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# MEDICAL CHRONICLE.

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## ORIGINAL COMMUNICATIONS.

### ART. VI.—*Operation of Perineal Section for Stricture of the Urethra.*

By W. FRASER M.D., Professor of the Institutes of Medicine, McGill College, and Physician to the Montreal General Hospital.

Professor Syme of Edinburgh has of late years directed the attention of the profession to a "New Mode of treating certain cases of Stricture of the Urethra by Perineal Section," which has led to much controversy and difference of opinion among Surgeons. Regarding the question as one of much practical importance, which the result of faithfully recorded cases of the disease, thus treated, can alone decide, induces me to publish the following case lately treated by me in the Montreal General Hospital. Its history has at my request been partly reported by the patient himself, who is for his station, a very intelligent man, and the remainder by my friend and former pupil, Dr. Craik, the present house Surgeon, who acted as my clinical clerk.

J. H., aged 53 a stout looking man, a saddler by trade, was admitted into the Montreal General Hospital on the 25 June 1858. He came for the purpose of undergoing an operation for stricture of the urethra of 18 years standing.

Although a healthy looking man there were many circumstances which rendered him by no means a favourable case for the operation. He had been for many years subject to most violent rigors accompanied by furious delirium, and aggravated when any attempt was made to pass a catheter.

In addition to this he had contracted the habit of using opium constantly in large quantities, which kept him in a dreamy artificial state of mind, and made him morbidly sensitive to external impressions. His nutritive functions, however, were unimpaired and instead of the emaci-

ation usually seen in opium eaters, his figure had a fullness and rotundity worthy of an alderman.

He was possessed of remarkable intelligence for a man in his station of life, describing his symptoms and feelings with great clearness, and discussing the merits of the different plans of treatment with much shrewdness and sagacity. He had procured many of the works of the most eminent authorities on stricture, as Syme, Lizars, etc., and had weighed carefully and impartially the arguments for and against the treatment by perineal section and had decided in favour of it.

As regards the history of his case previous to his admission into the Hospital, I cannot do better than to give his own narrative of it in the following sketch written by himself, and accompanied with the following note:—

MONTREAL GENERAL HOSPITAL, 18th August, 1858.

TO DOCTOR FRASER :

Sir,—The annexed memoranda of my disease is as nearly correct as the lapse of so many years will admit.

I might have used more glowing colours in painting my sufferings. But as you advised I have given a plain unvarnished statement, carefully avoiding any thing like exaggeration.

It is a disease that cuts right and left. It destroyed my best faculties, moral and physical. In fact it has robbed me of the best part of my existence. You have enabled me again, if I may so speak, to meet the world on equal terms.

I cannot allow this opportunity to pass without tendering my sincere thanks, for the gentlemanly, kindly and able manner you have treated me since I came under your care. Accept therefore of my gratitude till I am able (which I trust will yet be) to present you a more substantial testimonial

In the meantime, allow me to subscribe myself, yours with respect.

J. H.

“About the year 1840, I was first troubled with a stoppage of water, after riding in a cart or on horseback. This recurred at short intervals for about 4 years, and lasted generally from 1 to 3 minutes, when all was right again.

“These stoppages were unattended either with pain or spasm. At this time when I made water it passed so slowly that I was obliged to retire from observation lest my failure might be noticed. All this I attributed to gleet or the remains of a disease with which I had been troubled for a long time as I observed in the morning the orifice of my urethra glued and my linen stained, etc.

"At the end of this time (4 years), I was first seized with total retention attended with violent spasms, the attack being apparently brought on by working in a swamp with my feet wet.

"This retention recurred at intervals of from 10 to 12 days and lasted from 4 to 6 hours. The severest spasms during the retention lost their severity immediately on passing the smallest drop of urine. This stage of my disease continued for a considerable period, say from 1½ to 2 years, when the fits became less frequent, in consequence of the use of morphia and opium in small doses.

"About the year 1849 I had the first catheter passed through the stricture. All attempts previous to this having failed, I think, in entering the bladder. After passing the instrument several times, I considered myself tolerably well, and having a horrid antipathy to the catheter, I gave them up. My stricture soon closed again, my water became loaded with mucus, and I was then seized with severe rigors almost daily, occasionally 3 or 4 times during the day and night, aggravated on the least attempt to pass an instrument and almost in every case attended with delirium. The rigors were curtailed both in frequency and severity by the liberal use of opium.

"About 2 years ago, I again ventured on the use of catheters during a course of two months. Being incessantly harassed with rigors I again gave them up, but their use had enabled me to pass my water in a half sort of way, and I was easily pleased then after so much suffering. The stricture again closed and for a long time past I have only been able to void my urine in drops, the rigors, however, diminishing latterly in frequency and severity, and my water becoming clear and void of mucus.

"With the exception of the first five or six years, my linen has always been wet, and for a very long period incontinence prevailed to such an extent that my life became burthensome or at the least disgusting."

J. H.

From the foregoing account it will be seen that symptoms of stricture began to appear as far back as eighteen years ago, and seemed at first to partake largely of a spasmodic character. But even then the rudiments of the organic stricture must have been in existence for he assures me that from the first symptoms of retention the canal began to contract and the stream of urine became smaller and smaller; indeed it is probable that the spasmodic symptoms were produced by the irritation of the incipient organic affection.

The attempts at dilatation seem to have been only very partially successful, and the results very transient, for the symptoms were as bad as ever in a few weeks.

The use of opium appears to have been commenced about the year 1846, (*i. e.* about 12 years ago) and to have been gradually increased up to the present time. He informs me that on one occasion he succeeded in giving up its use for about three months, but his disease becoming worse he resorted to it again.

But to return to his state upon admission; the urine passed only by drops, and there was more or less incontinence, keeping his linen constantly wet. Any attempt to void the urine voluntarily, produced the most violent straining, which lasted from five to fifteen minutes, insomuch that he was extremely reluctant to make the experiment, preferring to allow the urine to ooze away spontaneously.

On the day succeeding that of his admission, an attempt was made to pass a catheter down to the stricture, but the irritability of the passage was such that he could not endure it. Chloroform was administered, and the attempt again made, when the stricture was found to be in the vicinity of the bulb, and to be extremely hard and cartilaginous. Although pressure was exerted against the stricture for a considerable time, the instrument could not be passed beyond it. No bleeding followed the attempt.

On the following day (June 27), another attempt was made, without chloroform, but although persisted in for a considerable time, no instrument could be introduced beyond the stricture.

After allowing him a day's rest, purging him freely, and using the warm hip bath, the attempt was again made on the 29th, Syme's stricture staff being used instead of the ordinary sounds. After pressing the point firmly against the stricture for about ten minutes, it passed slowly into the bladder, being all the time tightly grasped by the stricture, and requiring considerable force to move it in any direction. The instrument was left in about fifteen minutes and then withdrawn. No rigor followed these attempts.

The following day, June 30th, urine was passed in a continuous stream for the first time in several years. The stream was about the size of a crow quill or smaller, in fact it was as small as could well be imagined, and was projected with great force and straining. The patient was in high glee, not only at the restoration of the stream but at its accomplishment without the occurrence of rigors. His faith, however, in the necessity for an operation was somewhat shaken by the unlooked-for success; and he was disposed to object to the knife. The assurance that the improvement would only be temporary decided him to submit, and the operation was fixed for the following day.

1st July.—*Operation.*—As predicted, the stricture had again closed

and the urine was voided by drops. The staff (Syme's) was introduced with more difficulty than on the previous occasion. He was then placed upon the table and fastened in the lithotomy position. Chloroform having been administered, the operation was commenced by an incision in the mesial line, an inch and a-half in length, and terminating about an inch in front of the anus. After dividing the skin and cellular membrane, the groove in the staff could be distinctly felt, but owing to the thickness of the parts near the bulb, the shoulder of the instrument could not be distinguished. The dilated membranous portion of the urethra behind was easily felt, and served as a guide for the introduction of the knife, the object being to cut from behind forwards. Commencing at the posterior border, the stricture was divided, keeping carefully in the mesial line, and following it forwards until the shoulder of the staff was reached, embedded in the bulbous portion of the canal. The handle of the staff was then depressed, and the instrument passed readily into the bladder. The walls of the stricture, though feeling hard and cartilaginous on slight manipulation, were remarkably brittle, and could be readily broken down by the finger.

A No. 8 silver catheter was then introduced, and the patient put to bed on his back, with the shoulders well raised, and a large sponge so placed as to receive the urine as it flowed from the catheter.

July 2.—Everything going on well; passed a comfortable night, and is in excellent spirits. The wound looks healthy, and there are no symptoms of urinary infiltration.

July 3.—Progressing favourably. The wound is beginning to secrete healthy pus. He complains of slight costiveness and want of appetite. The catheter was removed, and three laxative pills prescribed for bedtime, and half a grain of quinine to be taken three times a-day.

July 4th.—He had a violent rigor this morning, accompanied by delirium, probably aggravated by an unusually large quantity of opium taken during the night, amounting to about nine drachms of the tincture, his usual quantity being from five to six drachms daily. The wound appears to be progressing favourably, and there is no appearance of extravasation of urine or other cause of irritation to account for the rigor. A warm bath was ordered immediately, and the opium given in charge to an attendant, to prevent a repetition of the excess.

July 5th.—Much better in every respect. No repetition of the rigor. The urine is passed both through the wound and through the natural passage, about equal portions passing in each direction.

July 6th.—The catheter was introduced to-day, and found to pass readily into the bladder. It was allowed to remain 4 hours. He ex-

presses a desire to diminish his daily allowance of opium, with a view towards its total discontinuance. His tri-daily dose to be lessened by a few drops every day.

July 9th.—The urine still continues to pass by the wound, but in much smaller quantities than formerly. There is not, nor has there been since the operation anything like incontinence. The desire to void the urine, however, is very frequent, owing to the hypertrophied and irritable condition of the bladder; and the evacuation is accompanied by much and severe straining. His resolution with regard to the diminution of the dose of opium is wavering, and he pleads strongly for a larger dose. The dose, which has now been reduced to a drachm, is directed to be continued for some time without farther diminution.

July 15th.—Complains of some difficulty in voiding the urine, most of it coming from the wound. The catheter was introduced again without difficulty, and allowed to remain as before for several hours. A hip bath was also prescribed.

July 17th.—Still complains of difficulty in voiding the urine. He was threatened with another rigor, and suffered a good deal of pain in the vicinity of the wound. He also complained of a griping pain in the bowels, with a slight tendency to diarrhoea. A hip bath and the following mixture were prescribed:—℞ Chloroform, Tr. Opii, aa ʒ i, Tinct. Camph. ʒ ss, Tinct. Cardam Comp. ad. ʒ vi. capiat unciam pro re nata.

July 18th.—The symptoms were relieved immediately by the remedies yesterday. The pain in the vicinity of the wound still continues, and to-day a small hard swelling is perceptible in the vicinity of the bulb and in front of the wound. A poultice was ordered.

July 20th.—Fluctuation is now apparent in the swelling, proving it to be a small abscess. An incision allowed about a drachm of thick healthy pus to escape, with immediate relief to the pain and to the difficulty in voiding the urine.

July 25th.—No urine has been passed through the wound during the last twenty-four hours. The wound is much contracted, and seems about to heal. The abscess has healed, leaving slight induration behind it.

July 26th.—A small quantity of urine again passed through the wound this morning, caused, as he thinks, by the violent and involuntary straining which always accompanies micturition. A small pad or compress was placed over the wound, and bound firmly in its place by means of adhesive plaster. He was also directed to keep his thighs as closely pressed together as possible while voiding his urine.

August 1st.—Continues to pass small quantities of urine by the wound about once every two or three days. The wound is now reduced to a

were line, but seems rather indolent. It was touched with nitrate of silver, and the pad continued.

August 15th.—He passed urine from the wound for the last time on the 10th instant. The wound is all but healed, and the urine passes freely from the natural passage and in a full stream. A slight induration still remains at the seat of the abscess formerly mentioned. He has adopted an ingenious method for diminishing very gradually the dose of his opium. He has procured a lady's thimble (to be used as a measure), and a number of small lead shot. The thimbleful is his dose, and he diminishes it daily by dropping in an additional shot, thereby lessening the dose by an almost imperceptible amount. He proposes to go on in this way until he becomes able to dispense with the opium altogether.

August 21st.—No change has occurred since last report, except that the wound can scarcely now be said to exist, and he is to all intents and purposes cured of his stricture, at least for the present.

The tri-daily dose of laudanum has been diminished to half a drachm, and he is indulging in bright and ambitious projects for the future.

REMARKS.—At present the patient is perfectly relieved of his distressing disease, retains his urine for hours, and then passes it of a healthy quality, and in a full stream. He is about leaving the Hospital, carrying with him a catheter, which he is instructed to pass occasionally as a precautionary measure against a recurrence of the disease. That he is well satisfied with the result of the operation, is apparent from the tenor of his note, published in the preceding narrative.

Taking into consideration all the circumstances of this case, such as its long duration, its situation (the junction of the bulb with the membranous portion) and its semi-cartilaginous nature, together with the habits of the patient, I very much doubt whether by any other plan of treatment the same amount of success could have been obtained, and am therefore disposed to regard this operation as superior to any other yet practised in the extreme cases for which Mr. Syme has recommended it. The objections that have been urged against it, especially when the seat of the disease is so far back as it was in this case, are—1, danger of hæmorrhage from the erectile like tissue of the bulb or from its arteries; 2, the prospect of a permanent perineal fistula; 3, urinary infiltration. Respecting the first of these, I have only to say, that although in the above case the bulb was incised, the patient did not lose two teaspoonfuls of blood. As regards a perineal fistula, although the urethra was laid open for more than an inch, extending from the membranous portion forward, it has healed perfectly, and the canal is rather wider at the



point of operation than in any other part of its course. The probability of urinary infiltration is the most serious objection, were it well founded, which I believe it is not, when the operation is properly performed; indeed I think it a very unlikely occurrence, unless the posterior layer of the deep perineal fascia is cut through, which it never should be.

This operation must not be confounded, as I notice it has been by a recent American author and teacher, with another method of treating stricture by external incision, which consists of cutting upon the point of a catheter or staff passed to the seat of obstruction. The superiority of the former consists in its re-establishing fairly and continuously the canal, and in its being at the same time less hazardous, when the knife is maintained in the mesial line. The latter operation is almost sure to leave a hitch or projection at one side of the passage, which renders its course angular, and is sure to lead to the re-formation of stricture, if not to worse consequences. In attempting to restore the continuity of the canal without a guide, the knife is very apt to be pushed farther than necessary, which may lead to infiltration, whereas in cutting on a guide, the inferior surface of the canal only need be cut. In order to render the subject more intelligible to those who may not have seen *Syme's Stricture Staff*, I annex a wood-cut of that instrument:—



ART. VII.—*On the Treatment of Aneurism by Compression, and Injection with the Perchloride of Iron.* By JOHN REDDY, M.D., L.R.C.S.I., &c., Physician to the Montreal General Hospital, &c., &c.

I purpose, through the medium of your ably conducted journal, to draw the attention of the profession to the five following cases of aneurism which have lately presented themselves in the course of my practice:—

“John Maxwell, a robust young Irishman, aged 23, was admitted into the Montreal General Hospital 1st June, 1858, under Dr. Reddy's care. His occupation that of a blacksmith's assistant in winter, and fireman on board a steamboat in summer. He was engaged at the latter business when his present accident occurred. He is about 5 feet 10 inches high, and weighs about 150 pounds. There is no evidence of any cardiac or other internal disease: on the contrary, he asserts that he has always enjoyed uninterrupted health, with the exception of some chronic ulcers

on the legs. He has never suffered from palpitation or shortness of breathing; but has always been capable of enduring fatigue and active exertion as well as other men. His complexion is fair, his lips are somewhat thick, and his pupils large, indicating a tendency to scrofula. His family have been remarkable for longevity, one of his grandmothers having lived upwards of a century. His parents were both healthy, and died of Asiatic cholera.

He is unable to assign any cause for the present accident, not being aware of having received any blow upon the part, or of having made any sudden or strong exertion which could give rise to it. He states that he thinks it must have arisen from cold, as he was in the habit of leaving the warm furnace-room of the steamboat when relieved at night, and lying in the open air upon deck. It was after having lain out in this manner that he first felt a stiffness behind the left knee, which he considered of no importance and paid no attention to it. In a day or two, however, the part began to swell and to be painful. The pain was of a dull, aching character, and increased by much standing or walking. The swelling was also increased by exertion or the upright posture, being always reduced after a night's rest. After the pain had continued a day or two it became more acute and throbbing; so much so, that he could no longer rest at night, being always awakened by a sudden start in the limb, if by any chance he fell asleep. The pain and swelling continued to increase for about a week, when they became stationary, and remained so until his admission. The only remedies resorted to during this time, were frictions with oil, salt, and water, and with "high wines." No benefit was derived from these applications, excepting a slight temporary alleviation of the pain after using the high wines." The preceding history was kindly furnished me by my friend Dr. Craik, house-surgeon Montreal General Hospital.

The leg affected presented the following appearances:—Limb partially flexed, with inability of extension beyond a certain point. A globular circumscribed swelling occupies nearly the entire popliteal region, projecting backwards somewhat more than half the size of an orange, measuring  $3\frac{1}{4}$  inches in length by 4 in breadth. Circumference around knee  $16\frac{1}{2}$  inches, at calf  $14\frac{1}{2}$  in.; unaffected side at knee  $13\frac{1}{2}$  inches, at calf 13 inches. Affected side from below the knee appears much increased in size. Impulse is very perceptible all over the tumour; on applying the hand it is very strong and heaving; when using the stethoscope the head is forcibly raised; there is a loud systolic *bruit de soufflet* throughout its entire extent, and a rough murmur (not unlike the first sound of the heart) may be heard on the outer side, corresponding in size to the end of the instrument, during the diastole.

When the femoral artery is compressed, the sounds and impulse cease, and the tumor rapidly subsides. On removing the pressure, the phenomena are at once reproduced. Heart's sounds normal, though the pulse is at times irregular in rhythm, a variance of 20 beats being detected during a single examination. This irregularity is not often present.

*5th June.*—The leg having been loosely bandaged as far as the tumor, and slightly elevated above the level of his body. At 5.15 p m. Carte's compressors were applied, the lower one being screwed down, leaving only a weak current through the tumor. At intervals of an hour the instruments were changed, much difficulty being experienced in keeping the upper (or pelvic) compressor in correct position, as the slightest motion of the patient's body to either side caused the instrument to slide off the artery; the hardness of the bone-pad also producing a good deal of pain and irritation. During the first three days this accident was of very frequent occurrence; so much so, that I decided upon substituting an instrument similar to that invented by my friend the late Dr. Crawford, which had the advantage of a hair-pad, and quite relieved him. The skin was unaffected, though tender. The use of camphorated spirits, and occasionally dusting with powdered chalk, seemed to prevent chafing. The temperature of the limb had slightly decreased. Fibrillation appears, however, to be progressing favorably, as the tumor begins to feel somewhat firm, and the circumference at knee is increased to 17½ inches. The veins are turgid, and integuments slightly congested.

*9th.*—Fourth day. Passed a good night, the instrument has been well borne for the past twelve hours. He can now sit up so far as to feel the tumor, and has nearly learned to alter the compressors. He suffered a good deal (for a few hours) as the bandage had been put on rather tightly at the visit; it was so severe he thought he would be obliged to remove the instruments. On re-applying the bandage all pain ceased.

*10th.*—Felt uneasy through the night, requiring to change the instruments very often, which he can adjust himself to a nicety. He complains all the day of a pricking sensation in the leg, but principally confined to the knee. Fibrillation appears very much advanced.

*11th.*—Continuing the same as last report.

*12th.*—Felt uneasy all night and through the day, especially when Carte's remaining compressor was used. He begged me to take it off and put on a second hair-pad, which I was obliged to do; after this he was comfortable. The tumor is feeling firmer.

*13th.*—Passed a good night; regulated the instruments himself. They cause little or no pain; but the pricking about knee is more troublesome.

14th.—Had a strange sensation through the leg all day. 5 p.m.—The tumor feels very hard, and yields but little pulsation. At 9 o'clock p.m. it had altogether ceased,—eight days and four hours from the time compression was commenced. The tumor and swelling of the limb gradually diminished, and on the 10th July, when he left hospital, there was but half an inch difference in the circumference of the two limbs, and that only where the aneurism existed.

Notwithstanding my being obliged to lay aside Dr. Carte's compressors on the 3rd and 7th days, fibrillation was well and fairly established while using them: they were only laid aside because of the pain they provoked.

I cannot conclude the narrative of this interesting case without expressing my obligations to the gentlemen,—Messrs. Campbell, Pickup, Lyons, Church, Sutherland, Gibson, Fraser, and Hamilton, house-apothecary,—who in turn watched the case by night, and secured the proper maintenance of the compressors in accurate position.

REMARKS.—It will be perceived, that, in the case which has now been recorded, there were no peculiar features of sufficient merit to call for special observations. But in lieu of these, as the subject is one of great practical importance, I shall take this opportunity of laying before your readers, the statistics of some of the various methods of treating this disease, and their comparative results.

The number of cases now on record of the successful treatment of aneurism by compression, have completely established this method of cure as one that must supersede every other, where it can be made available. Mr. Tufnell, in a very excellent article in the *Medical Times and Gazette* for 1854, gives the particulars of all the cases, 47 in number, that had occurred in Dublin, between the years 1842 and '54. 36 were cured by compression; 3 died of other diseases while undergoing treatment; 1 unsuccessful; 5 were treated by ligature; and 2 underwent amputation. In a late work, published in Paris in 1857, by M. Broca, who it appears has devoted a great deal of attention to the subject of aneurism, with reference to compression, the author recommends that this method should be tried two or three weeks, even supposing that the ligature may be considered ultimately necessary. He says, that from 1842 to May 1854, compression had been tried in 163 cases. In 12 it could not be long maintained, in consequence of the pain becoming intolerable. There remain 151 cases in which compression was continued with sufficient perseverance. From these, 24 must be taken, as the compression failed, from not having been properly applied. This leaves 127 cases to dispose of. Out of that number 116 were successfully treated. The treatment was inefficacious in the remaining 11 cases, and every circumstance

concurring to prove that in 6 of these, compression failed from a peculiar idiocyncrasy, showing itself in the results of the subsequent application of the ligature. The average of deaths in the 127 cases was not higher than 5 per cent. I shall contrast with the above those wherein the ligature has been used. Dr. Crisp, in his book, gives the particulars of 188 cases, where the vessel was secured for popliteal or femoral aneurism. One-fourth terminated fatally, or were maimed for the rest of their lives. Mr. Phillips collected 171 cases of aneurism, affecting the lower extremities, which were submitted to the Hunterian operation. Of these cases 57 (or exactly 1 in 3) were unsuccessful, in which all the patients except two died, not of the disease, but of the operation. Amongst the successful cases, secondary hemorrhage occurred 15 times. 59 of these cases required ligature of the femoral artery, 39 of which were unsuccessful, thus giving a mortality of two in three in the artery, most frequently subjected to the operation. Mr. Norris gives a fuller report, his table consisting of 177 instances (155 popliteal and 22 femoral). 38 died; 6 recovered after subsequent amputation; 6 recovered after supuration of the sac; 2 after gangrene of the foot; total 56. So that one out of every three terminated fatally, or were to a certain extent maimed for life. M. Broca states the relative success in the treatment by compression and by the ligature to be, that five per cent. die under the former, and nearly twenty-five per cent. under the latter. Such an amount of evidence as the foregoing, in favor of compression, at least deserves the mature consideration of those who still advocate the more elegant and apparently quicker method by ligature.

There have been but four cases of aneurism treated by compression in this city, and each has terminated successfully. One by Dr. Fenwick, traumatic aneurism of the radial artery, cured on the 31st day; one by the late Dr. Crawford, diffused popliteal, cured on the 21st day; one by Dr. Godfrey, circumscribed popliteal, cured on the 35th day; and the one now recorded, being the first that underwent this treatment in hospital.

The treatment of aneurism by manipulation (or displacement of a clot) has attracted some attention of late. Mr. Fergusson, of London, published two cases in 1852. Mr. Little, of the County Donegal Infirmary, Ireland, one in 1856;—all occurring in the subclavian artery. In the first case, the patient was seized with excruciating pain in the tumor at the end of the seventh month, and died of a few days' illness. In the second case, the tumor disappeared between the 22nd and 24th months after manipulation. In the third case, in ten days, pulsation had ceased in the radial, brachial, and axillary ar-

teries. At the end of a year the sac was reduced to the size of a walnut. These are cases in which it would appear to me, from the position of the tumor, that compression could not be made available, and the ligature would be attended with decided risk, if at all practicable.

The practice of producing consolidation of the fluid contents of an aneurismal sac or of aneurism by anastomoses by means of injection, has many advocates at present, and a number of successful cases have been placed upon record. To M. Pravaz, of Lyons, belongs the merit of first recommending this practice. His experiments were conducted only upon animals, with the perchloride of iron. He died, however, without having an opportunity of testing its merits upon the human subject. He also invented a very ingenious syringe for the purpose, so contrived, that one or more drops can be injected, in any given place, at the will of the operator. I am enabled to lay before your readers four cases I have treated in the above manner.

Case 1.—Mr. W. F., aged 23, a strong, athletic young man, seemingly in perfect health, clerk in a hardware establishment in this city, consulted me on the 1st April last, on account of a tumor over the right eye-brow, which he says has caused him considerable annoyance for more than a twelvemonth past, and especially during active exercise, when it became fuller, throbbed strongly, gave a perceptible motion to his hat or cap, making them feel unpleasantly tight betimes. He states that when he first noticed it, about four years previously, it was a very small swelling, not larger than an almond, but gradually increased to its present size. He cannot account for its appearance; but has a faint recollection of having received a blow upon the part.

The heart's action and sounds are perfectly normal. Pulse 70 and regular. No evidence of disease in any other part of the arterial system. The tumor is raised, of an oval shape, about the size of half a hen's egg, 2 inches long by 1½ wide; skin of a mottled reddish color. There is a strong visible impulse over its entire surface, and on making pressure the hand is forcibly elevated. Having placed him in the recumbent posture, I applied weights on the tumor, one over another, gradually increased to 4½ lbs, to which a very perceptible impulse was conveyed. It is supplied by the anterior temporal supra-orbital and angular arteries, the former being enlarged to twice its natural size, and very tortuous. On compressing these vessels the pulsation immediately ceases, and in a short time it becomes nearly empty. On applying the stethoscope, a very loud whiffing systolic *bruit de soufflet* is audible.

In consultation with, and assisted by Dr. Campbell, I determined upon injecting the aneurism with the perchloride of iron, and, having procured

Pravaz's syringe, the operation was performed on the 9th inst., by passing the small trocar and canula into the tumor, near its centre. When the former was withdrawn, a jet of bright arterial blood spouted out. The syringe was then introduced, with the intention of injecting ten drops; but owing to an accident in its arrangement, not more than a few drops found their way in; but enough to form in a few seconds a small clot, which had a decided influence upon the pulsation, not, however, arresting it completely. The *bruit de soufflet* had altogether ceased. In about three hours afterwards, he suffered for half an hour from tingling pain in the tumor, and for some distance up the forehead.

10th.—Slept well during the night. There is œdema of the eye-lids, with a yellowish tinge of the conjunctiva of affected side only. He says that he is quite free from pain and "throbbing," and could attend to his ordinary business, but for the swelling. Ordered cold lotion to the lids.

11th.—The œdema and discoloration has disappeared, and he suffers no inconvenience; but pulsation has not ceased, though the murmur is absent.

On the 15th, the instrument being well adjusted, again assisted by Dr. Campbell, I injected 15 drops, which had the immediate and decided effect of rendering the tumor solid, in eight or ten seconds, one small, darkish spot, about a quarter of an inch in diameter, appearing near its centre, immediately after the operation.

During the following week, he complained of a numbness in the part, which extended a few inches up the forehead; but in other respects was doing well.

1st May.—The skin over the dark spot, mentioned above, sloughed, became detached, and a small quantity of a dark thick grumous fluid came away, which was evidently part of the coagulum. Within a few hours afterwards, the aperture became plugged up with a thick crust. Every three or four days, up to the 15th June, a similar occurrence took place, diminishing the tumor to almost a level with the forehead. I have examined the part several times since, and consider that after a few months it will be quite equal in appearance to the opposite side.

Case 2.—J. B., an infant, ten weeks old, was brought to me in March last, with a bright-red raised tumor, somewhat larger than half a crown, occupying the left frontal eminence down to eye-brow, projecting about a quarter of an inch above the level of the skin, faintly pulsatile, with an indistinct murmur, can be rendered pale by continued pressure, which also flattens it a little. The mother states that at birth, it was not larger than a sixpence; but after the first week, rapidly increased to its present size.

The child is in every other respect perfectly healthy. From the great size and extent of the tumor, I at first tried setons steeped in the perchloride of iron, crossing them at right angles, without any effect. I next tried the same, steeped in a strong solution of the chloride of zinc. These, though frequently introduced, so as nearly to traverse the entire tumor, seemed neither to suspend or restrain the growth. Perceiving that the disease was increasing, I withdrew the setons, and the following day injected ten drops of the perchloride of iron, which came nearly all away, through the apertures left by the setons. A few drops that happened to remain, produced a small central coagulum. At the termination of four days, I re-injected twelve drops, causing the point of the instrument to move in such a manner as to deposit the injection throughout the tumor. In less than fifteen seconds, the part became of a dark blue color, and hard to the touch. There was no escape of the solution during this operation. On the eighth day, a slough had formed, which came away, leaving a cavity where the tumor previously existed. During the three weeks following, it completely filled up, leaving less deformity than might be expected from the great extent and rapid spread of the disease. At the upper and outer margin of the tumor, a small isolated portion escaped the injection, which I cauterized with a red-hot needle. This had the effect of removing it. It healed in a very short time. I have frequently examined the patient since. She continues to improve daily.

*Case 3.*—S., a fine, healthy-looking infant, eight months old, had at birth, a small bright-red spot on the back, about the size of a four-penny piece, which gradually increased to its present size. It is now as large as a quarter-dollar, considerably raised above the surface of the skin, is of a bright-red color, situated within less than half an inch of the spine, and about on a level with the sixth rib; steady continued pressure renders it pale. There is no murmur.

On the 18th June, I injected 7 drops of the perchloride of iron, causing the injection to diffuse itself as much as possible throughout the tumor (an extremely minute portion, however, escaping). On the 25th June, a slough had formed, which came away. 8th July, the part is almost closed. The portion that escaped injection, I touched with a very fine red-hot needle.

August.—The case progressed very favorably. I have heard twice from its parents, who reside in the country. A perfect cure has resulted, and no deformity.

*Case 4.*—W. H., an infant, five months old, with a dark-colored *naevus* on right arm, size of a small raspberry, which was very little smaller at



birth, was brought to me for examination. I injected three drops of the perchloride of iron, which quite solidified the tumor. On the fourth day, it fell off, and on the fifteenth from date of operation, the part had cicatrized. No deformity remained.

In comparing the above results with those which attended the first experiments, as detailed by M. Malgaigne, it will be remarked that none of the unfortunate occurrences to which he refers obtained, for of eleven cases treated by that method, four died; in five, serious complications arose; and in only two instances were cures effected, and those after much suffering.

In addition to the successful cases, detailed by me, I have collected the few following from various sources. M. N. Deslongchamps treated an aneurism of the supra-orbital artery, with complete success. One by Niepce, of popliteal aneurism. Another by M. Serre, of varicose aneurism at the elbow. One by Mr. Wm. Adams, of the posterior tibial, from wound. One by Dr. Pavesi, of Bergamo, 16 drops were injected; in 10 minutes it was solid; no trace in a month. M. Jobert injected 6 drops into a varicose aneurism, at the bend of the elbow; there was some difficulty at first, but finally succeeded. Mr. Lawrence injected 8 drops, two days in succession, into a nœvus of immense size, upon a child's cheek; a cure resulted. M. Fallum injected varicose veins above and below the knee, in a man, 52 years of age, followed by a perfect cure.

M. Paul Broca, in the treatment of superficial aneurisms, (known as wine spots) blistered the part, then applied the perchloride of iron to the surface, with success.

I may here remark, that other substances than the perchloride of iron have been recommended. M. Deschamps has (June, 1856,) used injection of liquor iodo tannique in varicose veins. Six out of seven cases reported were cured. Five drops produced the same effect as one of the perchloride. Mr. H. Walton and Mr. R. Taylor, of the Central London Ophthalmic Hospital, have lately injected vascular tumors of the orbit, with a solution of tannin, with complete success, and without sloughing or distress to the patient. Dr. Brainerd, of Chicago, injected lactate of iron, with the best results. M. Lassanio injected an aneurism, size of a nut, near angle of the jaw, with eight or ten drops of acetate of lead; it diminished by degrees. Alum has also been used. I may remark, in conclusion, that the want of success which attended the early use of the perchloride of iron, was, I consider, mainly owing to the use of a too highly concentrated solution. M. Dubuison attributed it to an excess of hydro-chloric acid. In the successful cases a solution of low specific

gravity was used. That which I used was prepared and kindly furnished me, by my friend Dr. Craik. It had the specific gravity, 1.388, nearly neutral in reaction, having the peculiar rough astringent taste of the per-salts of iron.

Montreal, August, 1858.

ART. VIII.—*Cases of Carcinoma Medullare.* By J. A. GRANT, M.D.,  
Attending Physician, General Protestant Hospital, Ottawa.

CASE I.—*Carcinoma Medullare of the right labium majus, and nates.*—M. C., a female child, æt. 6 months. About this period the mother observed a small moveable tumour, soft to the touch, and seemingly painless, situated in the right labium majus, and approaching near the posterior fourchette. No constitutional derangement was, so far, evinced, consequently the case was allowed to pass on, the mother labouring under the idea that it would ultimately disappear. After a lapse of three months her anxiety became increased by gradual enlargement of the tumour. Medical aid was sought, and, according to her statement, the tumour was removed. Arrest did not here take place, as it soon attained the former size, and progressed until the entire labium majus and nates of right side were involved. This child was first brought under my notice when two years of age; she had then gained the power of her limbs to a moderate degree, yet from frequent attacks of diarrhoea and vomiting, combined with this constant drain upon the assimilative powers of system, she assumed a cachectic and emaciated appearance. As the tumour enlarged, its arterial structure became more vigorous, its tegumentary covering presenting several minute vessels.

Dec. 4, 1857.—At this date the skin became red and inflamed, more particularly at the inferior part, and in a few days presented an ulcerated appearance, whence a bleeding fungus was gradually developed. In the early stage (from the ascertained history) there was evidently little pain, but previous to the parts giving way increased irritability and impaired health strongly marked no moderate degree of suffering. The fatal termination took place shortly after the appearance of the fungus, doubtless induced by the constant drain from a system already tending to dissolution, to which remedial agents only afforded temporary relief.

CASE II.—Mr. Appleyard, æt. 52, of sallow complexion, tall and well-formed, consulted me, May 6, 1856, concerning a small tumour situated at the base of his tongue and to the left of the frenum. Upon inspection, it appeared intimately connected with the left sublingual gland and as

to its structure almost homogeneous with that body, about the size of a small hazel-nut, surface pale, slightly upraised and manifestly papillary or tuberculated, no particular vascularity, moderate flaccidity, and unattended by pain, except on deep pressure. Submaxillary glands indurated, enlarged and painful on pressure.

March 1856.—Tumour first observed, but several months previously he experienced submaxillary tenderness, supposed to have originated from cold. A strong solution of Nitric Acid was applied, which after a few days removed the most superficial part of tumour. Ordered,  $\mathcal{R}$ . Potassii Iodidi. gr. xxiv.; Potassæ Bicarbonatis 3j; Syrupi  $\mathcal{z}$  ss; Aquæ puræ  $\mathcal{z}$  vss. Misce. Dosis  $\mathcal{z}$  j. bis die.

June 2d., 1856.—Having returned to town after this short interval—the tumour had gained on its original size. Acid Nitric was again applied, but followed, after the lapse of a few weeks, by similar results. The peculiar appearance of tumour, its softness, rapidity of growth, and close connexion with surrounding parts, by a broad base, also the enlargement and tenderness of the submaxillary glands, led me to offer no favorable prognosis. About July 1856, Mr. A. entered the Montreal General Hospital, under the charge of Dr. Campbell, who corroborated the diagnosis previously given. The tumour having increased, it was found necessary to remove the two central incisors of lower jaw, into which vacancy it progressed. After a three months tour through various parts of Canada and United States, Mr. A. returned to Ottawa in Sept. 1856. At this date the inferior maxilla had participated in the malignant action, which assumed a very decided and characteristic aspect. The incisor and canine teeth were perfectly loose, and standing out at different angles, to his great annoyance, being now unable to close his mouth, from which saliva constantly discharged profusely. Severe attacks of hæmorrhage now and then occurred and blood in smaller quantity frequently oozed from the surface of tumour. March 1857. Mr. A. visited London, England, and shortly after his arrival expired.

CASE III.—*Fungus hæmatodes of both eyes.*—Robert Mooney, two years old, sickly looking, but of robust parents. As stated, when the child was about six months old, a peculiar substance of a yellow shining appearance was observed, situated at the “bottom of eye.” Shortly afterwards the child being exposed to cold, was attacked by violent inflammation terminating in ulceration and perforation of the cornea. Being without medical aid, the violence of attack never abated until the humors escaped and the globe collapsed. Eighteen months having passed away, the parents removed to town.

Nov. 1857.—Firmly impressed with the appearance of the eye first at-

tacked, they became suddenly alarmed at observing the sound eye assume a similar aspect. About this date I was consulted, and then procured the previous history. The eye now presented the peculiar expression of blindness. Pupil widely dilated, and behind it, seemingly at the most remote part of posterior chamber, there was placed, a tawny-yellow colored or cheesy looking substance with slightly irregular surface. After a lapse of four months this substance had moved forwards almost to the same plane with iris. When the disease had existed seven months, the globe grew larger, became more prominent, and steadily progressed until the lids only formed folds, retracted and firmly seated posterior to the tumor. At this stage an evident change was taking place in the opposite orbit, resulting in a gradual enlargement or growth, proceeding from the collapsed coverings of globe. The anterior chamber of right eye lost its transparency, the boundary between the cornea and sclerotic disappearing at the same time; ulceration attacked the quasi cornea, giving vent to a bleeding fungus, which expanded rapidly, yielding an ichorous discharge. Feverish symptoms now increased with great loss of strength. Simultaneous with the growth in left orbit, a glandular swelling was observed behind the right ear, and extending to the angle of jaw. The tumor from left eye also rapidly developed a bleeding fungus, not falling far short of that from the opposite eye. About eight weeks after the appearance of second fungus, death terminated his miserable existence.

*Remarks.*—As any of the tissues wherever nutrition is in progress, are liable to be affected by cancer, hence its vast range, springing up wherever the essential conditions, partly constitutional and partly local, are so disposed. Through the influence of the microscope, the various forms of this disease have been arranged under three heads, according as blastema, cells, or fibrous tissue predominate. Gelatiniform cancer an example of the first; carcinoma medullare or soft cancer of the second; and Scirrhus or hard cancer, of the third; the other varieties met with being mere modifications of these. However, exceptional cases present, as when two or more varieties are blended together so as to afford much difficulty of classification. It is now an established fact, that cancer tends to diffuse itself throughout the various tissues of the body.\* Virchow has recently shown that the local changes, are not limited to the parts which are the seat of the deposit, but that the surrounding structures, which appear to the naked eye, sound and healthy, are also implicated. This knowledge, being correctly ascertained, will in a great measure account for the tendency cancer has, when once removed, to again appear

\*British and Foreign Med. Chirurgical Review, 1845, p. 29.

in the neighbourhood of its former nidus. On the other hand, M. Velpeau\* says he does not found his diagnosis on the non-recurrence of tumours, but on the general appearance of the patient.

Case No. 2, in its advanced stage, presented a marked peculiarity. The inferior maxilla gradually became diseased and broken down, as to its structure. During this period, the teeth protruded in different directions, being removed from their alveoli by the diseased action. At the request of patient, one very troublesome was removed, subsequently attended by very profuse bleeding, only arrested by solid Argenti Nitras. Upon inspection, the fang or tooth, appeared perfectly sound, but the surrounding structure adhered to it with more than ordinary tenacity. At this stage of the disease, and even anterior, the cancerous cachexia was highly marked, bringing about (as M. Lebert states,) (Braith. Retrospect, part 27, p. 40.) a general death of the system, by infection of the entire economy. Cases 1st and 3d present the same variety of cancer, similar in nature, progress, and fatal termination, although attacking different parts of body. Fungus Hæmatodes of the eye, says Travers (*Lawrence on the Eye, p. 703*) is not a disease of this or of that texture, as writers would insinuate, but of all the textures, the crystalline lens and cornea excepted, which yield to its progress, but never exhibit a specific change of structure. As Scirrhus and Fungus Hæmatodes are sometimes confounded with each other, I have inserted the following characteristics of these two diseases.

*Scirrhus.*

Chronic and indolent,—grows for years.  
Moderate in size.  
A disease of advanced life almost exclusively.  
Fluid matter of slight extent.  
Traces of vascularity—indistinct.  
Excess of fibrous tissue.

*Fungus Hæmatodes.*

Grows rapidly,—and attains a prodigious size.  
Appears in all ages but most frequently in the young.  
Pretty abundant.  
Preternatural degree of vascularity.  
Excess of cells.

REVIEWS.

**ART. VI.—***An Inaugural Dissertation on Strychnia.* Presented to the Medical Faculty of McGill College, 1st May, 1858—prior to receiving the degree of Doctor of Medicine and Surgery—by Alexander P. Reid, Montreal. Pp. 39. 1858.

The more original portions of this dissertation appeared in the pages of our last (fifth) volume. Having been re-considered, and amplified by

\* Braith. Retrospect. No. 13, p. 50.

the introduction of additional matter, the whole was carefully written out and presented as a thesis to the McGill College Medical Faculty, prior to the graduation of this year. Upon examination it evinced features of such an unusually commendable character among productions of a similar nature, that the Faculty resolved to shew their approval by publishing it at their own expense. The honour with which it is in consequence invested is sufficient testimony in its favor. Without therefore saying more about it, we may hope the occurrence will prove profitable by way of stimulus, and instigate future candidates to emulate the endcavour of Mr. R., which has proved so successful, by, like him, producing inaugural dissertations exhibiting ability and diligence in personal researches upon some professional subject of first-class importance in a practical order. The Essay may be obtained through B. Dawson & Son, Great St. James Street.

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ART. VII.—*Medical and Physiological Commentaries*. By MARTIN PAYNE, M.D., A.M. Two Volumes. 1840. *New York*: Collins, Keese & Co. *London*: John Churchill. *Montreal*: B. Dawson and Son.

*The Institutes of Medicine*. By MARTIN PAYNE, A.M., M.D., LL.D., Professor of the Institutes of Medicine and Materia Medica in the University of the City of New York; Corresponding Member of the Royal Verein für heilkunde en Preussen, &c. 1858. Pp. 1095. *New York*: Harper & Brothers. *Montreal*: B. Dawson & Son.

No one can peruse these volumes of Dr. Payne without being forcibly impressed with the vast amount of erudition displayed by the learned author. Every page bears witness to an extent of reading and research really surprising. It is not only the standard medical works in various languages that he has consulted, but periodical literature has been thoroughly ransacked to discover new thoughts, truths and experiments in support of, and bearing upon, the peculiar views he advocates.

The first question proposed by our author, in the first chapter of the first volume of the Commentaries, is—"What is Life?" A very perplexing interrogatory indeed, and one that has caused a good deal of discussion, angry and otherwise, in the physiological and philosophical worlds. To our humble comprehension, however, it has been in too many instances like the disputes of the schoolmen of former days—a war of words merely. The most bitter opponents have been fighting for precisely the same thing in essence, solely because they have in their

wisdom given that which they battle for a name differing somewhat in its signification from some other name bestowed by other theorizers; and in reading their lacubrations we have often been led to exclaim :

"Strange, such a difference should be  
"Twixt *tweedle-dum* and *tweedle-dee*."

Dr. Payne is decidedly opposed to the tenets of the zoo-chemical school, and adopts the doctrine laid down by Mr. Lawrence, viz. : "The primary or elementary animal structures are endowed with vital properties ; their combinations compose the animal organs, in which, by means of the vital properties of the component elementary structures, the animal functions are carried on. The state of the animal in which the continuance of these processes is evidenced by obvious external signs is called life." This view of the vitalists has been animadverted upon by Prof. Lehmann, one of the most able and distinguished of the chemical school, in his recent work on Physiological Chemistry. "If these happy admirers of their own ideal," he says, "had descended from their airy heights, and closely examined organic and inorganic matter, they would not have deemed it necessary to assume, that besides carbon, hydrogen, oxygen, and nitrogen, organic substances must also contain an *organogenium*, or latent vital force, or whatever else they may be pleased to call it. Had they sought information from a chemist, they would have learnt, that when exposed to the clear light of rigid logic, there is no essential difference between organic and inorganic bodies; a chemist totally unacquainted with organic matter would, *a priori*, have deduced all these incidental differences of matter from the doctrine of affinity and the science of stoichiometry, evolved from dead matter."

As we agree in the main with the vitalists, although differing from them in some respects, and as we admit the vast importance of much that is taught by the zoo-chemists, we shall endeavor to give our readers, in as few words as possible, the view we take of life. That what are called vital actions give rise to, or are accompanied by chemical phenomena, no one will deny. In the development of the germ—in the gradual growth and evolution of an organism—in the varied and intricate processes which subserve the sustentation and continuous well-being of the individual of any form of life—chemical forces undoubtedly play a great and highly important rôle. But while they do so, it is evident, and quite capable of proof, that they alone do not give rise to the phenomena characteristic of living organisms; or that organized matter is the result of their operations. If, for instance, we take the simplest expression of life, such as we find manifested in the development and multiplication of cells in the growth of the simple cellular plants, we

will find that chemistry is completely at fault in explaining the processes that take place, and we are obliged to refer the phenomena to the operation of some power resident in and peculiar to the germ, to which, indeed, the chemical forces are secondary and subordinate. To this power physiologists have given the name of vital force, and properly so, for if force be merely an abstract idea, the term standing the representative of that *something* which the mind recognizes as the active agent in the production of phenomena already familiar to it, it is quite as logical to bestow the name of vital force on that cause which produces in organic matter results that are constant and invariable, certain determinate circumstances being present, as it is to apply the term of chemical force to that power which in operation results in the production of what are so well known as chemical phenomena. Vitalists have logically the same right to their *organogenium*, as chemists have to their chemical force, and they can, therefore, afford to smile at the sneers of Prof. Lehman and philosophers of the same school. The worthy Prof. has, in the quotation which we give above from the opening chapter of his fine work on Physiological Chemistry, afforded additional proof of the truth of what Locke says concerning those who devote much time to the study of some favorite branch of science. "Let a man," observes that great thinker, "be given up to the contemplation of one sort of knowledge, and that will become everything. The mind will take such a tincture from a familiarity with that object, that everything else, how remote soever, will be brought under the same view. A metaphysician will bring ploughing and gardening immediately to abstract notions; the history of nature will signify nothing to him. A chemist, on the contrary, shall reduce divinity to the maxims of his laboratory, explain morality by *sal*, *sulphur*, and *mercury*, and allegorize the scripture itself, and the sacred mysteries thereof, into the philosopher's stone."

We have selected the development and multiplication of cells as an illustration of vitality, for the simple cell may be regarded as the type of organization. All organized bodies, no matter how complex soever they may be in their structure, have their origin in nucleated cells. There is no appreciable difference between the germ of the lowest vegetable and that of the highest animal. In the development of a cell, the germ when placed in favorable circumstances attracts to itself from the fluids by which it is surrounded such nutrient particles as are in each case necessary for its increment and growth, elaborates them into proximate principles, by the incorporation of which into its own structure, it increases in size. Shortly, the cell-wall a transparent homogeneous membrane; and the cavity, containing a



fluid either limpid and transparent, or varying in tint, as the case may be, becomes apparent. The process of assimilation goes on, the cell enlarges, and the fluid in its interior, heretofore apparently homogeneous now exhibits a finely granular appearance. The minute granules, aggregate and form molecules of a larger size which adhere to the side of the cell-wall, from which, however, they soon become separated. After a time rupture of the cell-wall takes place, the numerous molecules are set free, and become in their turn the elaborators of new cells. In some instances, however, complete development of cells occurs within the parent cell.

Now, can chemists explain all these changes by the laws of their science? Certainly chemical phenomena are present and to the prejudiced or superficial thinker they may appear to prove that all the changes are the result of chemical forces simply. Carbon, nitrogen, hydrogen and oxygen are separated from previously existing combinations, and enter into the formation of the structure of the cell; but is that effected through the agency of chemical affinity? Possibly it may, and admitting this, will that power called chemical force, such as we recognize it by its phenomena, explain how the same ultimate elements are made to combine so variously, in such close contact, as to form the different constituent parts of the cell. Why, as in inorganic substances, do they not unite uniformly when liberated from previously existing combinations and brought so close within the sphere of each other's affinities? Why do carbon, hydrogen, oxygen and nitrogen unite in such proportions as are necessary to the formation of the proteine cell-wall, instead of forming carbonic acid, ammonia or water? And it must be remembered that this power of selecting simple elements and rearranging them into combination for its own development and for the formation of others of its kind out of a formless material, when placed in favourable circumstances is impressed on every germ that descends from the parent one. In reply we would say, that there is a power acting through the material of the germ, which in its manifestations differs from anything we know of the operation of the special physical forces operating through inorganic matter and to this power we give the name of *vital force*. It is peculiar to organized matter and in its workings gives rise to those results termed *vital phenomena*. Its activity is Life.

## CLINICAL LECTURE.

*Clinical Lecture on Dyspepsia.* By M. TROUSSEAU—Hotel Dieu, Paris.

(Translated by . . . *Pacific Medical and Surgical Journal.*)

Let us examine the medical treatment. In some cases, the dyspeptic by improving his digestion, is freed from his indisposition, just as a person with a cold gets well by not exposing himself again to the influences which produced his ailment. But, in many cases, the disease resists the return of the habitual healthy nutrition. It persists with the most obstinate tenacity, which is sometimes owing to the dyspepsia being rooted, as every chronic affection is, or because it depends upon some influences of a particular diathesis.

Many physicians smile when you speak to them of dartrous or rheumatic angina; still, nothing is more common. A person has an eczema of the face; this eczema reaches the nose and the pharynx, and this region becomes the seat of habitual pain. We recognize a granulous angina which is herpetic, that is, dartrous, in its nature. We are astonished because it lasts many years, and yet, we are not surprised to see a lichen, a common leprosy, or any other affection of the skin continue indefinitely. These are, nevertheless, the same affections: the difference consists merely in the *situs*. In the throat, as on the skin, the persistence is the same. I have already told you, on many occasions, that diatheses set their seal upon diseases, inflammation, chronic inflammation; and that of the stomach enjoys no more exemption from this influence than does inflammation of the skin, or the pharyngeal, urethral, and uterine mucous membranes.

Independently of this peculiarity, which the pathologic condition of the digestive tube may present, independently, for example, of its herpetic or gouty character, we must still take into consideration the quality of the inflammation. Generally, to treat chronic inflammation independent of a diathesis, the means are sufficiently definite: we have only to remove the cause,—which is not always sufficient to cure—or to employ certain topical alterants. For a chronic ophthalmia, for example, we resort to powdered collyria, calomel mixed with sugar, carbonate of zinc; or to liquid collyria, as solution of the sulphate of zinc, copper, ammonia, or nitrate of silver; to unctuous collyria, such as pomades of Regent, Desault, Dupuytren, if the inflammation occupies principally the eyelids. Is it a chronic inflammation of the nasal mucous membrane—a chronic coryza—we make the patient snuff mercurial powders; we inject solutions of the sulphate of copper, sulphate of zinc, nitrate of silver

and chloride of potassa; in a word, we attack inflammation of accessible mucous membranes directly with therapeutic agents, with calmants and alterants with which we are acquainted, and aid their local action by general treatment directed to the diathesis—the general condition which controls these local affections.

In diseases of the stomach *modificatives* and *substitutives* may be employed. If the inflammation is sub-acute, if the dyspepsia is a consequence of gastritis which has passed into the chronic stage, emetics are the most powerful among the substitutive agents. When we have to treat that acute phlegmasia called bilious, we give either ipecacuana or antimony, and often both together. An emetic in contact with a mucous membrane causes a violent irritation, (*phlegmasia*), but of short duration, as every therapeutic phlegmasia should be. Tartrate of antimony acts in this respect on the internal tegument as it does on the skin, where you are well aware it produces inflammation. We may say the same of sulphate of copper as irritating to the gastric mucous membrane, as (when applied locally) to the nasal ophthalmic linings. So when you administer an emetic of ipecac, antimony, polygala, veratrum album, sulphate of copper, sulphate of zinc, etc., you substitute for the existing phlegmasia of the gastric membrane another phlegmasia, but the latter is more acute, less persistent, and disappears spontaneously. [That such a temporary violent inflammation is produced by an emetic one has only to recollect the burning sensation at the stomach after vomiting, and the thirst it often causes. \* \*] You employ a substitutive medication, like that in the treatment of blennorrhagia by caustic (*catheretique*) or astringent injections. It is in this manner that emetics are of such real service. It is also by their substitutive action that blue pill, calomel, and mercurials under all forms, are of so great utility in certain cases—not from facilitating the evacuation of the vitiated intestinal contents, the bile or the altered secretions of the stomach, but from their modifying in their own peculiar manner the gastric phlegmasia. At the same time these alterants should be administered with caution, for one cannot vomit or purge a patient with dyspepsia every day with impunity; the therapeutic action being surpassed, there would be substituted a phlegmasia not to be subdued as a passing irritation, but as a new inflammation, which would certainly be followed by accidents more or less severe. Excellent medication may intervene, as occasion requires: the sub-nitrate of bismuth, and prepared chalk, (that is, the carbonate of lime precipitated from the chloride of calcium by carbonate of soda) every day employed in the treatment of external irritations of the teguments in the intertrigo of children and in certain ophthalmias. They are also prescribed in lave-

ments to great advantage, as Dr. Laseque has demonstrated, to combat diarrhoeas, obstinate colic in children, or even adults. The sub-nitrate of bismuth and prepared chalk, given in large enough doses—160 grains, or more—acts with the same efficacy in inflammations of the gastric mucous membrane. The inflammation having yielded to the employment of the various medications, the secretions of the stomach may become normal; nevertheless there are cases in which it is necessary more especially to aid the secretory functions. In these cases we administer special acids, such as the hydro-chloric or lactic, which you have seen me prescribe to many of our dyspeptics. You may also derive great benefit from these acids when the difficult digestion depends upon chronic gastritis. While with some persons acids produce excellent results, with others, strange to say, alkalies succeed infinitely better, and certain mineral waters are then of immense advantage. These waters are mineralized, some by the bicarbonate of soda, almost exclusively, others by the bicarbonate and sulphate of soda and by the chloride of sodium, others, finally, by the carbonate of lime, magnesia, bicarbonate of soda and iron. I will not describe their mode of action, but it is a matter of experience that, in chronic affections of the stomach, after having undergone previous treatment, difficult digestion only remaining, these mineral waters succeed admirably, whilst in others acid mixtures are successful. We will discuss, at the proper time, how agents so dissimilar comport now with one form of dyspepsia and again with another; but, at present, I will, without trying to explain more fully, point out this action in a general manner, and then I will show you what circumstances demand the employment of this or that category of remedies.

In speaking of the varieties of dyspepsia I said there was one variety which was attended with a sort of phrenzy of hunger, an imperative want of food, (*boulimie*) with a feeling of vacuity in the stomach a little after eating, with digestive disturbance characterized by diarrhoea, almost immediately after the ingestion of aliment. The patients say themselves, that "*they digest quickly, that their food does not distress them, that their stomach is excellent, that their intestines only are affected.*" I have explained to you the mechanism of these diarrhoeas, and need not repeat. In this particular form of dyspepsia, opium, that remedy which is so often used without reason in affections of the alimentary tube, is particularly useful. Opium should be administered with the greatest circumspection, in doses which it is impossible for me to determine in advance, but of which you must yourselves be judges, after you shall have ascertained the aptitudes of your patients. Nothing is, in truth, more variable than the quantity in which this remedy should be given; and

this not only in reference to different individuals, but to the same person under different circumstances of the morbid condition. If there are some who can take enormous quantities of this drug, (recently, a man suffering with convulsive neuralgia took 80 grains of gummy extract of opium in twenty-four hours) there are others for whom a single drop of laudanum is sufficient. There is no therapeutic agent so difficult to manage as this; it is generally dispensed with too much prodigality, without taking into consideration the degree of individual tolerance, which is so far from uniform. In dyspepsia, begin with very small doses; at first, give but a single drop of laudanum, and increase the dose very slowly. Order opium not after but before a meal; this will lull by degrees the muscular excitability without extinguishing organic sensibility, digestion will become more natural and the diarrhœa will cease. Large doses, on the contrary, go beyond the action we wish to produce—stupefy the muscular excitability and organic sensibility at the same time, arrest the movements essential to gastric secretion, and hinder the accomplishment of digestion. Belladonna, in this particular form of dyspepsia, in the diarrhœa with which it is complicated, and the relief of which depends upon augmentation of the muscular movements of the stomach, may also be of considerable service. This assertion will perhaps appear opposed to what you know of this remedy: that ordinarily it produces an effect contrary to the one you desire, causing, like all the poisonous *solanaceæ*, laxation of the bowels, contrary to opium, which constipates. This property is such that one is tempted to abstain, as a general rule, from every preparation of belladonna in diarrhœa. With reason, we avoid its administration in flux or lientery, when their cause is in the intestine itself, but it is a mistake to neglect its employment in diarrhœa depending on increased excitability of the muscular fibres of the stomach; for, as I have just intimated, in these cases belladonna has been followed by results quite as favorable as those produced by opium. In a large number of cases, the *solanaceæ* and belladonna are the most powerful remedies for constipation. There are individuals who can never go to the *garde-robe* without they are smoking a pipe or cigar; others, to obtain the same effect, are obliged to take a henbane pill weighing half a grain or a grain. Henbane, tobacco, in short, all the *solanaceæ*, act in the same manner, from the absorption of the virous principle in which their medical properties reside. I will say this much, then, concerning belladonna, the efficacy of which, as a medicament to oppose to constipation, is so well known since the remarkable labors of Bretonneau. Belladonna must be given in very small doses; one-sixth of a grain often suffices, and rarely is it necessary to give more than one-third or one-half of a

grain at a dose. It seems, at first view, that relatively to the same medicament employed to suppress diarrhoea, I contradict what I have just said; nevertheless, this contradiction is only apparent. In the form in which we propose to combat it with this virus, the diarrhoea is owing only to an exaggerated contractility of the muscular coat of the stomach; belladonna moderates this contractility, the flux which is the consequence of it, and, in a great number of cases, cures the dyspepsia. The subnitrate of bismuth acts in the same manner; it should be given at meal-times, mixed with food, in a dose of 15, 30, 45 or 60 grains. The oxyde of zinc, in smaller doses, (15 to 30 grains,) is equally beneficial.

In my next lecture I will enter into some details concerning the treatment of dyspepsia attended with acid eructations.

### THERAPEUTICAL RECORD.

*A new Anæsthetic.*—J. D. Wingate, of Bellefont, Penn., states in the Dental News Letter, that he has used the *essence of cloves* in a number of instances, producing sufficient anæsthetic effect for dental purposes. He administers from ten to sixty drops, and latterly has combined a small quantity of the essence of nutmeg with the essence of cloves.—*Med. Reporter.*

*Croup.*—Dr. Shelton believes he has derived some advantage from the application of the following ointment every two hours, to the sound skin over the trachea:—℞. Ext. belladon. ʒ ij.; ung. hydr. nit. ʒ vj. M. With this any other of the ordinary remedies may be conjoined.—*American Druggist's Circular.*

*Electrical Tooth-pulling.*—A new process of extracting teeth has been tried in Baltimore with success. All that was felt was a numbing sensation about the teeth, produced by passing a current of electricity through the tooth at the time of extracting. The patient grasps firmly in his hand one pole from an electro-magnetic machine, the other pole is attached to the forceps, and by this means a current of electricity is passed through the tooth, and produces local anæsthesia, and so avoids the use of chloroform or ether.—*Ibid.*

*Injection of Sesquichloride of Iron in severe Menorrhagia.*—Dr. Breslau relates a case in which very obstinate and copious menorrhagia, accompanying a retroflexed state of the uterus, after resisting various other means, speedily yielded to an injection of equal parts *liq. ferri sesq.* (*Bavarian Pharmacop.*) and distilled water.—*Ibid.*

*Inhalation of Sal-Ammoniac in Chronic Catarrh.*—Dr. Gieseler speaks highly of this. A drachm of dry muriate of ammonia is heated over a spirit-lamp, and the patient inhales the vapor. He says the same means are of service in scrofulous affections of the eyes, and in catarrh of the bladder.—*Ibid.*

*Application for Chilblains.*—1. Powdered borate of soda 10, and pure glycerine 10 parts, ess. lavender, etc., q. s. Signor Ruspini recommends this to parents as highly useful, applying it every evening to the feet when chilblains are even threatened. He has also found the application useful for the removal of freckles in hot weather. 2. Collodion 30, Venice turpentine 12, and castor oil 6 parts. These are to be intimately blended by aid of a gentle heat.—*Ibid.*

## PERISCOPE

*Nitro-Glycerine, or Glonoine as a Therapeutical Agent.*

A notice of this substance was written by Dr. Vry, of Rotterdam, in 1851. The following are extracts made from that paper:—

“In 1847, when Chemists were intent on the production of gun cotton, M. Sobrero made known the fact that glycerine, when treated with a mixture of sulphuric and nitric acids, yielded a similar compound, which he described as an oily liquid, heavier than water, in which menstruum it was insoluble, although readily dissolved by alcohol and ether.

“According to this author, the smallest quantity of it was sufficient to produce a most violent headache, from which he concluded it would prove a most dangerous poison.

“My attention has lately been again directed to this subject by the statement in some foreign journals, that nitro-glycerine is being employed in America as a Therapeutic agent under the name of Glonoine. Besides the interest which attaches itself to this substance in a scientific point of view, therefore, it seems to possess a certain value as a pharmaceutical agent.

“This consideration induced me to try and ascertain the best mode of preparing this substance, and again reviewing its principal properties.

“*Preparation.*—After repeated experiments I found the following the best mode of preparation:—100 grammes (1543 3 grs.) of glycerine, freed as much as possible from water, and having a sp. gr. 1.262, were cautiously, and in small quantities at a time, added to 200 cubic centim. (18 ounces) of monohydrated nitric acid, previously immersed in a freezing mixture. The temperature rises upon each addition. It is therefore necessary to allow the mixture to cool down again to—10° C. (14° Fahr.) before any fresh addition is made, as it is very necessary that the temperature should never rise above 0° C. (32° Fahr.) When the glycerine and nitric acid have formed a homogeneous fluid, which may be facilitated by stirring the mixture with a glass rod, 200 cubic centim. (18 ounces) of concentrated sulphuric acid are cautiously and slowly added.

“This operation is accompanied with the greatest danger, if the temperature is not continually watched. Experience, however, shows me that there is no reason for fear, provided the temperature be always kept below 0° C. (32 Fahr.)

“Once I saw the temperature run up to 10° C. (50 Fahr.) without occasioning an explosion; but between 10 C. and 20 C. a violent reaction suddenly takes place, and the mixture is violently propelled from

the vessel. I, however, repeat again that such an accident can be safely avoided by keeping the temperature below  $0^{\circ}$  C.

"When these precautions have been taken the nitro glycerine separates, after the addition of the sulphuric acid, in the form of an oily liquid floating on the surface, and may be collected by means of a separating funnel.

"The product thus obtained, which is still contaminated with a little acid, weighs about 200 grammes (3086.6 gra.) A still further portion, however, about 20 grammes (308.6 gra.) may be obtained from the acid liquor by diluting it with water.

"The products thus obtained are then dissolved in a small quantity of ether, and this resolution repeatedly shaken with water till all traces of acid are removed. The ethereal solution is then heated over a water-bath till nothing more is volatilized. The resulting quantity will be about 184 grammes (2638.6 gra.) The composition of glycerine being  $C_3 H_8 O_3 = 92$ , and 100 parts of glycerine yielding 184 of nitro-glycerine, we may infer that the composition of nitro-glycerine is  $C_3 H_5 (2 NO_4) O_3 = 182$ . I am at present endeavouring to ascertain if this inference is correct.

"*Properties.*—Nitro-glycerine is an oleagenous liquid of a clear yellow colour, having a sp. gr. from 1.595 to 1.600. Heated to  $160^{\circ}$  C. ( $320^{\circ}$  F.) it is decomposed, evolving red vapours; at a higher temperature it either explodes or inflames without any detonation.

"It is difficult to determine accurately the point at which explosion takes place; it is best observed by allowing the nitro-glycerine to drop from time to time upon a piece of heated porcelain. At first it burns away with a vivid flame, but as the temperature diminishes, it violently explodes, evolving red vapours, and frequently breaking the porcelain on which it falls.

"By placing a drop on an anvil and striking it with a hammer, it instantly detonates. When properly prepared and free from acid, it may be kept for any length of time. I have some in my possession which has been kept for two years without undergoing the slightest change.

"Upon the addition of sulphuric to the ethereal solution, decomposition ensues, and a great quantity of sulphur is thrown down.

"I am engaged in investigating this reaction, which perhaps may throw some light on the constitution of nitro-glycerine."

Nitro-glycerine appears to have been used for several years past in America, under the name of Glonoine; it has also been used in this country by homœopathic practitioners. Recently it has been brought into more general notice by the publication of the results of some experiments



which have been made with it by Mr. Field of Brighton, by Dr. Fuller of St. George's Hospital, and by Dr. Harley of University College, which results were published in the *Medical Times and Gazette* of March 20th and April 3rd.

The following is Mr. Field's description of his experience of the effects of glonoine :—

“In the evening of the 3rd of February, 1858, I was conversing with a homœopathic practitioner, when he mentioned a medicine which possessed peculiar and extraordinary qualities, some of which he described as having affected himself, though he had taken it in very minute quantities. I laughed at his credulity, and offered to take as much as he pleased, upon which he let two drops of what he called the first dilution of glonoine fall on my tongue. After swallowing this small quantity of fluid—I was assured the quantity did not exceed two drops—I asked what effects I must expect, but was told to wait and observe for myself. I then purposely conversed on other subjects. In about three minutes I experienced a sensation of fullness in both sides of the neck, to this succeeded nausea, and I said ‘I shall be sick.’ The next sensation of which I was conscious was, as if some of the same fluid was being poured down my throat, and then succeeded a few moments of uncertainty as to where I was, during which there was a loud rushing noise in my ears, like steam passing out of a tea-kettle, and a feeling of constriction around the lower part of my neck as if my coat was buttoned too tightly; my forehead was wet with perspiration, and I yawned frequently. My intellects returned, however, almost immediately, and I remember saying, ‘This has nothing to do with homœopathy, but it has to do with a very powerful poison; there are more things in heaven and earth than are dreamt of in the philosophy of some of us.’ I also reproached my friend for not having tested the anæsthetic power of the medicine by inflicting a slight wound on me. I need scarcely say I am thus minute in my description of what occurred, that an accurate idea may be conveyed of the actual effect produced on me, as well as to justify the uses to which I have since put the medicine. When these sensations had passed off, which they did in a minute or so, they were succeeded by a slight headache, and dull heavy pain in the stomach, with a decided feeling of sickness, though without any apprehension that it would amount to vomiting. I lay on a sofa, feeling rather languid, but talking cheerfully, conscious at the same time that I could very well exert myself both mentally and physically, if I liked, but that it was more pleasant to be idle. This condition lasted about half an hour, at the end of which I was quite well and walked home, a distance of half a mile, with perfect comfort. I

slept soundly from one o'clock till six, when I was called up, having a slight amount of general headache, but not such as I should have regarded but for the recollection of last night's adventure.

"The physician to whom I am indebted for this overdose told me, that when his first impression that I was shamming had passed off, my condition caused him the greatest alarm, for he really thought he had killed me. I learn from him that my head fell back, my jaw dropped, I was perfectly white, breathing stertorous, and no pulse at the wrist for the space of about two minutes. He immediately rushed to a closet and procured some stimulant, which he poured down my throat. I had never been in better health and spirits than on the day of this occurrence, and had taken nothing for hours but a little cold tea.

"This same first dilution of glonoïne consists of one drop of a peculiarly chemical compound, dissolved in ninety-nine drops of rectified spirit: and glonoïne itself, I learn to be a nitrate of oxyde of glycyll, prepared by adding nitric and sulphuric acids to glycerine, the temperature of the fluids being kept down by a freezing mixture."

The experience of Dr. Fuller was, however, very different from that described by Mr. Field. He says:—

"The extraordinary effects ascribed to glonoïne by Mr. Field, in a communication inserted in the *Medical Times and Gazette*, of the 20th instant, induced me this morning to undertake a series of experiments, in conjunction with Dr. Harley, of University College, with the view of testing the effects of this agent; and as the subject is one which has attracted some attention, it may be useful to make the profession acquainted with the results at which we arrived. I leave to Dr. Harley to describe the details of the experiments in his own case as also of those on a rabbit to which we administered this substance, and shall merely premise that the glonoïne which I swallowed was pure glonoïne obtained from Morson's of Southampton Row, diluted with 10 parts of rectified spirit; whilst the glonoïne which Dr. Harley took was pure glonoïne, obtained from a homœopathic Chemist, diluted with 8½ parts of rectified spirit. Eight drops of this latter solution added to 92 drops of rectified spirit would form (so the homœopathists chemist stated,) the solution of glonoïne, and described by Mr. Field as glonoïne of the first dilution. It would contain one drop of pure glonoïne to 99 of spirit.

"Our experiments commenced at 12.45 o'clock, at which time my pulse was 80, and my respirations were eighteen in a minute. I began by taking two drops of a solution containing one drop of pure glonoïne in 99 of rectified spirit—the solution employed by Mr. Field. It was sweet to the taste and warm, and imparted a flavour or odour somewhat resem-

bling chloric ether. In the course of a minute I felt, or fancied that I felt some fulness of the head, but was not conscious of any other unusual sensation. At four minutes past one o'clock I took two drops of the solution obtained from Morson's, or in other words, one-sixth of a drop of pure glonoïne, which is equal to seventeen drops of the solution spoken of by Mr. Field. It was very sweet, and pungently hot to the tongue and throat, giving rise to a burning sensation which lasted several minutes. At six minutes past one my pulse had risen to 96, and I felt, or fancied that I felt, increased fulness about the head, but without giddiness or confusion of thought. My pupils were not affected, and I did not experience any unusual sensation beyond that just referred to. At 1.15 o'clock I took 4 more drops of Morson's solution, or in other words, one-third of a drop of pure glonoïne, which is equivalent to 33 $\frac{2}{3}$  drops of Mr. Field's solution. At 1.18 o'clock my pulse was still 96; my respiration remained tranquil; my pupils were unaffected, and I was not conscious of any unusual sensation, except a sense of slight fulness in the head. As no further symptoms occurred, at 1.30 o'clock I swallowed 6 drops of Morson's solution, or in other words, half a drop of pure glonoïne, which is equivalent to 50 drops of Mr. Field's solution. It was intensely hot to the mouth and gullet, rendering it necessary for me to swallow half a glass of water. I felt somewhat nervous, and for a few moments the surface of my body became covered with a clammy perspiration; my pulse intermitted occasionally, and I experienced, or fancied that I did so, an increase of fulness about the head: but the pupils remained unaltered, and in no other respect did I perceive any difference from the effects produced by the former and smaller doses. In a few minutes the nervousness passed off, and at 1.35 o'clock my pulse was 90 and regular. At 1.40 o'clock my pulse was 86, and my respirations were 16 in a minute. At 1.50 o'clock my pulse had fallen to 80 or the standard at which it was found before the commencement of the experiments.

"Thus, within the space of one hour I took rather more than 1 drop of pure glonoïne, which is the amount contained in 80 drops of the solution spoken of by Mr. Field. This would appear conclusive as to the fact that whether in weak solution (1 in 100) as employed by the homœopathsists, or in a strong solution (1 in 6,) glonoïne does not produce the effects which have been ascribed to it; and that, contrary to what has been stated by Gmelin and implied by Mr. Field in his recent communication, it may be taken with impunity in considerable quantity. Whether the acceleration of the pulse which was observed in the first instance was attributable to the effect of glonoïne, is a question which requires further experiments to determine. My own impression is, that

it was purely the effect of the nervousness or excitement resulting from the experiments in which we were engaged, for had it been otherwise, it is not probable that the pulse would have fallen to its natural standard within so short a period after taking the larger doses. The fulness in the head may have been attributable in part to the same cause, but some discomfort about the head, not amounting to headache, continued for several hours afterwards, and I cannot help thinking that it is fairly referable to the effect of the glonoïne I had taken. I will only add, that for some weeks I had been suffering from slight bronchial irritation, with frequent expectoration of thick mucus, and that since I swallowed the glonoïne I have not had occasion to cough or expectorate."

The results thus described by Dr. Fuller were substantially confirmed by Dr. Harley. Both these physicians failed to produce effects such as had been described by Mr. Field.\* Although it thus appeared that nitro-glycerine or glonoïne was not so powerful a medicinal agent, as Mr. Field's first account seemed to indicate, yet it was probable that it would be tried by other medical men, and it was therefore important that pharmaceutical chemists should be acquainted with the particulars of what had been published on the subject.

Dr. Edwards remarked that he had several times prepared glonoïne for medical use, and he thought the physiological evidence affirming its peculiar action on the nervous system was fully established. He thought much had yet to be learned with respect to the action of minute doses of medicine, and that it was wrong to assume that because certain results followed the exhibition of minute doses, that much more violent effects of the same character would be produced by larger quantities. Glonoïne appeared to undergo decomposition resembling that of gun-cotton when long kept, especially if exposed to the light, or in a warm temperature.

[In a later number of the Journal, Mr. Field publishes the subjoined reply to Mr. Fuller's account of its effects. The difference in the results obtained by different persons, lead fairly to the conclusion that glonoïne is an agent of great potency, but that it may safely be used as a therapeutic remedy, if used with a proper degree of care.]

Sir,—In the last number of your Journal it is stated in reference to nitro-glycerine—"Mr. Field has subsequently repeated the experiments on himself, and has results similar to those described by Drs. Fuller and Harley." It is quite true that on one occasion two drops of the solution of

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\* Mr. Field has subsequently repeated the experiments on himself, and has got results similar to those described by Drs. Fuller and Harley.

nitro-glycerine had no effect on me beyond the production of a very decided headache, but it must be understood that I then used a less powerful specimen, and, as a measure of safety, it should also be stated that complete insensibility was caused by a smaller quantity of another specimen when applied to the tooth of the patient who was totally ignorant of the agent employed for his relief. Equally marked effects have been observed by other medical practitioners who have experimented with this remarkable medicine. I am still engaged in investigating the therapeutic properties of nitro-glycerine, and I am daily more convinced of two important facts connected with it, viz, the great variation in the strength of different specimens, and the very marked difference in the susceptibility to its influence of the same individual under altered circumstances, depending, I imagine, on the condition of the nervous system at the time the drug is taken.—*Lond. Pharm. Journal—American Drug. Circ.*

A. G. FIELD, F.R.C.S.

*Account of some Trials made to Facilitate the Removal of Stones from the Urinary Bladder—Extrusion with the Fingers—Landing-net.*

By Professor A. BUCHANAN, M. D., one of the Surgeons to the Glasgow Royal Infirmary.

AMONG the advantages which attend the rectangular operation of lithotomy, one is to render more easy the extraction of the stone in the ordinary way, with the aid of the forceps. This depends upon the nature of the operation, which, by diminishing, as far as can be done, the distance between the opening made in the bladder and the external aperture of the operation wound, brings the stone more within reach, and thus facilitates the ordinary manipulations for extraction. Of the extent of the facilities so obtained, those only can judge who are familiar with this operation, and have had opportunities of comparing it with the old lateral operation which, it has for many years past superseded in and around Glasgow—the only field on which hither to the two operations have come into competition with each other. Still, however, even with these facilities, there is usually more delay and more difficulty experienced in laying hold of and extracting the stone, than in making the incision necessary to get at it. It is therefore chiefly to this second stage, that any attempt to simplify and improve farther the operation of lithotomy should at present be directed.

Influenced by these views I was led, last winter, to make trial of various methods of removing stones from the bladder; and I propose at present to bring under the notice of those who take an interest in such

researches, and understand the capabilities of the new mode of operating; one or two of the methods which I tried, and thought most promising of good results:—

*Extrusion with the Fingers.*—The first method is, perhaps, more curious than useful. I found that after making the usual incision, according to the rectangular method, it was quite possible to remove certain stones with the fingers alone, without the aid of any instrument whatsoever. Stones of a spherical shape and smooth surface, like marbles, even though of large size, could readily be so removed; but to stones of a different shape, and of rougher surface, this method was found to be inapplicable, unless the opening in the bladder were of large size. The following remarks will render the mode of manipulating easily understood:—

The forefinger of the right hand, introduced into the bladder through the operation wound, readily reaches the stone, and has it so much under command, that it can easily be brought down into the triangular space at the neck of the bladder, and placed there so that its longest diameter—if it be not spherical—may be paral-  
 lled to a line at right angles to the middle of the incision of the bladder. This is the position most favourable for the extraction of the stone, and by the pressure of the forefinger it can be retained steadily in that position. Holding it therefore firmly, the fore and middle fingers of the left hand are introduced into the rectum, and passed up beyond the prostate, when, upon pressing them forwards, the stone is distinctly felt by them; and it is so firmly grasped between these two fingers and the forefinger of the right hand, as irresistibly to suggest to the mind the attempt to extrude it from the bladder, by means of the two fingers of the left hand pressing it from behind, while the forefinger of the right hand guides it outward, and regulates the direction of the pressure.

In this way, as stated above, smooth and spherical stones are readily removed, but only these, unless with a larger incision than usual. The process is therefore of such limited utility, that it would not have been worthy of the space the description occupies, had it not been that to bring the stone and fingers into the positions just described is often an important preliminary to other methods of extraction;—as to that next to be described, and to the ordinary method of extraction with the forceps—if it be the latter, instead of grasping through the bladder to find the stone, and attempting to seize it in whatever position it lies, the forceps is at once laid over the stone in a known position, and the stone is thrust between the blades by the fingers of the left hand, and laid hold of in the most advantageous direction; that is, with its long diameter parallel to the blades.

*Landing Net.*—The great majority of stones cannot be extracted by the fingers alone, but require the aid of an instrument. Of various instruments for the purpose which I had constructed and tried, the one which seemed to me to answer best the ends for which it was devised, I named a *landing-net*, from its resembling very much, in its mode of operation, the tackling of the same name, with which the angler secures the fish he has hooked and brought to the water's edge. I had this instrument first made with a single handle, and an oval elastic rim of whalebone, to which the net was attached. But finding this not to answer well, I returned to a construction differing only from that of the common forceps furnished with a net, in the modifications to which I subjected it. The handles are in no respect different, but the blades have altogether changed their character, as they are no longer intended to grasp the stone, but merely to open and shut the mouth of the sac which is attached to them. In conformity with this new destination, they are rounded and attenuated, so as to resemble stout stocking-wires. They are curved, so as to form together, when closed, an oval orifice to the sac; and they terminate in two rounded knobs, like peas, which prevent them from doing any injury when they are introduced into the bladder, or when opened and shut within it.

An instrument of this kind lays hold with great facility of stones of the size of those usually met with in the bladder. On placing the mouth of the instrument over the stone, and making downward pressure, the mouth tends to open spontaneously to admit the stone; and next, the hand holding the instrument, which had at first yielded to, and gently assisted the destinding force, now closes the mouth, so as to include and secure the stone within the sac. In this way, without any further preliminaries, a stone may be laid hold of within the bladder, the metallic knobs detecting the place of the stone, and these knobs being carried to the farther side of it, the mouth of the sac lies over the stone, and, on downward pressure being made, will open to receive it. This method, however, is far inferior in precision and facility of execution to the following method, which I would recommend in preference:—

Place the stone and the fingers in the positions recommended for the process first described, that is, the stone lying immediately behind the opening in the bladder, with its long diameter at right angles to the direction of the opening; the index finger of the right hand introduced through the wound, and resting on the stone, and the fore and middle fingers of the left hand in the rectum, ready to press upon the stone from behind. Let the finger of the right hand be now withdrawn, and the instrument introduced in its place. The stone is now pressed by the

fingers of the left hand against the two wires forming the mouth of the sac, and there separating, the stone is forced into the sac itself, and secured by the shutting of its mouth. The two slender wires of the sac add little to the bulk of the stone, so that any difficulty experienced in extracting it can depend only on a disproportion between the size of the wound and the stone which is to pass through it; and if that cannot be overcome by address and moderate traction, it must be met by the enlargement of the wound.—*Glasgow Medical Journal*.

*Resection of the Heads of the Phalanges of the Fingers, by Mr. CHANCE.*

In this case had not only the bone been dislocated, but the extremity of the first phalanx forced through the skin in the front of the thumb.

“The condition of the part when I first saw it was as follows:—The point of the thumb projected backwards nearly at a right angle, and was firmly retained in that position. The articulating surface of the unguis phalanx rested on the back of the digital extremity of the first phalanx, and this latter part formed a protuberance on the front of thumb, which could be distinguished by its pulley-like shape through the tense skin. As the extremity of the thumb pointed directly backwards the protuberance formed by the digital extremity of the first phalanx in front constituted the *only* part that could be opposed to the fingers in grasping, &c., and as the skin and cicatrix over this protuberance were so exquisitely tender that the slightest pressure on them caused intense pain, from its being brought to bear upon the misplaced nerves, the entire hand was comparatively useless, and the patient, who was a housemaid, was compelled, on that account alone, to give up servitude and become dependent on her friends. Under these circumstances, she applied at the City Orthopædic Hospital in 1853. As I found reduction entirely out of the question I determined, at the suggestion of my friend Mr. Pollok, and with the approval and assistance of my colleague, Mr. N. H. Stevens’ to remove the head of the first phalanx.

“The operation was performed by raising a flap on the front of the thumb, and sawing off that portion of the head of the bone which prevented the unguis phalanx from taking its proper position. But little bleeding ensued. The part was afterwards put up, in a slightly flexed position, in a splint made of a piece of card. The wound healed readily, and we had the satisfaction a fortnight afterwards of witnessing a perfect cure. The splint was worn for some weeks afterwards for safety. About three months after the operation, as the joint was firm, slightly moveable and the thumb could be used with perfect freedom and without



*pain*, my patient accepted another situation as housemaid. I have seen her every five or six months since, and I can report that a few days back she was still in a situation, and her thumb quite well."

We quote the following observations on excision of the unguinal phalanx, and can confirm from experience, the remarks of the writer. It is adopting and hastening Nature's cure.

"It is manifestly obvious that this operation—'resection of the *heads* of the phalanges'—is only adapted to those cases in which it is the *articular extremity alone* of the phalanges which requires to be removed so that it *answers the end proposed* the better. There is however, another class of cases of much more frequent occurrence, which borders so closely upon the former, that I am led to append a few observations upon it, and the more so as I am not aware that the practice I would advise is noticed in surgical works. I allude to the carious condition of the *extremity and shaft* of the unguinal phalanx, which is so frequently seen as the result of neglected or wrongly treated onychia; and, occasionally, of mechanical injury to the finger, which I have been in the habit for years of treating by 'excision of the *entire unguinal phalanx*.'

"Such cases as these are of frequent occurrence amongst the out-patients of hospitals generally. I have had many such at the Metropolitan Free Hospital. When such a case is first seen, the end of the finger is considerably enlarged, there is an opening on the front or side, leading down to the carious bone which can be immediately detected by a probe; and from the orifice of the wound, in all probability, a rugged portion of the diseased flexor tendon will be seen to protrude. If such a case as this is left, and if the caries is *confined to the unguinal phalanx alone* after a *considerable period of time* (weeks upon weeks), the lateral ligaments become destroyed, and the bone comes away of itself; or if on the other hand, the caries passes to the head and shaft of the second phalanx, it then causes the loss of the entire finger.

"The treatment that I would recommend as the result of my own personal experience is the early removal of the carious unguinal phalanx. This proceeding is easily accomplished by enlarging the existing wound, and dividing the lateral ligaments. After the removal of the bone, the sides of the tip of the finger should be slightly compressed against each other, and the part retained in an extended position. The wound will heal readily, and in this process it will be found that the finger-nail will be drawn down more or less across the top of the finger, according to the amount of destruction the parts in the front of the finger have undergone by the previous sloughing. This drawing down of the finger-nail is, without any doubt, unsightly;

but however unsightly it may be, or to whatever extent the nail may be drawn down, and I have seen it in cases that have been left to themselves nearly flat on the end of the finger the extremity of the finger possesses a degree of sensibility, and the entire finger a degree of mobility that is not possessed by the extremity of the stump, of a finger mutilated by amputation, and it is, therefore, of infinitely more service to a patient in any circumstances of life, but especially so to the poor and labouring man."—*Lancet*.

IV.—*Measles a second time in the same Patients.* By D. W. Young, M. D., of Aurora, Ill.

DEAR SIR,—We are having quite an extensive epidemic of measles in this city, at this time. They are mostly of a mild type, and quite amenable to treatment. In some of the cases, however, we have more or less pneumonic complications. I believe our cases, thus far, have all recovered, at least, I have heard of no deaths since the commencement of the epidemic.

The principal point of interest in the cases is the large number of persons that are having measles for the second time. I have often treated patients, sick with measles, who have declared that they had had measles before. Usually I have been unacquainted with their previous histories, and consequently paid but little attention to their statements. During the present epidemic I have had an opportunity of investigating this point more closely. I have myself met four cases during this epidemic, in persons that I know had had the measles before. Three of these patients I had attended when sick with measles, in the latter part of December, 1853; the other one in February, 1854. Two of the patients had them severely the first time, and all of them very distinctly. The two patients that had them the worst the first time, are under treatment at the present time, and are having them comparatively light; while one of those who had them light before, has had them very severely this time. The eruption in all these cases, in both attacks, has been free, distinct and unmistakeable.

My friend and former partner, A. Hard, M. D., of this city, also informs me that he has met with quite a number of cases in persons who had had them before. One in his own family, a little daughter, who had them in 1854, and was then very sick, and came near dying with them, as I can testify, as I treated her in the earlier part of her attack myself, while her father was absent from the city. In her first attack, she had unusually severe pneumonic complications; so much so, that her father, who is one of *veratrum viride* eulogizers, represented her

case in connection with several others, to the *Iowa Medical and Surgical Journal*, on the use of *veratrum viride*. She has had measles again severely and distinctly within a few days.

Another case that Dr. Hard reports is that of Rev. Mr. Bull, a very intelligent Congregational clergyman of this city, whom the Doctor treated a short time, while sick with measles. Mr. Bull declared that he had the measles while residing at the east, and after his recovery wrote to his mother, and among other things informed her that he was just recovering from a severe attack of measles. The old mother very affectionately informed him, by return of mail, that there must be some mistake; that he had the measles severely several years ago, and that she should doubt the qualifications of his western physician.

The Doctor, as several of our other physicians, report quite a number of other cases where the testimony is quite as clear as in the above cases. In conclusion, my opinion is that measles occur a second time in the same person, much oftener than our authorities and lecturers admit.—*Chicago Med. Journal*.

AURORA, JUNE 12, 1858.

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VII.—*Inhalation of Nitrate of Silver*. By W. H. STODLY, M. D., Rochester, Ill.

I have noticed in several of the medical journals, from time to time, descriptions of more or less intricate instruments, contrived for the purpose of introducing nitrate of silver, in the powdered state, into the trachea and bronchial tubes. I have never seen any of these instruments, but I have thought them from the first, at least, unnecessary; inasmuch, as I have a far more simple, and I think fully as efficacious way, and at the same time unattended with the danger which I can fancy the instrument may be accompanied with. It strikes me that the grinding wheel of the caustic pulverizer may sometimes throw off a particle of considerable size from that very brittle pencil of nitrate of silver --of a size, at least, too large to enter the air passages of the lungs.

Then, again, it is not always desirable that the caustic should be introduced with full strength. Even Green, the great probanger, seldom uses a solution stronger than a drachm to the fluid ounce; and whenever caustic is used as an application to the other mucuous surfaces, we are constantly varying the strength. Why is not the same liberty desirable in its application to the air passages?

My plan is this: I pulverize the nitrate of silver in a moderately heated wedgewood mortar, to an impalpable powder; I then triturate it with sugar of milk according to the strength which I desire—generally

mixing them in the proportion of one part of the caustic to two of sugar of mill. This powder I put into a glass-stoppered jar of the pint or quart size, being careful to have the jar thoroughly dry by heating it. I place in the patient's mouth a glass or tin tube, one inch in diameter, and some eight or ten inches in length. Giving the jar a good shake and pulling out the stopper, I tell the patient to plunge the tube into the mouth of the jar and inhale. The cloud of powder which was seen floating in the jar, passes into and sprinkles the air passages thoroughly. From one to three inhalations at a time is sufficient, and about twice or thrice a week. The powder can be kept in good condition for about a month, the main trouble being the heating the jar every time you wish to use it, in order to drive off whatever atmospheric moisture may have collected. In all instances where it is desirable to go below the epiglottis with this remedy, I know of no way more efficacious than this, and being simple it is within the reach of all.—*Chicago Med. Journal.*

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## The Medical Chronicle.

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LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

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THE COLLEGE OF SPIRITS IN PARIS.—We are indebted to the *North American Medico-Chirurgical Review* for the following particulars concerning one of the latest of humbug's inventions, which our valued exchange has in turn borrowed from the *New York Tribune*. The active agent, is a Mr. D. D. Hume, who has acquired some notoriety or celebrity among those who delight to be styled "Spiritualists." He is on the eve of amplifying it yet more by establishing a Spiritual College in Paris.

"Hume will return to Paris with his wife and the dowry, and they say that after the examples of Mesmer and Cagliostro, he is going to found at Paris a grand establishment, a sort of Spiritualistic Exchange.

"To this establishment there will be joined a school of *Fluidism*, where the rich will be initiated in that great mystery—requiring a sacrifice proportioned to their wealth. This school will be divided into three classes. The first will be a sort of gymnasium, purely mechanical, where will be shown the method of disengaging the fluid by exercises at once physical and intellectual. Everybody possesses the spiritual fluid, and if some appear to be without it, it is because they do not know how to produce its disengagement. Hume said as much to us not long ago; and to make himself understood, he added the following explanation:—

“Here is a cake of resin. This cake contains a great quantity of electricity. But this electricity does not manifest itself; it produces no phenomena; it sleeps. To awaken it I take this catskin and strike the cake of resin, and the electricity manifests its presence in a lively manner.’

“The first class of the school of fluids will be that in which they will operate on the natures possessing latent fluid, as they operate upon the resin with the catskin; accordingly, we call this the catskin class.

“In the second class, the fluid being developed, awakened, and active, they will show how to direct it, by faith and by will. It is not sufficient to have the fluid, it must also be known how to use it.

“The mode of using it is, then, what they will teach in the second class. In leaving this class, the adepts will know how to turn tables, to summon spirits, to question them, to receive answers; and, in fact to place themselves in communication with the other world. This is the class of Reception.

“But, when this is known, all is not done. This is only to be in communication with the spiritual world; it remains yet to learn how to profit by these communications. They must not be regarded as useless play; as a series of curious but unfruitful experiments. We must learn all that the spirits know more than we do; we must use them to elevate ourselves, to make us better, richer, and more powerful.

“That is what will be learned in the third class.

“Well-informed persons pretend that, before returning to Paris, Hume will pass through Holstein, where he will visit, in the cave whither he has retired, the celebrated Count of Saint Germain, from whom he expects to obtain (for the spirits have promised it him) twenty-seven of the fourteen thousand seven hundred secrets which the immortal Count carries in his bosom.

“These twenty-seven secrets—the most important of the ancient Egyptian Cabala, and which are to restore to us the mysteries of the Isis and Anubis—these twenty seven secrets, together with the four that Hume already knows, are to form a total of superhuman knowledge which will make the happy initiated equal in power, beauty, longevity, health, happiness, and knowledge, with the inhabitants of the planets of the third order. The earth, it is well known, is only a poor planet of the forty-fourth order.

“The third class will be called the class of Results.

“We are informed that while Mr. Hume will open his school of Fluidism for men, and will make the living talk with the dead, Madame Hume, on her side, will direct a similar school for females.

\* The number of pupils can never exceed sixty on the part of the males, and sixty on the part of the females. Each class will be composed of thirty persons.

"It is pretended that a company, composed of some very wealthy Russians and some Frenchmen, is formed for the establishment of these institutions, and that they are now negotiating for the purchase of the lands of the Hotel d'Osmont, in Paris.

When these two schools are finally opened, Paris will be really the capital of the world. The plans are already in preparation. Two temples are spoken of, of the Egyptian order, connected by a gallery, in the centre of which, beneath a circular pavillion, surmounted by a cupola, will be placed a large circular table, around which eighty-two persons of both sexes, in alternate order, can be seated. These eighty-two persons will be Mr. and Madame Hume, forty male pupils, and forty female pupils. The scholar of the first class cannot assist in turning the sacred table.

"The table being set in motion, the spirits evoked, and the mysteries prepared, the twenty men and the twenty women of the second class will retire, and it is only for the initiated of the third class that the miracles will take place, and the eyes of the mind be opened."

NEW EXCHANGES.—We have much pleasure in acknowledging the receipt of the following medical journals, which have lately been added to the fold of those already published; and while we extend to them severally the right hand of fellowship we hope their spirited conductors will realize their fondest expectations of success and usefulness:—

I.—*The Pacific Medical and Surgical Journal*, issued and published by JOHN B. TRASK, M.D., and DAVID WOOSTER, M.D. San Francisco. Published monthly at five dollars per annum 1858, pp. 40. This journal is a very creditable one and well sustained. It bears evidences of well directed industry and carefully applied ability on the part of its editors. It were much to be lamented if "The Pacific" be not in time established as one of the permanent institutions of the land.

II.—*Oglethorpe Medical and Surgical Journal*. Edited by H. L. BYRD, A. M. M. D., Professor of Principles and Practice of Medicine in Oglethorpe Medical College, and HOLMES STEELE, M.D., Professor of Obstetrics in the same college. Savannah 1858, pp. 72. Bi-monthly, \$2 per annum. This interesting serial has already reached a third number, having been before the professional public for the past six months. It may suffice to say we stand indebted to it for much

profitable reading borrowed from its pages. Its original department is remarkably well supplied by active contributors, the present number containing no less than seven communications of this character besides two translations.

- III.—*The Cincinnati Lancet and Observer*. Edited by GEORGE MENDENHALL, M.D., Professor of Obstetrics in the Medical College of Ohio; JNO. A. MURPHY, M.D., Adjunct Professor of Practice of Medicine and Clinical Medicine in Medical College of Ohio; and EDW. B. STEVENS, M.D., Cincinnati. Published monthly. Pp. 64. Terms \$3 per annum. This additional is equally deserving of eulogium with the preceding. We are glad to see so much able exertion brought to the work of medical literature; as it must be a source of much gratification to all, who have the interest of the profession at heart, to find so many witnesses of their experience rising up and telling it out for the benefit of others. We wish that more of the practitioners in Canada, than do, participated in the spirit which actuates their brethren across the line.

Other new journals have also occasionally reached us in an intermittent kind of circulation,—so irregularly indeed that now they are out of sight as well as mind. Should any in future be forwarded regularly, we shall also be happy to acknowledge them.

We may here likewise notice some changes in the older and more familiar sheets that we have been hitherto in the habit of receiving.

- IV.—*The Peninsular and Independent Medical Journal*, devoted to medicine, surgery and pharmacy. Editors, A. B. PALMER, A. M., M.D., Professor of materia medic., therapeutics and diseases of Women and Children in the University of Michigan, MOSES GUNN, A. M., M. D., professor of surgery in the University of Michigan, FREDK. STEARNS, pharmacist Detroit, Michigan, pp. 64. Two dollars per year.

This is the product of the fusion together of two of our old exchanges. The Peninsular Journal and the Medical Independent. It maintains the well-merited reputation which each severally earned in the day of its survivorship. It is published at Detroit, Michigan.

- V.—*The Chicago Medical Journal*, edited by N. S. DAVIS, M.D., professor of Principles and Practice of Medicine in Rush Medical College, and W. H. BYFORD, M.D., professor of obstetrics and diseases of women and children. Monthly, pp. 58, two dollars per annum, Chicago, Ill. Not having the first number before us, we are unable to say whether this be absolutely a new journal or merely an old friend,

cept "The North Western Medical and Surgical Journal," with a new suit and more corpulent interior: whether or no, we are equally glad to receive it, for we consider it among the most respectable monthlies with which our Chronicle reciprocates its favors.

APPOINTMENTS.

SECRETARY'S OFFICE,  
Toronto, 24th July, 1858.

His Excellency the Governor General has been pleased to make the following appointments:—

Nathaniel Osborne Walker, Esquire, M.D., to be Associate Coroner for the County of Norfolk.

August 14th.

License to John DeEvelyn of Burwick, Esquire, M.D., to enable him to practise Physic, Surgery and Midwifery in that part of the Province of Canada called Upper Canada.

August 21st.

Walter Boyd, and Daniel D. Campbell, Esquires, to be Associate Coroners for the County of Perth.

BOARD OF AGRICULTURE AND STATISTICS,  
July 22nd.

His Excellency the Governor General has been pleased to grant Letters Patent of Inventions, for a period of *fourteen years* from the dates thereof, to:—

Charles Webber Smith, of the City of Montreal, Stock Broker, for "A Head Protector against heat, Coup-de-Soleil, &c."—Dated 18th June, 1858.

HEAD QUARTERS,  
Toronto, 28th August.

MILITARY DISTRICT NUMBER ONE, UPPER CANADA.

*First Volunteer Militia Rifle Company of Stratford.*

To be Surgeon:—P. R. Shaver, Esquire, M.D.

*Fifth Battalion, Prince Edwards.*

To be Surgeon:—Alexander Ronald McDonald, Esquire.

*Third Battalion, Wentworth.*

To be Surgeon:—Walter McLang, Esquire, vice T. P. S. Brown, left limits.

*Second Battalion, Middlesex.*

To be Assistant Surgeon:—James McGregor Stevenson, Esquire, vice H. Hanson, transferred to 6th Middlesex.

*Seventh Battalion, Oxford.*

To be Assistant Surgeon:—James Barley Round, Esquire, vice S. G. Bowers, left limits.



## MEDICAL NEWS.

The election to the chair of chemistry, at Edinburgh, has resulted in favor of Dr. Lyon Playfair, by a large majority.—The number of licensed houses in England and Wales, for the care of lunatics, was, on the 1st January 1858, 113. In the licensed houses of the Metropolis, the total number of lunatics was 2,623.—The employées of the British Museum are Mr. Panizzi, who receives £1200 a year; Professor Owen, £800 a year; and Dr. J. E. Gray, £600, exclusively of other officers on smaller salaries.—Mr. Jas. Nolan lately died at Knockindrane, Ireland, at the advanced age of 116 years. His memory was strong and tenacious, and his narrative of the many events which occurred within his recollection, during a period of a century, was clear, precise, and accurate.—Dr. Wynne, of New York, has been honored with the gold medal of the British Government, for his report on the cholera, a few years since.—Dr. Ed. Delafield has been appointed President of the College of Physicians and Surgeons, New York, in place of Dr. Thomas Cock, resigned; and Dr. Edward L. Beadle succeeds Dr. D. as Vice-President.—Dr. E. Brown Sequard has found a spot in the brain, not larger than the head of a pin, which, if touched, is sudden death, as instant as lightning.—Dr. Andrew Smith has received the distinction of Sir Andrew, with a K.C.B, on his resignation of the office of Director-General of the Army Medical Department, in which office he is succeeded by Dr. Alexander, who, after his return from the Crimea, served a short time here.—Some bullets have been brought back from the Crimea perforated by an insect, the *urocerus juvencus*. The animal was conveyed to the Crimea in the wood of which the boxes containing the cartridges were made.—James W. Cusack, Esq., M.D., President of the Royal College of Surgeons, Ireland, and University Professor of Surgery, has been appointed Surgeon in ordinary to the Queen, in Ireland, in the room of the late Sir P. Crampton. This is an appointment which must give general satisfaction.—Twelve homœopaths practising in Paris have brought an action against the *L'Union Médicale*, for an article written by Dr. Gallard, and which puts the delusion in its proper light. The damages are laid at £2000.—Mr. Jos. Jones, of Bolton-le-Moors, states that he has discovered the perfect metal sulphurium, which is of the same class as arsenicum, silver, &c. Oxide of sulphurium is the refuse of the manufacture of sulphuric acid from brimstone, and has no commercial value, persons being paid for carting it away.—Dr. Tice has recommended the re-vaccination of the whole army. The camp followers are the chief victims, and the chief promulgators of the disease, because their religious scruples do not permit them to be protected by vaccination.—Mr. Morley, who died lately in London, an hotel keeper, at Charing Cross, formerly a medical student, and who retained during his life strong sympathies with the Profession, has bequeathed nearly the whole of his property to Medical Charities. He was, for some years, a Governor of St. George's Hospital, where he was in youth a student, and has left that institution the munificent sum of £100,000 for the purpose of founding a *Branch Convalescent Hospital* within seven miles of Hyde-park Corner. His other bequests are £1000 to Liston's widow; £5000 to the Surgical Department of University College; £5000, the interest of which is to support three Fellowships at University College, each to be held for three years; £1000 to St. Mary's Hospital; £1000 to the Lock; and £500 to Mr. Braime, his medical attendant. There are various legacies, among which are £80 annually to six widows of St. James, not recipients of parochial relief.