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THE  
BRITISH AMERICAN JOURNAL.

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ORIGINAL COMMUNICATIONS.

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ART. XII.—*Notes of Hospital Cases in London, (England).* By FRANCIS WAYLAND CAMPBELL, M.D., L.R.C.P. Lond.; Licentiate of the College of Physicians and Surgeons of Lower Canada, Member of the Royal Medical Society of Edinburgh, and Corresponding Member of the Dublin Microscopic Club.

The following cases came under my observation while attending the London Hospitals during the summer of 1861, and as they possess considerable importance, may be of interest to the readers of the Journal.

*Fall of an infant, with a Hydrocephalic head, from a third story window ; Fracture of the Skull ; Hemiplegia ; Fatal Result.*

James K—, aged 18 months, was admitted into the University College Hospital under the charge of Mr. Erichsen, on the evening of the 29th of June, 1861. Ever since it was seven months old, the mother noticed a gradual enlarging of the head, which had rapidly increased for six weeks previous to his admission. Early in the evening of the 29th June, he fell out of a third story window. He was picked up insensible and immediately taken to the hospital. On admission the child was still insensible and pale; surface of body cold; pupils dilated, but very slightly sensible to light; no paralysis was detected. The pulse moderately quick, but feeble. There was a large soft swelling over the left frontal region, which appeared to be due to extravasated blood. On examining the head with the finger, a fissure could be traced from above downward, and toward the middle line. In the centre of the above frontal swelling, and continuing this fissure backwards, is another, which appears to be formed by the separation of the edge of the squamous portion of the temporal bone. Another soft fluctuating tumor surrounds this second part of the fissure. Ecchymosis was commencing in the left eyelid. Cold water was ordered to be constantly applied to the head, and two grains of Calomel, and three grains of Jalap, to be taken immediately. *Midnight.* The pulse has become very small and feeble, necessitating the administering of brandy in small quantities, under which it rallied somewhat. Ecchymosis has increased in the left eyelid, and is commencing in the right.

Evident paralysis of the right upper and lower extremities. Left angle of the mouth drawn downwards.

*July 2nd.*—The child continued in much the same state as mentioned above, till to-day, when it began to show some signs of sensibility.

*July 3rd.*—Much better. Still improving. Is eager for food which he carries to his mouth with his left hand. Paralysis still complete. Swelling over left frontal region seems to be increasing. Bowels open freely.

*July 6th.*—Seems still to be improving. Moves the right arm occasionally.

*July 19th.*—The swelling over the left frontal region very large; fluctuation quite perceptible. Mr. Erichsen to-day consulted with Dr. George D. Gibb, formerly of Montreal, who happened to be in the ward, as to the propriety of puncturing the tumour. It being deemed advisable, Mr. Erichsen punctured it with a small trocar, and let out about two ounces of pale yellowish fluid, slightly tinged with blood.

*July 20th.*—Much worse; passed a very uncomfortable night; still restless; pulse very feeble.

*July 21st.*—1 P. M. The child is in strong convulsions; left side moved almost entirely; right pupil largely dilated, compared with the left. Tumour on head very tense. Hot bottles were ordered to the feet, and cold to the head. The tumour was again punctured. The child remained in this condition till the following day when it died.

*Autopsy*—On cutting into the swelling a large quantity of fluid escaped. The bones of the head were very thin. There was a fissure about a quarter of an inch wide at the junction of the squamous portion of the left temporal bone with the parietal; this fissure extended forwards into the temporal bone, till within an inch of the edge of the orbit. There was a large quantity of fluid in the ventricles.

#### *Salivation without taking mercury.*

In July, 1861, a healthy woman, aged forty, applied to Mr. Bryant at Guy's Hospital, with profuse salivation. It came on suddenly, with "a rush of water to her mouth." Subsequently, swelling of all the salivary glands appeared, with a profuse discharge of saliva. Ulceration of the gums followed; the mercurial factor was strong; tongue swollen, with the other symptoms of salivation. No medicine whatever had been taken before the attack. Mr. Bryant ordered five grains of chlorate of potash to be taken three times a day in an infusion of gentian, and a lotion of chlorate of potash, two drachms, to the pint of water to be applied. On the employment of these means the symptoms speedily disappeared.

#### *Protrusion of the Eyeball from Suppurative Inflammation of the Orbital Areolar Tissue.*

The question of the pathology of protrusion of the eyeball is certainly yet very obscure. Dr. Macdonnell of this city, has given to the profession the idea, (certainly true in some instances), that a certain disease of the heart is indicated by prominent eyeball and enlargement of the thyroid gland. The following case was pointed out to me at St. Bartholeinew's Hospital in the end of July last. It

was principally under the charge of Mr. Holmes Cootes, though Dr. Burrows occasionally saw the case with Mr. Cootes. The patient was admitted on the 18th of July, suffering from an attack of erysipelas of the right side of the face and head. This in time got well. The right upper eyelid suppurated, and was opened by one of the resident surgeons. A large amount of pus escaped, but the opening did not heal. The eyeball was prominent, and the sight a good deal impaired. About five weeks after admission, while bathing the eye, she pulled out two large sloughs of areolar tissue, which evidently came from the back of the orbit. After this the prominence of the eyeball became less, and the sight improved. A fortnight after, another small slough came away, and soon after the eye regained its natural prominence. On her first admission, Dr. Burrows imagined from the condition of the eyes, that she might be suffering from disease of the heart, but examination proved that such was not the case. The case, according to Mr. Cootes, was acute inflammation of the intra-orbital areolar tissue, proceeding to suppuration, and the detachment of sloughs, the sequel of the erysipelas.

#### *Schirrus of the Male Breast.*

Owing to the rudimentary nature of the mammary gland in the male, it is seldom the seat of schirrus or disease of any kind. Still it is evident that at times it may become the seat of cancerous disease. Many eminent authors mention cases, of the true character of which there can be no doubt. Mr. Birkett of Guy's Hospital, who has written a work "On Diseases of the Breast," mentions several cases, and states that its progress is not so rapid as in the female. The first and only case of this kind that I have seen in Montreal, was in a patient of the late Dr. Crawford's, in the Montreal General Hospital, some seven years ago. The breast was removed by Dr. Craik, then the House Surgeon. The recovery was rapid, and when I last saw the patient, some four years after the operation, there had been no return of the disease. When in London, last summer, I saw two cases of the disease. The first was under the care of Mr. Wormald at St. Bartholemew's Hospital, who strongly advised the removal of the breast, to which the patient would not consent. The second was under the care of Mr. Ferguson at King's College Hospital. The patient was about thirty-five years of age and a clerk. He was strong, with a clear complexion. Seven months previous to admission a tumour was noticed in his left breast, which gradually increased, till it attained the size of half an orange. Some ointment had been applied to it by a "Cancer Doctor," which had the effect of ulcerating the skin and was followed by the protrusion of a fungoid excrecence at the nipple. The glands in the axilla were all healthy, with one single exception, and this was of considerable size, and was situated on the anterior margin. Its removal by operation having been recommended, Mr. Ferguson proceeded to operate on the 20th of July. The entire mass was taken away by an elliptical incision, which was continued to the enlarged gland in the axilla, which was cut out with a quantity of surrounding areolar tissue. The wound though very extensive did exceedingly well, and the patient made a good recovery. On examination the tumour proved to be true schirrus, "as true a case of schirrus," said Mr. Ferguson, "as I ever saw." There was no evidence of the patient ever having

received a blow. Mr. Ferguson thinks Schirrus is much more malignant in the male than in the female, an opinion directly opposed to Mr. Birketts.

*Congenital Hernia. Strangulation. Operation.*

At the Westminster Hospital on the 27th of July, shortly before noon, a healthy male infant about 6 months of age, was admitted with the symptoms of strangulated hernia. Immediately after its birth the mother noticed the rupture, and when it was seven weeks old it was provided with a truss, which answered admirably till within a week of admission, when it got broken. During this week the mother contented herself with returning the gut when it came down, which she managed with perfect ease. The day previous to its entering the hospital, (26th July,) during a violent fit of crying the bowel came down, and to a much greater extent than it ever did before. All her efforts to return it were futile. When I saw it first, which was very shortly after its admission, it was crying loudly, and seemed in great distress. Vomiting had taken place eight times. The bowels had not been moved since the descent of the gut, and so far as could be ascertained the strangulation had existed twelve hours. Previous to the arrival of Mr. Holt, under whose charge the little patient was to be placed, Mr. Adams, the house surgeon, and Mr. Heath, had the child put under the influence of chloroform, and attempted its reduction, but without success. On Mr. Holt arriving he at once proceeded to perform the ordinary operation. On the opening of the sac a quantity of dark coloured fluid escaped. The quantity of bowel protruding was fully half a foot, and a good deal of difficulty was experienced in returning it. The external wound was closed by wire sutures, a compress, and a bandage placed over it, and the child put in bed with directions to have the knees well supported. No medicine whatever was ordered. On the day following, the bowels were moved, and he took the breast. On the third day the dressings were removed, and on the fourth day the sutures taken away. In two weeks from the day of operation, the child was discharged well.

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ART. XIII.—*Case of Placenta prævia; spontaneous expulsion; recovery.* By CHARLES SMALLWOOD, M. D., LL.D., one of the Governors of the College of Physicians and Surgeons of Lower Canada.

Madame C——, æt. 38, mother of several children, had been under my care in previous labours, which were twice or thrice attended with excessive floodings, proceeding at one time from a partially detached placenta near the fundus uteri; the detached portion was readily detected after birth. She had suffered from considerable hæmorrhage during two abortions also. On the 21st June, 1861, I was waited upon by her husband at 10 a.m., who informed me that his wife was in labour at her full period of gestation, and that she had suffered slight pains during the night attended with considerable hæmorrhage, and wished instructions as to treatment, neither he nor the patient being much alarmed at the flooding from the results of her previous labours. I ordered her to be kept perfectly quiet, in a recumbent position, cold applications to be applied to the vulva, and to return to fetch me should her pains increase or the hæmorrhage not cease. About 3 p.m., the hus-

band returned saying that the pains had increased, that the flooding had moderated, and had not been excessive since his return in the morning. I arrived in about half an hour at her residence, it being but a short distance from my house, and I found, on entering the bed-room, that the pains were pretty severe; the liquor amnii, she informed me, had escaped at an early period, and that the hæmorrhage was not so considerable as in some of her previous confinements. On examination, I found the placenta expelled entire; there *was then* no hæmorrhage of any consequence, but there were several coagula in the bed. The vertex was found presenting, and with two or three smart pains, the foetus was expelled: it was full grown, but life was extinct. The placenta was of the usual size, and presented nothing peculiar on its uterine surface or in its appearance generally. There was no hæmorrhage after I arrived or during the expulsion of the foetus. The uterus contracted, the patient did well, and the recovery was rapid and good.

This is the only case of a like nature I have met with in a somewhat long midwifery practice, and I have deemed it worthy of record.

St. Martin (Isle Jésus), 14th February, 1862.

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#### HOSPITAL REPORT DEPARTMENT.

Edited by FRANCIS W. CAMPBELL, M.D., L.R.C.P. London.

*Hydrarthrosis.* Under the care of DR. MCCALLUM and DR. CRAIK.

John ———, æt. 66, was admitted into the Montreal General Hospital on the last day of November, 1860, complaining of swelling in the right knee joint. He noticed the enlargement about four months previous to admission, and it has gradually increased. The swelling was unaccompanied by pain, except upon attempting to walk, when a slight pain was felt, at the same time the leg bent inward. He is not aware of having injured the joint in any way. Upon examination there was found to be great enlargement about the joint, principally upon the inner side, and extending for some distance up the thigh in the direction of the quadriceps extensor muscle. Fluctuation was distinctly perceptible, due to a large amount of fluid in and around the joint. The patella floated freely in the fluid, and pressing it gave considerable pain, and communicated a grating sensation to the hand by rubbing on the extremity of the femur. This grating was thought to be due to thickening of the cartilage. By flexing and then extending the leg on the thigh, and at the same time pressing on the knee, a jerking movement was detected, as if the tibia was gliding over projections on the extremity of the femur; this was thought to be due to the fluid floating between the two bones. The head of the tibia is considerably enlarged, forming quite a projection on the inner side of the joint. Over the centre of the patella the circumference of the limb is sixteen inches, while the corresponding portion of the other limb is but thirteen. The almost entire absence of inflammatory symptoms, and the gradual accumulation of fluid in the part, point out the affection to be a simple dropsy of the joint or hydrarthrosis. There is an entogoniaconic or knock-kneed appearance to be observed when the patient is standing

upon the limb, which is most probably due to the effusion into the joint softening and putting on the stretch the crucial and internal lateral ligaments, so that the femur and tibia, not being kept in firm apposition, both bend inward at the knee; at the same time the patella is pushed to the outer side of the joint where it can be raised slightly from its position, by pressing the fingers under it.

With the intention of producing absorption, the following prescription was ordered; ℞ Tinct. Hyoscyam. m xv, Potas. Iod. gr. v, ter in die; and the part to be painted with Tincture of Iodine.

December 7. Swelling diminished and less tense, the patella being much more moveable than previously. The measurement over the patella is now only fifteen and a half inches.

February 1st. The patient to day passed into the hands of Dr. Craik, who succeeded Dr. McCallum as attending physician. The accumulation of fluid in the joint does not appear to be diminishing.

March 4.—To-day the swelling was tapped, and rather more than half a pint of fluid drawn off. Two drachms of the Dublin Tincture of Iodine, with a scruple of Iodide of Potassium dissolved in it, and diluted with two drachms of water, was injected into the joint. But little inflammation was the result; the urine gave good evidence of its absorption. In two weeks the dropsy had entirely left the joint, but it was still the seat of great weakness, there being evident relaxation of the ligaments. It was put up in Scott's dressing several times without any beneficial result, and on the 27th of May he left the Hospital. Since then he has been readmitted, and is now in the Hospital under Dr. Craik's care, suffering from weakness and enlargement of the joint. A consultation was held on the 8th March, at which it was decided to perform re-section of the joint. The patient, however, drew back, after he had reached the operating theatre, and would not submit. He is still in hospital, and it is probable the operation will, at his own request, be performed before many weeks.

*Phthisis, with Intercurrent Pneumonia.* Reported by Mr. G. S. DE BONALD

Ann Kavanagh, æt. 30, a native of Ireland, was admitted into the Montrea General Hospital under Dr. D. C. McCallum on the 28th of January, 1862, labouring under an attack of intercurrent pneumonia. Her parents were healthy; has one sister and four brothers living, all healthy, and very robust. Previous to the present sickness she was strong and healthy. Has been employed as a thorough servant, and subjected to very hard work. A year ago last fall she got her feet wet, the consequence being a severe cold. It gradually got worse, but no attention was paid to it, till the month of March, 1861, when the cough becoming so troublesome she was obliged to give up her situation. She entered Hospital under the care of Dr. Scott, and after three weeks' treatment left somewhat relieved. She returned to her place, but her strength being unable to carry her through her duties, she soon after left, since which time she remained with her friends, until her admission into Hospital. During this period she suffered from incessant cough, with viscid yellowish sputa, and from profuse night sweats.

*Present condition.*—Face a good deal flushed. Is very nervous and desponding.

*Evidence of Phthisis.*—Rapid resolution of the attack of pneumonia, which yielded in twenty-four hours to Liq. ammon. acet., with cupping on the anterior and lateral regions of the chest.

*Movements of the Chest.*—Lateral expansion normal, antero-posterior expansion almost null, slight bulging of the mammary region of the right side, and slight flattening of the infra-clavicular regions.

*Posterior surface of Chest.*—Bulging of the right side corresponding to that on the anterior surface, prominence of the scapulæ, and slight arching of the spine.

*Percussion.*—On the left side there is dullness on an area extending from the second to the fifth rib, and from the sternum to the outer side of the breast. The dullness is characterized by high pitch, hard quality, increased resistance, and diminished duration. On the right side, dullness over the bulged portion anteriorly and posteriorly. Over the rest of the right side there is increased clearness, characterized by low pitch, softened quality, increased duration, and diminished resistance.

*Auscultation.*—Infra clavicular region, harsh respiration,—mammary regions, ronchus and sibilus during expiration.

*Posterior surface.*—Supra-clavicular regions, harsh respiration, and on the middle portion of left side there is cavernous breathing; the cough is moist and incessant, expectoration is copious and tending to the nummular condition; there has not been any hæmoptisis; there is constant dyspnœa, with a constant dull pain in the left side and infra-scapular region; there is a well defined red line on the margin of the gums, and the finger nails are somewhat clubbed; the pulse keeps pretty steady at 84, and the respirations at 36. There is no doubt but that the attack of intercurrent pneumonia, for which she was admitted, is not the first from which she has suffered. She still (March 15th) remains in Hospital.

*Case of Colloid Cancer.* Under the care of Dr. CRAIK.

Eliza Hafran, æt. 40, admitted into the Montreal General Hospital on the 18th March, 1861, with a tumour, about five inches in length, and three or four in breadth, on the anterior and external aspect of the inferior extremity of the tibia. The tumour is quite painless, except at its upper edge, where she had no pain till her admission into hospital. She attributes it to the frequent manipulations it has received. The patient has a healthy appearance. An exploratory puncture being made, the matter obtained when placed under the microscope contained cancer cells in abundance. On the 23rd March it was carefully removed. It was found to include the skin and areolar tissue, but did not extend beneath the fascia. The wound gradually healed up. There has not been any return of the disease since.

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PARIS CORRESPONDENCE.

A few months ago a very animated discussion took place at one of the sittings of the Imperial Academy of Medicine, on the relative advantages of the



London hospitals compared with those of Paris. The debate still continues, its latest incident being a letter from M. Husson, Director of the *Assistance Publique* of Paris, from which I take the following extracts: "A large portion of the hospital at Glasgow has just been rebuilt on an improved plan, and in London, the Hospital of King's College has received an addition of two or three new wards, which in truth are rather large, but are by no means favourably arranged. Now, it is these improvements on which the whole debate is made to rest. The hospitals of London contain only 3,700 beds for a population which is double that of Paris. The hospitals of the latter city contain 7,000 beds, without counting the beds of the sick wards in the hospices; we have therefore to provide for greater wants under more difficult circumstances. Most of our hospitals are situated on high grounds, or in the midst of plantations free from houses, as in the case of Beaujon, Lariboisière, Saint Antoine, La Pitié, Cochin, Les Enfants Malades, and Necker. Nothing of the kind exists in London. With the exception of a single hospital situated near Hyde Park, all the hospitals of the city are built in the midst of populous districts, and in narrow streets. They have generally neither gardens nor yards, and the sick wards receive light from one side only, which is a great defect. There are even dissecting rooms in several of the hospitals. Now, these are the establishments which are compared to ours! It is true, the wards of these imperfect hospitals in general contain fewer patients than ours. The English like to have large open spaces in their wards, but by an illogical arrangement, they pack the beds closer together. There is no bad smell in the hospitals of London, although there is no artificial ventilation, and this advantage, with few exceptions, we certainly do not enjoy at Paris. But in London, they open the windows during the doctor's visit, and several times a-day, which explains the absence of smells. The English beds are much more simply constructed than ours, which are too complicated. There are no curtains to the English beds. The wards are warmed by fire-places, but it is a mistake to believe them sufficient to ventilate the rooms, or to suppose that they can replace a well-arranged artificial ventilation. There are no refectories in most of the London hospitals. At Guy's Hospital the dining-tables are placed in the sick wards. I will not continue this parallel any further, but I beg the Academy to keep in mind, that various improvements, especially as regards the bedding, are in contemplation for the hospitals of Paris."

A recent discovery shows the manner in which chemistry can be applied to archæology. Some time ago, two human skeletons were found in stone coffins at Vertheuil, in the department of Seine at Oise. The bones, though brittle, were in a perfect state of preservation, and everything tended to show that these skeletons had been buried many centuries ago. M. Conerbe, a chemist of some note, having obtained the shoulder-blade of one of these relics of past ages, subjected it to analysis, and found that it contained only ten per cent. of organic matter, besides the usual mineral substances of which bones are composed. Now as fresh bones contain 33 per cent. of organic matter, it follows that the bones of the skeletons at Vertheuil, had lost 23 per cent. of organic substances. From this fact, M. Conerbe has endeavoured to deduce the age of the bones he has examined. M. Vogelsong, he observes, has found that bones which had been

buried 1,100 years scarcely contained any organic matter at all; whence Mr. Conerbe concludes that three per cent. of organic substance disappears every hundred years. Applying this rule to the bones found in the earth at Vertheuil, he fixes the year 1110 as the probable period of the inhumation of these bodies—a conclusion which tallies with the archæological observations made by M. Léon Drouin, of the Academy of Bordeaux. Hence M. Conerbe's rule is, to divide by 3 the loss of organic matter ascertained in a bone, the quotient will then represent its age in centuries. This rule, M. Conerbe admits, may be liable to considerable modifications from various circumstances; thus, for instance, bones must be differently affected according as they are exposed to the open air, or inhumed in a damp or dry soil. Hence, his rule for the present is only applicable to bones preserved in tombs; but further investigation may, we doubt not, determine the loss of organic matter under the different circumstances enumerated.

The *Almanach de Médecine* states the number of physicians in the department of the Seine at 2,047, comprising 1,667 doctors of medicine, and 380 *officiers de santé*. Of this number of physicians 19-20ths belong to the city of Paris! there being just 1,947 within the fortifications; only 100 being left for the communes situated beyond them. Supposing the population of the department to amount to two millions, there would be on an average, one physician for every 1000 inhabitants, and if from this number we subtract all the poor who are taken care of in the hospitals, and those who are members of mutual benefit societies, it may really be asked how many profitable patients fall to the lot of each physician?

W. N. C.

Paris, Ecole de Médecine, 12th Feb., 1862.

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## REVIEW DEPARTMENT.

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ART. XIV.—*A Treatise on Diseases of the Joints*. By RICHARD BARWELL, F.R.C.S., Assistant Surgeon, Charing Cross Hospital. Philadelphia: Blanchard & Lea. Montreal: Dawson & Sons.

Mr. Barwell commences his treatise with a clear and ample description of the physiological anatomy of joints. The reader who has seen his paper lately published in the *Medico-Chirurgical Review* upon the articular cartilages, will be prepared to find in this section of his work some views peculiar to, or rather recently advanced by, Mr. Barwell.

We regret that our limits do not allow us to lay before our readers any of the speculative views of our author; we must confine ourselves to a few extracts of a practical nature. In the treatment of traumatic synovitis we have some good suggestions. "When a wound has been made into a joint, observes Mr. Barwell, the chances of escaping suppuration are, *cæteris paribus*, proportioned to the time it remains open; it should therefore be instantly closed against all entrance

of air, and kept at rest; the patient must be watched that the first signs of inflammation may be combated. It may be well, particularly if the bowels have been sluggish, to give some mild form of aperient at once, that in case inflammation begin one may have a day's start of it. The opium treatment comes again into consideration, and if now a patient were to come under my care with a wound of an important joint as yet uninfamed, he should probably be kept opiated for several days. Locally, ice or at least very cold water constantly renewed is the very best application."

"If inflammation set in, antiphlogistics may be used, but with the greatest caution; we are to expect suppuration, and we must husband our patient's strength to the utmost. I prefer as soon as this action has commenced, to give only salines to calm the fever, to put on poultices, use hot fomentations, do all that is possible to bring on the purulent stage, and its characteristic or suppurative type of fever; then to commence a stimulant and tonic treatment—wine, ammonia, quinine, the mineral acids, ethers, and a strong diet. Now, whether or not narcotism have been used, opium will be indispensable on account of the pain, which is atrocious. This stage of traumatic synovitis corresponds sufficiently with a non-traumatic attack which has become suppurative, and the following point in treatment becomes important. If the wound in the joint be small, or if there be no wound, shall the synovial sac be incised to let out the pus, or shall it be evacuated by a trocar, or shall it be let alone?"

In a paper by Mr. Gay before the Medical Society of London (*Med. Times and Gazette*, 1851,) that able surgeon recommends free incisions into the joint, on the plea that they allow shreds of cartilage, which may be shed into the cavity, to escape. It is for this reason that I cordially commend the value of this treatment. Some French authorities as Petit, Boyer, and others, might be quoted in favour of this plan. A joint once suppurated has lost that sensitiveness to the contact of air which it normally possesses: it is an abscess, and one cause of the great constitutional disturbance produced by the disease is confinement of matter deep among bones and tough fibrous structures. Therefore, if a depending part of the joint can be in any way reached, it should be widely incised; but the part *must* be depending. Pus must not be allowed to stagnate and putrify in the recesses of the cavity, or pyæmia will be pretty certain. The difficulty of getting at the hip, except by a very deep cut, would render such means inapplicable to that joint. The trocar would be the better method of emptying that cavity, but the greatest caution must be used that no air be permitted to enter." Page 71.

With most of the views put forward in the above paragraph we fully coincide. There are some however to which we do not assent, and we think that some very important points in the treatment of these accidents have been omitted altogether. In the first place, as absolute rest is indispensable in the treatment of wounds of joints, we cannot recommend purgation at the commencement of treatment, which in all cases obliges the patient to leave his bed or use a bed pan. In injuries of the joints of the upper extremities, this objection may not be so urgent, but most assuredly it applies with great force to injuries of the ankle and knee joints, and on that account we abstain from the use of purgatives at

the commencement of treatment. The necessity for them is not imperative; the individuals who usually meet with these accidents are healthy persons, occupied in their every day-work or pursuing their ordinary avocations, in whom constipation for a few days will produce no inconvenience, whilst *undisturbed rest in the recumbent position, and complete immobility of the injured joint* are the chief elements in the treatment.

The method of treatment that we find most successful, is to close the wound at once, if a clean incised one, and if we find no synovia flowing, we do not probe to satisfy our curiosity; the good to be obtained by such explorations being in all cases much less than the injury done the joint if opened into. The next step is to bring the edges of the wound together by *few* points of suture. If the wound is ragged and irregular, every effort is made to convert it into a simple incised one, by judicious management: a wet bandage is then applied in the figure of 8, and the edges of the wound are brought in contact and retained in that position by means of this bandage, which is not removed for several days, and is kept constantly wet. In hot weather a little chlorate of potash is added to the water to keep down fœtor. *The limb is placed upon a long splint* extending a good way above and below the injured joint, and retained *in situ* by bandages at each end. The splint may be placed at one side of the joint, but in no case do we remove it for several days. Perfect immobility is thus maintained, and this, next to the rapid closing of the wound, we regard as the great point in the treatment. We have treated many injured joints in this manner, and have met with considerable success. In the application of the bandage, care should be taken to make it answer the purpose of adhesive plaster in bringing into nice apposition the opposed surfaces of the wound, and if well adjusted it will do so admirably, whilst it permits the sanious discharge from the wound to escape, the adhesive plaster retaining it. By its gentle and equable pressure congestion is restrained, and the chances of inflammation diminished. There is no class of injuries in which the meddling and fussy surgeon does more mischief than in these wounds of joints. The condition of the articulation can be readily ascertained without disturbing the dressings; the objective and subjective symptoms (terms in which some of our brethren delight) can be discovered whilst the *nimia diligentia* is restrained. From what has been said on the subject of rest, the reader may judge of our horror on seeing a practitioner remove the dressings which a surgeon of skill had applied to an incised wound of the knee joint, and having freely separated the edge of the wound, introduce a probe to satisfy us that the instrument (a broad chisel) had entered the cavity of the articulation. The rapid manner with which we drew back his hand, seemed to astonish him, and his surprise that we did not approve of his groping, was intense, for, as he assured us, his object was to establish a good suppuration! What became of the joint under such treatment it is not difficult to conjecture, for having entered our protest against such barbarous treatment we declined attending with such a heroic practitioner.

Mr. Barwell supports his recommendation of narcotism in the treatment of these injuries by allusion to its successful employment in other wounds. "I have known, he says, the most terrifying looking injuries: the prow of an out-

rigger run four and half inches into a man's loins; a knife plunged into the abdomen, so that a wound of the stomach seemed a necessity; or area railings run through a thigh, all treated by narcotizing, all get well without a bad symptom."

Though we are in the habit of using opium in such cases, we usually combine it with minute doses of tartar emetic and calomel. The great importance we attach to a fixed condition not only of the joint itself but of the entire limb, renders narcotism unnecessary, yet we dare say some of our readers may be disposed to employ it.

In the treatment of ordinary synovitis there is nothing new in Mr. Barwell's directions. He gives cases to illustrate his views, some detailed at great length, and one, the second in his list, appears to have been an example of articular rheumatism, and not simple synovitis. The ankle and knee of one side were attacked at the beginning of the disease; two days after, the pain left the knee, and "she had some pain in both shoulders," Next day she had shivering, the pain left the knee entirely, the right knee resumed its normal temperature and colour, but the shoulders were painful, swollen, and hot. Three days after this there was friction sound over the region of the heart, and in addition, both hands had become affected in all their joints."

"It is useless, says Mr. Barwell, "to follow out the case day by day. Under the treatment of my friend Dr. Hyde Salter, the symptoms diminished. I myself saw her constantly, *being interested in the joint affection.*" "In about a month from the first attack every joint had recovered its normal size, and merely occasional uncertain pains were left."

The clause we have marked in italics illustrates the kind of "fussy practice" complained of Dr. Copeland some years ago, as the consequence of dividing the practice of medicine into specialities. A practitioner devoting his attention to, and putting himself forward as an authority upon diseases of the joints, finds his patient exhibiting an erratic form of synovitis, and forthwith places her under the care of a physician, though claiming for himself more than ordinary familiarity with articular diseases. We remember the late Dr. Greaves illustrating the absurdity of this division of labour by an anecdote of a patient of his who was advised to place himself under Dr. Farr of London. Dr. Farr treated the patient for a couple of months, and then assured him that his liver was all right, but he would now recommend him to go to Dr. Bright, to get his kidneys put in order.

Mr. Barwell believes that the disease called gonorrhœal rheumatism is only a minor degree of pyarthrosis, and he thinks his view is supported by the analogy of the consequences which follow operations about the prostate, neck of the bladder, and uterus, in which the intricate net work of veins being wounded, purulent infection is established, and suppurative destruction of the joints frequently follows. "If then suppuration in this portion of the body be so apt to produce purulent infection, and more especially the articular form of the disease, can it be wondered at that suppuration of the male urethra is occasionally accompanied or followed by pains and swellings of joints, which have been, and often are still, mistaken for rheumatism." Is Mr. Barwell correct in saying such coinci-

dences are often mistaken for rheumatism? We say "coincidences" advisedly, for if there be such a disease as gonorrhœal rheumatism, it has not been our lot to witness it in a practice both private and public of nearly a quarter of a century. We believe we are safe in asserting that during that period we have had under our care more than an ordinary number of examples of joint disease and gonorrhœa, both in private and hospital practice, and we now state that we never witnessed a case of gonorrhœal rheumatism. We lately enquired of a surgeon in extensive practice in this city if he had been more fortunate, and he answered that he had seen it occur twice in the same individual, and we have enquired also of experienced army surgeons, and have been assured that they had never witnessed an example of this form of rheumatism. We are quite aware that the remarkable case given by Sir A. Cooper, can be quoted in support of the connexion of these diseases. May we not ask, is it not likely that the habits which led to the contraction of gonorrhœa, may have led to the individual's contracting also an attack of rheumatism? Are not intemperance, exposure to night air, and loose habits generally, predisposing causes to that affection. If there is a well marked connexion between the two diseases, ought we not to have more frequent examples of it. We are aware that it is the fashion to speak of this disease as of frequent occurrence; we can only say we have not noticed it, though carefully watching for it, for several years, with fair opportunities for observation.

Is Mr. Barwell correct also in tracing an identity with pyarthrosis? Is not the supposed rheumatism a malady very chronic in its character, difficult of treatment, and usually ending in the restoration of the functions of the joints. On the contrary, is it not the case that pyarthrosis is not only a fatal disease, but that a striking peculiarity of the affection is the rapidity with which the joint is destroyed, the usual stages of inflammation being passed through in such quick succession, that scarcely any interval exists between the commencement and termination of the disease, total destruction rapidly following the first indication of the joint being attacked.

There are many other points in Mr. Barwell's work to which we will direct attention in a future number of this Journal. In the meantime we recommend it as a valuable addition to the library of the practitioner, and an excellent guide to the junior practitioner.

*(To be continued.)*

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## PERISCOPIC DEPARTMENT.

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### SURGERY.

#### THE PATHOLOGY OF CAPSULAR CATARACT.

By DR. SCHWEIGGER, of Berlin.

The crystalline lens, in the normal state, consists of prismatic fibres, or according to Köliker, tubules with toothed edges, by which they adhere to each other.

They contain a semi-fluid substance of an albuminous nature, and transparent. The capsule enclosing the lens is a structureless membrane, with difficulty destructible by chemical reagents, and very slow to lose transparency. Between the anterior capsule and the crystalline lens is a layer of six-sided nucleated epithelial cells. These do not exist upon the posterior capsule, nor upon the front surface of the anterior capsule.

In former days there was no hesitation in classifying cataracts into capsular, lenticular, and capsulo-lenticular. On the contrary, Malgaigne affirmed that capsular cataract never occurs, the membrane always preserving transparency, and in proof he offered many dissections. We now know that the capsule does become opaque. It is not true, however, in cataract, that, as Tyrrell says, "no practical good would result from the most accurate diagnosis as regards the seat of the opacity."

The practical good which results from diagnosing in a case of cataract the existence of capsular opacities is, that their presence is evidence of complicated cataract. In other words, they show either that the cataract has undergone secondary degeneration, or that the cataract is produced by disease of other tissues of the eye.

By capsular opacities are meant, densely white spots upon the surface of a cataract which contrast more or less strongly with the duller tinted mass. They do not consist so much in change of texture in the capsular membrane itself: this is almost always found to be transparent, and thus far Malgaigne's assertion may be admitted. But the membrane is wrinkled and thrown into folds; it becomes thickened and also thinned. The intra-capsular epithelium undergoes alteration. Opaque lens matter is precipitated upon and attaches itself to the capsule. Such in general is the nature of capsular cataract.

Opaque spots on the capsule give evidence: 1st. Of an "over-ripe" or so-called Morgagnian cataract; 2nd. Of chronic irido-choroiditis as the cause of cataract.

One of the signs consulted to determine the "ripeness" of a cataract, is the breadth of the shadow cast upon it by the iris. Mackenzie says, "if the shadow is distinct, the lens is probably small and hard." There is an error here implied, namely, that the whole lens has shrunken and has withdrawn from contact with the iris. We know that the front surface of the lens is always in contact with the pupillary margin—and in cataract a very trifling diminution in bulk takes place. The explanation of the broad shadow is that while the nucleus has become opaque the cortical layers are yet transparent. If no shadow is cast, the whole lens has become opaque.

The cortex of the lens is softer than the nucleus, and where its fibres have degenerated so far as to lose transparency, they after a certain time lose their form. They become disintegrated and liquefied. The nuclear fibres, being harder, are not thus dissolved, and the nucleus as a yellow lentil-shaped body, contrasts strongly both in colour and texture with the different cortex. This cortical emulsion, consisting of decomposed lens matter, contains cholesterine, fat globules, myeline, and granular matter. Between it and the aqueous humour, interchange takes place by osmosis through the lens capsule. The process is most free where the communication is easiest, namely at the pupil. At this situation the capsule acquires a dense opacity. It is produced: 1st. By wrinkling of the membrane, because by liquefaction of its cortex the lens has lost a little in bulk; 2nd. By exosmosis, the cortical emulsion becomes thicker, and particles are deposited in a more concrete mass upon the pupillary part of the capsule; 3rd. The intra-capsular cells beneath this deposit become atrophied, and adjacent to it become altered: instead of being flat and hexagonal, they are globular, elongated, filled with transparent fluid, sometimes enlarged and of irregular forms.

The kind of capsular opacity indicative of an "over-ripe" cataract, is one corresponding in size and situation to the pupil, of a glistening white colour, its edges marked by striæ or dots. It often has a lustrous satiny look, because probably of the greater presence of cholesterine crystals. There are sometimes smaller opaque spots at a distance from the central spot. I may add in aid of the diagnosis, that when in a dark room artificial light is by a convex lens cast obliquely upon the cataract, the yellow nucleus may be sometimes seen through the fluid to have fallen from the centre to the bottom of the capsule. If the pupil be dilated it may all be seen, but if not dilated, only its upper rim can be discerned. I need remark nothing upon the importance of diagnosing an "over-ripe" cataract before the operation is performed.

The second case in which capsular opacity gives valuable information, is in the so-called "inflammatory cataract," or one resulting from chronic irido-choroiditis. The nutrition of the lens and therefore its transparency, are impaired by the choroidal disease, and the transformation begins at the surface. Hence capsular opacities appear early. They consist: 1st. In metamorphoses of the intra-capsular epithelium—the cells generated in larger quantities and of irregular shapes; 2nd. Membranes are formed which though transparent singly, yet by their arrangement cause opaque spots and thickening of the capsule; 3rd. Cretaceous deposit occurs in the transformed tissue. Calcification often beginning in the capsule pervades finally the whole lens—and that the capsule may disappear by atrophy. Opacities do not take place so frequently on the posterior capsule as upon the anterior. They consist of deposits of softened lens matter, and also result by extension of the morbid generation of intra-capsular epithelium to the posterior capsule.

The practical clinical distinction between capsular opacities of chronic irido-choroiditis and of partially liquefied cataract, is that the former are scattered all over the front surface of the cataract, while the latter is mainly confined to one large central spot. Both result directly from a similar cause, namely, softening of the surface of the lens, but the causation of the softening is different.

A third variety of capsular cataract without participation of the lens, is noticed after central perforation of the cornea. This happens oftenest in ophthalmia neonatorum: by ulceration the cornea is perforated, aqueous humour escapes, the lens comes forward, and the capsule for some time lies against the aperture, exposed to the irritating conjunctival secretions. After a time the opening is closed, the anterior chamber re-established, and the cornea may recover transparency. Upon the capsule will remain a central white dot, sharply defined, and penetrating the lens to a certain depth. The capsule has not been ruptured, but contact with the opening in the cornea has caused transformations of the intra-capsular cells and adjacent lens substance.

Lastly, the capsule often remains as an obstruction to vision, after extraction of cataract. It is often dotted with dense white opacities, or totally opaque. These white spots consist partly of softened lens matter entangled in the folds of the membrane, and partly of new formations by proliferation of the intra-capsular epithelium. Sometimes this extraordinary development of cells extends even to the posterior capsule.—*American Medical Times*.

#### SPERMATORRHŒA SUCCESSFULLY TREATED WITH ACONITE.

In the *Cincinnati Medical and Surgical News* for August, Dr. J. J. Kimberlin has an article upon spermatorrhœa, and gives a case illustrating his treatment. He believes spermatorrhœa to be the result of "an excessive sensibility of all the urino-seminal vessels, especially of the prostatic urethra," and directs his treatment accordingly. The following is his prescription:—

"Two parts of the solid extract of aconite, and one of hemlock, were broken



down with water to the consistency of cream. Of this an unguent was formed by adding lard in sufficient quantity with which the perineum was well anointed, three times per day for over a week, in conjunction with a regular course of salines to keep the bowels soluble. At the expiration of the time mentioned my patient returned much elated with the success of the course of treatment."

This treatment was continued for a month longer, and the doctor says the cure was perfect.

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#### NEW PROCEDURE FOR THE LIGATURE OF THE SUPERFICIAL PALMAR ARCH.

"All surgeons are aware that the gravity of the wounds of this artery is entirely out of proportion with its size. The difficulty of checking the hemorrhage arises, on the one hand, from the fact that blood is supplied in almost equal quantities by the radial and ulnar arteries, and on the other, from the number of collateral vessels given off in so limited a space. Hence it is almost impossible for a solid coagulum to form in the divided extremities of the artery. The superficial situation of the arch, in a region so exposed as the palm of the hand, accounts for the frequency of these injuries. In general, pressure on the site of the wound and on the principal arteries leading to the hand is at first resorted to; but the abundance of secondary hæmorrhage soon compels the surgeon to secure the radial, ulnar, or even the brachial arteries, a series of hazardous operations which might be avoided, were it possible to apply a ligature directly upon the extremities of the open vessel. This precept is, however, seldom complied with, on account of the loose description given by anatomists of the exact situation of the superficial palmar arch.

"Dr. E. Boëkel, Fellow of the University of Strasburg, has recently published, in the local *Medical Gazette* some new indications which may guide the operator in his search for this artery, and permit him to secure it without unnecessarily extensive incisions.

"Place the thumb," says Dr. Boëkel, "in the greatest possible abduction, and draw a line from its ulnar edge across the palm of the hand. In front of this, which may be denominated the guiding-line draw a second in a parallel direction, at a distance of a third of an inch nearer to the fingers, or more correctly at an equal distance between the first line and the middle cutaneous fold of the palm; this is the precise position of the superficial arch, and if the skin and palmar fascia are divided here, the artery will be at once exposed, and found reposing on a layer of fatty tissue which separates it from the nerves and tendons. No apprehension of wounding these need therefore be entertained.

"It will perhaps be alleged that no fixed rules can apply to an artery so irregular as the palmar arch; but it must not be forgotten that the anomalies alluded to refer less to the exact situation of the vessel than to the dimensions of its supplying branches. I have performed the ligature above twenty times on the dead subject, guided by these rules, and have never once failed in alighting on the artery in the exact position described.

"An accurate knowledge of this anatomical detail has another advantage quite as great as that of giving increased facility in finding the artery, viz., it supplies us with the means of avoiding it. Phlegmonous inflammation beneath the palmar fascia, at the same depth as the arch, frequently requires incision, which is never extended toward the wrist without a certain amount of hesitation. The indications I have mentioned will permit the surgeon to use the knife with more boldness, and at the same time with greater safety, and they have already done me good service for this purpose."—*Journal of Practical Medicine and Surgery.*

## MIDWIFERY.

## FŒNICULUM AS AN AGENT FOR PROMOTING LACTATION.

Dr. A. K. Gardner, in his valuable paper on Lactatics, gives the following interesting particulars respecting the medical properties of fennel. Hippocrates, as well as Galen, speaks of fennel as a means of increasing the lacteal secretion. Dioscorides ascribes the same power to it. According to Mitscherlich, also, it increases besides other secretions, certainly that of milk. In Germany, especially it has been tried extensively and lauded correspondingly. It is given either alone as infusion *ad libitum*, or combined with various other articles still to enhance its power. Among the most celebrated and valuable formulæ is that of Hufeland:—

“ R. Sem. Fœniculi.....	3 i.
Cort. Aurant. Flav.....	3 ss.
Subcarb. Magnes.....	3 iij.
Sacch. Alb.....	3 ij.

“ M. ft. pulv. Dose, a teaspoonful three times a day.

“ I have obtained surprising results from Hufeland’s formula, which I have employed in several cases; in one where the secretion had been suppressed for three weeks.”—*Chemist*.

## CASE OF PROLAPSUS UTERI, ACCOMPANIED BY INCONTINENCE OF URINE.

## CURE BY OPERATION.

Under the care of M. HARRY STAPLETON, M.R.I.A., Surgeon to Jervis-street Hospital and the Mater Misericordiæ Hospital, &c.

(Reported by Mr. DAVID DALY.)

Mary Ryan, aged 48, was admitted into Jervis-street Hospital, under the care of Dr. Stapleton, on the 9th of May, 1861. About six years ago she was delivered of her seventh child. For three months subsequently she suffered from uneasiness about the lower part of her abdomen, accompanied with bearing-down pains, and also pains in her loins. At the end of this period, as she was in the act of passing water, a tumour came down between her thighs, which increased so rapidly from day to day that she became, after a short period, unable to walk or even to stand upright. She continued in this state for nine months before seeking medical relief, since which she has been the inmate of more than one hospital, and various means had been tried which only relieved her imperfectly for a time, being subsequently followed by much irritation and annoyance.

On examination, a tumour formed by the womb, and nearly equal to the size of a child’s head, was seen protruding from the vulva, the os being directed backwards. This tumour appeared to be covered by a dry smooth skin, with the exception of its anterior surface, which was excoriated by the constant dribbling of her urine, which she was unable to retain.

After some days confinement to bed in the recumbent position, and during which period menstruation took place, the tumour became reduced in size and was returned. An operation now having been believed necessary, purgative medicine was ordered on the evening of the 28th inst., which acted well, in addition to which an enema was administered early on the morning of the 29th inst. The bowels having thus been freely emptied, the operation was performed after the following method:—The patient being put under the influence of chloroform, was placed on the table on her back, her thighs being flexed and widely separated. The mucous membrane was then dissected from the lower and back parts of the vagina, and also from the labiæ majores, the wound result-

ing from which dissection was of a horse-shoe shape. Three quilled sutures of thick silver wire were then deeply introduced, and the denuded parts being freed from blood were brought into close apposition; finally, the outer margins of the labiæ were stitched together by five small interrupted sutures of silver wire. The patient being removed to bed, water-dressings were applied, and a pill containing a grain of opium given, which was directed to be repeated every fourth or fifth hour, as might be required, and the urine to be drawn off by a catheter every sixth hour.

30th: Notwithstanding the use of the opium the stomach continued very irritable. Effervescent mixture and hydrocyanic acid were now prescribed.

31st: The pills were discontinued, as she attributed to them the irritability of her stomach.

Jan. 1st: Stomach quiet and slept well.

2nd: The deep sutures were withdrawn. The interrupted sutures were removed on the two following days.

8th: The parts were found to be firmly united.

10th: Complaining of some uneasiness in her bowels, a mild purgative was given, followed by an enema of warm water and olive oil, which relieved her; and on the 25th she left the hospital cured, and expressed herself most grateful for the relief afforded by the operation.—*Dublin Medical Press.*

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#### PUERPERAL CONVULSIONS.

A very interesting discussion took place at the Philadelphia County Medical Society on the 9th October last, a portion of which is extracted from *The Medical and Surgical Reporter* of December 14, relating to Puerperal convulsions, its causes and treatment, in which, after allusion to the various theories suggested as to their cause, concludes with the following summary of treatment.

Except the Germans, who believe in uræmia as the only cause, nearly all recommend free and decided general and local bleedings; the emptying of the stomach if it contain ingesta; the evacuation of the bowels by enemata and brisk cathartics; cold to the head in the form of the douche and ice cap; and sinapisms and blisters to the thighs and calves of the legs. Chloroform has been advocated and condemned. Braun reports 16 cases in succession, successfully treated by anaesthesia, and either benzoic, citric, or tartaric acid, for the purpose of exciting the kidneys to vigorous action, and the removal thus of the urea from the blood. Though thus successful on these occasions, it seems this author did not meet with a like degree of success afterward, as Krassnig reports 16 cases in 1857 and 1858 in Braun's Clinic, at Vienna, of which 9 died.

Simpson, Channing, Seyfert, and Scanzoni favor chloroform.

One of the opponents of this agent says: "Since the irruption into the quiet domain of obstetrics of the vast army of chloroformers and etherizers, there has arisen an increasing disposition to crush out all movements and tendencies to eclampsia, under the force of anaesthetics. Some regard the results as admirable and cheering. I, for my part, cannot adhere to this dogma, for I regard it but a dogmatic institution." (*Dr. C. D. Meigs.*)

Opium and ether are advocated and opposed. The former, however, is more generally commended. It is generally regarded as preferable after blood-letting and the emptying of the uterus. Braun, however, recommends the use of opium where blood-letting has not been practised, and directs from 1 to 6 grains, or  $\frac{1}{4}$  to 1 grain of acetate of morphia within six hours, and at the same time 20 to 30 drops of an anodyne injection. This he specially recommends where the chloroform and acids do not operate quickly and permanently enough, when the delivery has been effected and the fits continue. "My observations," says Braun, "completely agree with Kiwisch, Scanzoni, and others, in regard to the

use of opium." He does injustice to Scanzoni by this deduction, for the latter says blood-letting, general and local, is indicated at all times when there exists a hyperæmia of the nerve centres.

A vein should be opened, when the patient is robust and plethoric, with a red face, an eye brilliant, the conjunctiva injected, the carotids beat violently, and there is fear of cerebral congestion. If the bleeding is not sufficient, he recommends the application of from 5 to 20 leeches (equal to from 25 to 100 American) to the mastoid processes, and ice to the head. Internally, narcotics, especially opium, after the expulsion of the child, if the convulsions continue; and this he advises to be pushed till profound sleep is induced. Dewees reports a fatal termination from the use of laudanum. Churchill quotes Collins in its favor. Rambotham cites many authorities against it, and he himself condemns it while the symptoms are urgent, and cautions practitioners in its use, even after delivery. Cazeaux declares it should be banished from the treatment. Colombat counsels reserve in its employment when there is cerebral congestion and stupor. Meigs advises it after free depletion, the evacuation of the bowels, and the application of revulsives to the limbs. He says a good dose ought to be given, as 40 drops of laudanum, or 20 of black drop, or 2 grains of the powdered opium, or 50 drops of laudanum as injection.

The obstetric treatment is indorsed by all. It may be summed up as follows:—

Use every means to dilate the os uteri, so as to deliver. The womb should be emptied by encouraging contraction; the great indication is to empty the uterus, as this, as a general rule, is followed by very positive improvement in all the symptoms.

In conclusion, Dr. Naegelé offered the following summary:—

1. That the nature of puerperal convulsions is yet undecided.
2. That the cause or causes are undetermined.
3. That uræmia as the *only cause* is not only doubted but denied, if not disproved.
4. That the dependence of the convulsion upon the retained urea in the blood, being by some supposed ferment converted into carbonate of ammonia, is at best but an hypothesis, whose truthfulness is strongly disproved by the experiments of Dr. W. A. Hammond; experiments precisely similar to those performed by Frerichs, upon which he reared his carbonate of ammonia doctrine.
5. That post-mortem revelations are unsatisfactory, and at best present but little that is positive in regard to the pathology of puerperal convulsions.
6. That in reference to the treatment, the almost universal testimony is in favor of reasonable depletion, general and local; that the use of chloroform and opiates as remedies are each both strongly recommended and almost as strongly denounced; and that the obstetrical treatment, the speedy and prompt emptying of the uterus is the only portion of the management of puerperal eclampsia which is universally agreed upon, as proper.

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## MEDICINE.

### REMARKABLE CASE OF RECOVERY FROM DROWNING.

In the *Boston Medical and Surgical Journal* for September 5th, Dr. Alfred C. Garratt reports a very interesting and remarkable case of recovery from drowning, in which Faradism and electro-puncture were the principal agents employed. The case is well worthy of being quoted entire, but our limited space will not admit of it.

It is stated that the patient had been immersed for *twenty or thirty* minutes

"some verily believing it was an *hour*." The body was cold, and apparently lifeless. The stomach was emptied of water by means of a pump, artificial respiration was attempted and persevered in, and friction with hot cloths, and squeezing and kneading the muscles everywhere was simultaneously carried on by resolute and willing hands. Next, by means of a magneto-electric machine, the application of electricity was commenced with in earnest.

"The machine was put at work at greatest power. The metallic electrodes, covered for the time with bits of wet rag, were applied, the positive to the back of the neck, while the other was at first glided along over the shoulder to the side of the neck, over the pectoral, serratus, and other chest-muscles, first on the left side and then on the right; changing back and forth, say every minute, changing the direction of the current occasionally; also changing the site of the electrodes, bringing the upper or positive one to the side of the neck and over the pneumogastric nerve, then to the brachial plexus, then over the trapezius and cervical spine, back and forth, at the same time sweeping the negative along the lower third of the pectorals and about the whole waist. The current was thus used most powerfully one minute as *direct*, and the next minute as *inverse*, and this was continued for one hour."

These efforts were continued with redoubled energy, and with many variations as to the direction of the currents, for half an hour longer.

"At this juncture I resolved to resort to electro-puncture: not primary galvanic, but suitable, or at least admissible, for such a case. Long gold electro-puncture needles, well insulated except their points, four in number, and four inches in length each, were carefully inserted in quick succession, some two or three inches apart, along the front sides of the chest, two in the lower part of each pectoral, plunging them inward and downward between the fifth and sixth ribs, their whole length, thus transfixing the pectoral, intercostal, and diaphragm muscles, embracing the external nerves, also the solar plexus and the phrenic-nerve branches. The introduction of the needles made no visible impression, but the instant the electrodes were now removed from the skin and brought only in contact with the ball-heads of the needles, (or the coupling-chain of each two,) so that the electric current actually traversed the diaphragm from the point of one pair of needles on one side to those in the other, there was produced at each contact, *i.e.*, after a delay of some five seconds or so, most manifest respirations, to the infinite delight of all present, for this was the *argumentum ad hominem*."

These efforts were continued, with some variations, for another hour, during which time the sighing gradually became deeper and more like a natural inspiration.

"In the course of the next half hour the heart beats became very apparent, and soon the pulse was found at the wrist. The respirations were now partially self-induced, and occurred even when the electrode was occasionally withheld."

From this time the current was reduced one-half, and the patient was able now to swallow a little hot brandy and water when poured into his mouth. At the end of ten hours, "the man became sensible, could speak, see, and take nourishment."

The points of interest in this case are the length of time the man had been submerged, and the hours longer that the lungs and heart refused to respond to the powerful means employed. It is true that cases have been reported of recovery after submersion for one-half or three-quarters of an hour, but they are not well authenticated—in fact, are believed by the profession to be utterly fabulous. The longest time of submersion, after which recovery has taken place, that is well authenticated, that we now remember, is *fourteen* minutes. The case is reported in the *London Medical Gazette* for December 23d, 1842. In that case restorative means were used for eight hours before respiration was

re-established. The case reported by Dr. Garratt we hope may stimulate to more thorough and prolonged efforts at restoration, in cases of apparent death from drowning, and it is probable that the persevering and skilful use of electricity may yet be found capable of saving many valuable lives, under such circumstances, that otherwise would have been lost.

Will a man live longer immersed in warm or cold water, is an interesting question. Garratt's patient was immersed in ice cold water. We have some remarks touching this subject, in the *REPORTER* for July 27th, and Professor W. H. Thayer, of Keene, N. H., has a very interesting article upon the treatment of asphyxia, in the April number of the *Berkshire Medical Journal*.—*Medical and Surgical Reporter*.

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#### EXTERNAL USE OF GLYCERINE.

THE difficulty in inducing diaphoresis in acute dropsy with albuminous urine has led to the trial of many plans of treatment, with more or less success. Besides the use of the ordinary sudorific drenches, various external remedies have been resorted to. Hot air, hot vapour, and hot water baths have sometime succeeded, but more frequently failed. I have lately tried the application of glycerine to the surface in some cases of this disease which have been under my care, and the result has been so satisfactory that I am induced to lay it before the profession. I may best explain its mode of use and its effects by giving a case in which it was applied with success.

G. W.——, aged 28, a remarkably strongly-built man, with great power of muscle, fair and fresh-coloured. Had been accustomed to drink hard for some years. A short time before his admission as an out patient at the Metropolitan Free Hospital (on November 1st), he left off drinking for fourteen days to train for a prize-fight, and having successfully accomplished the object of his ambition he again returned to his old habits. He states that he went to bed on Oct. 29th feeling quite as well as usual, and when he awoke in the morning he found his face and hand very much swollen. He says he "could not see out of his eyes for the swelling." The next day, his body and legs and also his loins became swollen. On first presenting himself at the hospital, his whole body was swollen. His breathing was much oppressed; tongue furred on the right half, the other half being clean. The urine was passed freely in natural quantity. On examination, its colour was that of brown sherry, specific gravity 1010; it became perfectly solid on boiling. Pulse 72. Nov. 8th: Finding himself no better, and his urine becoming scanty, he consented to come into hospital. The urine still became solid on being heated, and had a specific gravity of 1018. The skin was dry and harsh, as it had been from the first. I put him under the following treatment:—Compound jalap powder, one drachm and a half, in the morning. Liquor of acetate of ammonia, half an ounce; tincture of the sesquichloride of iron, twenty minims: three times a day. The whole surface of the body and limbs to be sponged with glycerine and water in equal parts, night and morning. The effect of the glycerine was soon developed in a free and gentle perspiration. The dropsy began rapidly to subside, the amount of albumen in the urine to diminish. The skin now feels natural, and performs its functions actively. It is probable that glycerine has a twofold action on the skin both tending to the same end—1st, it softens the cuticle and removes obstructions from the orifices of the sweat-ducts; 2dly, it possibly acts by inducing the escape of fluid by exosmosis. I have used it in several cases of acute dropsy with albuminuria after scarlatina, with good results. I have not found it to produce any injurious effects in any case.—*Dr. Jones of the Metropolitan Free Hospital in Lancet.*

THE  
British American Journal.

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MONTREAL, MARCH, 1862.

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CHARLATANISM.

Every member of the profession is well acquainted with the unprincipled devices to which charlatans resort to secure their object. These are little suspected by the public, on whom they prey like vampyres. So little does the suspicion of being duped take possession of the public mind; so little does it think their pretences flimsy, that if one of the class were to indicate such or such a remedy of his own invention or discovery as a panacea for some especial ill, such as rheumatism, it would yield him the most implicit credence, even were an angel from heaven to point out the deception.

The charlatan knows well, however, that success will never crown his efforts unless he can fortify his pretensions by numberless certificates of the efficacy of the remedy which he is proposing. Accordingly no means are left untried to secure this object, and as the public is unable to judge of their genuineness, no scruples whatever are entertained as to their manufacture *pro re nata*. We therefore find every crowned head of Europe, the Brother of the sun and moon, the Imaun of Muscat, and the Tycoon of Japan, besides a host of smaller dignitaries in Church and State lugged in, to testify by certificate to the marvellous efficacy of the particular remedy. However much the profession, with a sincere desire for the public welfare, may lament this manifest wholesale perversion of truth, it cannot alter the stern reality of the fact, as the excessive gullibility of the public would seem to justify the saying of the poet, that "where ignorance is bliss, 'tis folly to be wise." The following are specimens of these deceptions which have come within our own knowledge.

About the year 1850, Dr. Ayer, of Lowell, introduced to the notice of the profession, at the same time giving the formula, a very beautiful combination of remedial agents, especially adapted to pulmonic affections in certain of their stages, and called the "Cherry Pectoral." From the fact that the formula was published by the Medical Press of this whole continent, this Journal among the number, it was extensively patronized by the profession, and still is under its peculiar conditions deservedly so. Not satisfied with the cautious opinion of its merits

as given by us, or believing that it did not go far enough for its general sale, a false certificate, advising its indiscriminate employment, was published as that of this journal in the *Toronto Patriot* of March, 1851. A protest on our part at the time caused the discontinuance of the falsehood: but we have to remark that the name of Dr. Mott of New York was used in the same advertisement in the same reprehensible way, without his knowledge or consent. It was doubtless never suspected that either ourselves or Dr. Mott would have seen the use thus made of our names. A rebuke on this subject will be found in the April number of the *British American Journal* for the year 1851, which caused the discontinuance of the falsity.

Within the last few days again, our attention has been directed to a stereotyped advertisement of this same Dr. Ayer, having reference to certain pills of marvellous excellence. This advertisement has appeared in nearly all our city papers, and in a great many which we have seen from Upper Canada. Well, there is nothing peculiar in this as a fact, the object being to give the said pills the widest possible notoriety. But unfortunately for charlatanism, we have detected among the stereotyped certificates the following,—

“CONSTIPATION, COSTIVENESS.—(From Dr. J. P. Vaughn, Montreal, Canada.)—Too much cannot be said of your PILLS for the cure of *costiveness*. If others of our fraternity have found them as efficacious as I have, they should join me in proclaiming it for the benefit of the multitudes who suffer from that complaint, which, although bad enough in itself, is the progenitor of others that are worse. I believe *costiveness* to originate in the liver, but your PILLS affect that organ and cure the disease.”

Now we have no hesitation whatever in stating, that in the memory of the oldest inhabitant, and certainly not within the last ten years, as no one has had a better opportunity of knowing than ourselves, no such person as Dr. J. P. Vaughn ever practised medicine in Montreal. The origin of such a testimonial, therefore, speaks for itself.

There has been figuring in one of the daily newspapers of this city, whose name we forbear to mention, since the month of October last, the following modest advertisement:

“TO MARRIED MEN or *Those Contemplating Marriage!*—The Undersigned will give INFORMATION on a very interesting and important subject, which will be valued more than a thousand times its cost by every married couple, of any age or condition in life. The information will be sent by mail, post paid, to any address, on the receipt of a quarter of a dollar, (no stamps).

Address, Post-paid, H. B. MORRIS, M.D., Lock Box 60, Boston Post-Office, BOSTON, Mass.

N. B.—This is no humbug, but is warranted to be amply satisfactory in every instance (regardless of sentiments, age, or condition in life,) or the money will be returned.

All letters should be directed to H. B. MORRIS, M.D., Lock Box 60, Boston, Mass. With a plain signature and address for return.

The following is now a fact which has come within our own knowledge. A gentleman, desirous of ascertaining what the above “important and interesting information” really was, despatched about ten weeks ago a letter to the above address, fulfilling every requirement of the advertisement, enclosing a copy of it,



and requesting an answer addressed to him at his drawer at the Post Office in this city, the number of which was given, his name having been withheld for obvious reasons. The letter was written, and the contents were enclosed, in our presence, and it was posted, postage also paid, by another party who was also at the time present. Although one, if not two, letters to the same address have been since that period sent off, requesting a reply, not the slightest response has been elicited up to the present moment. It is a doubtful point in our mind, if an action would not lie against the proprietor of a newspaper, who admits into its columns, not an advertisement of such doubtful morality as the preceding, but one, whose appearance therein, is a cause of his neighbour being duped. The admission and continuance of such an advertisement, to say the very least of it, however repugnant it may be to the religious and moral feeling of the community, is unquestionably aiding and abetting a fraud, for a fraud it most decidedly is. Who Dr. H. B. Morris of Boston is, we do not know, nor have we ever heard. We certainly think that a well "locked Box" is the best place for him however, from which he should never be permitted to emerge. Possibly our esteemed contemporary, the *Boston Med. and Surg. Jour.* may be enabled to say whether such a wolf in sheep's clothing exists within the range of his knowledge.

But such are a few out of the thousand deceptions practised upon the public; and yet, if it had the most palpable evidence to the contrary, that evidence would not be believed. Such is the frailty of human nature, such the eagerness with which, like drowning ones, dying or even sick men catch at straws. Were more common sense exhibited on the part of the public, fewer of these pests of society would secure fortunes. Yet it is a fact, that while every one of that class finds no difficulty in realizing a fortune, very very few of the honest scientific physicians attain to such a happy degree of prosperity.

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#### THE ILLEGAL PRACTICE OF MEDICINE, &c., BY THE SISTERS OF CHARITY.

In connection with what we had, unfortunately, lately occasion to expose in regard to the sisters of the St. Pelagie Hospital in this city, it would appear that their co-sisters in France have been equally, and we are willing to believe, *equally unwittingly*, transgressing the law and at the same time, as will appear from the following correspondence translated from the "Journal de Médecine of Bourdeaux."

VANNES, 7th January, 1862.

*To the President of the Medical Association.*

SIR,—The Imperial Attorney has directed me to inform you, that the matters in connection with the complaint of the Medical Association of which you are President, against the religious associations in the Department of Morbihan which discharge the duties of physician and apothecary, has at length been settled. Mr. the Chancellor, after having communicated with the Ministers of the Interior, of Public Instruction and Worship, has decided that the Sisters should be restricted within the limits fixed by law, and the regulations of medicine and pharmacy; that they can only give gratuitously to the sick poor, and distribute among them, the simple and *magisterial* remedies, but without having

any right to sell them. The Minister of Public Instruction, and his colleagues of the Interior have addressed a letter to his Lordship the Bishop of Vannes, and the Prefect of Morbihan to that effect.

I hope that these measures will bring about the results which the Medical Association wishes, in the remedy of abuses of which it so justly complains.

Permit me to assure you, Sir, of my distinguished consideration.

IMPERIAL ATTORNEY GENERAL BOULLÉ.

The Editor of the "Journal de Médecine de Bourdeaux" adds to the foregoing the following remarks:—

"By the decision of the Ministers of Justice, of the Interior, of Public Instruction and of Worship, the laws of the Ventose and the Germinal An. XI. receive momentous importance (une solennelle consécration). The abuses relating to the practice of medicine and pharmacy, especially those which were due to the encroachment of the "Congregations" must cease. The 91 religious pharmaceutic establishments, such as we have them, and as designated by the Imperial Attorney, and which really exist within our department, are declared illegal; the complaint of the Profession is recognised as legitimate and well founded; and that there should exist no doubt, the letter of the Imperial Attorney takes care to notify the Sisters, that if they are permitted the employment of remedies, they are those which are *magisterial*, that is, prepared and administered under the instruction of a physician. But they are only permitted to give medicine, and that gratuitously, to the indigent alone."

#### OUR PARISIAN CORRESPONDENT.

We acknowledge from Mr. W. N. Cote, who commenced his studies in McGill College, and is now prosecuting them in Paris, the kind offer of a series of monthly contributions under the shape of correspondence, keeping our readers advised of matters of new professional import in that metropolis. While thanking Mr. Cote for his kind attention, we will cheerfully comply with his wishes, as his reception of the present and past numbers of the Journal will demonstrate. Mr. Cote's first letter appears in its proper place.

#### MR. M. M. MITIVIER.

Our attention has been drawn to the following modest advertisement of this gentleman in the official Gazette:

I, the undersigned, hereby give notice that I shall apply to the Provincial Legislature, at its next Session, for a Bill authorizing me to practise Medicine, Surgery and Midwifery. M. M. MITIVIER, Ste. Brigide, Jan., 1862.

Of the antecedents of this party we know further from another advertisement in the same Gazette, that he is one of some new trustees for the erection of a church in Ste. Brigide, that he prays for an act legalizing his and his confrères' election as such new trustees, and to regularize certain acts of theirs, whereby we infer that there must be something knowingly irregular; and that some years ago he obtained a degree in medicine from some college in the United States—another piece of irregularity, wantonly perpetrated in defiance of the law of the land, of which he could not but be cognizant, and for which he now seeks an indemnification. We will be very much astonished indeed, if the Legislature does not refer him to the College of Physicians and Surgeons, their duly appointed guardian for the management of all such matters.

SUSPENSION OF DR. STEWART, PROFESSOR OF ANATOMY, UNIVERSITY OF QUEEN'S COLLEGE.

It is not without feelings of pain, however little we may feel surprised at it; that we give publication to the following minute of proceedings at a meeting of the Board of Trustees of the University of Queen's College. We are not aware of the precise grounds of complaint against Dr. Stewart, made on the part of the other members of the Faculty of Medicine of the University, but we have seen enough in the columns of a newspaper named the *Argus*, of which the editor and proprietor is Dr. Stewart himself, against his colleagues in the University, fully more than sufficient to justify the proceedings taken against him. We especially regret to notice the intimation conveyed in the last paragraph, that the "suspended party," from motives of revenge, is endeavouring to injure the University. We cannot but give expression to the sentiment, that all the efforts of the party alluded to, will prove impotent to effect any such base design. The character of the University, as well as that of the parties connected with it, stands far too high in public estimation, to be influenced even in the slightest degree by any such malignant attempts.

MINUTE OF MEDICAL FACULTY.

Queen's College, Kingston, 13th March, 1862.

The Secretary read the following deliverance by the Board of Trustees on the complaint lodged by the Faculty against John Stewart, L.R.C.S.E., Professor of Anatomy:—

*"Extract from the Minutes of Proceedings at a meeting of the Board of Trustees of the University of Queen's College, Kingston, held on Wednesday, the 12th day of March, 1862.*

"Read extract minute of proceedings of the Medical Faculty, of date the 7th February last, together with a document of date the 13th of the same month, transmitted by same Faculty, embodying statement and complaint of certain improprieties of conduct preferred by said Faculty against Dr. John Stewart, Professor of Anatomy. Read also Dr. Stewart's letter to the Trustees containing his reply thereto, and intimating that he is preparing further documents to support his general defence.

"Having duly considered the same, the Board, while reserving their final decision on the whole case, yet find that the charges, admitted by Dr. Stewart, are of so grave a character, and involve such indiscretion and impropriety of conduct on his part, as must necessarily tend to the subversion of discipline in this Institution—of whose interests they are the appointed guardians.

"Whilst the Board regret to lose the services of a gentleman of Dr. Stewart's zeal and professional ability in so important a department of Collegiate instruction, they are, nevertheless, constrained by the higher consideration of a regard to the interests of the Institution itself, to suspend, in the meantime, as they hereby do, from this date, suspend the said Dr. John Stewart from the discharge of all the duties and the enjoyment of all the privileges of his Professorship in the Medical Faculty of Queen's College and University."

Extracted from the Minutes of Proceedings by

W. IRELAND, *Secretary to the Board of Trustees.*

The Faculty direct the Secretary to have this Minute printed and circulated among the Graduates and Students, with an assurance that effectual means shall be taken to counteract the efforts made by the suspended party to injure the University.

GEORGE LAWSON, *Secretary.*

## UNIVERSITY OF QUEEN'S COLLEGE, SESSION 1861-62.

The following questions in the different branches of medical science, constituted the written examination of candidates for the degree of M.D., held at the commencement of this present month, in the University of Queen's College.

## MATERIA MEDICA.

1. What do you understand by the term Medicine, and what are the points of difference between a Medicine, a Remedy, and a Poison?
2. Write a Prescription for Laxative Pills, to be administered in a case of habitual constipation, stating the dose, and times of using.
3. What is the composition of Arsenical Solution? State the proportion of arsenic in each ounce of the solution, and mention the diseases in which it is used.
4. State the cases in which Strangury is most apt to occur after the application of a Blister, and what means should be used to prevent such an occurrence.
5. How do Opium, Quinine, and Alcohol, differ from each other in their action on the brain?
6. What are the doses of the following medicines: Powdered Squills, Ergot of Rye, Extract of Belladonna, and Corrosive Sublimate?
7. State the modes in which Emetics may prove curative.

Kingston, 10th March, 1862.

## CHEMISTRY.

1. Describe the preparation of Potassium. What is the composition of Caustic Potash? Mention its ordinary impurities, and state how it may be obtained in a pure form.
2. Describe the process of manufacture of Sulphuric Acid.
3. Enumerate the principal substances found in solution in spring, river, lake, and sea waters. Give at least one test (generally applicable) for each substance, and state the process by which "hard" waters may be rendered soft.
4. What is Cyanogen? How is Hydrocyanic Acid prepared. Explain how you would find the per centage.
5. Describe Rubidium and Cæsium, and explain the process by which they were discovered.
6. Give a probable theory of the chemical constitution of the vegetable Alkaloids, with arguments in its favour.
7. Give briefly tests for Salts of Mercury, Copper, Lead, Arsenic, Antimony, Protosalts of Iron, Lime, Strychnia, Nicotia, Morphia, Alcohol, Sugar.

Kingston, 10th March, 1862.

## SURGERY.

1. Describe the course and coverings of Oblique Inguinal Hernia.
2. What Diseases bear a resemblance to Inguinal Hernia, and what are their diagnostic marks?
3. Enumerate the different Fractures to which the Cervix Femoris is liable; the diagnostic marks, the ordinary results, and the treatment applicable to each variety.
4. What is the distinction between True and False Aneurism? What is the treatment applicable to each variety?
5. What is the difference between an Acute and a Chronic abscess? State the treatment applicable to each variety.
6. What are the diagnostic marks that distinguish a Benign from a Malignant Tumor?
7. What are the Dislocations that occur to the Shoulder Joint? Name them in the order of their frequency, their diagnostic marks, and mode of reduction.
8. What is Mortification? How would you distinguish it from simple discoloration? Enumerate the causes that most frequently produce it.
9. What are the Symptoms of Compression of the Brain; the causes that usually produce it; and what is the appropriate treatment?
10. What do you understand by Resection of a Joint? To what diseases is such an operation applicable?

Kingston, 13th March, 1862.

## OBSTETRICS.

1. Give the varieties of Dysmenorrhœa, and the diagnosis and treatment of each variety.
2. What are the displacements of the Uterus, and the diagnostic signs of each displacement?
3. Enumerate the various Vaginal Discharges, and the pathological conditions upon which each discharge is dependent.
4. How would you treat a case of Abortion?

5. What are the circumstances which contra-indicate the use of Ergot?
6. What conditions of the Membranes impede the progress of Labor, and what is the proper management of such cases?
7. Give the causes and treatment of retention of the Placenta.
8. Give the indications for the use of the Forceps, and the mode of applying them.
9. What are the circumstances which render necessary the Induction of Premature Labor? and state briefly the various methods adopted.
10. State the symptoms, pathology, and treatment of Phlegmasia Dolens.
11. Give the cause, diagnosis and treatment of Unavoidable Hemorrhage.
12. Mention the causes and treatment of Infantile Asphyxia.

Kingston, 13th March, 1862.

#### ANATOMY.

1. What Muscles give the triturating movement to the Lower Jaw? Give their origins and insertions.
2. From what glands is the saliva derived? Name the arteries and nerves supplying these glands.
3. What is the character of the blood passing through the liver? Name the vessels by which it enters, by which it is carried away, and the changes that take place in the blood in its passage through that organ. State the manner in which these changes, if any, are effected.
4. Name the muscles that form the inner and outer hamstrings. Give their origins, insertions and actions.
5. Give the branches of the abdominal aorta, in their order from above downwards, and name the principal divisions of each branch.
6. Describe the fifth pair of cranial nerves; give their divisions and functions, and state to what muscles or membranes they are distributed.
7. Describe the thoracic duct. State what it carries, how and whence it receives, and where it discharges what it carries.
8. Give the name, origin, and relation of the muscles inscribed into the posterior bicipital ridge and groove of the Humerus.
9. Name the tunics, humors and chambers of the eye-ball. Give the nerves and arteries supplying the tunics, and the location of the humors.

If the first seven questions are answered fully, the last two may be omitted.

Kingston, 8th March, 1862.

#### MEDICINE.

1. What circumstances in health affect the proportion of the red globules in the blood?
2. What morbid conditions of the body increase, and what diminish the proportion of red globules in the blood, and what phenomena result from their increased and diminished proportions respectively?
3. In what way does the accumulation of carbonic acid in the blood prove fatal to life?
4. What is the anatomical characteristic in the acute anasarca, which sometimes occurs after scarlatina and typhus?
5. In what way do septic poisons destroy life?
6. Give the diagnosis between meningitis and delirium tremens.
7. Give the diagnosis between pneumonia and acute primary pleurisy.
8. Give the diagnosis of valvular disease of the heart, from the functional affection of the heart observed in anæmia.
9. Describe briefly the treatment for pneumonia, for acute gastritis, and for enteric fever.

#### THE MEDICAL SCHOOLS OF CANADA.

The following will be found to be a list of the students in attendance this session at the several medical schools of the Province. We have endeavoured to render the number as correct as possible, by obtaining, in all the cases, our information from official sources.

School of Medicine, Toronto, C. W.,	91
Ecole de Médecine, Montréal, C. E.,	54
Victoria College, Faculty of Medicine in Toronto, C. W.,	95
Queen's College, " " in Kingston, C. W.,	81
Laval University, " " in Quebec, C. E.,	35
McGill University, " " in Montreal, C. E.,	154

## LICENTIATES OF THE MEDICAL BOARD C. W., DURING THE YEAR 1861.

Thomas M. Armstrong, M. D.,.....	12th	January,	1861.
William E. G. C. Dickson, M. D.,.....	12th	January,	1861.
Joseph Bascom, M. D.,.....	2nd	February,	1861.
Edward H. Horsey, M. D.,.....	2nd	February,	1861.
Richard Lund, M. D.,.....	2nd	February,	1861.
Alexander Kennedy, M. D.,.....	23rd	July,	1861.
John Clements, M. D.,.....	6th	April,	1861.
Thomas A. Keating,.....	6th	April,	1861.
James A. Cranston, M. D.,.....	6th	April,	1861.
James Irwin,.....	6th	April,	1861.
H. J. Nash,.....	27th	April,	1861.
Stephen F. Smith,.....	27th	April,	1861.
W. Pickup, M. D.,.....	18th	May,	1861.
Arthur Lyon, M. D.,.....	18th	May,	1861.
Jacob Gun, M. D.,.....	18th	May,	1861.
John G. Giles, M. D.,.....	18th	May,	1861.
John T. Farrell, M. D.,.....	25th	May,	1861.
Neil Dunlop, M. D.,.....	25th	May,	1861.
Charles Battersby, M. D.,.....	1st	June,	1861.
John Grant, M. D.,.....	1st	June,	1861.
Henry Landor, M. D.,.....	1st	June,	1861.
George Orton, M. D.,.....	1st	June,	1861.
David L. Philip, M. D.,.....	1st	June,	1861.
Robert Blakely, M. D.,.....	15th	June,	1861.
Edward Allworth, M. D.,.....	6th	July,	1861.
William C. Deans, M. D.,.....	6th	July,	1861.
Robert Metcalfe, M. D.,.....	6th	July,	1861.
John C. Thom, M. D.,.....	20th	July,	1861.
A. Russell Strachan, M. D.,.....	20th	July,	1861.
Charles William Stinson, M. D.,.....	20th	July,	1861.
Isaac Bowman, M. D.,.....	27th	July,	1861.
Edmund H. Dillough,.....	17th	August,	1861.
William McGregor, M. D.,.....	17th	August,	1861.
Benjamin Bowman, M. D.,.....	21st	September,	1861.
John M. Fraser, M. D.,.....	21st	September,	1861.
John Baird, M. D.,.....	21st	September,	1861.
John Bell, M. D.,.....	12th	October,	1861.
William Lapsley,.....	24th	October,	1861.
Thereon Woolverton,.....	24th	October,	1861.
James Cowan, M. D.,.....	9th	November,	1861.
Anthony O'Reilly, M. D.,.....	9th	November,	1861.
James D. Stewart, M. D.,.....	9th	November,	1861.
Jeremiah R. Cogan, M. D.,.....	16th	November,	1861.

## CENSUS OF CANADA.

An abstract of the Census of Canada by origins, shows the following results in 1861:—

	L. Canada.	U. Canada.	Un. Canada.
England and Wales,.....	13,139	114,290	127,429
Scotland,.....	13,160	98,792	111,952
Ireland,.....	50,192	191,431	241,423
Natives of Canada not of French origin,.....	167,578	869,592	1,037,170

French origin,.....	847,320	33,287	880,607
United States,.....	13,641	50,758	64,390
Nova Scotia and Prince Edward Island,.....	977	4,383	5,350
New Brunswick,.....	852	3,214	4,066
Newfoundland,.....	232	487	719
West Indies,.....	137	532	669
East Indies,.....	49	203	252
Prussia, German States & Holland,	949	22,906	24,855
France,.....	672	2,389	3,061
Italy and Greece,.....	114	104	218
Spain and Portugal,.....	55	96	151
Sweden and Norway,.....	229	261	590
Russia and Poland,.....	56	161	227
Switzerland,.....	81	677	698
Guernsey, Jersey and other British Islands,.....	628	529	1,157
All other places,.....	128	541	669
Coloured persons,.....	190	11,223	11,413
Indians,.....	4,876	7,941	12,717
At Sea,.....	61	323	384
Not known,.....	414	1,395	1,800
<b>Total,.....</b>	<b>1,110,664</b>	<b>1,396,091</b>	<b>2,506,755</b>

The following is the Census of Canada by general abstract of religions in 1861:—

	L. Canada.	U. Canada.	Un. Canada.
Church of England,.....	93,322	301,565	375,887
Church of Rome,.....	942,724	258,141	1,200,867
Established Church of Scotland,...	23,688	108,963	132,649
Free Church of Scotland,.....	14,770	143,033	157,813
United Presbyterian,.....	5,149	51,378	56,527
Wesleyan Methodist,.....	25,079	548,427	244,246
Episcopal Methodist,.....	2,537	71,615	74,152
New Connexion, do.,.....	1,292	28,200	29,492
Other Methodists,.....	874	23,430	24,204
Baptists,.....	7,751	61,559	69,310
Lutherans,.....	857	24,299	25,156
Congregationalists,.....	4,927	9,357	14,384
Quakers,.....	121	7,383	7,504
Bible Christians,.....	188	8,801	8,085
Christians,.....	298	5,018	5,316
Second Adventists,.....	2,306	1,050	3,355
Protestants,.....	2,584	8,514	10,098
Disciples,.....	5	4,147	4,152
Jews,.....	527	614	1,241
Menonists and Tunkers,.....	.....	8,965	8,965
Universalists,.....	2,249	2,234	4,523
Unitarians,.....	650	634	1,284
Mormons,.....	3	74	77
No Religion,.....	1,477	17,373	18,850
No Creed given,.....	5,728	8,111	13,849
Others not classed,.....	678	14,284	14,662
<b>Total,.....</b>	<b>1,110,664</b>	<b>1,396,091</b>	<b>2,506,755</b>

## EDITORIAL SUMMARY.

*Flying machine.*—A Mr. Edwards, in the *Scientific American*, says that he has invented a machine, operated on by a powerful steel spring, capable of moving through the air at a speed of five miles the minute. The machine weighed seventy-seven pounds, and it carried a weight of sixty-two pounds. It was fastened to a post, round which it revolved at a semi-diameter of thirty feet. We apprehend that something more than this is required to navigate or aërate the atmosphere.

*Death of Dr. Luther V. Bell.*—We regret to learn the decease of this truly excellent and philanthropic physician, for many years the Resident Physician at the McLean Asylum, Mass., and at one time the President of the Associated Physicians of Lunatic Asylums. He was a man of enlarged mind and high scientific attainments. At the breaking out of the rebellion in the United States, he at once joined a regiment from his native state, and subsequently received the appointment of Brigade Surgeon. His disease we believe was phtthisis.

*Accidental Poisoning.*—The Hon. Wm. Pennington, of Newark, N. J., died lately from this cause. He was labouring under fever and his physicians, Dr. Parker of New York and Dr. Pennington of Newark, had ordered him eight grains of quinine. The apothecary who prepared the prescription put up eight grains of morphine by mistake, from the effects of which the unfortunate gentleman never recovered. Will apothecaries never learn to keep their poisonous drugs in separate places by themselves, or by some marked means distinguishable?

*The Medical Schools of Cincinnati.*—The "Philadelphia Medical Reporter" states that the regular medical schools in Cincinnati have each about 60 students in attendance.

## BOOKS RECEIVED.

- A SYSTEM OF SURGERY, PATHOLOGICAL, THERAPEUTICAL, and OPERATIVE, by Samuel D. Gross, M.D., Professor of Surgery in the Jefferson Medical College of Philadelphia. 2nd edition, 2 vols., 8vo. Price \$12. Dawson & Son.
- COMMENTARIES ON THE SURGERY OF THE WAR IN PORTUGAL AND SPAIN, &c., by G. J. Guthrie, F.R.S. Sixth edition. Dawson & Son.
- NOTES ON THE SURGERY OF THE WAR IN THE CRIMEA, &c., by George H. B. Macleod, M.D., F.R.C.S. Philadelphia: Lippincott & Co. Montreal: Dawson & Son.

## BIRTHS, MARRIAGES, AND DEATHS.

## BIRTHS.

- At Drumbo, C. W., on the 16th ultimo, the wife of J. B. Rounds, M.D., of a daughter.
- At Lambton, Etobicoke, C. W., on the 20th ultimo, the wife of Thomas Beatty, M.D., of a son, still-born.
- At St. Hubert de Longueuil, on the 28th February, the wife of Dr. Benoit, of a daughter.
- In Montreal, on the 2nd instant, the wife of J. L. Leprohon, M. D., of a son.
- At Kingsville, on the 28th ultimo, the wife of W. B. Drake, M.D., of a son.
- At Ayr, on the 26th ultimo, the wife of Dr. Bell, of a daughter.
- At Yorkville, on the 24th ultimo, the wife of I. Philips, M.D., of Listowell, of a son.

## DEATHS.

- At Belleville, on the 25th ultimo, Sarah C., second daughter of Dr. Geo. G. Crawford, of Toronto.
- On the 25th ultimo, Thomas Howard, aged 34 years, eldest son of Dr. T. J. Howard, of the Rouge, St. Andrews, Argenteuil, C. E.



**ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT MONTREAL IN FEBRUARY, 1862.**  
By Archibald Hall, M.D.

Day.	DAILY MEANS OF THE							THERMOMETER.		WIND.		RAIN AND SNOW.			GENERAL OBSERVATIONS.
	Barometer corrected and reduced to F. 32°	Temperature of the Air.	Dew Point.	Relative Humidity.	Ozone.	CLOUDS.		Maximum read at 9 P.M.	Minimum read at 7 A.M.	Its general Direction and Mean Force from Calm to 10 Volent Hurricanes.	Rain in 24 hrs read at 10 A.M.	Snow in 24 hrs read at 10 A.M.	Total rain and melted snow.		
						Amount.	General description.								
1	30.065	13.7	10.4	0.100	0.10	0.10		27.2	0	N	0.10				
2	30.253	16.7	8.4	0.64	9.5	9.3	Nimb.	27.2	0	N					
3	30.335	4.0	6.5	0.64	5.5	1.6	Cu.	28.3	11.4	W.S.W.	1.0				
4	30.190	11.4	6.2	0.69	6.5	6.6	Cu. St.	17.0	6.9	N.N.E.	0.75	0.06			
5	30.367	7.8	6.2	0.70	5.8	9.3	Cu. St.	15.8	5.3	N	2.0			Dense Fog early a.m.	
6	29.760	23.1	6.2	0.73	3.5	4.6	Cu. St.	15.7	5.2	W	0.50	0.02		Solar Halo p.m.	
7	29.865	23.3	17.1	0.71	8.0	10.0	Cu. St.	20.8	0.3	N	2.0			Dense Fog a.m. Lun. Halo.	
8	30.045	16.7	8.3	0.50	8.0	5.0	Cir. St.	40.4	16.2	W.N.W.	Inap.	2.25	0.31	Lunar Halo.	
9	29.898	12.5	3.3	0.69	4.5	4.0	Cir. St.	18.8	5.9	W.S.W.	1.3			Lunar Halo.	
10	29.937	5.0	4.2	0.69	4.5	2.3	Cir. St.	32.0	7.0	W.N.W.	1.0				
11	29.729	11.2	4.2	0.68	4.5	9.0	Cu. St.	15.5	9.3	E.S.E.	0.5				
12	29.654	23.4	26.9	0.91	8.5	10.0	Nimb.	17.4	3.5	N	1.0			Lunar Halo.	
13	29.955	16.9	8.0	0.67	9.5	10.0	Cu. St.	35.0	10.3	S.W.	2.00	0.27			
14	29.815	18.1	3.6	0.71	8.5	10.0	Nimb.	30.2	13.8	N	1.75	0.14			
15	29.947	9.4	0.9	0.63	7.5	10.0	Cu. St.	32.0	14.0	W	Inap.	Inap.			
16	30.221	14.1	7.4	0.79	4.5	0.0		30.0	8.5	N.N.E.	2.00	0.20		Solar Halo a.m.	
17	30.376	11.6	1.4	0.70	5.5	6.3	Cu. St.	26.5	3.4	W	2.0			Fine Zodiacal light.	
18	29.860	23.2	22.7	0.81	6.0	8.0	Cu. St.	19.3	0.5	N.N.E.	1.0				
19	30.153	20.6	13.8	0.76	4.0	10.0	Cu. St.	38.6	10.6	S.S.W.	2.00	0.23		Zodiacal light.	
20	29.861	18.6	14.8	0.86	8.0	7.3	Nimb.	26.5	13.8	N.W.	1.0				
21	30.132	20.2	13.4	0.76	7.0	9.0	Cu. St.	29.5	6.0	W.S.W.	5.25	0.48		Auroral and Zodiacal light.	
22	29.770	25.2	16.6	0.70	5.5	3.2	Cu. St.	30.0	20.0	N.W.	1.50	0.04			
23	29.644	30.4	25.5	0.83	8.0	9.3	Cu. St.	35.8	19.0	S.E.	Inap.	Inap.			
24	29.379	23.6	21.2	0.92	9.5	10.0	Nimb.	34.4	9.8	N.N.W.	4.3	Inap.	Inap.	High wind.	
25	30.167	3.2	5.5	0.67	4.0	1.3	Strat.	7.8	6.2	W	Inap.	Inap.	7.35	1.08	High wind.
26	29.938	7.7	1.6	0.70	2.5	0.6	Nimb.	15.0	2.2	S.S.E.	4.0				Zodiacal light.
27	29.564	15.7	10.6	0.83	8.0	10.0	Nimb.	21.2	6.4	N	2.0				
28	29.447	20.6	15.8	0.82	9.5	10.0	Nimb.	23.6	14.8	W.S.W.	4.0	2.00	0.25		High wind.
S's															
M's	299182	16.08	8.50	0.754				25.44	5.48		Inap.	27.35	3.03		

**ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT TORONTO IN FEBRUARY, 1862.**  
Compiled from the Records of the Magnetic Observatory.

Day.	DAILY MEANS OF THE					THERMOMETER.		WIND.		RAIN AND SNOW in 24 hours, ending at 6 A.M. next day.				GENERAL REMARKS.	
	Barometer reduced to 32° Fal.	Temperature of the Air.	Relative Humidity.	Amount of Cloudiness.	Max in read at 6 A.M. of next day.	Min in read at 2 P.M. of same day.	Dew Point at 3 P.M.	General Direction.	Mean Velocity in Miles per hour.	Rain.	Snow.	Total rain and melted Snow.	Ozone in 24 hours ending 6 A.M. of next day.		
1	29.7035	26.33	0-100	0-10	33.5	24.2	25.0	N. 89 W.	5.01						
2		Sun	day	6	28.4	14.2	20.0	N. 72 W.	5.62						
3	75.43	19.08	56	10	24.2	8.0	20.0	N. 76 E.	7.36						
4	86.12	20.53	56	9	25.4	16.8	17.0	N. 65 W.	3.47	1.2	120				
5	85.97	24.30	84	7	32.8	10.2	24.0	N. 72 E.	4.18	1.0	.190				
6	30.38	34.53	85	10	37.8	29.0	35.0	S. 92 W.	13.39	0.154	0.5	.204		Dense Fog during afterno'n.	
7	72.93	24.47	81	4	30.8	27.4	19.0	N. 49 W.	8.03	1.0					
8	70.82	14.90	90	10	21.0	12.0	16.0	N. 56 E.	2.91	0.4	.100				
9		Sun	day	21.5	13.7			N. 80 W.	9.21	Inap.	.040				
10	54.53	19.62	80	8	25.6	10.5	18.0	N. 18 W.	4.32	2.5	Inap.			Lunar Halo.	
11	1122	29.63	89	10	32.4	20.3	28.0	S. 16 E.	10.23	0.2	.250				
12	4176	29.42	82	10	32.5	27.0	19.5	S. 86 W.	6.92	1.5	.020				
13	5157	26.70	90	10	30.0	21.7	22.5	N. 38 E.	6.23		.150				
14	6637	12.03	77	5	19.0	15.0	8.0	N. 57 W.	9.51					Lunar Halo.	
15	6497	9.58	75	5	17.2	5.2	0.0	S. 67 W.	11.49						
16		Sun	day	17.8	2.0			N. 21 W.	6.37						
17	7288	25.70	72	9	35.2	7.6	24.5	N. 78 E.	8.61	0.030	.030				
18	7295	32.83	99	10	37.0	26.0	26.0	N. 88 W.	11.25	8.0					
19	6100	26.52	88	10	31.2	22.6	25.0	N. 38 E.	13.06	1.5	.800				
20	7458	21.07	83	6	25.8	20.0	13.0	N. 57 W.	11.29	Inap.	.150			Very stormy even. & night.	
21	7893	21.42	81	10	30.0	9.2	22.0	S. 45 W.	2.38		Inap.				
22	4092	29.72	87	10	34.0	18.0	23.0	S. 38 E.	1.52	2.0					
23		Sun	day	36.2	26.3			N. 59 E.	4.19	3.0	.200				
24	4818	18.85	84	4	32.0	13.6	5.5	N. 43 W.	18.72	0.3	.300			Very stormy day; great fluctuation of Barometer and rapid fall of Temperature.	
25	9925	11.23	88	3	25.8	4.5	11.0	N. 83 E.	4.36	0.025	.055				
26	4093	23.13	92	10	31.0	12.5	25.0	N. 55 E.	8.19	Inap.					
27	4085	20.30	77	9	26.0	22.0	8.5	N. 68 W.	19.83		Inap.				
28	5278	14.18	81	5	17.2	11.1	8.0	N. 48 W.	24.13					Zodiacal light very bright. Faint Aurora.	
S's															
M's	29.6077	22.50	84	8	28.26	15.41	18.48	N. 51 W.	8.64	0.209	23.1	2.519			