.)*

I will now endeavor briefly to trace the grounds on which the opinions were based, that the hemorrhage was purely the result of abortion, or miscarriage, at an early period of gestation; and that abortion was not induced by any act of the prisoner.

The first of these is, the period.

The second, the nature and extent of the hemorrhage.

The third, the seat and character of the uterine pains.

The fourth, the temperament, habits and diathesis of the deceased; and

Lastly, the post mortem appearances of the uterus and its appendages.

With regard to the period:—The experience of obstetricians, and the writings of accoucheurs on the subject, fix the regular menstrual period as the most common at which abortion occurs. Just eight weeks had elapsed since the deceased had been brought to bed prematurely with

mislactation. *a* "Abortion most frequently occurs during the first two or three months of pregnancy." Again (*b*) Conquest says, "premature separation and expulsion of the ovum occurs more frequently at the sixth, tenth, and twelfth weeks, and at the seventh month." He therefore advises women so disposed, sedulously to avoid the exciting causes of abortion at the above named periods of gestation. In support of these opinions, Churchill says (*c*), "The expulsive action of the uterus may be exerted at any period of gestation, though it appears more easily excited at or previous to the third month, on account of the frailty of the connexion between the ovum and decidua. It is also more liable to occur at the beginning of each month, corresponding to a menstrual period, than during the interval, in accordance with the periodicity peculiar to the female generative system." Ramsbotham adds, (*d*), "We may lay it down as a principle, that early abortions bring with them but little danger; yet this proposition is by no means without its exceptions. Many women I have seen suffering from the worst symptoms of hemorrhage, under abortions at very early periods. Two of the minutest ova that I ever procured, I removed from the same patient on different occasions, in consequence of the danger produced by flooding. The first time I was called to her, I found her miscarrying in the seventh week; and I scarcely ever saw a woman in so great peril as she appeared to be, recover. Not only were the bed and mattress on which she lay soaked with blood, but having run through, it lay in a pool upon the floor. She was perfectly senseless, &c." (*e*) He adds, "We have just learned that occasionally, though certainly rarely, hemorrhage, to an alarming extent, accompanies even early abortions: and when this happens we must pay no regard to the preservation of the ovum, &c., but direct our entire attention to the woman's safety."

I will only make another from among a large number of extracts in corroboration of these opinions. Meigs says (*f*), a woman is most liable to abortion at periods coinciding with the menstrual effort, and there is good reason to believe that a great number of abortions do take place at these conjunctures.

Of the nature or quality and extent of the hemorrhage which was inordinately copious in the case of the deceased, and consisted of coagula-

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(*a*) Moreau's Practical Midwifery, Cary & Hart's editions, 1844, page 208.
(*b*) Conquest's Outlines of Midwifery; 5th London edition, 1831 pp. 54 and 55.
(*c*) Theory and Practice of Midwifery, Third Amer. edition. Lea & Blanchard, Philadelphia, 1848, page 179.
(*d*) Ramsbotham's Principles and Practice of Obstetric Medicine and Surgery, Fifth Am. edition. Lea & Blanchard, 1849, page 486.
(*e*) Op. citat., page 491.
(*f*) Meigs' Obstetrics. Lea & Blanchard, 1849, page 213.

ble blood, and not of the ordinary menstrual secretion, the written authorities favor the opinions of the evidence for the defence, and are most numerous. The reader must here bear in mind that the post mortem examination showed no organic lesion whatever; Dr. Martin having "attempted to discover some arteries, from the rupture of which so great a quantity of blood escaped, but without success."

When abortion occurs during the first two months, we can only distinguish it from excessive menstruation, by the blood coagulating, an appearance seldom witnessed in the menses (*g*). Burns adds (*h*), that the menstrual discharge "appears to be yielded by the uterine arteries, but is not an extravasation or hemorrhage, for when collected, it does not separate into the same parts with blood, neither does it coagulate."

One other extract from the same author will suffice for this part of the subject (*i*). He says, "hemorrhage from the uterus is different from copious menstruation, and is generally dependent either upon the remote or occasional causes which produce hemorrhage from other vessels, &c."

That the extent of hemorrhage was sufficient to cause death, and was the real cause of death, all the witnesses testified and agreed, but not so as to the cause of the hemorrhage. Every medical writer that I have met with states uterine hemorrhage to be a not unfrequent cause of death. On this point Burns (*j*) says, "the blood pours out with such rapidity, that in a few minutes the patient may be destroyed:" and another writer adds, (*k*), every discharge of blood which occurs during labor, may, if copious, endanger the existence of mother or child, sometimes of both. Again, at whatever period of pregnancy hemorrhage may supervene, it is always to be regarded with great anxiety.

Again, Ryan (*l*) says, in speaking of abortion, "Besides, it may lay the foundation of many chronic diseases, *or at once destroy the female by hemorrhage*. And Churchill adds (*m*), very alarming hemorrhage may precede or accompany abortion.

The seat and character of the pains of which deceased complained were evidently uterine. The last cited writer says in the same page as just quoted, "when threatened with miscarriage the patient generally experiences a sense of uneasiness, languor and weariness, *with aching or pain in the back.*"

The following (*n*) is most applicable to the case of deceased. Gene-

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(*g*) Regan's Manual of Midwifery, First American from Third London edition. Burlington, 1835, page 324.
(*h*) Burns' Principles of Medicine. London, 1809, page 95.
(*i*) Op. citat., page 102. (*j*) Op. citat., page 289.
(*k*) Moreau, op. citat., page 167.
(*l*) Ryan, op. citat., page 325. (*m*) Churchill, op. cit., page 183.
(*n*) Burns, op. cit. page 168.

rally when the decidua is thrown off, before the embryo has entered the uterus, *the discharge is more* in proportion *than the pain*, which is not of the expulsive kind, but *is felt chiefly in the back*, resembling the sensation accompanying menstruations, but greater in degree. At page 171 he says, "rest is absolutely requisite in all cases of threatened abortion. The woman must be laid in a recumbent position, and remain as quiet as possible." The temperament, habits, and diathesis of deceased all marked her as the unfortunate victim of uterine hemorrhage. She was of sanguine temperament, hemorrhagic diathesis, and her habits were of the worst possible description, and character turbulent, violent, irascible, inebriate. On the morning of her decease she had fallen and tumbled about in a disgusting state of intoxication. Not the slightest ill treatment had been proven on the part of the prisoner who had only once "pushed her" to get her into the house in order to prevent her from exposing her uncleanness.

"Among the accidental causes of abortion may be enumerated blows, *falls, violent concussions*, sudden or *excessive exertions*, &c., (*o*) and among moral causes mental emotions, *anger*, joy, sorrow, &c."

"The accident may be occasioned by external force—such as *falls*, blows, &c., as well as by violent emotions and passions of the mind; as fright, surprise, *anger*, joy or grief." (*p*) Moreau mentions among the occasional causes (*q*) blows, *falls*, &c., and the passions, lively emotions, joy, *anger*, fear, &c.," and among the exciting causes he names (*r*) "emenagogues, drastic purgatives, and *stimulants of all sorts*." Conquest also condemns the use of stimuli. (*s*) Burns says (*t*) "the action of gestation may be stopped prematurely by many causes. The separation of part of the ovum from the uterus, *by mechanical violence*, such as *a fall*, or a blow, &c.," also (*u*) "*violent passions of the mind* very often produce abortion." Ryan also states that (*v*) "*falls*, blows, or external injuries of any kind on the abdomen may separate the placenta and produce the expulsion of the uterine contents. Pregnant women should avoid long walks, hastily running up stairs, lifting heavy weights, unpleasant sights, heated rooms, *stimulating or warm drinks*, &c."

Fearing that I have already trespassed too long on your patience, as well as that of your readers, by the numerous extracts I have made,—although they are not a tithe of those that present themselves,—I will conclude by merely referring to the post mortem appearances of the uterus and os-tincæ. The bloodless condition of the uterus, and the di-

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(*o*) Churchill, op. cit., page 182.
(*p*) Rambotham, op. cit., page 485. (*s*) Conquest, op. cit. page 54.
(*t*) Burns, op. cit., page 169. (*u*) Op. cit., p. 170. (*v*) Ryan, op. cit., p. 325.

latation of the os-tincæ clearly established the correctness of the conclusions on which was based the testimony of the witnesses for the defence, and upon which the jury grounded their verdict. I trust, however, that I have said enough to convince you and them of the correctness of my opinion, and that the unhappy woman was the victim of her own unbridled passions and licentious habits, which had well nigh been the cause of her husband's death as well as her own, and that the verdict of the jury was justified by the evidence.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

I.—*The Preservation of Health:* with remarks on constipation, old age, use of alcohol in the preparation of medicines. By JOHN C. WARREN, M.D., Emeritus Professor of Anatomy and Surgery in Harvard University. Pp. 140. Boston: Tickner, Reed & Fields. Montreal: B. Dawson.

Dr. Warren has long advocated the importance of attention to diet, exercise, clothing, in short, to all that may be included under the head of personal hygiene. He was among the first in the United States to point out the evils arising from a neglect of "physical education." That faulty system of education which was in vogue some fifty years ago, which countenanced long hours, long lessons, constrained position of child during school time, and which repressed, as unseemly, all manifestation of that exuberance of spirit so natural to youth, received repeated attacks from his vigorous pen. Great and beneficial, however, as have been the reforms effected of late years, in the management of schools, many abuses still exist. There is still too much hot-bed forcing—too much competition countenanced in our private, aye, and public educational institutions. The plan adopted by many teachers, of distributing prizes as awards to those who excel in their different classes, is most pernicious in its tendencies. It is destructive alike to mind and body. How much of envy, hatred and jealousy are generated in the minds of the many who have struggled, but struggled unsuccessfully, for the promised prize. What pride and vain glory are securely planted in the genial soil of the young heart of the successful competitor. Passions of our nature, which it should be the object of all educators (secular as well as religious). to keep in constant check, are thus called into action, fostered, and made to strike deep root in the youthful mind. The close application to study, and the great anxiety experienced as to the results

of the examinations, are sure to react injuriously on the body of the young aspirant to honors. Premature death has, in too many instances, been the result. Parents and teachers follow the remains to the grave, lamenting greatly that a life of such rare promise should so soon be terminated, without even for one moment surmising that themselves have been mainly accessory in bringing about the sad event. Many fine intellects, moreover, are irretrievably injured. The brain is a physical structure, and is liable, in common with the other physical organs, to be permanently affected by being overtaxed. This serves to account for the patent fact that the "prize-men" of universities seldom exhibit in after-life those powers of mind, which their early brilliant successes warranted their friends in expecting of them; whilst the unnoticed scholar oft-times rises to literary eminence and distinction.

We would advise all who desiderate a robust manhood and a hale old age, to carefully peruse and put in practice the excellent precepts contained in Dr. Warren's treatise.

II.—*Lectures on the Diseases of Infancy and Childhood.* By CHAS. WEST, M.D., Fellow of the Royal College of Physicians; Physician to the Hospital for Sick Children; Physician Accoucheur to, and Lecturer on Midwifery at Saint Bartholomew's Hospital. Second American from the second and enlarged London edition. Pp. 486. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

The present edition of Dr. West's lectures contains the results of 640 observations, and 199 post mortem examinations, made among 16,276 children, during ten years' connection with the Children's Infirmary, Lambeth. The entire work has been subjected to careful revision, and about fifty pages of new matter added to it. Several formulæ have been introduced and scattered through the text. Dr. W. is now one of the physicians to the Hospital for Children lately erected in London, and we know of no man more likely to profit by the excellent opportunities afforded by this institution for the correct observation of diseases of children, or one better able to present the results of his labors in a clear, comprehensive manner before the profession. This treatise is such a decided favorite with the profession generally, we think it unnecessary to do more than merely direct the attention of our readers to the fact that a reprint of the second and improved London edition has been issued by those enterprising publishers, Messrs. Blanchard & Lea.

CLINICAL LECTURE.

Clinical Lecture on Pyrosis, or Water-Brash. By George Budd, M.D., F.R.S., Professor of Medicine in King's College, London.

(From Medical Times and Gazette.)

Another variety of stomach disorder, well defined by its symptoms, is *pyrosis* or *water-brash*.

What serves to distinguish water-brash are fits of heartburn—that is, of a burning sensation at the pit of the stomach, or extending from the stomach to the fauces—followed by the rejection of a liquid, thin and colourless like water, which seems to be forced into the mouth by a kind of ruminating action of the stomach and œsophagus.

The term pyrosis expresses merely the sensation of burning; the popular terms, "water-brash" and "water-pang", are meant to express the combination of the two symptoms that distinguish the disorder—the sensation of burning, and the rejection of the liquid.

Water-brash sometimes results from a palpable source of irritation in the stomach itself, or in some organ that can much affect the stomach by sympathy.

It now and then occurs in organic diseases of the stomach, especially cancer and simple ulcer.

It occasionally results from pregnancy, in which case the disorder often continues till the womb delivers its burden.

Dr. Watson has spoken of a case in which it seemed to be owing to an enormous liver which pressed upon the stomach.

But it often occurs when there is no serious disease of the stomach, nor any palpable cause of disturbance elsewhere, and constitutes the most characteristic symptom of a gastric disorder, which has always been very common among the poor in the northern countries of Europe, where its prevalence seems to have been mainly attributable to unwholesome diet.

It is less frequent in towns than in rural districts, but still is not uncommon among the dispensary patients in London, especially the women, who have bad and insufficient food, and at the same time live much indoor, and are subject to many other depressing influences.

A good description of this endemic water-brash has been left us by Cullen, who saw much of it in Scotland. He says:—

"The fits of this disease usually come on in the morning and forenoon, when the stomach is empty. The first symptom of it is a pain at the pit of the stomach, with a sense of constriction, as if the stomach was drawn towards the back. The pain is increased by raising the body into an erect posture, and therefore the body is bended forwards. The pain is often very severe; and, after continuing for some time, it brings on an eructation of a thin, watery fluid in considerable quantity. This fluid has sometimes an acid taste, but is very often absolutely insipid. The eructation is for some time frequently repeated, and does not immediately give relief to the pain which preceded it, but does so at length, and puts an end to the fit."

In the next paragraph Cullen says, "It is often without any symp-

toms of dyspepsia." This statement, however, is not perfectly correct. The water-pang is often the only ailment complained of, and the disorder is popularly known by this name; but generally flatulence and other evils of feeble digestion co-exist with it.

The disorder varies very much in duration and degree. In some cases it occurs only occasionally, and for a short time; in others, it continues, with occasional intermissions, for months or years. In some cases, there is only an ounce or two of fluid rejected at a time, and this seems to be secreted in the mouth only; in other cases, as much as a pint or more is rejected daily, for months together, by distant efforts of rumination, which sometimes pass into vomiting.

The disorder most frequently occurs in states of anæmia, and by impairing digestion and causing a drain from the system, tends to produce further debility, so that when it is severe, and has lasted long, the patient is usually pale, and thin, and weak, and out of spirits.

The fluid is, as I have said, thin and colourless, and looks very like saliva. It is generally slightly alkaline, and almost tasteless, but sometimes, even in persons in whom it is commonly insipid, it is sour. When alkaline or insipid, it has the character of saliva, which is probably its chief constituent; when sour, it contains some of the gastric acids. The character of the fluid depends very much on the time at which it is ejected. The fluid ejected soon after a meal is commonly alkaline, and probably consists chiefly of saliva, the alkalinity of which increases during the process of digestion; the fluid ejected towards the completion of digestion is frequently sour.

It has often been a question. What is the source of the fluid in pyrosis? Does it come from the stomach, or from the pharynx and œsophagus, or from both these sources at once?

Some persons have, indeed, supposed, from the resemblance which the fluid has to saliva, and from the effort of vomiting or rumination that attends its rejection, that it might come from the duodenum or the pancreas. But such a supposition is scarcely admissible. As Dr. West, who has published an admirable treatise on Pyrosis, has well observed, fluid could hardly be forced up from the duodenum into the mouth, without more violent efforts than attend the rejection of the fluids in pyrosis; and, if the fluid secreted by the pancreas were so forced up by an inverted action of the bowel, the fluid secreted by the liver, which is poured into the intestine at the same spot, must be forced up as well. But the fluid of pyrosis, though often sour from containing some of the gastric acids, is never bitter, and never tinged with bile.

The fluid must, then, come either from the stomach, or from the œsophagus or mouth, or from both these sources at once.

There can be little doubt that, when the fluid is acid, it consists, at least in part, of acids secreted or formed in the stomach: but there is reason to believe, that, when it is alkaline, it is derived chiefly, if not exclusively, from salivary and other glands in the mouth and pharynx, and that it is secreted under the influence of an uneasy sensation in the stomach, which is especially felt when the stomach is empty.

In a former lecture I remarked, that irritation of the fauces may excite the secretion of gastric juice, and that Spallanzani, by tickling his own fauces in the morning before breakfast, when the stomach was

doubtless empty, obtained gastric juice enough to perform some experiments on digestion, of which he has given an account. There can be little doubt that certain kinds of irritation of the stomach may excite the action of the secreting follicles of the fauces.

All authorities on the endemic water-brash agree with Cullen, that it is much more frequent in women than in men, and much more frequent in grown-up persons than in children.

It does not prevail equally at all seasons, but is much less frequent in summer than in winter and spring.

In Scotland, it has long been generally ascribed—and I believe rightly—to the diet of the poor, consisting too exclusively of farinaceous food. The supposition that the disorder is so produced explains its prevalence among the poor in the rural districts in Scotland, in North Wales, and in the north and west of England, where oatmeal or barley-bread is—or rather was until lately—for some months in the year one of the chief articles of subsistence with the poor. It explains the general exemption of the rich, who have a more nutritious and a more varied diet. It explains the fact, that, even among the poor, the disorder has been much more frequent in rural districts than in London and other large cities, where the poor have eaten wheaten bread and consumed larger quantities of animal food.

The circumstance, that the disorder has prevailed chiefly in the northern countries of Europe, where spirits are plentifully drunk, has led to the belief expressed by most writers on the subject, that spirit-drinking has had great influence in bringing it on. There can be little doubt that the intemperate use of spirits, by causing a catarrhal condition of the stomach, and uneasy sensations in the stomach when it is empty, occasionally produces water-brash; but the supposition that the water-brash has been endemic in the northern countries, is attributable to this condition is hardly reconcileable with the fact, that the disorder has always been very much more common in women than in men, while men have been doubtless the chief consumers of spirits.

The circumstance, that the disorder has prevailed chiefly in the northern countries of Europe, and that it has been there less frequent in summer than in winter and spring, has also led to the supposition that cold and wet have great influence in bringing it on. The supposition is most probably true. The combined influence of cold and wet, by deranging the chemistry of the body and by checking the action of the skin, is often instrumental in rendering the secretions of the stomach unhealthy; and when a catarrhal or a very acid state of the stomach exists, it is very important, with the view of removing it, to keep up the action of the skin. But the greater prevalence of the disorder in the northern countries and in cold seasons is probably attributed in much greater degree to the influence of diet. In warmer countries, the poor inhabitants live, indeed, on vegetable food, but not so exclusively on coarse farinaceous food as the agricultural poor in the north of Europe. The fact that in Scotland, and in the north of Europe generally, the disorder gets less frequent as summer advances, may be in great measure owing to the circumstance, that milk is then more abundant and more largely consumed by the poor. It has been shown of late, that milk has great efficacy in preventing and curing scurvy. Milk, the sole food of the young

of mammalia, contains all that is requisite for the growth and nutrition of the body, and will doubtless remedy many disorders engendered by a diet wanting in some of the elements required for healthy nutrition.

It would seem, then, most probable that the disorder in countries in which it is endemic, is mainly owing to the influence of climate and to the diet of the poor not being sufficiently varied, and consisting too much of coarse and innutritious farinaceous food.

But if such be the main causes of the disorder, there are, doubtless, various other conditions that assist in bringing it on. Most of these may be classed under two heads:—

1. Excessive labour, insufficient clothing, loss of blood, and all other conditions that tend to exhaust the body.

2. Pregnancy, constipation, anxiety, and other conditions that tend to disorder the functions of the stomach.

We have already seen that water-brash occasionally occurs in a high degree in the wealthy classes, especially in women, where it cannot be ascribed to any peculiarity in diet, and seems to be owing solely to such conditions as these.

Pyrosis, then, considered with reference to its exciting causes, is of two kinds:—

1. That which has been termed by some writers *symptomatic* pyrosis, which is brought on (without any peculiarity in diet) by pregnancy, or some other condition that disturbs the functions of the stomach.

2. That which has been termed, in contradistinction to the former, *idiopathic* pyrosis, which prevails chiefly among the agricultural poor in rural districts, and which seems, in most cases, to be mainly owing to defective diet.

Many conditions conspire to render the disorder much more frequent in women than in men. Women are much more frequently in states of debility from the nature of their constitutions and from their having in suckling and in excessive or unnatural uterine discharges, causes of exhaustion from which men are exempt; they have also more excitable nervous systems, and, in consequence, the functions of the stomach in them are more apt to be deranged by mental influences and by disease in other parts of the body; and, among the lower classes, they have generally a less nutritious diet, since the men, in order to support their more laborious work, take or have accorded to them a larger quantity of animal food and of malt liquors than is consumed by the weaker sex.

In the treatment of water-brash, our first endeavour should, of course, be to remove the conditions that may seem to have brought it on or to maintain it.

If the disorder should seem to be caused mainly by a diet not sufficiently nutritious, or consisting too much of farinaceous substances, the most effectual remedy will be a wholesome nourishing diet, containing a proper quantity of animal food *in its most digestible form*. Little permanent benefit can, indeed, be expected from medicine unless the diet is improved.

If the disorder should seem to have been induced, or to be kept up, wholly or in part by fatigue, it is very essential that the patient should rest; if by constipation, that this condition should be removed by purgatives, such as aloes or colocynth, that do not offend the stomach.

After these points have been attended to, much further good may be done by medicines.

The medicines that have been found most useful in pyrosis are—

1st. Medicines which have an astringent action on the coats of the stomach. Among these may be classed bismuth, lime-water, and the vegetable astringents—kino, catechu, krameria, logwood.

2nd. Sedatives, especially opium and the salts of morphia, which probably also tend to restrain undue secretion by the mucous membrane, but which are chiefly of use in allaying the gastralgia that attends pyrosis.

Medicines from these two classes may often be combined with advantage. Five grains of bismuth with a twelfth of a grain of the muriate of morphia, or five grains of the compound kino powder, or an efficient dose of catechu, krameria, or logwood, with opium, may be given two or three times a-day.

3rd. Some other medicines have obtained repute in pyrosis which cannot be classed with the preceding. They have most of them an astringent action on the coats of the stomach, but act, directly or indirectly, on the nervous system as well.

The chief of these are nitrate of silver, which may be given in pills, in doses of half a grain, three times a day; nux vomica, which may also be given in pill, in the dose of from three to five grains, three times a-day; quinine; and the mineral acids.

Some of the medicines I have mentioned have been popular remedies for pyrosis in districts in which the malady has prevailed.

It is stated that nux vomica is a popular remedy among the Laplanders, to whom it was recommended by Linnæus, and that lime-water was some years ago a popular remedy among the rural population of North Wales.

4th. The disorder is often connected with anæmia, and steel is of great service both in removing it and in preventing its recurrence.

The medicines of which I have had most experience in disorders of this class, and which are probably as efficacious as any, are bismuth, with morphia; krameria and logwood, with opium; and steel.

THERAPEUTICAL RECORD.

(From British and Foreign Medico-Chirurgical Review.)

Angina Pectoris.—M. Carrière (Bull. de Thérap., i. p. 7) has recommended the inhalation of chloroform, at the commencement of the paroxysm. Duchenne (Ibid.), in his addition to this measure, has employed with advantage the "electro-cutaneous excitation" in the mammary region.

Cataract.—M. Lopez (Bull. Gén de Thérap, 1854, ii. p. 89) has employed with advantage iodide of potassium taken internally, and vesication on the temples, in cataract. The treatment was persevered in for five or six months, and in 3 cases out of 4 was productive of great benefit.

Chloroform.—Dr. Hardy (Dublin Journal, Nov.) relates cases to show the efficacy of chloroform vapour directed upon the part in uterine affections. The vapour is applied by means of an instrument consisting of a metallic chamber, to one end of which a pipe with a valve is attached to the gum-elastic bottle. A sponge dipped in chloroform is placed in the metallic chamber, and then by pressing on the elastic bag, the vapour is expelled through the pipe. In cases of carcinoma and simple ulceration of the os uteri, this plan appears to be very efficacious; but it is useful also in pruritus pudendi, in sore nipples, and in other painful affections of the skin.

Fever, Intermittent.—Dr. Harting (Schmidt's Jahrb, 1853, ix.) has employed quinoidine with alcohol and sulphuric ether in ague, and, from twelve years' experience, states that it is superior to common quinine.

Dr. Castiglioni (Schmidt's Jahrb., 1853, ix.) has used the tannate of cinchona; it requires to be given in larger doses than quinine, but is much less expensive.

Fever, Typhoid.—M. Vrancken has recommended in typhoid fever, ablutions with vinegar and water. Mr. Van Dromme (Rev. Med. Chir., Jan. 1854,) has employed this treatment largely, and with great success. He uses 1 part of vinegar to 3 of water, applied with a sponge over the whole body night and morning. The diet is very low; pure or slightly acidulated water is permitted to be drunk *ad libitum*. Of 20 cases treated in this manner, 1 died. M. Vrancken also employed the acetate of ammonia internally, but this is regarded as useless by M. Van Dromme. Chomel has also recommended the vinegar ablutions.

PERISCOPE.

Sur la position a donner a la femme pendant l'accouchement. Par M. Hubert.—Le décubitus dorsal usuel en France, ou le coucher sur le côté, préféré en Angleterre, ou bien encore la pronation sur les coudes et les genoux, ne constituent-elles qu'une question d'habitude, qu'une affaire de mode ou de mœurs nationales? Chacune de ces attitudes ne satisfait-elle pas, au contraire, à une indication réelle? C'est ce que pense et ce qu'a fort bien démontré M. Hubert.

Selon lui, dans le cas de version à opérer, par exemple, si l'enfant, présentant l'épaule, a le ventre tourné en arrière, il vaut mieux laisser la femme sur le dos; la manœuvre n'en sera que plus aisée.

Mais si le fœtus a le ventre en avant, ses membres pelviens se trouvant contre la paroi antérieure de la matrice, alors, en faisant rester la femme sur le dos, l'accoucheur ne peut parvenir aux pieds qu'en portant la main en pronation et fortement en avant; ou, si les eaux sont écoulées, si surtout le ventre est en besace, l'arcade pubienne comprimant l'avant-bras l'aura bientôt engourdi, le rendra incapable d'agir, l'empêchera de pénétrer aussi avant qu'il est quelquefois nécessaire.

Loin de là, si vous placez la femme sur les genoux et les coudes, la main, en supination, n'a qu'à suivre presque en ligne droite et horizontalement d'arrière en avant, les parois antérieures du bassin et de l'utérus, ce qui s'opère très facilement.

Mais cette situation, outre ce qu'elle a de blessant pour la pudeur des femmes, étant assez gênante à conserver, voilà comment, dans le cas spécifié, M. Hubert parvient a réaliser tous les avantages qu'elle donne, sans néammoins l'imposer à la patiente. Il laisse la femme sur le dos jusqu'à ce que la main droite ait franchi le col de la matrice ; il fait alors fléchir la cuisse et la jambe droite de la malade, puis, pendant qu'elle se tourne ou que des aides la font tourner *sur son flanc gauche*, il fait passer le membre fléchi au-dessus de son bras droit, et se trouve ainsi du côté du dos. Il peut alors longer la paroi antéro-latérale gauche, et même la paroi antérieure de la matrice, pour aller à la recherche des pieds. Ceux-ci, ramenés à la vulve, il replace la femme sur le dos.

Par cet ingénieux procédé, M. Hubert tire de l'attitude en pronation tous les avantages qu'elle peut rendre, sans l'imposer cependant à la patiente. Il cite plusieurs cas où, grâce au secours de cette manœuvre, tel confrère qui ne parvenait pas à toucher les pieds du fœtus a pu les atteindre lorsque la main, secondée par ce changement de position, a pu pénétrer plus avant.

Pour la délivrance, si, malgré la poulie de renvoi, les tractions se perdent contre la paroi antérieure du col et ne peuvent pas faire sortir le placenta, il faut coucher la femme sur l'un de ses côtés, se placer derrière elle et tirer simplement vers soi. S'il n'y a pas d'adhérence anormale, ces tractions, devenues à peu près parallèles à l'axe de la matrice et à celui du détroit supérieur, amèneront facilement la délivrance. *(Ann. med. de la Flandre occidentale.)*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

COLLEGE OF PHYSICIANS AND SURGEONS, C. E.—SEMI-ANNUAL MEETING.

The Semi-Annual Meeting of Board of Governors of the College of Physicians and Surgeons of Lower Canada, was held at Montreal on the 9th May, 1854, when were present:—Drs. Holmes, Chamberlin, Fowler, Glines, Brigham, Sewell, Jackson, Frémont, Russell, Marsden, Badeau, Sabourin, Weilbrenner, Dubord, Valois, Bouthillier, Johnson, Campbell, Mulro, Bibaud, Sutherland, Jones, and Peltier.

Dr. Holmes, the President, took the chair.

The minutes of the last semi-annual meeting were read and approved.

A letter from Dr. Gibb, London, was read, in which he suggests to the board the advantage of changing the present title of *member* into that of *fellow*. The board thinking that the change was unnecessary no action was taken.

Mr. Cole presented a diploma of the College of Surgeons of Edin-

burgh, and wished that the board should grant him the Provincial license without examination. This was accepted provided Mr. Cole submitted himself to an examination on medicine only.

The Secretary then called the attention of the board to the fact that several gentlemen presenting for examination to obtain their license had not completed the curriculum of studies required by the statutes, but have written proofs of having begun their medical studies previous to 1847. The board discussed the question with all due consideration, and it was then proposed by Dr. Sutherland, seconded by Dr. Peltier:—"That no certificate of medical study prior to July, 1847, be received in palliation for deficiency of studies as required by our statutes." This motion was unanimously carried.

Drs. Chamberlin and Jackson were appointed to examine the Treasurer's accounts, which were reported to be quite correct.

The following gentlemen with University Degrees were sworn and granted their licenses:—J. Barnston, M.D., Edinburgh; A. M. Corbett, M.D., R. Craik, M.D., W. H. Corbett, M.D., J. P. Phelan, M.D., R. P. Shaver, M.D., Hermon Cook, M.D., David McG. Rintoul, M.D., and Thomas Simpson, M.D., from McGill College.

The board then proceeded to the examination of candidates for provincial licenses, and the following gentlemen were fully admitted to practice:—Mr. Boulet, Mr. Blake, and Mr. Ormond Skinner.

The gentlemen having passed their preliminary examination were admitted to enter upon the study of medicine:—Isidore Frégeau, Edouard Chevrefils, E. Lemire, Leonard Ag. Fortier, Pierre Chapeleau, Joseph Renauld, D. T. Robertson, H. Adolphe Labadie, James McIntosh, Guillaume DeBonald, David Marsil, George Fleury.

There being no other business the board adjourned.

HECTOR PELTIER, M.D.,
Secretary.

SUCCESSFUL CANDIDATES FOR HONORS AT McGILL COLLEGE, SESSION 1853-54.

The following gentlemen having fulfilled the necessary requirements, were recommended to the University by the Faculty of Medicine, for graduation, and received the degree of M.D., on 4th May, at a Convocation held in the new College Buildings, Burnside Hall. With their names are also subjoined their places of residence, and the subjects of their inaugural dissertations:—

James A Grant, Martintown—Thesis on Ovarian Dropsy.
Robert Craik, St. Luke, Do Morbid Poisons.

Thomas Simpson, Montreal—		Thesis on Phlebitis
David M. Rintoul, Montreal,	do	Spinal System
William H. Corbett, Kingston,	do	Bright's Disease
Augustus M. Corbett, Kingston,	do	Pericarditis
Thomas Y. Savage, Toronto,	do	Hernia
Alfred J. Burns, Niagara,	do	Surgical Hæmorrhage
Cornelius H. O'Callaghan, Cuba,	do	Acute Tracheitis
Walter McKay, Brantford,	do	Inguinal Hernia
Joseph P. Phelan, Cornwall,	do	Acute Hydrocephalus
Peter Rolph Shaver, Ancaster,	do	Do do
Stephen A. Scott, Woodstock,	do	Rubeola
Herman L. Cook, Charlesville,	do	Uterine Hemorrhage

The following students passed their primary examinations:—

George Pringle, of Cornwall
John L. Stevenson, of London
James M. Stevenson, of London
Charles Ault, of Aultville
Elzear Gauvreau, of Quebec
George Van Felson, of Montreal

Prizes for general excellence as students were adjudged to Robert Craik and Thomas Simpson, as primary and secondary, respectively, and were publicly presented, during the Convocation, after these gentlemen had been capped.

Institutions for the Deaf.—We are pleased to learn that Government intend to proceed immediately to make use of the £20,000 appropriated during the last session of Parliament, for the purpose of erecting suitable institutions for the support and instruction of the deaf and dumb and the blind, in Eastern and Western Canada. The Provincial Secretary, Hon. Mr. Chauveau, recently visited Montreal and Upper Canada, with the ostensible object of making arrangements for the speedy erection of these much wanted establishments. It is full time that Canada should have proper asylums for the reception of those of her citizens who are afflicted with deaf muteism, or blindness.

We have not yet heard whether a decision has been arrived at as to the locality where the buildings shall be erected.

House Appointments, Montreal General Hospital.—Dr. Robert Craik has succeeded to the vacancy in the House Surgeoncy, caused by the retirement of Dr. Reddy; and Mr. C. Ault to the Apothecaryship, lately filled by Mr. D. M. Rintoul. From what we know of these *new hands*, we have every reason to expect that, like their worthy predecessors, they will soon earn the good opinions and wishes of the medical staff.

Our Periscope.—From the unusual length and number of the Original Communications, we are this month compelled to omit all selected matter, even though our number occupies 44 pages. Hereafter, however, we will redeem our promise of reflecting some of the rays from the English, French and German lights which shine around us.

To CORRESPONDENTS.—*Dr. Kerr* will perceive that his request has been attended to.—*Dr. G. Clarke.* The communication will be most acceptable.—*Dr. Richardson.* We feel assured it was only an omission.—*Dr. J. C. Warbrick.* The fault lies entirely in the post-office department. It is not the first complaint of the kind we have received. We shall enquire into the matter.—*Dr. Frazer*, Pelham. We intend doing so, as long as the profession continue their favors.—*Dr. Tetu.* We thank him for his kind wishes.—*Dr. Proulx* will receive our acknowledgements and thanks.—*Dr. J. A. Scuell.* Would much esteem a favor from his experienced pen.—*Dr. Bristol.* That he may never do worse.

OBITUARY.

Died at Simcoe, on the 17th May, Peter O'Carr, Esq., M.D., late of Brantford, aged 25 years.

CORRESPONDENCE.

LONDON CORRESPONDENCE.—No. 1.

London, 5th May, 1854.

Agreeably to promise, I now commence the first of a series of letters on subjects relating to the profession and professional matters in this metropolis, and will continue them from time to time, as circumstances may permit. I must, however, at the outset, claim the indulgence of your numerous readers for the peculiarity of their style, and occasionally for their brevity; but I shall endeavour to make up for these so far as my means of information will allow, by faithfully recording intelligence which may prove not only interesting, but, at the same time, of some value. I shall also, on some future occasions, send you the particulars of cases occurring in the hospitals of this great city, and the points of interest in connection with them.

Medical Reform.—The great mass of the profession throughout

Britain are unusually agitated at the present time, with the subject of medical reform, for which they have been striving for the last twenty years. Some sort of unanimity had been arrived at, in the preparation of a bill, by the Provincial Medical and Surgical Association, containing measures of a truly comprehensive character, and which appeared, for a time at least, to prove a panacea to those who were clamorous on this subject. Some objections to the measure were, however, urged against it, on the part of the Scotch colleges, and to meet their wishes as much as possible, the bill was altered to suit their views, and hopes were entertained of its proving generally satisfactory; when, unfortunately, a *little bill*, as it was called, was brought forward in the House of Commons by Mr. Brady, for the sole purpose of registering those who were properly qualified to practice in any grade, and prosecuting those again who had no legal qualification whatever, or who might even assume the title of physician or surgeon. This little bill was supported by a large number who had previously upheld the association bill (including Mr. Brady himself), under the expectation of its proving more immediately advantageous to themselves in suppressing quackery; but the supporters numbered very few, except those in general practice. The pure physician, and the pure surgeon, with perhaps two or three exceptions, have kept studiously aloof from it. Under the plea of simple registration, many, indeed, were captivated with the apparent simplicity of this little bill, until a careful examination of its clauses showed that all the peculiar privileges of the various corporate bodies, as well as those possessed by individuals, in the power of granting degrees, the Bishop of London, and the Archbishop of Canterbury, for example, among the latter; many, if not most of which, had become obsolete or of doubtful character, and dating as far back as the time of Henry the Eighth, were actually about to become legally confirmed by this little bill, as it professed not to interfere with existing privileges of corporate bodies in any way or shape whatsoever. This stirred up the energies of medical reformers, and by dint of agitation, this bill, although it has passed its second reading, is not expected to become law. In the meantime, a conference was held at the College of Physicians, on the 25th ultimo, composed of representatives of nearly all the colleges and corporate bodies in the United Kingdom, assembled for the purpose of framing a measure which would meet the desires of *all*, and, if possible, carrying it through Parliament this session. No report of this conference has been published; but it appears that there was a good deal of noisy and irrelavent discussion, and a want of co-operation on the part of many of those present. Notwithstanding this, it is expected that some good results will follow from this meeting, and that a bill will be brought forward

this session, embracing the general features of the association bill. It is quite unnecessary to go into the details of this bill; but whatever measure may be carried through the house, it will be quite impossible, from the number of variously constituted medical bodies, to please all parties. This will be a work of time. The College of Physicians have shewn unusual liberality in all their proceedings, and have evinced a desire, as much as possible, to meet the wishes of those who are practising in England without their license. I firmly believe if their new charter was obtained, a large number of those who are hot medical reformers, would cease to be agitators, and medical reform generally would be unsought for, for sometime longer. In a future letter, I may give you the solution of this question, which cannot but interest a large number of practitioners in Canada, who hold diplomas from this country.

The Cholera.—Whether the old adage, that war and famine most generally go together, will prove true on the present occasion, in so far as this country is concerned, a few months will determine; and although provisions of every kind command unusually high prices, breadstuffs particularly, it is confidently believed, notwithstanding the actual existence of a war, that they will not long be maintained. Whether this may eventually turn out to be the case, it is most devoutly wished for by all classes. This leads me to the observation made by many persons, that if the present war is not likely to become associated with such a dire companion as famine, its place may be supplied by sickness. And so much is this the general belief, that both the public and individuals are making preparations to meet the common enemy, which has already made its appearance in many parts of the country, and even in the metropolis. This enemy is the *cholera.*

It first appeared in the early part of March, of the present year at Leeds and proved fatal in a number of cases. Dr. Gavin, one of the inspectors of the Board of Health, considered the outbreak due to the stagnant condition of the river Aire, and a deposit of manure on one of its banks. Since then, it has been committing its ravages in many of the towns of England, Ireland and Scotland, and as usual, it takes up its abode wherever poverty, filth and wretchedness prevail. The miasmata arising from these causes, have been found to affect the rich equally with the poor. This was particularly discerned in the epidemic at Newcastle during the past year. It behoves all who have the power, therefore, to exert themselves in preparing combined measures of a national character, to arrest, if not avert, the progress of this formidable scourge of humanity, more fearful and fatal in its effects, than the greatest calamities produced by war. In some parts of the metropolis the local boards of health are bestirring themselves in earnest, by endeavouring to diminish

as much as possible the predisposing circumstances to the spread of cholera, in clearing cess-pools, removing foul house drains, trapping sinks,-&c. In the Parochial District of Regent Square alone, not less than 113 cess-pools have been closed up. During the week ending 15th April, there occurred 18 deaths from diarrhœa, and 2 from cholera. And in the week ending 22d April, 26 deaths from the former, and 2 from cholera. No deaths have occurred from the last disease during the last week, ending 29th April, and when the enormous population of London is considered, it does seem remarkable that so few cases have occurred, when other diseases, those particularly of the epidemic class, are unusually prevalent.

Hooping-cough has been raging as an epidemic for several weeks past, the deaths varying for the last 13 weeks, from 55 to 88, the ordinary average being about 40 per week. Measles and scarlet fever have been equally prevalent, but not so fatal. I was much gratified, on reading the *Gazette des Hopitaux* of 20th April, to find a portion of Dr. Crawford's paper on the topical application of Tincture of Iodine in Variola, copied from the New York *Medical Times and Gazette*. I purpose visiting the small pox hospital, with the object of drawing the attention of the medical officers to this method of preventing disfiguration.

Cellulose in the Brain and Spinal cord of man.—A physiological fact of much interest, discovered by Virchow, and at present engaging the attention of physiologists, is the presence of a substance presenting the chemical reaction of cellulose, found in the brain and spinal cord of man. This discovery startled many when first announced, as it points to a relationship between animals and plants, in the fact that the starch of plants and the starch of the brain, or corpora amylacea as they are now termed, are looked upon as identical. Whether this assertion will be found to be the truth, future experiment and research will have to determine. A translation of Virchow's paper appears in the January number of the *Quarterly Journal of Microscopical Science*, and has appended to it, some further researches upon the same subject by Mr. Busk.

Cellulose was discovered in some of the lowest orders of the Invertebrata, as in the Ascidians, for example, by Carl Schmidt. Virchow observes, that it is only since the discovery by C. Bernard—that the liver produces sugar—that we have had reason to suppose that substances belonging to the *amylum* series may also have a representative in the vertebrata. It was my good fortune to be in France when Bernard made his important discovery, of the presence of sugar in the liver, and such was the effect upon his mind of its importance, that for three successive nights afterwards he never slept a wink, as I was informed by an intimate friend of his. If his discovery of sugar in the liver was one of im-

portance, as its application every day is showing, that of cellulose in the brain and spinal cord is likely to prove not less so. It may be interesting to your readers to know that these bodies can be detected by the application of a watery solution of iodine to the substance of the brain, which causes them to assume a pale blue tinge, which again, upon the subsequent addition of sulphuric acid, presents a beautiful violet colour, which is known as belonging to *cellulose*. Virchow says they are found in the *ependyma ventriculorum* and its prolongations, and are very abundant on the *fornix, septum lucidum,* and the *stria cornea* in the fourth ventricle. Mr. Busk, however, has found them in the superficial parts of the brain, both cortical and medullary. In fact, scarcely any part of the *cerebrum* and *cerebellum* could be examined, at all events towards the surface, without meeting with some or more. Mr. Busk differs from Virchow in the results of his examination, in stating that the corpuscles are starch and not cellulose, and possess all the structural, chemical, and optical properties of starch as it occurs in plants. I may again refer to this very interesting discovery.

G. D. GIBB, M.D., L.R.C.S.I., &c.

HOSPITAL REPORTS.

Monthly Return of Sick in the Marine and Emigrant Hospital, Quebec, from the 4th March to 31st March, 1854, inclusive.

	Men.	Women.	Children.	Total.
Remained,	28	10	2	40
Since admitted,	26	11	"	37
	54	21	2	77
Discharged,	32	7	1	40
Died,	4	"	"	4
Remaining,	18	14	1	33

Fever,	2	Pregnancy,	2
Inflammation of Lungs,	1	Febricula,	4
Inflammation of Bowels,	2	Scrofula,	1
Rheumatism,	3	Hysteria,	2
Diseases of skin,	1	Chlorosis	1
Syphilis,	8	Erythema	1
Abscess,	1	Arthritis,	1
Ulcers,	1	Catarrh,	1
Contusions,	2		

C. E. LEMIEUX, House Surgeon.

QUARTERLY REPORT of the Montreal General Hospital from 1st February to 25th April, 1854.

Remaining from last Quarter,	52	Discharged cured,	172
Admitted,	211	Died,	13
		Remaining,	78
	263		263

In-Door Patients.		*Out-Door Patients.*	
Males	121	Males	235
Females	90	Females	235
	211		470

DISEASES.	Admitted.	Died.	DISEASES.	Admitted.	Died.	DISEASES.	Admitted.	Died.
Abscess	1		Enteritis	1	1	Orchitis	1	
Anibustio	3		Fistula Urethral	1		Podagra	1	
Anæmia	1		Fractura	9		Pneumonia	4	1*
Anchylosis Genu	1		Febricula	12		Phagedena	1	
Ascites Scarlatin	2		Feb. Typhus	5	1	Paronychia	1	
Anasarca	1		" Typhoid	1		Pleurodyna	1	
Amenorrhœa	4		" Ephem.	2		Phthisis	8	2*
Bronchitis	20	1	Gelatio	2		Prolapsus Uteri	1	
Broncho Pneumonia	1		Gonorrhœa	2		" Ani	1	
Cephalalgia	1		Hysteria	3		Polypus Auri	1	
Cynanch Pharynx	1		Hypochondriasis	1		Rubeola	1	
Cornetis	3		Influenza	7		Rheumatism	9	
Congestio Cerebri	1	1	Icterus	4		Stricture	1	
Conjunctivitis	4		Iritis	1		Scarlatina	11	1
Carcinoma	2	1	Lumbago	2		Syphilis, 1ry	4	
Catarrh Senilis	1		Morbus Coxæ	1		" 2dary	3	
Contusio	7		" Cordis	3		" 3tiary	2	
Constipatio	1		Mania Puerperal	1		Sarcoma Adipose	1	
Delirium Tremens	6		Necrosis	1		Tonsillitis	2	
Diarrhœa	2		Nephritis, Ac. Des.	2		Tortio Spinalis	1	
Dyspepsia	1		" Chronic	1		Tumor	1	
Debilitas	2	2	Osteo Cephaloma	1		Uræmia	1	1
Epilepsia	1		Ophthalmia	1		Ulcus	5	
Erysipelas	3		Ostitis Chronic	1		" Phageden	1	
Encephalitis	1	1	" Scrof.	1		Vulnus	1	
Erythema	1					" Sclopitor	1	

* 1 admitted previous Quarter.

Operations during the Quarter.

Amputation of Thigh; Tumors excised, 2; Amputation of Phalanges, 4; Polypus extracted; Subcutaneous division of Palmar Fascia; Total, 9.

Fractures treated (intern.), 8, (extern.), 4; Total, 12.

Minor Operations.

Opening Abscesses, &c., 19; Bleeding, 5; Cupping, 12; Teeth extracted, 41; Wounds dressed, &c., 4. Total, 81.

Attending Physicians, Drs. SCOTT & HOWARD.

JOHN REDDY, M.D., &c., House Phys. & Surg.

BOOKS RECEIVED FOR REVIEW.

Vidal on the Venereal. Fuller on Rheumatism. From Messrs. S. J. & Wm. Wood, New York.

Warren on the Preservation of Health. From Messsrs. Ticknor, Reed & Fields, Boston.

Annual Report of the Normal, Model and Common Schools in Upper Canada.

MEDICAL NEWS.

A sum of £5,312 has been subscribed for a monument to Dalton.—Matriculations at British Universities during the year: Oxford, 402; Cambridge, 436; Dublin, 279. The rate of duty on each 20s; making a sum total of £1,117.—The Lancet and Medical Circular have been excluded from the Royal Medico-Chirurgical Society of London from petty vindictiveness and scandalous illiberalism.—In Edinburgh an association has been formed which as soon as it numbers 500 citizens it is resolved on a certain day to abandon the razor and meet three months afterwards to enjoy themselves with beard and moustaches.—Emigrant vessels have been leaving Limerick for America without a doctor on board.—Out of about 40,000 troops in the Persian camp 2,000 have died from cholera; average rate of mortality 80 per diem.—A girl at Vienna lately passed 242 pins; they were of a black color. She took them with suicidal intention while laboring under mental aberration. The first dose consisted of 70.—The late epidemic of cholera in Newcastle-upon-Tyne has cost the town £3,800 for medicines and burials alone, and would cost it nearly £50 a week for to support the widows and destitute; nearly £30,000.—There are 512,361 more females than males in Great Britain, or as many as would have filled the Crystal Palace five times over.—Professor Roux, the nestor of French surgeons, and one of the most illustrious surgeons of his day, died in Paris, March 23rd, of apoplexy.—In consequence of the increasing corpulency of the pope he has been ordered by his medical advisers to play an hour a day at billiards, walking not answering the purpose.—Duverney, the great anatomist and very eloquent professor, when advanced in years fell in love with Mademoiselle de Launay, afterwards Madame Stael. He one day in the presence of a numerous and brilliant company betrayed his secret by asserting that Mademoiselle de Launay was the best anatomist in France.—Massachusetts has 1,406 physicians, being about 1 to about 700 of the population.—Dr. Clarke of Philadelphia replaced the severed part of a finger half an hour after the accident and it united fully.—Number of students in Jefferson Medical College, 625; University of Penn. 510; University of Nashville, 240; University of Maryland, 200; College Physicians and Surgeons N. Y., 250.—The Arabs in Upper Egypt cut up mummies and use them as fuel to cook with, thus very improperly making light of a grave subject.—Dr. Couldson, the great London lithotomist, has only 15 students to lecture to. John Hunter's classes never exceeded 30.—A Southern editor of a medical monthly says in reply to a correspondent: "Well my old coon you are in a bad fix but we think the journal will help you; you shall have it and its influence although you are the only man out of h—ll who cannot pay for it."—A Mrs. Fraser, of Slack Co., Ohio, has had six children within a single year, having had three at a time twice.—43 persons have died of small pox within the last 4 months at Boston. During the whole of the last 2 years there were but 17 deaths from the same malady.—Napoleon has established a system in Paris whereby the poor can receive gratuitous medical attendance at their own residences. 150 doctors have been employed for this purpose and are to receive for their services from 600 to 1000 francs per annum.—A new chair of general physiology has been established by the French Emperor, and Claude Bernard placed in it to give a course of physiology.—A great deal of interest has been excited in London by the discovery of starch in the brain. It appears, chemically, that it only requires to add the elements of water to those of fibrine to procure fat, ammonia and cellulose or starch.—*To remove plaster from the skin* put a bit of dry linen over it and over the latter a hot knife, when the plaster adheres to the latter.