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# THE MEDICAL CHRONICLE.

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## ORIGINAL COMMUNICATIONS.

ART. XXIX.—*Observations on the treatment of Aneurism of the Arteria Innominata, by ligature of the right common Carotid Artery, with a Case.* By WM. WRIGHT, M.D., L.R.C.S.E., Professor of Materia Medica, McGill University, &c.

The treatment of aneurism by the Brasdorean operation is peculiar to modern surgery. Sixty years ago it was unknown. Its earliest record is in the "Recueil periodique de la Société de Médecin de Paris" for 1799. It is there stated that after a lengthened consultation upon an aged citizen, afflicted with an inguinal aneurism of great size, two-thirds of the members, among whom were Allan, Brasdor, Boyer, and Corvisart, advised tying of the femoral artery. The ligature was applied, but no benefit was obtained, and the tumor enlarged. In this case the operator was Deschamps, and in proclaiming the fact, he informs us, that although he was the first to put it into practice, the principle was not his own, but emanated with the gentleman by whose name the operation is now conventionally distinguished. He says: "I am the first who has been bold enough to undertake this operation, but not the first to propose it, for a long time ago the late Brasdor first proposed it orally." Since then it has been performed not only upon the femoral, but also upon the subclavian and carotid arteries. With what frequency is, however, unascertainable, for its statistics have been variously and incompletely registered. In Velpeau's Operative Surgery, the operations up to 1845 inclusive, are numbered at 19; and in Erichsen's Surgery, a much later work, they are reduced to 17; while both statements are so imperfect, that each notices examples not comprehended by the other, and neither includes instances of inguinal aneurism. The opinions entertained of its merits have also been conflicting. Mr. A. Burns denounced it as "absurd in theory" and "ruinous in execution;" but he was too hasty and generalized from the issue of a single case, for up to 1811, when he wrote, Deschamps was without a rival. Seventeen

years afterwards, Mr. Wardrop published a small treatise on aneurism which was almost altogether confined to the cure of the innominatal variety, by the ligature of the subclavian or carotid arteries. In this *brochure*, six cases were described, two of operation upon the former, and four upon the latter vessel, and in reference to them the author observed, "I consider the operation of tying one or both of the branches of that vessel (innominata,) on the distal side of the tumor, likely to become an operation of great utility, and in an especial manner applicable." The views of their immediate successors, as seen by the light of the original writers, display a party tendency. Mr. B. Phillips, in 1831, doubted whether the operation had ever been successfully performed, and M. Tarral, in 1834, with more truth on his side, declared, in direct contradiction, that the operation had been "completely successful," and was "indisputably established." Subsequently more modified expressions were ventured, and the profession, generally, became chary in their encomiums. The animus thus manifested grew with time, so that at the present day Pirrie's conclusion may be received as a correct reflection of popular estimation, that "certainly this mode of treatment has not gained the favorable opinion of the profession." The reasons for this might readily be shown, but these, with further general considerations, would be too obtrusive in a communication intended to consider the question of operation, *solely*, as it relates to aneurism of the innominata, treated by ligature of the right common carotid artery.

This question may be profitably examined from points of view different to those customarily adopted; from views that will enable us to ascertain whether in cases of failure the result be due to inadequacy of the operation to accomplish the purposes for which it was performed—or to dangers incurred by the ligature, independantly of the cause necessitating its application—or to the prejudicial influence of other circumstances co-existent with the aneurism. And thus we may, secondarily, determine whether the operation can be justifiably resorted to in any case, or whether it should be wholly proscribed from future repetition.

Hitherto there have only been recorded, in English periodicals, 10 cases of aneurism of the innominata, treated by ligature of the right common carotid. In accordance with the objects above expressed these may be arranged under 3 classes. 1stly. Cases in which the operation was successful, and the patient survived three months or longer. 2ndly. Cases in which the operation was successful, but death ensued within three months after. 3rdly. Cases in which the operation was unsuccessful. In these distinctions the word *successful* is used in reference to the alterations produced by the ligature upon the aneurism—to the obliteration of its cavity by contained fibrin, and the arrest of circulation from

it through the carotid—these being received as tokens of the operation having fulfilled the immediate objects for which it was undertaken. Three months are selected as a period of division between the first and second classes because it is sufficiently long to allow of recovery from the local effects of the operation, and because before danger ceases on their account the cause of death becomes embarrassed with the possibility that it may depend upon, or be in some way connected with them. These assumptions are supported by the authorities of Wardrop and Diday, the former says, “whenever coagulation of the blood in the tumor does take place, then the cure of aneurism may be said to be accomplished.” And the latter has fixed upon four months as the turning point of success or failure—for the reason given above, I have reduced the time, and because an additional month only serves to afford a little more stability to the changes previously established.

CLASS I.

Length of Life after Operation.	Delay in separation of Ligature.	Local Accidents.	Arrest of Circulation from Sac to Carotid.	Mode of Obliteration of Aneurism.	Surgeon.	Year.
1. Having 9 years after.	Cut away on 73d day.	Oedema & inflammation of arteries of right arm.	Perfect.	Fibrillation.	Evans, of Derby.	1828
2. 20 months	31st day	None.	Do.	Do.	Morrison of Buenos Ayres.	1834
3. 7 months.	26th day.	None.	Do.	Do.	Mott of New York	1830

These are the only cases that fall under this class, and their testimony on behalf of the operation is certainly favorable, but to set forth more fully the effects of the ligature upon the disease than can be expressed in a table, the following question may now be examined:—

*In what condition is the aneurism placed by the operation?* The immediate effects have been rather dissimilar in different cases—thus the tumor has been evidently diminished, (Mott) while in the majority there has been no appreciable decrease in its size. In none has enlargement ever been produced, thus disproving an opinion entertained by some that the operation might induce such an over-distention of the sac as would end in rupture. The pulsations have also, at first, been variously modified; generally speaking they were not lessened, but on one occasion became unusually violent (Morrison). These primary effects sooner or later, after the first day, were succeeded by signs of increasing hardness in the tumor, weakness in its pulsations, obscurity of its expansions, and reduction of its bulk. These latter changes are highly interesting, for they denote that the solidification of the aneurism is proceeding. The

earliest case which allows of any conclusion concerning the inception of this action is one by Mr. Fergusson, reported in the *London Medical and Surgical Journal* for 1841. The patient died 7 days after the carotid was tied, and yet the innominatal tumor, Mr. F. says, "was found to be nearly filled with pretty firm clots of fibrin . . . similar to such as are met with in aneurismal sacs," and different to the post mortem shreds called polypi. Another important fact to know is, that coagulation goes on as surely and as rapidly as if the ligature had been applied around the vessel on the cardiac side of the tumor. This is strongly corroborated by the case last cited. The eminent surgeon in his recital adds that the clots were not only aneurismal, but were like those that would be found "about the same period after the Hunterian operation has been performed." The occurrence of the foregoing changes is invariable. I have not met with any case in which they had not supervened. At a period still more remote than the last referred to, the external tumor is found to have completely disappeared, and the *visible* signs of aneurism cease to be discoverable. This was strikingly obvious in the cases above tabulated—in Evan's case the tumor was as large as a walnut, and, in Mott's, the size of a pigeon's egg, yet in both its disappearance was perfect—in Mott's, 26 days after the operation, and in Evan's, rather more slowly; in Morrison's the subsidence was not so complete, or, rather, was not so pronounced, as there was a concurrent aneurism of the right carotid between the ligature and the tumor. It may readily be conceived that simultaneous alterations connected with the aneurism in the chest are advancing, and from analogy it were easy to describe them, but, as a matter of fact, there are no actual observations by which they can be demonstrated. The circumstances above specified—increasing hardness, and decreasing volume—render it highly probable that the changes begun progress, and that advanced phases of organization occur in the fibrinous clot, similar to those noticed in aneurisms cured by either compression, or the Hunterian operation, or other method. In Morrison's case, the longest-lived in which a post mortem was held, the arteria innominata was found contracted to within twice its proper bulk, instead of a "large tumor in the neck where it extended from the chest," the coagulum consisted of *dense fibrous laminae*, and the vessel was studded with spiculæ of ossific matter. From the preceding data the following inferences may be drawn:—

1. Ligature of the carotid artery reduces the volume of innominatal aneurism.
2. This operation causes the obliteration or occlusion of the sac.
3. This result is due to the fibrillation of blood arrested in its circulation.

4. This process ensues as favorably as when induced by any other operation, either artificial or natural.

## CLASS II.

Age.	Time of Death after Operation	Cause of Death.	State of Aneurism After Death.	Surgeon.	Year.
61	4 Hours.	Organic Syncope.	More than half filled with consolidated fibrin.	Key of London.	1830.
56	7th Day.	Pneumonia.	Sac diminished in size, and filled with clots of fibrin.	Fergusson of London.	1841.
49	19th Day.	Pneumonia.	Sac slightly diminished, and filled with a mass of stratified fibrin, weighing 8½ oz.	Campbell of Montreal.	1845.
47	66th Day.	Ulceration of Sac into Trachea--Bronchitis.	Tumor diminished. Coagulation had occurred, but subsequently had broke down from pus of inflamed Sac.	Hutton.	

These cases, it will be seen, substantiate the deductions that have just been made. But they are chiefly interesting from the information they afford, in reply to the question:—

*Does the operation entail any special dangers?* These cases, taken in connexion with others in which the carotid artery was tied for innominal aneurism, prove that four-tenths of the operations have been followed by an early death. In the three that are first detailed, the fatal termination is to be referred to interruption in the circulation, produced by the obliteration of the vessel. In Mr. Key's case this was unmistakably evident. In it there was an abnormal conformation of the vessels of the neck, which, had it been previously known, would have precluded the operation. The brain was freely supplied by only a single artery, and, as it afterwards appeared, this was the one ligatured. The compensation which under the normal disposition would have been afforded for its obstruction was withheld, for the vessels that remained pervious were so strictured that an insufficient supply of blood was sent to the brain, and syncope or asthenia supervened of an irremediable nature. The aneurism was not the cause of death, for had this lesion not been present, and had the same operation been executed, a similar issue must have followed. The death, then, was due to the operation, not because it was an operation for aneurism, but because it was an operation upon the common carotid artery—not on account of any special danger entailed by the aneurism, but on account of a common accident that would have been as surely met, had the vessel been tied for hæmorrhage or any other cause. It were equally absurd to suppose the contrary, as to believe the aneurism was instrumental in producing the coarctation of the left carotid and vertebral arteries that existed. In the

same manner the two deaths that next follow are to be ascribed to pneumonia induced by ligature of the common carotid—essentially to the ligature, and not to any influence caused by the coincidence of aneurism. Without this explanation, it must be assumed that death was, in some way, caused by the aneurism, as for instance, by the changes underwent, since the tumor, from being soft, mobile, and yielding, was converted into a hard, incompressible and ponderous mass; and in this latter state would exert, as might be supposed, by its presence in the chest, an amount of pressure on the contiguous organs of which it was incapable in the fluid condition. The details, however, of the cases do not agree with such a view. In Mr. Fergusson's case the pneumonia was confined to the middle lobe of the *left* lung, while the rest of the pulmonary structure was perfectly healthy, and the tumor had not pressed upon either the lungs or their nerves, nor had it displaced the bronchi. In Dr. Campbell's, again, the tumor had produced compression, but it was upon the superior part of the *right* lung which was simply condensed in substance, while the inflammation was seated, not there, but, in the *left* lung, "posteriorly and inferiorly," where there was no pressure at all. The truth these facts teach, is what was to be expected; for in the abstract, the pernicious influence of the tumor was alike both before and after the operation, since aside from its density, its positive bulk and occupation of space were similar at both times. The history, too, of intra-thoracic tumors, generally, evinces no tendency to the production of pneumonia. When, also, thoracic aneurisms are left to take their course, pneumonia is neither a complication nor a termination. Upon these grounds it may be concluded that the aneurisms were not the cause of death. Returning, then, to the original proposition; it may be asked, as the alternative,—is there any reason for considering the ligature to have been the sole cause of death? All precedent is in favor of the affirmative. Pneumonia after operations, of every sort, is a common event. From an analysis of 62 autopsies, given in the *Medico-chirurgical transactions*, Vol XXVI, of persons on whom capital operations had been performed, 39 presented signs of pneumonia more or less advanced. But this fact is especially applicable to the common carotid; since after it has been tied, for whatever cause, pneumonia is of frequent occurrence, probably ranking, in point of accident after the cerebral sequelæ; so much is this disease, then, to be expected that Mr. Miller, in his *Practice of Surgery*, specially warns the operator against it, he says, "after the operation congestion of the lungs with its baneful consequences must be guarded against." Mr. Erichsen likewise refers to the prevalence of pneumonia after *deligation* of the common carotid, indiscriminately, and in briefly summing up the theories assigned for

this circumstance, considers it most likely owing to a derangement in the functions of the brain, and medulla oblongata induced by a disturbed state of the encephalic circulation. His opinion seems probable and perhaps the peculiarity of the left lung being affected after ligature of the right artery, as in the above cases, may be attributed to the same agency as that whereby palsy is made to occur on a side of the body opposite to the one in which the cerebral lesion exists. With these arguments before us the two cases of pneumonia must be placed in the same category with the first. And, I believe, had the same operation been performed upon the same individuals, on any other account, than aneurism, the same result would have ensued. The last case in the above list varies somewhat from the foregoing, there inflammation attacked the aneurismal sac, leading to suppuration with ulceration, and of their consequences, the patient died. Yet, in the end, it falls in with them. The death is distinctly referable to the ligature—not because it was applied upon any novel principle or in any unusual mode—not that, by carrying out Brasdor's proposal, the aneurism was rendered more accessible to inflammation, than had the Hunterian plan been followed—nor that a more adverse modification was induced in the circulation than had the vessel been obliterated elsewhere; but because such a result is one of the accidents of arterial deligation when practised for the cure of aneurism. Proceeding from causes which the Surgeon cannot apprehend when present, much less predicate when absent; and supervening alike whether the ligature be on the distal or cardiac side of the tumor. This latter and most important averment is easily supported. If we search the statistics of carotid aneurisms treated by tying the vessel between the sac and the heart, we find Mr Norris in the *American Journal Medical Sciences*, 1847, referring to 33 cases of the disease thus treated, and informing us, that of 13 deaths, in 6 the sac was ulcerated; he does not state in how many it had been inflamed, but the number must have been considerably more than the last: for Mr. Solly in a lecture, on carotid aneurism treated by cardiac ligature, reported in the *Lancet* for 1854, and *Medical Chronicle* vol. 1., alludes, as he observes, to "the most important cases" recorded; and of 9 there mentioned, the sac was inflamed in 5, and in each, as in Hutton's, the issue was fatal, while in a sixth arteritis occurred and induced death. so that in only one third was there neither inflammation of the sac nor vessel. Surely, then, the Brasdorean are not more amenable to this evil than the Hunterian operations. In conclusion it may be inferred—

1. The early deaths, occurring after the right carotid artery has been tied for innominal aneurism, have been due to the consequences of the operation.



2. These are referrible to the ligature and similar to those, ordinarily, produced under other conditions.

3. No special dangers have been entailed by the aneurism having been the cause of deligation.

4. It is not more injurious to tie the vessel on the distal than on the cardiac aspect of the sac.

#### CLASS III.

The preceding seven cases, without exception, are instances that fibrillation has been instituted after the operation, and proceeded to a length compatible with the duration of life, so that the immediate object of the ligature was attained; but in the remaining class of facts, the usual blood changes in the sac have not occurred, or having begun have not continued, the aneurism has become larger, and a second operation been demanded, thus suggesting the inquiry:—

*Why has the operation failed?* To this last class I have only found three cases belonging. Their details are too dissimilar to admit of parallel arrangement, but they may be taken up *seriatim*. The first failure happened to Mr. Fearn, of Derby. The aneurism sprang from the right side of the innominata, and involved the arch. The right carotid was tied. The patient, a female of 28, recovered from the effects of the ligature, no bad symptom ensued, but the aneurism was not obliterated. Two years afterwards, the subclavian was deligated, she having all along suffered, as before the operation, from the symptoms of aneurism, and they being, then, still urgent. The reason of the failure of the carotid ligature is thus given by Mr. F.:—“I entertain but little doubt that a permanent cure would have been effected by the first operation, had she not exposed herself to every sort of excitement likely to prevent such a result, as it was there can be no question her life was saved by it.”—*Lancet* 1838-39 So that the case is not so negative as it, at first sight, appeared, but lends its countenance to the operation. For while Mr. F.'s opinion sanctions the supposition that had more prudence been observed by the patient, the case would have taken its place among the first class; the report proves that the operation on the carotid is not rendered more dangerous by the plus addition of an innominatal aneurism, and thereby corroborates the inferences last drawn that, in reality, deligation was the same in effect as if there had been no aneurism in existence. The next case leads to similar conclusions.

Mr. Wickham, of Winchester, relates, in the *Medico-Chirurgical transactions*, that R. C. had an aneurism which arose from nearly half of the innominata, forming a sac that arched to the top of the thyroid cartilage, and a swelling the size of a hen's egg, externally, over the cl-

vicle. There was also extreme dilatation, and ossific degeneration of the thoracic aorta. On the 25th September, 1839, the right carotid was tied. On the 14th day, the ligature came away; the tumor was evidently lessened although pulsations continued. He left the Hospital against the wishes of the Surgeon; the tumor then rapidly increased, attained double its former size, and he suffered so much from dyspnoea that 69 days after the first operation, the subclavian was tied. The report says by the latter his life was prolonged 76 days, and that before it was undertaken "he appeared to be almost at his last gasp from suffocation, and great fears were entertained lest he should expire under the operation." The further details, as in the former case, are here omitted from being irrelevant to the question under inquiry. The failure of the carotid deligation is not accounted for; it may have been that after having left the Hospital too early, he resumed his usual avocations and old habits, before the fibrinous changes in the sac were strong enough to resist the excitement of circulation, induced by his premature indulgences. Thus assimilating the case to the former one.

The third case in this class is usually disregarded, because its principal details are unknown, and no opinion can be formed either of the extent of the disease, or of the effect of the treatment upon it. In the *Lancet*, for 1834-35, it is simply stated that a man had a prominent and frightful tumor of the neck, which was supposed to be an aneurism of the innominate, and was menacing rupture; the right carotid was tied by Mr. Scott. The upper part of the swelling, sometime after the operation, appeared to have diminished, and afterwards the sac opened, probably from having inflamed, and a quickly fatal hemorrhage ensued. No post mortem was allowed. These cases, then, are not calculated to originate any unfavorable impression against the real merit of the operation. But leaving this:—the question of failure may now be examined in a more general way. If we are to judge from 6 of the 10 cases of innominate aneurism, of which we have the fullest particulars, we shall not entertain much hope for the ultimate preservation of an individual similarly circumstanced; for their character is of a hopeless nature, it appearing that although the operation be perfectly successful, yet life cannot be enjoyed any great length of time afterwards, in consequence of the destructive influence of kindred morbid causes with which the aneurism is associated. A patient may, therefore, survive the dangers of the ligature, and surmount every circumstance connected with it, the occlusion of the sac may also be most satisfactory; yet other agencies are at work, from which he cannot escape, as they are not remediable. Nearly all cases of this aneurism, operated upon, have been complicated with disease of the aorta of the class of disorganizing inflammations; frequently, too

with distinct aneurisms in the chest; and, occasionally, in addition, with heart disease. Thereby affording proof of the activity of an aneurismal diathesis, and of a formative tendency to arterial disease. A morbid state which must infallibly shorten life; and even sooner than it otherwise might, because conjoined with the disordered innervation and its impairment of vital function, that ensues after obliteration of the carotid artery. That these cases possess this unfortunate combination is shown in the subscribed statement:—

Peculiarity of Aneurism.	Complication of Aneurism.	Surgeon.
Mentioned above	1. Arch aorta ossified and dilated. 2. ossification of aortic valves.	Morrison.
Size of small orange involving the arch	1. Aneurism aorta. 2. Coarctation of left carotid. 3. Small size of both vertebrae	Key.
Innominate at origin size of aorta, formed a large swelling against sternum, and extern. another the size of an orange	1. Dilatation of aorta. 2. Compression of par vagum, and recurrent laryngeal nerves	Ferguson.
Tumor over sterno-clavicle articulation size of a large egg. Tumor in chest size of a heart	1. Aneurism of arch aorta. 2. Dilatation of the thoracic aorta. 3. Ossific degeneration of ascending aorta. 4. Short hypertrophy left ventricle.	Campbell.
Mentioned above	Involvement of arch aorta.	Fearn.
Extended from innominate to upper part of thyroid cartilage	1. Dilatation thoracic aorta, with 2. Calcareous degeneration.	Wickham.

Of the remaining four no account can be given of their complications, as in Evan's case, the man was alive at last report, in Mott's no mention is made of state of heart or aorta, and in the remaining two the facts are unknown. So that exclusive of these, there are six of complications with aortic disease, &c., to which the remarks preceding the statement apply. That morbid complications interfere with a salutary termination is evidenced by contrasting the results that have followed Brasdor's operation in innominate aneurism with those that have succeeded it in cases of aneurism of the root of the carotid uncomplicated by any other vascular abnormality. Of this latter variety there are five *bona fide* cases, and one supposed case; of the former 3 were complete recoveries, 1 was successful so far as the aneurism was concerned, and in only 1 was there no improvement. The comparison just drawn also suggests that were an aneurism of the innominate placed under as favorable conditions as one of the carotid, the chances of life would be materially lengthened, and be on a par with those afforded by the latter. For this purpose, the sac should be confined to the upper part of the vessel or near its bifurcation, spring from the left segment of the artery, and be unimplicated with disease of the aorta or heart, or with aneurism of the aorta. A combination so fortuitous will, however, be of great rarity, and altogether exceptional to the rule. If, then, past experience is to form a guide, we must conclude that although this operation may successfully obliterate the aneurism, yet it is proble-

matical whether this circumstance will delay death, and that the existence of morbid accompaniments with the aneurism should preclude the ligature of the carotid. Unless some very urgent reason should arise, as the peril from instant rupture of the external tumor, when even though the forbidding complications co-exist, the operation may be performed, as the probability is it will then lengthen life. Such an advantage was evidently obtained in Wickham's case, where death which was momentarily anticipated before the artery was tied, did not occur till two months after the operation. And again the mean duration of life after the vessel was tied, in the cases examined, has been four and a half months. The inferences deducible from the foregoing are:—

1. Failures of carotid deligation to obliterate innominal aneurisms are attributable to individual irregularities.

2. Failures of carotid deligation to lengthen life in innominal aneurism, exclusive of the accidents of the ligature, are principally referrible to co-existent disease of the heart, or aorta, or aortic aneurism.

3. The operation should not be attempted in cases where there is a complication with these morbid states.

4. Unless there be imminent danger of death from rupture of the sac, &c.

5. The most promising case for the operation is when the innominal is most like a simple carotid aneurism.

And lastly, this operation may be compared with others for the cure of the same affection. These are:—1. Deligation of the arteria innominata on the cardiac side; 2. Ligature of both the carotid and subclavian arteries; 3. Tying the subclavian artery; and 4. Securing the arteria innominata on the distal side. The first is either impracticable under the circumstances of the case, or if practicable, inevitably fatal. It has been proscribed by Velpeau and others. In the second the operation varies as to whether both vessels be tied simultaneously or on separate occasions. The simultaneous ligature has been executed but once, and then under very unlucky auspices; it having been found post mortem, that the only pervious artery supplying the brain was the left vertebral. From the deligation not being feasible in any other than the third part of the subclavian's course, it follows as there will still be active circulation of blood through the tumor, and from it through the principal branches of the subclavian artery, which are all given off from this vessel before it extends beyond the scaleni muscles, that at most there

will be but a fractional addition to the stasis of blood caused by occlusion of the carotid; and when, for this trifling gain, so many additional dangers are risked, the dangers of a double instead of a single ligature, it does not seem warrantable to incur them for the trivial, perhaps, doubtful advantage acquired. The ligature of these vessels on separate occasions has been practised twice, but in addition to what has been just stated which is now equally applicable, it may be objected that the procedure reduces the case down to a single operation, since before the second is performed the collateral circulation will have become developed, and thus counteract all other advantages except those immediately secured by the first. Thirdly. Tying the subclavian artery alone, this is, of course, open to the objections just raised against this vessel when ligatured simultaneously with the carotid. By obliterating the carotid half the volume of blood that entered the aneurism is obstructed, whereas, by occluding the subclavian a check is only given to one-sixth, *i. e.*, one-third the amount destined for passage through the vessel, this important difference depending upon the carotid being a long trunk, giving off no branches between the sac and ligature, while the subclavian gives off all its largest branches between these two points. Lastly, tying the arteria innominata on the distal side—this is equivalent in impropriety to the first variety. According to writers, it would be the true Brasdorean method, for they have divided the distal operation into, 1 the Brasdorean, and 2 the Wardropian; but the distinction is unfounded, for in cases requiring it the first cannot be performed, as the encroachments of the tumor in both innominatal and inguinal aneurisms leave no space for the ligature of the end of the innominata or of the common femoral, so that in both a divisional branch, either carotid or superficial femoral, must be tied. Moreover, there is no authority for thus limiting M. Brasdor's proposal, for so far as is known, he intended it to be executed upon the principle expounded by Mr. Wardrop in his self-styled "new operation." And in conclusion it may be inferred:—

1. The ligature of the right carotid possesses advantages over alternative operations which entitle it to preference in practice.

2. Opinions as to the probable benefit of carotid deligation in innominatal aneurism, founded upon the results of tying the subclavian artery or both subclavian and carotid arteries cannot hold good.

*(Case in our next.)*

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ART. XXX.—*Hospital Notes and Observations.* By ROBERT CRAIK, M.D., House-Physician and Surgeon, to the Montreal General Hospital.

No. 2. TETANUS.

As everything connected with such a formidable disease as tetanus is worthy of close attention, in order that some progress may be made towards a more successful plan of treatment than any hitherto adopted, I have deemed the following case worthy of attention. It is true that the course and termination of the disease were by no means more favourable than usual, but even from such cases lessons may be learned which may prove useful in the management of others who may be unfortunate enough to suffer from this fearful malady.

On the 19th November, 1855, John Russel, aged 19, a stout Irishman, a confectioner, of industrious and temperate habits, was admitted into the hospital under my much lamented friend, the late Dr. Crawford, suffering from acute traumatic tetanus.

The history of the case was as follows. He had been working at his trade until the 7th November, when in walking over some loose boards in the yard, he had the misfortune to step on a projecting rusty nail. Having only a pair of old slippers on his feet, the nail passed almost completely through his foot, and was with difficulty withdrawn. The wound being so small, and he being anxious to continue his work, little attention was paid to it, a little simple ointment being the only application which was made to it. On the following day the wound was so painful that he was obliged to remain at home, the foot being very much swollen. Dr. Scott, having occasion to visit a patient in the same house was asked to examine it, and prescribed a poultice, which was applied, and gave much relief. In a day or two, suppuration was established, and the pain and swelling disappeared. On the 16th it had closed entirely, and he returned to his work in perfect health. During the course of the following day, he felt a sense of constriction about the chest and throat which he attributed to cold caught by imprudent exposure while heated. The constriction was such as to prevent his swallowing without difficulty, and there was also some rigidity about the jaws, all of which symptoms he supposed to indicate an attack of quinsy. About five o'clock in the evening he was seized with a sort of rigor followed by stiffness of the whole body, so that he was unable to walk home without assistance.

About thirty hours after the first fit, he was seized with another of tremendous severity, which lasted about ten minutes, the whole body partaking of the universal spasms.

Dr. Scott was consulted on the succeeding morning, and advised his immediate removal to the hospital. When admitted, about two o'clock P.M., the disease presented all its usual characters in their most marked form. The whole body was perfectly rigid, even to the muscles of the hands and feet, and the abdomen was "as hard as a board." The jaws were firmly closed, and the features drawn into the peculiar painful smile. The respiration was interrupted and hissing, on account of the closure of the jaws, and a tough frothy mucus was constantly bubbling from the mouth. He complained much of thirst, and of difficulty of swallowing. His pulse was 100, and of moderate volume. The only thing to be seen at the site of the wound was a quantity of thickened cuticle, which was partially detached, around a small and healthy looking cicatrix.

He was placed in bed, and the ward darkened as much as possible, the strictest quiet being at the same time enjoined. Having in other cases seen most of the preparations of opium fail to give other than very temporary relief, and the spasms being in this case more permanent than paroxysmal, I resolved to give the Indian Hemp, so much vaunted by Dr O'Shanghnessy, a fair trial. For this purpose a very fine sample of the native churrus, obtained from Messrs. S. J. Lyman & Co., was selected as the best form in which to administer it. It was reduced to very fine powder, and as the poor fellow's front teeth were fortunately defective, it was easily insinuated between them, and washed down by the drink of which he partook from time to time. In this manner a dose of three grains was administered every hour. The hardened cuticle was carefully removed from the vicinity of the sore, and the part covered by a light, warm poultice.

A few minutes after taking the first dose, he endeavoured to turn upon his side, and was immediately seized with a repetition of the paroxysm of the preceding night. Chloroform was at once administered, and in a few minutes the fit passed off. The chloroform was entrusted to an intelligent attendant, with directions how to apply it, in case the paroxysms should return.

At 10 o'clock, P.M., he was a good deal better. The rigidity had diminished considerably; he could speak with tolerable distinctness, and could put his hand to his mouth. Deglutition was also performed with less difficulty. Pulse 100; no return of the paroxysms. Directions were given to continue the remedy throughout the night, and to let him have as much beef-tea as he could swallow.

November 20th, 9, A.M.—Passed the night tolerably easy, slept a short time, and took the medicine regularly, and also took nearly a pint of beef-tea. Rigidity decidedly less. About eight o'clock he had a slight paroxysm, which did not last more than a minute, and went off

without the use of chloroform. He complained of considerable uneasiness in the bowels, and has not had a motion for three days. Thinking that the rigidity might be aggravated, if not kept up, by irritating matters in the bowels, I gave him ten grains of calomel with two drops of croton oil, and continued the churrus as before.

He had not taken it more than half an hour before I began to regret having given it, for the rigidity manifestly increased, and deglutition became more difficult.

At 12 o'clock, noon, he was seen by Dr. Crawford who was well satisfied with the effect of the churrus, and proposed to increase the dose to five grains, and to repeat the purgative, if the bowels were not moved in half an hour.

About half past one o'clock I was hastily summoned to the ward, and found him in a worse paroxysm than any of the preceding ones. His mother had been prevailed upon by his pitiful entreaties to turn him on his side, and while in the act of doing so the fit came on. Every muscle in the body seemed contracted to the utmost, the lips were blue, and the eyes firmly closed the face, at first livid, was fast assuming the pallor of death. There was no breathing, and the pulse had become imperceptible at the wrist. A slight fluttering at the heart was the only sign of remaining life. I immediately poured about  $\mathfrak{v}$  of chloroform into a folded napkin, and caused it to be applied to the mouth, while with both hands I performed the movement of artificial respiration as well as the rigidity would admit of, for the double purpose of getting some of the chloroform vapour into the lungs, and of keeping up the action of the heart. After a few moments the pulse became perceptible at the wrist, and the spasm gradually subsided, natural breathing commencing by a deep inspiration. The chloroform was continued until respiration was fully re-established, but the rigidity continued without much abatement, so much so, that he was unable to swallow anything.

At half past two P.M., Dr. Crawford again visited him, and finding the face flushed, the rigidity great, and the pulse firm, he proposed to bleed him from the arm. About 15 ounces of blood was taken without much effect, and ice was applied to the head. He still pleaded earnestly to be placed on his side, and Dr. Crawford was in the act of trying to move him with the greatest gentleness, when the paroxysm again came on, and, although the chloroform was instantly applied, he expired immediately.

No opportunity was obtained for noticing the post mortem appearances, as his friends objected so strongly to an autopsy, that it was not deemed advisable to insist upon it.

In a disease so universally fatal as tetanus, and for which so many



remedies and plans of treatment have been proposed, it is important to know what is the real value of each or all of these, and from which of them the unfortunate patient is likely to derive most advantage.

If we consider the pathology of the disease, namely an undue excitement of the motor functions of the nervous system or what might not inaptly be called a *muscular mania* it will be evident that the remedies must be such as will tend to control or paralyze this excess of mobility, and consequently most of them which have been proposed have been more or less directly sedative in their action. Opium, which at first sight, seems pre-eminently fitted to control this condition, has been often tried, and has as often failed, insomuch that no faith whatever can be entertained in it, further than as a very temporary palliative; chloroform also, so well known as a paralyzer of muscular power, has again and again failed to effect a cure, and it remains to be seen whether Indian Hemp, so much praised by O'Shaughnessy, is deserving of much more confidence than the others. In the present case its employment was attended with decidedly beneficial effects, for the patient expressed a sense of relief after the first few doses, and this relief continued until the administration of the purgative. I do not say that if persevered in alone it would have effected a cure, but I have little doubt that had the cathartic not been administered, life would have been prolonged for a considerable period, nor can I see, why the improvement so well marked should not have continued, if no new exciting cause supervened to increase the morbid action.

With regard to the employment of purgatives so generally recommended, for the purpose of removing irritating substances from the bowels, I cannot but think their employment injudicious, at least in traumatic cases, for the irritation which they themselves necessarily produce can scarcely fail to aggravate the disease. Should it be thought necessary to evacuate the bowels, enemata of warm water, or of soap, or gruel, would probably have the desired effect without producing any injurious stimulation.

The most successful treatment of tetanus, will probably be found to consist of a careful combination of palliative means, by which the principle dangers are to be warded off, while nature herself is allowed to work the cure in her own way.

Of these palliative means, the most important would seem to be. 1st. The removal of any irritating substance from the wound or its vicinity. 2nd. The complete avoidance of all kinds of excitants both external and internal, as purgatives, sinapisms, blisters, noises &c. 3rd. The inhalation of chloroform during the paroxysms or even of small quantities during the intervals. 4th. The administration of Indian

Hemp, from as early a period as possible and in doses gradually increased until its effect is produced. Lastly, supporting the strength of the patient by beef-tea, chicken-broth, &c., administered by the mouth, if he can swallow, by enema, if he cannot.

Montreal General Hospital, 1856.

ART. XXX.—*Medical Defamation.* By THOS. REYNOLDS, M. D.,  
Brockville.

“For Satan finds some mischief still for idle hands to do.”

It cannot be a matter of interest to your readers, that your columns should be filled with the scurrilous scribblings of some country Esculapius, having no better occupation for his time than libelling his brother practitioners; but as you have opened them for a gross libel upon my professional character\* and standing, I trust you will, in common justice, allow me privilege of a reply.

In your January number an article appears under the caption “Medical depreciation,” and well is it named, for when a medical man so far forgets that he should sustain the position in society of a gentleman, as to descend to scurrilous personalities, he, indeed, gives an example of “Medical depreciation.”

Dr. E. B. Sparham, on the 17th November last, obtained insertion for an anonymous communication in the Brockville *Monitor*, over the signature of “A University Graduate,” having been refused insertion for his precious production in the other local paper of the town, and procured a birth for his protracted in labour bantling by giving as a sop to the paper an advertisement of his whereabouts, desirous that the public at a distance, on this day first brought into railroad communication with Brockville, might know where was to be found this great embodiment of the wisdom of McGill College, as he, in his communication to you, virtually characterizes himself.

Feeling no desire to answer anonymous scribblers whose only object could be to drag themselves into notice, knowing from the old adage

\*This charge is unjust—if our readers will turn to the article in question they will find no mention made of either Dr. R's name or residence, and were it not for the admission he here makes no one could have possibly known that he was the party alluded to. We publish his reply because he believes it is called for and requests us to do so. And, now, we must inform our Brockville friends that here the discussion in our pages shall end—if they desire to protract it further let it be done on home ground and in the true style of slasher and crusher.—[EDS. MED. CHRONICLE.]

what would be the result of a libel suit against a certain class of the population, the obvious course was to pass the slanderer by unnoticed. But presto, emboldened by his literary success in Brockville, he must appear in your columns. I shall say little of the "preparatory" which as he truthfully states, is "too insignificant to deserve notice," for I cannot comprehend what is meant by "a Republican *vox populi, vox dei*, reduced to individualism"—"the change from death\* to disease involving points deeply investigated." "Instinctively shrinks from egotistical displays," &c., but I do know what is meant by allusion to "one who can never perform an operation as simple as the excision of a tonsil without having recourse to an *Editor's puff*." I do know of a University Graduate who commenced his career of advertising by publishing for the edification of the country side that he had, *mirabile opus!* removed a small tumour or wen such as any general practitioner has occasion to do by the score in the course of his practice, but this was not "Medical depreciation," this was merely informing the country bumpkins of his surgical powers; that his fame might go forth like Goldsmith's schoolmaster.

"And still they gazed, and still the wonder grew,  
That one small head could carry all he knew."

And I do know that this self-sufficient graduate must be in blissful ignorance of Dr. Green's attainments when he styles him an adventurer; that he is not aware that Mr. Green's reputation is not confined to America—that he stands as high in his profession as any medical practitioner in New York—that his scientific and literary attainments have gained him the respect and esteem of the professors of the London, Edinburgh and Dublin Universities, as well as the *savants* of the continent, that he is one of the most successful medical teachers in the United States. Yet Dr. E. B. S. considers himself perfect in his profession—he has obtained the *sheepskin* of McGill College and is content to wear it—like Doctor Hornbook,

As soon's he smell's  
Baith their disease, and what will mend it  
At once he tell'st.

I recollect well the rebuke administered by Sir Charles Bell to a young man whom he overheard, on the day of his graduation, saying, "I have finished my studies"; "finished your studies,—I have been nearly half a century in the profession, and am still a student; any medical man, sir, who fancies he has finished his studies is an ass." But the *great casus belli* is the advertisement which is re-published in your columns. And what is the plain fact; every one knows that a practitioner who has to divide his time among patients often twenty miles separate from each

\* Misprinted for "health."

other must make such an arrangement and division of it as will accommodate the greatest number, and serve himself—and every body knows the diversity of talent required to make a man successful in a practice where he is called upon to “minister to all the ills that flesh is heir to.” Now this is simply my case, and for the purpose of regulating my time, and occasioning the least disappointment possible to those requiring my advice, I advertised that at a certain hour daily I was to be found at my office, thus giving myself time before and after this hour for my ordinary visits.

As to the statement that it was boasted “that others cannot do what they can,” the advertisement speaks for itself; the assertion is clearly false. I have interfered with, or alluded to, no one in the advertisement. My standing with the profession and the public requires no bolstering up at the expense of any other practitioner; the less said upon this subject the better, perhaps, for this sapient regulator of medical ethics.

Then as to specialities in the practice—whether is it more creditable to a man that he endeavours to excel in one particular department of his profession and that one of daily growing importance than that he should sit down contented with having learned all that can be taught in McGill College and obtained his degree—not desiring to excel in any one particular but feeling equally proficient in all. As to the allusion to the portion of the advertisement for a student, I can only say, that if a certain gentleman confined his studies to professional matters, instead of libellous abuse of his neighbours, then there might be one point, perhaps, in his profession in which his services could be made of value to the public.

There is a dealer in tomb-stones in Brockville who declares that his sale of monuments is generally regulated by the precursory visits of certain country practitioners—query are they specialists?

Brockville, 15th January, 1856.

## REVIEWS & BIBLIOGRAPHICAL NOTICES.

XI.—*Surgical and Pathological Observations.*—By EDWIN CANTON, F.R.C.S., Surgeon to the Charing Cross Hospital; Lecturer on Surgical Anatomy; Consulting Surgeon to the Kent Ophthalmic Hospital; late Vice-President of the Medical Society of London; and Surgeon to the Royal Infirmary for Children. Pp. 106. London: Samuel Highley.

The first chapter of Mr. Canton's work treats of chronic rheumatic

arthritis, considered in relation to its morbid anatomy. This intractable disease, considered in any one, or all, of its relations, is of great importance to the surgeon and physician. It has of late years been subjected to the careful observation of distinguished investigators, among whom Mr. R. Adams stands foremost. When in Dublin some years ago, this gentleman shewed us numerous beautiful drawings of joints greatly disorganized and altered by chronic inflammatory action, and we expected he would ere this time have published a monograph on this subject. We have said *chronic inflammatory action*, as we incline to the opinion that many cases occur independently of the presence of the rheumatic diathesis, and to which, therefore, the term rheumatic arthritis is not applicable.

This formidable affection is not, as many formerly supposed, confined to persons of advanced age,—a “*morbus coxæ senilis*.” It is as liable to affect the young and middle aged as those who are declining in years. One of the worst cases of deformity from rheumatic arthritis that has come beneath our notice, is in the person of a young female, 26 years of age. Her hands and wrist joints are rendered almost useless by the large nodulous osteophytic masses clustered around the articular extremities of the bones forming the metacarpo-phalangeal, carpo-metacarpal and wrist joint articulations. Her elbow joint, of one side, is distorted and ankylosed, while the one of the opposite side is stiffened, and nearly useless. The ankle and knee joints are so much affected, she finds it extremely difficult either to walk or support herself in an erect posture. This person never suffered an attack of acute rheumatism. The disease commenced shortly after her removal from a country home to the situation of domestic servant in the city, and first manifested itself by the occurrence of dull gnawing pains in the hands and feet. It was preceded, however, by general ill-health, for, like most young girls removed from the society of friends, and the free healthy exercises of country life, to the late hours and close confinement necessitated by a life of servitude in the city, she became depressed in mind, and suffered much from irregularity of the menses.

“This disease,” says Dr. Fuller, “selects as its victims either the weakly or unhealthy, in whom the natural excretions are imperfect or deficient, or else fixes upon those who, though usually robust, have been subjected to some cause of mental or bodily depression. It attacks the girl just arrived at puberty, in whom the uterine functions are ill performed; it invades the stiffening articulations of the woman who has arrived at that time of life which is marked by the cessation of the monthly periods; it shows itself during the state of debility which follows miscarriage, or a difficult, or protracted labor, more especially when

the labor has been accompanied by flooding; it is a frequent attendant upon renal disease, and a common sequel of over-long suckling, of excessive venery, or severe, and long-continued mental exercise, and of mental distress, and bodily exhaustion."

The symptoms in the first stage are those of subacute inflammation, more particularly when the joint of the knee is the one affected. Many authors, however, state that the disease is in every case unattended by either acute or subacute symptoms. If it be ushered in by signs, possessing any degree of activity, they soon subside, and are followed by others of a more chronic character. The patient complains of dull aching pains in the part, which increase towards night, and experience exacerbations whenever the atmosphere becomes charged with moisture, and its temperature low. The part gradually enlarges, but the swelling is unattended by heat or redness. The adjoining soft parts waste, in consequence of the inactivity of the limb. There is no pain felt when the articular extremities are forcibly pressed against each other, except in an advanced stage of the disease. The surfaces of the bones are then usually denuded of cartilage, and give rise, when rubbed against each other, to a peculiar grating sound, or crepitus, which is quite characteristic. Even when the bones are so uncovered of their protecting investment, the sensation, which accompanies their being rubbed together, is not one of actual pain, but rather one of uneasiness. This is markedly different from what occurs in denudation of bone, the result of ulceration of the cartilages, or articular caries. Pressure in these cases would induce acute pain.

Rokitansky describes the morbid changes occurring in chronic rheumatic arthritis as follows:—The cavities of joints become enlarged, and mostly flattened. The head, or convex part within the joint, acquires a flattened surface, and an overhanging margin; in the instances of the head of the femur, of the humerus, of the radius, &c., it assumes the form of a mushroom. The cartilage which covers the bone is removed, and the cancellous tissue to a varying depth underneath it converted into a dense white chalky mass, which is polished like marble on its articular surface, by constant friction. An exuberant growth of bone takes place around the joint, in the form of a cup-like and warty stalactitic osteophyte, similar masses accumulate outside the joint, which all consist of the same white, chalky substance as the overhanging margin at the head of the bone.

Mr. R. Adams, or some other gentleman in Dublin, mentioned to us, in conversation, as his opinion, that many of the articular extremities exhibited in collections as those belonging to men of great stature, are

simply those of bones belonging to ordinary size men, flattened and expanded by chronic rheumatic arthritis. In the *Cyclopædia of Anatomy and Physiology*, Mr. Adams gives a very elaborate description of the condition of the shoulder joint. Among other appearances, he noticed " bunches of long organized fringes hanging into the interior of the synovial sac; and many of these vascular fimbriæ, which in the recent state are of an extremely red color, surrounded the corona of the head of the humerus." He has had these fimbriæ accurately represented in the beautifully executed paintings, now in his possession, of diseased shoulder joints. Mr. W. Adams, of London, in a communication to the Pathological Society states that the following appearances are observed in an advanced stage of this disease :—

" *Hip-Joint*.—1st. Great enlargement and irregularity of shape of the femur, which assumes a mushroom-like form, in consequence of real or apparent flattening of its upper part, and modulated masses and flattened ring-like layers of new bone surrounding the edge of its articular cartilage, and extending to a variable distance over its articular surface. To this mushroom-like form, the apparent shortening of the neck, in consequence of its upper part being concealed by the overhanging margin of new bone at the edge of the articular cartilage, also contributes. 2dly. Absence of articular cartilage to a greater or less extent, and the eburnation of the bony surface. 3rdly. Nodulated masses of new bone, from the size of a hemp seed to that of a walnut, attached by their pedicles to the synovial membrane on the neck of the bone, or to that of the capsular ligament—more or less spherical when small, but flattened and irregular when of large size. *In the Os Innominatum*.—1st. Increased capacity of acetabulum. 2ndly. Ossification of the fibro-cartilaginous rim, or cotyloid ligament. 3rdly. Absence of articular cartilage to a greater or less extent, and eburnation of the exposed bony surface. 4thly. Irregular osseous growths on surface of the bones external to, and immediately surrounding the joint." Mr. W. Adams, in the same paper, differs considerably from Rokitsansky in his opinion of the morbid process by which these changes are produced. The latter pathologist believes it to consist, without doubt, in an inflammatory rarefaction, swelling and softening of the bone, which, after furnishing an osseous exudation within and around the bone, terminates in consecutive induration. The former, says Mr. Canton, " has shewn that the eucrusting cartilage becomes at first hypertrophied, and subsequently undergoes ossification, so that new bone, in this manner is superadded to the old. Whilst this change is in progress, a section of the parts shows the ossification extending in such a way

that there is a layer of cartilage covering in the new bone with a substratum of it existing between itself and the old bone. After a time, however, and when the ossific process has further advanced, the original and newly formed bone become continuous, as the intervening substratum of cartilage disappears."

*Cysticercus cellulose* within the human eye-ball, occurs sufficiently rarely. Six cases have been placed on record, one of which came beneath the notice of our author. The results of treatment in these cases favor early operative interference. In fact, where the hydatid had remained long enough within the chambers of the eye to produce irritation by its presence, the operation was unsuccessful. Such being the case, well may Mr. Canton say: "A little study of the literature of the above interesting subject might, perhaps, have saved the following statement from the pen of Mr. Howard of Montreal—the only statement, indeed which he devotes to the subject of 'entozoa in the organ of vision':—  
 "When a hydatid appears in the chambers of the eye, it is recommended to let it remain there, so long as it produces no irritation; but, if it should produce irritation, it should be removed by making a section of part of the cornea, as if for the purpose of extracting the lens." The extent of cornea which we are advised to incise, bears no proportion whatever to the section necessary in extraction of the lens. In one of the last operations performed for the removal of this hydatid from the anterior chamber of the eye, Dr. McKenzie of Glasgow extracted the living creature by means of a Schlagintereit's hook, through a puncture measuring 3-20ths of an inch, made with a Beer's pyramidal knife at the temporal edge of the cornea. And so with all the other operators. They made an exceedingly slight division of this membrane. We think therefore, our readers had better practice the small incision, should they be fortunate enough to meet with an instance of this rare affection. For their assistance in its diagnosis, we purpose giving them a little more information than is contained in "Howard on the Anatomy, Physiology, and Pathology of the Eye." The *cysticercus cellulose*, consists of a head, body and tail vesicle. The body is transversely rugose, of a white color, and supports the head on its extremity. The caudal vesicle is round or oval in form, and varies in size from that of a pea to a hazel nut. The head is connected with the trunk by means of a neck, which is short and wrinkled. It is of a rhomboidal shape, and presents at each angle a circular suction cup; "and midway between these a proboscis, cone-shaped in its protruded state, with, at its extremity, a coronet of hooklets, consisting of a double row, (about thirty-two in all,) which, when retracted, pack up into a funnel-shaped cup." The animal has



the power of retracting itself within its tail-vesicle, which then has the appearance of containing a white spherical body. Pigs are subject to the presence of these hydatids or cysticerci, and when they are distributed over the body of that animal, the flesh is said to be meased, or what the French term *ladrerie*. They have been found, also, in the eye of the pig and horse. In man these parasites have been discovered in the areolar tissue, in the heart, in the striated muscles, in the brain, as well in the ventricles as on the surface beneath the pia mater, where, occasionally, they occur of large size, and in great numbers; and, lastly, as mentioned above, in the eye.

When the cornea is perfectly transparent, and free from all opacity, the cysticercus may be seen floating in the anterior chamber. It has the appearance of a semi-transparent spherical body, with a dense white portion projecting from it. This portion, which is the body and head of the animal, always occupies the most depending position, changing its place with the different movements of the body which influence the position of the eye. By observing this hydatid attentively, the body may be seen to elongate and shorten, sometimes burying itself completely in the caudal vesicle. The vesicle also undergoes variations in form. When small it does not appear to irritate the eye, or interfere much with vision; but, as it increases in size, it induces great pain and vascular disturbance of the organ, causing, moreover, dimness and uncertainty of vision.

Mr. Canton has some excellent remarks on "Shortening of the Leg from Bruise of the Hip," a subject that we would like to say something about, did space permit. But we must close. Our author is evidently a keen and correct observer, one, moreover, who is well acquainted with the literature of his profession, and who is imbued with a desire to increase our common stock of knowledge on surgical matters.

XLI.—*On bandaging and other operations of minor Surgery.* By F. W. SARGENT, M.D., Member of the College of Physicians of Philadelphia; one of the Surgeons to Will's Hospital, &c. New Edition, revised and enlarged, with one hundred and eighty-one illustrations. pp. 358. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

In preparing this work, Dr. Sargent's object has been "to present to the younger surgeon and student information relative to the art of band-

aging, and to some other points of importance in the practice of surgery." In this we believe him to have been very successful, for we know of no work containing a greater amount of sound information on matters of minor Surgery. The student will find it an excellent guide to the proper performance of bandaging, &c., during his attendance on hospital practice and a knowledge of its contents will be of benefit to him when, subsequently, he enters upon practice. "The book is divided into five parts. Of these, the first embraces a description of the implements, if such a term be admissible, with which the ordinary duties of the surgeon are accomplished. The second treats of the composition and preparation of bandages, of their application to the different regions of the body, and of the purposes which they are thus made to subserve. The third is devoted to the consideration of the apparatus of various kinds. The fourth division describes the mechanical means employed in the treatment of dislocation with the mode of applying them. In the fifth part are detailed at length the methods of performing such operations as seem strictly to be included in the term 'minor Surgery;' these are the operations for bleeding, general and local; the modes of effecting counter-irritation; the methods of arresting hemorrhage; the closure of wounds; the introduction of the catheter, and the administration of injections."

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## LECON CLINIQUE.

(Gazette des Hopitaux.)

*Lipome d'un volume considérable et divisé sur place après une première ablation.*

Il s'est présenté récemment dans le service de M. Michon, à la Pitié, un exemple assez curieux de lipome récidivé à sept années d'intervalle sur un même point, mais avec des caractères tellement différents dans les deux cas, qu'ils eussent pu facilement induire le diagnostic en erreur. Il nous a paru particulièrement utile, en raison de cette dernière circonstance, de faire connaître ce fait, dont nous devons la relation à M. Liégeois, interne du service.

La femme V..., blanchisseuse, âgée de quarante-six ans, d'un tempérament lymphatico-sanguin, issue de parents qui n'ont présenté aucune diathèse héréditaire, jouissant d'ailleurs habituellement d'une parfaite santé, s'aperçut pour la première fois, au mois de juillet 1846, de l'existence d'une tumeur à la partie supérieure et externe de la cuisse droite. A cette époque, cette tumeur avait déjà le volume du poing. La malade égarée, après avoir consulté plusieurs chirurgiens, alla trouver M. Mi-

chon. Quand ce chirurgien vit cette malade pour la première fois, la tumeur avait un volume extrêmement considérable. Elle présentait ce caractère remarquable, quelle donnait à la main une sensation de fluctuation des plus trompeuses, au point que M. Velpeau, qui avait été consulté l'un des premiers, avait cru un moment avoir affaire à un abcès froid, et que M. Michon jugea prudent de faire une ponction exploratrice avec un trocart à hydrocèle; il ne sortit rien par le trocart, et l'on trouva dans l'intérieur et à l'extrémité de la canule une petite quantité de graisse. Le diagnostic ne laissant plus de doute, l'opération fut faite le 1er janvier. Elle n'offrit aucune difficulté. Le lipome occupait son siège habituel, c'est-à-dire le tissu celluloso-adipeux. L'examen de cette tumeur permit de constater que son centre était occupé par un abcès contenant un pus phlegmoneux, et entouré d'une véritable membrane pyogénique. Dans l'exploration qui avait été faite, le trocart n'était point arrivé jusque-là.

La malade quitta l'hôpital le 5 février 1847, la guérison étant complète. Mais sept ans après, 1853, elle s'aperçut qu'une nouvelle tumeur naissait au même point que la première. Reconnue dès son début, elle ne cessa de grossir, et le 6 mai 1855 la malade vint de nouveau réclamer les soins de M. Michon.

Son état général était excellent. Elle ne se plaignait que de l'incommodité que lui causait sa tumeur. A la partie externe de la cuisse droite elle porte en effet une énorme tumeur oblongue suivant l'axe du membre, commençant à la racine de la cuisse et se terminant à deux travers de doigt des condyles; tumeur élastique donnant dans certains points à la main exploratrice une sensation de mollesse qui approchait de la sensation de fluctuation, dans d'autres points une sensation de dureté et l'idée de tumeurs multiples perdues au milieu de la masse élastique. Cette sensation dernière était surtout appréciable à la partie supérieure. Cette tumeur présentait dans toute sa longueur et sur la ligne moyenne une cicatrice de deux travers de doigt et d'une longueur de 25 centimètres. La peau qui sillonne la masse laissait voir par transparence une masse de petites veinules extrêmement fines, surtout à la partie postérieure. La longueur de la tumeur était de 22 centimètres, la largeur de 26.

L'opération est pratiquée le 20 mai.

M. Michon fait une longue incision ovale comprenant dans tout son centre la cicatrice ancienne. Cette incision permet de reconnaître que la tumeur se trouve sous l'aponévrose, car celle-ci apparaît presque aussitôt avec son aspect blanc nacré, mais considérablement aminci. L'aponévrose enlevée avec la peau on arrive sur une masse lipomatueuse non enkystée. Elle se présente sous l'aspect de tumeurs multiples pénétrant profondément entre les couches musculaires; aussi l'opération devient-elle laborieuse: il faut les poursuivre jusque près du fémur; il faut les détacher des gaines musculaires qu'elles ont perforées, et enlever même quelques parcelles de muscle, sur lesquels elles ont empiété. Du sang s'écoule en grande abondance; mais c'est plutôt une hémorragie en nappe: une seule ligature est nécessaire.

Voici quels étaient les caractères de cette tumeur:

Prise en masse elle est ovoïde, pesant 2 kilogr. 500 grammes et 200

plissant totalement un de ces bassins de cuivre qui servent pour les pansements dans les hôpitaux. Elle présente à sa partie externe une couche aponévrotique très mince, et sur certains points des fibres musculaires qui paraissent faire corps avec elle.

Elle est divisée en dix lobes, dont trois principaux, un médian et deux extrêmes; ces lobes principaux ont à peu près le volume d'une tête de fœtus. Les lobes extrêmes sont manifestement durs et formés par un tissu graisseux très dense; le lobe moyen, au contraire, est d'une mollesse remarquable et constitué par une graisse presque liquide s'écoulant de la trame celluleuse qui l'entoure comme une huile très épaisse. Avant d'avoir fait écouler le contenu de ce lobe moyen, on pouvait constater de la fluctuation.

Chaque lobe et lobules sont séparés les uns des autres par un tissu cellulaire assez dense représentant, pour le lobe moyen, une membrane enveloppante presque complète, et pour les autres une membrane à jour à travers laquelle la graisse fait saillie.

Les bords de la plaie sont rapprochés à l'aide d'une bande roulée autour du membre et préalablement mouillée. Des compresses froides restent à demeure sur ce bandage.

Le 26 juin, la plaie est presque cicatrisée; il ne reste plus que quelques bourgeons charnus, que l'on cautérise: plus de suppuration. En avant de la cicatrice, le membre présente une saillie considérable derrière laquelle se trouve une dépression; cette saillie, correspondant au triceps, a fait perdre au membre sa rotondité.

La pièce a été soumise à l'examen microscopique par M. C. Robin.

Voici quel a été le résultat de cet examen:

*Structure de la tumeur décrite par M. Ch. Robin.*—“ Les masses nombreuses du tissu morbide qui m'ont été remises, remarquables par leur mollesse, leur surface lisse lorsqu'elles n'ont pas été déchirées, offrent la structure suivante:

Une mince couche de tissu cellulaire existe à leur surface; elle se détache du tissu jaune graisseux qu'elle entoure, sans envoyer de filaments ni de lamelles de son épaisseur.

“ Quant au tissu graisseux lui-même, il se compose uniquement de vésicules adipeuses ayant de 5 à 10 centièmes de millimètre de large et même plus. Elles sont comprimées les uns contre les autres, et deviennent polyédriques par suite de ce fait; mais, une fois isolées, elles repré-  
sentent leur forme ovoïde.

“ On trouve que de loin en loin que de libres du tissu cellulaire et des vaisseaux capillaires entre les cellules graisseuses, tellement que l'ensemble de ces deux sortes d'éléments ne représente guère que la centième partie du tissu, dont le reste est entièrement représenté par les vésicules adipeuses. Aussi les lobes du tissu offraient-ils une uniformité de leur teinte jaune, plus marquée encore que dans le tissu graisseux normal.

L'examen de cette tumeur avant l'opération a offert quelques particularités d'un intérêt plus particulièrement clinique, et sur lesquelles M. Michon a appelé l'attention des personnes qui l'entouraient. Il démontre que sa consistance n'était point la même sur tous les points; ici on avait une sensation de mollesse qui en imposait pour de la fluctuation, là une

sensation de dureté qui en imposait pour une tumeur solide. Ces caractères contrastaient avec ce qu'avait présenté le premier lipome enlevé sur cette femme, et qui offrait une consistance uniformément molle dans tous ses points. Cette différence tenait à ce que dans le premier cas la tumeur était sous-apnévrotique, tandis que dans le second elle était sus-apnévrotique. Le lipome sous-apnévrotique étant mobile, on pouvait faire contracter le membre sans avoir l'idée qu'il était bridé par une apnévrose ; de telle sorte que ce caractère seul devenait une cause d'erreur pour le diagnostic du siège de la tumeur. Si l'on avait suivi pas à pas le développement de ce lipome, il est probable qu'au début on aurait reconnu qu'il ne jouissait d'aucune mobilité. Mais au moment où il fut observé pour la première fois, l'aponévrose avait dû perdre déjà tous ces caractères ; elle ne consistait plus qu'en une toile mince sur laquelle on reconnaissait avec peine quelque fibres du fascia, toile qu., coiffant exactement la tumeur, la suivait dans tous ses mouvements.

Quant à la différence de consistance constatée entre ces deux lipomes c'est un fait purement physiologique. En effet, on sait que la graisse accumulée normalement dans les cavités profondes est beaucoup plus molle, plus humide que la graisse superficielle ; exemple, la graisse de l'orbite. Aussi les parties molles que l'on trouvait dans la deuxième tumeur étaient-elles celles qui avaient pénétré profondément à travers les muscles, tandis que les parties les plus dures étaient les plus superficielles.

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## THERAPEUTICAL RECORD.

(From Virginia Medical Journal.)

*Cysticercus in the eye.*—The Deutsche Klinik publishes an operation performed by Dr. Von Græfe for the extraction of a cysticercus cellulose from the anterior chamber of the eye. The animal was taken alive and lived ten minutes in a little water. Its body was round, transparent, and about four millimetres in diameter ; the neck six millimetres in length, and was surrounded by a deep blue ring. The eye had perfectly recovered on the sixteenth day.

*Gonorrhœa.*—We copy from the Union Medicale of Aug. 28th, the following formula of an electuary employed for many years by M. Beyran, in the treatment of gonorrhœa ; Take of copaiva  $\frac{3}{4}$  iss ; calcined magnesia 3 i ; alum (levigated) gr. xv ; catechu (levigated) 3 iss ; cubebæ 3 ix ; opium gr. xv ; essence peppermint, do. canell aa. gtt. vi. M. Make an electuary.

A teaspoonful thrice a day ; most agreeably taken, enveloped in wafers made of unleavened bread, *pain azime*, which are much used in France for such purposes.

*Iodide of quinine.*—M. Pauva, a Neapolitan chemist, proposes the iodide of quinine in those cases of intermittent fever complicated with

scrofulous affection. Dr. G. Mafredonia of Naples has made use of the remedy in such cases with marked success. He uses it in doses from four to eight grains daily.—*N. O. Hosp. Gaz.*

*Morning sickness.*—Dr. Kuechenmeister (*Journal des Conn. Med.*) contends that the distressing morning sickness which occurs in the early months of pregnancy results from emptiness. He proposes that all breeding women should take their breakfast in bed, and not rise for two hours afterwards. As the stage which precedes the vomiting bears some analogy to syncope, the repose in bed until after the morning meal is not an irrational suggestion.

*Pneumonia.*—A Hungarian physician, Dr. Stohandl, reports three cases of pneumonia, in which benefit was derived from the inhalation of small quantities of chloroform (30 to 40 drops) repeated several times a day. After each inhalation the symptoms were relieved; after four or six hours they again became aggravated, but were again relieved by a repetition of the inhalation. In from five or eight days a cure was effected.—*Revue de Therap. Med. Chirurg. Oct. 1., 1855, from Ungar Zeitschrift.*

*Racahout des arabes.*—From a recent edition of Bouchardat's *Formulaire* we take the following recipe for the racahout powder, which is now much used as an agreeable and nourishing diet with dyspeptics and convalescents. ℞ Dried cocoa ʒ iv; potatoe flour and rice flour each ʒ x; sugar ʒ xv; vanilla ʒ ss. One or more spoonfuls in ʒ viii of boiling milk.

The *Wakaha des Indes* is an analagous preparation, by some referred to the racahout. We give the formula. ℞ Powdered sugar ʒ x; dried cocoa ʒ iv; vanilla ʒ i; canella ʒ iv; ambergris grs. v. Used in the same doses as the former compound.

*Tenesmus of dysentery.*—Dr. Ehrenberg highly recommends the administration of *vapor-clusters of chloroform* in tenesmus. Mode of administration: Take a common four ounce phial, in which a drachm of chloroform is poured. Adapt a common, but tightly closing tube, of india rubber or gutta percha, to the end of the phial. Provide the other end of the tube with a canula, similar to that of a common syringe, having several small openings, and introduce it into the rectum. To hasten the evaporation of the chloroform, the phial may be held with the hands, or warmed by immersing it into a vessel filled with warm water.—*Medicinishch Neuigkeiten from N. J Med. Reporter.*

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## PERISCOPE.

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*Glycerine as a Dressing to Wounds, &c.*—In the *Dublin Medical Press* (Dec. 5), appears an extract from the *Presse Med. Belge*, in which M. Dunarquay called attention to the use of glycerine, as an application in

the treatment of hospital gangrene and wounds in general. Reflecting on the physical and chemical qualities of the article, he concluded to try it in dressing wounds; and hospital gangrene having made its appearance in Hospital St. Louis, he had recourse to glycerine, after every other means had failed in combating this affection; and in twenty-four hours after the application, the wounds had changed their appearance, the fever gone away, and a cure was speedily accomplished. Struck with these facts, he resolved to continue his researches, and consequently all the wounded in the hospital were dressed with glycerine, with the following results:—

Wounds submitted to this mode of dressing have a florid color, and continue so clean that washing and the recourse to the spatula, to remove the cake of cerate and pus which makes the present mode of dressing wounds so tedious and painful, can be dispensed with. Folds of linen smeared with glycerine are removed with the greatest facility, and, besides, this substance moderates the suppuration, as I have ascertained in the case of a number of patients, who before the employment of the new dressing, had been using the cerate. The granulations, too, are not redundant, and consequently do not need to be kept down by the application of caustic.

The manner of applying glycerine in dressing wounds is extremely simple. A fold of perforated linen, dipped in the fluid, is placed over the wound so as fully to cover it, a little lint is applied over the linen, and external to these a compress and bandage. The next day the linen can be removed without pain, and the wound appears florid, clean, and scarcely covered with pus.—*Amer. Med. Monthly.*

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*Glycogenia.*—In an interesting article on the Secretion of Sugar in the Human Economy, by Dr. Bernard Henry, he deduces the following conclusions:—

That sugar is a normal product in man.

That this principle is secreted in the liver, and that it is a normal function of that organ.

That the source of its supply is from nitrogenized elements.

That the food furnishes it also to the system.

That in the glyco-genic function there is a sympathy of relation between the liver, the lungs, and the cerebral centre.

That in the disease called diabetes mellitus the equilibrium of the production and destruction is disturbed, and that any one of these three structures may be at fault, and that it is to one or more of them that our remedies must be directed.

That the experiments of Lehman, Bernard, and Andral, will warrant the careful allowance of small portions of vegetable food in this disease, and thus relieve our patients from one of the most distressing and trying attendants of the present mode of treatment.

That the labors of the physiologists, and, above all, of M. Claude Bernard, have paved the way for a better understanding of diabetes mellitus, by demonstrating the condition of the glyco-genic function in the state of health; but that close and more extended pathological ob-

servations were called for to render his researches available to the physician for a successful plan of treatment of a disease which is rare, but has thus far proved intractable.—*Med. Ex.*

*On the Use of Sulphate of Bebeerine in Menorrhagia.* By Prof. A. P. Merrill, M. D. A few weeks ago I was summoned, in haste, to a lady suffering from an attack of menorrhagia. She had been long subject to excessive menstrual discharges, and uterine hæmorrhages, and had been treated for them by several physicians without success. I administered five grains of the sulphate of bebeerine, which I happened to have in my pocket, and ordered twenty pills of four grains each, one of which she was directed to take every two hours, until relief should be obtained. On visiting her the succeeding day, she showed me the twenty pills, and said the dose I had given her suspended the discharge before they were brought from the druggist, and she deemed it unnecessary to take them. One other case, occurring about the same time, in all respects very similar to the above, was relieved, also, by a single dose of five grains.

I could relate more than a dozen cases besides the foregoing, more or less severe, in which the sulphate of bebeerine has been successful. Several women in this city are now in the habit of keeping the remedy always at hand, with perfect confidence, from the results of their own experience, of being able to restrain excessive menstruation, and uterine hæmorrhage, whenever they may occur. In several cases, also, I have known it relieve leucorrhæal discharges, and to give tone and vigor to the vagina, suffering relaxation from the effect of such discharges; and it is the only internal remedy upon which I have been able to rely, for the relief of *pruritus vulvæ et vaginæ*. Whether this remedy will prove to be as valuable as the above experiments would seem to indicate, remains to be proved; and it is with a view to elicit such proof, that this publication is made.—*Memphis Med. Recorder.*

*Chloroform.*—Denonvilliers says, in reference to the use of chloroform, that it "can be administered to both men and women, from earliest infancy to extreme old age. Hysteria and epilepsy are not absolute impediments to its employment; and diseases of the brain, heart or lungs only interfere with its use when they are very plainly marked.

The debility which follows large hæmorrhages; the prostration which accompanies strangulated hernias of long duration; the commotion and stupor caused by extensive wounds; the crushing injuries caused by falls from a great elevation and complicated gun-shot wounds are undoubtedly contra-indications, because they all favour syncope. The same may be said of the exaggerated fears and cowardice of persons.

Chloroformization is also improper in all operations where blood is liable to be poured out abundantly into the air passages."

These are general, not absolute propositions. "The patient, when



about to take chloroform, should be in a horizontal position, and the pulse beneath the fingers of an experienced physician. The chloroform should be given at first in small doses gradually increasing the quantity. If prolongation of anæsthesia is desired, the chloroform should be brought into requisition with caution, as soon as the patient begins to recover. Always be on guard against syncope.

If syncope supervene, the following course should be pursued :

1st. Place the patient on an inclined plane, so that his feet are elevated, his head occupying the lowest point.

2nd. Practice artificial respiration, by regular pressure on the thoracic and abdominal walls, force open the mouth, and, drawing out the tongue, irritate the back of the throat with the finger or spatula.

3d. Open the windows, so as to introduce fresh and pure air.

These means will be successful, if carried to effect with energy and continued perseverance.

Nothing is so effectual in restoring life after the inhalation of chloroform, according to Giraudat, as a current of electro-magnetism through the diaphragm, or along the course of the phrenic nerves.—*Virg. Med. and Surg. Journal.*

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*Diminution of pain in the application of Leeches.*—The leeches are to be placed in a glass half filled with water, which is then to be rapidly reversed upon the part to which they are to be applied. The patient feels the sensation only as if one leech was biting. When they have all taken hold the glass is to be carefully removed, catching the water in a sponge.—*Southern Journal (Revue Medicine.)*

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*Blancard's Pill of the Iodide of Iron.*—Five years ago, M. Blancard, a pharmacien of Paris, proposed an unchangeable pill of the Iodide of iron, made directly from its elements, which was officially approved by the French Academy of Medicine. The excellence of this preparation was generally acknowledged, and it is already, in France, the most common form for the administration of iodide of iron. Our pharmaceutical authorities at Philadelphia, however, adhere to the saccharine solution which Dr. Jackson introduced many years ago, and Prof. Baché declares that the solid iodide "might well be dispensed with." Practitioners will differ sometimes from the chemists, and so it has proved in this case. It is found that, notwithstanding the assurance of the self-constituted authorities, the syrupy solution of iodide of iron does not undergo change; that it often injures the teeth, disagrees with the stomach and contains free iodine. Consequently, as our dispensatory-authors and colleges of pharmacy simply advise us, if we must have a pill, to evaporate their syrup, or to use the antiquated and unreliable process of Cailond, practitioners have found it of advantage to import M. Blancard's preparation, which is now very commonly prescribed, not only in New York and Boston, where there are agencies for the sale

of it, but in many remote country towns. And here we may take the liberty of recommending to the gentlemen who have taken on themselves the direction of pharmaceutical matters in this country, that they should not be too dictatorial or dogmatic, if they expect to retain the authority which has been conceded to their talents and learning.

With these preliminaries, we give at length the process for preparing Blancard's pills, which we take from the "Bulletin de l'Academie de Medicine." It is founded on the volatility of ether, and the insolubility of the iodide of iron in this vehicle:

Take of iodine seventy-four grains; Iron filings thirty-seven grains; Distilled water two and a half drachms; Honey one drachm and thirty-four grains; Absorbent powder (say powder of *Althæa*) a sufficient quantity. Make 100 pills.

Place the water, iodine, and iron in a Florence flask; shake the vessel as the reaction takes place; filter the green liquor that results, into a small iron capsule, the weight of which is known. Wash the flask, and filter with two and a half additional drachms of water, slightly sweetened with a portion of the honey to be used in making the pills. Pour both liquids into the capsule, and evaporate, at first rapidly, then at a gentler heat, until the weight of the mixture is equivalent to the combined weight of the iodine and the honey (171 grains, or 3*ij*. nearly). Add a sufficient quantity of powdered *althæa* root, or still better, equal parts of *althæa* and liquorice powder, about 3*ij*. Divide the mass into four equal parts; roll each part in powdered iron. Make each mass into a cylinder on an iron slab; divide each cylinder into twenty-five pills, and roll each pill in powdered iron, to cover the iodide exposed by the spatula. Expose the pills to a gentle heat that they may contract no moisture, and proceed at once to the second part of the process—varnishing the pills.

Make a solution of balsam of Tolu in three parts of ether. Place the pills in a porcelain capsule, pour on them a portion of the ethereal tincture, and impress a rapid motion of rotation, that the pills may be moistened on every side, and that the ether may evaporate rapidly. As soon as the pills begin to stick together, throw them on a dry surface separating those that are agglutinated and leave them exposed to the air for twenty-four hours; then dry them over a stove at a gentle heat.

It is well to give them a second coating of varnish. Blancard puts them in a bottle with a stopper covered with silver, which is at once tarnished by the vapor of free iodine.

Each pill contains about one grain of iodide of iron, and one-fifth of a grain of powdered iron on its surface. Two to four pills daily is the ordinary dose in chlorotic, scrofulous, tuberculous, and syphilitic diseases.—*C. E.—Gazette Med. Sa. din.*

*Cod-Liver Oil Chocolate.*—Numerous attempts have been made to disguise the nauseous taste of cod-liver oil, and to render it more acceptable to delicate stomachs. The chocolate it is said, is likely to remove the objections heretofore urged against its use. It is odorized with cinnamon, bitter almonds, peppermint, &c., so as to give it an agreeable flavor, and to cover perfectly the fishy taste of the oil. The prepared oil chocolate, it is stated, agrees well with even the most delicate stomachs, and is eminently adapted to all diseases of a debilitating character.

*New use of Gutta-percha.*—M. Manoury, of Chartres, has announced some new preparations of gutta-percha which promise valuable practical results, consisting of the intimate mixture of different forms of caustic with that article, such as chloride of zinc, potassa, arsenic, &c., &c., of which there are three kinds. 1. Firm caustic plates, which are tenacious, and unchanged by the tissues, and which can be cut into any shape that may be desired; 2. Cylinders which can be carried in a *porte-caustique*, and which can take the place of sticks of nitrate of silver; 3. Threads for the purpose of removing certain tumors by strangulation and cauterization at the same time. He also combines gutta-percha with metallic powders, such as those of iron, copper, red sulphuret of mercury, iodide of lead, &c., Thin plates of this preparation are softened by boiling water or by gentle heat, and applied upon ulcerated surfaces, hospital gangrene, &c., Cancerous tumours have been successfully removed by the threads of gutta-percha and chloride of zinc.

*Return of the Secretion of Milk after Weaning.*—M. Gubler, Chef de Clinique of the Faculty of Paris, has published four cases in the *Gazette des Hopitaux*, which show that milk may return to the breasts after a longer period when a child has been weaned, than is generally supposed. Three occurred in the Necker Hospital, under the care of M. Trousseau. The milk returned in the first case after a suspension of nursing for two months; in the second, after one month; and in the third, after four months had elapsed. In a fourth case, in the city, the secretion returned after a discontinuance of nursing for two months. In the first three cases, the children returned to the breasts without any trouble; in the fourth case, the child showed aversion to it for two days; but all other food was refused, and it yielded. In one of the cases, the menses had returned a few days before. These facts should afford encouragement in cases when the child is suffering from want of its natural food, and a wet nurse cannot be obtained; or, when there is great anxiety on the part of the mother to have the child restored to the breasts.

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## The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

### MEDICAL CORONERS.

As Mr. Coursol's acceptance of the Police Magistracy of the city has created a vacancy in the Coronership, which he so ably filled, and as we have not yet heard whom the authorities intend to name as his successor, we propose advocating the appointment of a member of the medical profession to this important office. If the question of peculiar fitness were the only one entertained in making the appointment of Coroner; if, instead of being made, as it too frequently is, a sop to satisfy

political adherents; if political expediency, which too often foists miserable incompetency on the public, where the interests of society urgently demand the presence of thorough and able men, were set aside, and government were to turn a deaf ear to all selfish and interested representations, then would we see the great majority of Coroners selected from the ranks of the medical profession. For it requires no labored arguments to prove that they, by their education, and the nature of their studies, can, of all others, best appreciate the subjects connected with medico-legal enquiries. Indeed, as it is, coroners and juries are guided in their decision by, and usually find, in accordance with the testimony of the medical witness. Why then should he not be preferred to the office of Coroner? In England public attention is being aroused to the necessity and importance of placing intelligent, well educated physicians or surgeons in this position. Cases are constantly being brought to light in which, from ignorance of the value of certain indications, and the bearing of others; from a dogmatism which is often observed in men "clothed with a little brief authority," and from puffed up ideas of knowledge which usually find place in the minds of those who have only a smattering of any science, Coroners snub the medical witness, refuse *post mortem* examinations, and by so doing, in all probability, allow guilt, emboldened by success, to plot anew the destruction of human life. An "M.D.," writing to the London *Lancet*, says:—"I was sent for, some time ago, to see a woman, who, complaining of abdominal spasm, went up stairs, threw herself on a bed, and in a few minutes was found by her husband—who *tardily* followed her, owing to a quarrel being on the *tapis*—a corpse! At the inquest, the learned Coroner thus interrogated me: 'What was, in your opinion, the cause of this woman's death?' Answer—'I really can form no opinion; she was in apparent health previously, and dead when I arrived.' 'Have you any reason to believe that she died from unfair or violent means?' A.—'As I am perfectly in the dark without an autopsy, my answer can only be, I have no such reason.' 'Might she, or might she not, have died from spasm of the heart?' A.—'Certainly she might, or from any other hypothetical cause.' Coroner.—'Gentlemen of the jury—You have heard the evidence of the husband, and of the medical gentleman who attended, and who tells you that, in his opinion, — did not die from foul means or violence, and that possibly she died from disease of the heart. If you are not satisfied with such evidence I will order the body to be opened, *which will be your act, not mine!*' Verdict—'Died from disease of the heart.'" Now, this is not a solitary instance, it is only one of many that have been accumulating for numbers of years, and now bid

fair to work a reformation in the appointments of Coroner, which will advantage the medical man, and place him in a position for which he is peculiarly adapted. No physician, unless he were beside himself, could ask a *confreere* to form an opinion of the cause of death by a mere outward examination of the body of a person found dead without any marks of violence on it. Nor would he, we think, perpetrate so sapient a piece of reasoning as we are treated to in the above—that, because there existed a probability of a woman dying of spasm of the heart, therefore, this woman died of spasm of the heart. When we consider, moreover, that “the evidence of medical men is frequently required to determine whether the deceased came to his death by poison, or from some other cause, and, that when this evidence is given, the facts on which the opinion is grounded, must be stated,” the propriety of the Coroner being one of the same profession is palpable, for questions will arise during these investigations, of such nice distinction, that it will be impossible for the medical witness to make a non-professional person comprehend them, but which would at once be intelligible to, and appreciated by a medical Coroner.

In what we have said above we have not the slightest intention of reflecting on either of the two Coroners of Montreal. Mr. Coursol, who has gone out of office, and Mr. Jones, who remains in, have always done their duty well. Indeed we attribute the comparative immunity of this city from great crimes in a large measure to the promptness and thoroughness of their investigations. These, and many other exceptional cases, however, do not invalidate the arguments that can be brought forward in favor of medical Coroners. We hope, therefore, to be able soon to chronicle the name of a medical man as successor to Mr. Coursol.

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*A Doctor's Life.* By an M.D., of Alna, Mich.—The following are some of the sweets of a Dr.'s life. If he visits a few of his customers when they are well, it is to get his dinner; if he don't do so, it is because he cares more about the fleece than the flock. If he goes to church regularly, it is because he has nothing else to do; if he don't go, it is because he has no respect for the Sabbath or religion. If he speaks to a poor person, he keeps bad company; if he passes them by, he is better than other folks. If he has a good carriage, he is extravagant; if he uses a poor one on the score of economy, he is deficient in necessary pride. If he makes parties, it is to soft-soap the people to get their money; if he don't make them, he is afraid of a *cent*! If his horse is fat, it is because he has nothing to do; if he is lean, it is because he isn't taken care of. If he drives fast, it is to make people think somebody is very sick; if he drives slow, he has no interest

in the welfare of his patients. If he dresses neat, he is proud; if he does not, he is wanting in self-respect. If he works on the land, he is fit for nothing but a farmer; if he don't work, it is because he is too lazy to be anything. If he talks much, "we don't want a Dr. to tell everything he knows;" if he don't talk, "*we like to see a Doctor social.*" If he says anything about politics, he had better let it alone; if he don't say anything about it, "*we like to see a man show his colors.*" If he visits his patients every day, it is to run up a bill; if he don't it is unjustifiable negligence. If he says anything about religion, he is a hypocrite; if he don't he is an infidel. If he uses any of the popular remedies of the day, it is to cater to the whims and prejudices of the people to fill his pockets; if he don't use them, it is from professional selfishness. If he is in the habit of having counsel often, it is because he knows nothing; if he objects to having it on the ground that he understands his own business, he is afraid of exposing his ignorance to his superiors. If he gets pay for one half his services, he has the reputation of being a *great manager*. Who wouldn't be an

M.D.?

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#### ANSWERS TO CORRESPONDENTS.

*Dr. Morrin.* All in good time. We are pleased to have Dr. M.'s good wishes.—*Dr. Ault* will perceive that we have complied with his request. The journal is directed according to his instructions.—*Dr. Easton.* Our old friend need not feel too cutely about the oversight. Many on our list, like Dr. E., lay aside their accounts, but unlike Dr. E., do not find them a few weeks after.—*Dr. Jarron.* His wishes will be attended to. The article will appear in the next number. It with others, has had to lie over. A flux of matter has lately poured in upon us.—*Drs. Marsden, Stein and Vincent.* Their contributions have been received, and will be inserted.—*Dr. Rexford.* We have at length succeeded in securing Nos. 1 to 7 inclusive of vol. III., which have been sent. His subscription year, therefore, began on the 1st of June, 1855.

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#### BOOKS RECEIVED FOR REVIEW.

Budd on the Stomach. Barlow's Practice of Medicine. From Messrs Blanchard & Lea, Philadelphia.

Headland on the Action of Medicines. 2nd Edition. From Messrs. Lindsay & Blakiston, Philadelphia.

## CORRESPONDENCE.

## TRANSATLANTIC CORRESPONDENCE.

(To the Editors of the Medical Chronicle.)

London, the metropolis of England, presents to the medical student one of the most extensive fields for the study of his profession, which the world possesses; he may either confine his attention to disease generally, or to any particular branch to which his fancy leads. During my visit to that city, I attended regularly the various institutions for the treatment of diseases of the eye, and will endeavour, in the following lines, to present to your readers the different methods of treatment for some diseases of the eye, which are there adopted, hoping that it may prove interesting to some persons.

*Granular Lids.*—This is, undoubtedly, one of the most troublesome diseases with which the hospital physician has to contend, and seldom will you find two persons treat it in a similar manner, as will hereafter be shown.

Mr. Haynes Walton, Surgeon to the Central Ophthalmic Hospital, (and author of the Ophthalmic Operative Surgery,) believes that it depends upon the condition of the blood, and to relieve this is his sole object, which he effects by tonic remedies, generally selecting iron; he deprecates in the strongest terms the use of local irritating applications, thinking that they tend to aggravate rather than cure the disease; but if the eye is very irritable, he relieves it by means of an opiate solution. Mr. Hancock, of the Westminster Ophthalmic, recommends the local application of acid. acet. fort., which he thinks acts as a solvent for the fibrine, of which the granulations consist. Mr. Critchett, of the Moorfields Hospital, trusts to the local application of the sulphate of copper, endeavouring at the same time to improve the patient's constitution by tonic remedies. Now, from this it will be seen, that in three of the chief London Institutions, they follow three different methods of treatment. And certainly they all prove more or less successful, but from my observation I should, certainly, prefer that adopted by Mr. Walton; and it has the advantage of not causing the excessive pain which the local applications produce.

*Purulent Ophthalmia.*—This is looked upon as such a severe inflammatory disease that few physicians can be found, who, would treat it otherwise than in a strictly antiphlogistic manner. And yet, at the Central Ophthalmic Hospital, Mr. Walton and Mr. Taylor trust entirely to careful and repeated injections, with a four grain solution of sulphate of alum, and they firmly believe that if seen before the cornea becomes

dim, vision should not become impaired in a solitary instance. They do not think that there is much virtue in the alum itself, the great point being to keep the eye free from the acrid secretion which is so profusely poured out. I have seen several cases treated according to this plan, every one terminating in a satisfactory manner. At the other Institutions they adhere to the old plan, sol. nit. argent. to the eye, and leeching, combined with purgative medicine.

*Amaurosis.*—In Mr. Hancock's practice I have seen two or three cases of this fearful disease, entirely relieved by extracting decayed teeth, which, in themselves, did not cause any inconvenience whatever.

*Extirpation of the Globe.*—This operation, which is looked upon with such horror by the profession generally, is frequently had recourse to by Messrs. Bowman and Critchett, at Moorfield's Hospital, in those cases where general inflammation has led to disorganization of one eye, and where the same disease is commencing in the opposite one, with the result of entirely arresting it, thereby securing to the patient perfect eyesight, a blessing second only to that of life itself. They also recommend it in those cases of staphylocoma, where great deformity or inconvenience is produced. As this operation differs greatly from the one usually described in books, perhaps a short description of the manner in which it is performed might not be out of place. An incision is made through the conjunctiva at the inner side, and the internal rectus divided, (as in the operation for internal strabismus). This incision is then carried down inferiorly, dividing the inferior rectus; then superiorly, the superior rectus being divided. The two oblique muscles are now divided. The eye being gently drawn externally, the optic nerve is divided; and lastly, the external rectus muscle. This differs from the usual operation in that the muscles of the eye with conjunctiva are left, they fall back into the orbit, unite and form a moveable curtain, making an excellent base for an artificial eye. No hemorrhage of any moment occurs, nor has the operation ever been followed by any unfavourable symptoms, the patient invariably being able, in the short space of one week, to leave the hospital. This operation is much superior in cases of staphylocoma to that of reducing the bulk of the eye, the one which is generally adopted, as the moveable curtain, to which I before alluded, actually gives to the artificial eye a certain degree of motion. The manufacture of these artificial eyes is now brought to such a state of perfection, that an unaccustomed observer would fail to detect them. I may just add that to Mr. Critchett belongs the credit of having first performed this operation.

J. M. S.



## HOSPITAL APPOINTMENT.

At the usual quarterly meeting of the Board of Governors of the Montreal General Hospital, held on Tuesday, February 5, Dr. D. C. MacCallum was appointed to the vacancy created in the Medical Staff by the death of the late Dr. Crawford.

## MEDICAL NEWS.

The king of Belgium has just created eighteen of the most distinguished physicians in his kingdom, knights of the Order of St. Leopold. The Belgian government has just decided on according an allowance of 50 per cent on the conveyance by the State railways of alimentary substances destined for hospitals and other charitable institutions.—M. Hyrtl, one of the most distinguished professors in the Medical School of Vienna, was, early in January, dangerously ill. The Professor had been scratched by a cat, and imprudently attended the dissecting-room immediately afterwards. The left arm became intensely diseased, and Dr. Schuh had represented to Prof. Hyrtl that amputation was absolutely necessary to give him a chance of life. He had, however, firmly refused to submit to the operation.—In Manchester, England, out of every hundred thousand infants born, less than fifty thousand are alive at the end of six years, and but thirty-nine thousand at the age of twenty. In Liverpool, out of every hundred thousand persons born, about forty-five thousand arrive at the age of twenty.—A Yankee doctor has contrived to extract from sauses a powerful tonic, which he says contains the whole strength of the original bark; he calls it the "Sulphate of Canina." He anticipates a great popularity in New York City.—A letter from Rio Janeiro in the *Courier Mercantile* of Genoa, mentions a slave 100 years old, of the name of Francesco Tommassa Da Sala, now living on a plantation a few miles from the capital. He was born in 1747, and had fourteen sons, who became fathers of 160 grand-children, from whom sprang 70 great-grand-children, having, in their turn, up to the present time, produced 5 children, making a grand total of 219 persons, issued from one person, still alive.—The *New York Journal of Homopathy* is dead, says the *Scalpel*. We did not learn the cause of its decease, but suppose it was cerebral atrophy. Dr. Kirby has been treating it for a long time with the "high potencies" of brain, but it would not answer. We don't believe even Shrewsburys would have saved it, i.e., if elaborated by such a digester. No wonder it died from clams, molasses, and mince-pie.—The *Lockport Journal* recently published a case of frightful death of a little girl aged three years, who died with symptoms of hydrophobia, following the bite of a rabid cat over the eye, about five weeks previously.—Mr. John D. Fink, a wealthy old bachelor in New Orleans, recently deceased, has left nearly the whole of his large fortune of \$500,000 for the erection of an Asylum in that city for Protestant widows, to be called the "Fink Asylum."—The mortality of London is 24 to 25 in 1000; in Berlin it is the same; in Turin, it is 26 in 1000; in Paris, 23 in 1000; in Genoa, 31 in 1000; in Lyons, 33 in 1000; in Hamburg, 36 in 1000; in Moscow, 38 in 1000; in St. Petersburg, 41 in 1000; in Stockholm, 39 in 1000; and in Vienna, 49 in 1000. The mortality of the different countries of Europe is as follows:—In England, 23 in 1000; in Denmark, the same; in Holland, 24 in 1000; in France, 25 in 1000; in Sweden, 24 in 1000; in Prussia, 28 in 1000; in Sardinia, 30 in 1000; in Austria, 31 in 1000; and in Russia, 36 in 1000.—Professor Johnston, of Durham, England, the author of the *Chemistry of Common Life*, and other valuable scientific works, we regret to learn has recently died.—Archibald Arnott, M.D., died on the 10th of July, at the age of 84. He was known as one of the medical attendants of the Emperor Napoleon in his last illness.—Amongst the late promotions in the army in the Crimea, we find that Dr. Hall is raised to the rank of K.C.B., like Sir James MacGrigor, and other Knights of the Bath.—The *Senatus Academicus* of the Edinburgh University have voted to Dr. Alison the sum of £250 a year, as a retiring allowance, from funds at their disposal.—A hint has been thrown out by M. Teissier of Lyons, that wards might be set apart, in hospitals, wherein such vapors might be discharged as are most likely to benefit patients laboring under pulmonary complaints.