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THE

MEDICAL CHRONICLE.

VOL. IV.]

MAY, 1857.

[No. 12

ORIGINAL COMMUNICATIONS.

ART. XXXIV.—*Sanitary Measures.* By ANTHONY VON IFFLAND, M.D.
&c., Vice-President of the College of Physicians and Surgeons
L. C., &c.

Two of the most important subjects now absorbing the attention of the people in England, Scotland and the continent of Europe, would appear to be, emigration and public sanitary measures. The former has not escaped the comprehensive mind of the Honorable the Minister of Agriculture, and since his advent to a seat in the councils of the country, his exertions to promote emigration have been indefatigable; and nothing, I believe, on his part, has been wanting to secure to it prospective advantages, and to the country vigorous arms to extend and develop its multifarious resources. The latter is, however, intimately connected with an increased emigration, and from involving consequences of deep interest, ought not to be overlooked by the legislator.

It is an incontrovertible fact, that diseases of a most malignant character will invariably follow a large emigration; and I need scarcely add, that, if we refer to the years 1832, '34, '47 and '54, periods in which our cities, towns and villages were decimated of their population by cholera and ship fever—(a modification of typhus)—we have the strongest evidence of this melancholy fact. And is it therefore to be wondered at, if this contemplated great accession of strangers to our shores should occupy with intense, and even fearful interest, the public mind.

Each of the periods alluded to presented a large emigration from the several ports in Great Britain and Ireland; periods, eventful of fearful epidemics,—and which, during their invasion, not only made many hearts desolate, homes tenantless, but spreading far and wide suspended the growing prosperity of the Province in its extended countries and fertile fields of agriculture.

Leaving under the shadow of apprehension with regard to the future,

it behoves us to appeal to the able statesmen now ruling the destinies of the country, to protect the population by the enactment of sanitary measures—convinced, as I am, that the subject of prevention merits a much greater degree of consideration than it has hitherto received from government, and is far more intimately connected with the vital interests of society than has been imagined.

It may be said that we have already a sanitary law, commonly called an Act for the Establishing a *Central Board of Health, &c.* This act is partly taken from the ‘Nuisance Removal and Disease Prevention Act of 1848, for the prevention of epidemic, endemic and contagious diseases, and by order of Her Majesty’s Most Hon. Privy Council, which has twice, I believe, been put in force in this Province; but it is a well established fact, that this law has not been attended with those benefits which the framers had anticipated. An extended experience has proved that this act is altogether inadequate for insuring those prompt, comprehensive, and vigorous measures so urgently demanded on the presence and invasion of a great and destructive pestilence or malignant disease.

I need scarcely observe that co-existent with the operations of the Central Board of Health in 1854, another commission was issued by government, composed of three members, to inquire into the causes of the introduction of *Asiatic Cholera* into the Province, &c. The report of the commission not having yet been published, by order of the government, I cannot now hazard an opinion upon its importance and merits, much less upon its necessity. It may suffice to remark, that the medical commission were, Drs. Jackson and Landry, gentlemen not only of eminence and distinction in their profession, but of the highest integrity.

A true and intelligent sense of the awful calamity impending over the country, and which had originated the act of the legislature, would have required the most unremitting energy to prepare, as far as practicable, to resist it; but it is truly to be regretted, that in several parts of the Province, not one fact of sanitary science had been ascertained, and as might have been expected, the most disastrous consequences, in many instances, ensued.

It is true, when epidemics or malignant diseases actually invade the Province, more energy was, in general, displayed, there was more yard and house-cleaning, and more lime-washing. That these did good, there can be no question, but surely a moment’s reflection will show, that they were not those *mainly* contemplated by the act, for constituting a Central Board of Health,—inasmuch as it was not exactly the

time to strengthen the resisting power of a people, to enable it to withstand a mortal disease when that disease had actually located itself amongst them, and while months of preparation would have been required to fulfil the intentions of the regulations—yet the country can never forget the personal exertions of that philanthropic and distinguished physician, Dr. Wolfred Nelson, when President of the first Board, to supply the deficiency of the act; and almost simultaneously, the present excellent Mayor of Quebec, Dr. Morrin, then President of the local Board of Health, also contributed his excellent acquirements and experience in *public hygiene*, to those of his learned friend. “We cannot over-rate the importance of preliminary sanitary measures by a Board of Commissioners—they have nothing to seek when the emergency arrives,—all plans of operations are settled and their machinery arranged.” These are the very judicious expressions of Dr. Wolfred Nelson.

The conclusion necessarily follows that the time has arrived, when efforts, in some degree commensurate with great impending evils, can no longer, with safety, be deferred, and that to insure to the public the benefit and protection of well considered and efficient sanitary measures, with all the appliances that science can devise, none but men of distinguished attainments and experience, who have been long held in public estimation for these important attributions, should be entrusted with their execution.

Since writing the above, I have seen His Excellency the Governor General’s speech on the opening of the Provincial Parliament, and among the most important measures which His Excellency has recommended to the consideration of the Legislators, is one for the more *effective inspection and supervision of all public institutions*. It is a measure in which writers of much practical experience and observation have been engaged for several years, and it may be added, that the most intelligent portion of the press of the country has never failed to exert its powerful influence, to promote the important ends contemplated by that measure. The state of these public institutions, the crying evils which pervade them, as well in their management and economy, as in their subjection to influences prejudicial to their well-being and prosperity, have frequently drawn the attention of Grand Jurors in their hurried visitations,—but it is not too much to say, that in their expositions and suggestions, they invariably evidenced an entire absence of correct information, on their internal administrative economy and discipline.

It may yet be within the recollection of many of your readers, that during the short administration of our Provincial Government by Lord

Durham, every exertion was made—by the application of the most distinguished talent and activity—to effect the disappearance of all abuses and defects in these institutions, and to secure such systems in their management, as might no longer endanger their efficiency and prosperity. To these ends a separate department of inspection and surveillance was created. The abandonment—I shall not say recall—of the government by this able and distinguished statesman, put an end to the fulfilment of the intentions he had in view with regard to every public institution in the Province. These intentions, on leaving the country, his Lordship personally assured me would be acted upon by his successor, and I have now before me, a letter to that effect from his physician, Mr. John Dorati, formerly physician to our most gracious Queen's father, the Duke of Kent.

It is not, however, to be understood, that so important a measure has since that period been entirely overlooked by succeeding administrations, and we have at the present moment, members in the government, who have long entertained the same opinion as Lord Durham, on the absolute necessity of effecting organic changes in the general government and economy of these public institutions, and who have always been impressed with the conviction that *“the amount of good secured can only be commensurate with the laws and discipline which govern them.”*

It is, however, reserved to the present liberal government of the country, to originate a measure which will maintain a permanent barrier of protection to a numerous class of fellow-beings, whose moral and physical infirmities have rendered the establishment of such institutions indispensably necessary, both for the safety of society, and the calls of suffering humanity.

You will, perhaps, permit me in conclusion, to subjoin the observations of writers of great practical experience, and who have devoted many years to the important subject of ameliorating the character and condition of our public institutions, comprising Public Hospitals, Jails, Lunatic Asylums, Quarantine, &c.

“Nearly all our public charitable institutions, and others, are under the immediate control and supervision of certain commissioners appointed by government, and the executive management is intrusted to officers, under guidance of whatever rules and regulations the commissioners may, in their wisdom, dictate, but which, in time, have proved the source of incalculable mischief and trouble; yet, supposing that they have been prescribed with the best views and intentions, *“rule has no power to excite themselves, and are but a dead letter, when the*

energy which gives rise to them is withdrawn; and, indeed, their existence may serve to lull suspicion, and for a time, to give additional security to evil doing." The present constitution of commissioners affords not only no check to a continued series of abuses, but no facility whatever for the investigation of complaints; and we must repeat here, that we shall never secure any efficient system of government and general economy in these institutions, until we have the appointment of *competent persons* to visit and inspect, under the authority of government, all establishments of whatever description they may be,—to ascertain how they may be effectually improved and provided, to collect information under uniform heads, and to report *annually*, or oftener, to the public, the results of their observations and inquiries, and such other details as may enable the Legislature to form a correct opinion of the state of public institutions, and thereby, carry into effect such judicious and well-matured measures, as regard the improvement and modifications of which they may be susceptible."

Another observes:—"With regard to our existing public institutions, comprising those of a general character, they have, of late years, been under such systematic misgovernment as to have drawn the serious attention of the public, and must sooner or later necessitate the complete re-organization throughout the whole administrative machinery. Such have been the growing evils in some of these institutions, that government has frequently been called upon to issue commissions of enquiry, but which have generally resulted in great expense to the country, and without effecting those salutary changes and reforms in their government and management, which might secure efficiency in their respective objects, or of preventing the recurrence of evils, mainly originating in the defective enactments of their condition and supervision."

"The government of the country has, however, in its power—with the sanction of the legislature—the means of fully remedying the many evils and abuses which are acknowledged to prevail in several public institutions, at a less expense than commissions of enquiry, in a more judicious and desirable manner, attaining the ends of justice with greater regularity and better effect, and unquestionably more satisfactory to the people at large, by a department of *general inspection, or surveillance*, of all public institutions. This department, if entrusted to the administration of men of enlarged minds and acquirements, cannot fail of ameliorating the condition of the numerous objects of these institutions, of leading to the spread of more enlightened views, important alike to the interests of science and humanity, and to the most benefi-

cial changes in the economy and management of every class of establishments in the province.”

Happily this important subject has engaged the attention of the present administration, and convinced, as every right-minded man must be, that the prosperity of the province, and the happiness of its people, are, with its members, considerations which supersede all others; we may rest assured that nothing will be wanting on their part, to render our public institutions as efficient in all their acquirements, as their great importance and usefulness, now so urgently and so justly demand from a government of liberal and progressive views.

Quebec, April, 1857.

ART. XXXV.—*Punctured Wound of Pleura Costalis; Extensive Pleuritic Effusion, Recovery.* By J. A. GRANT, M.D., Ottawa.

Few have better opportunities of ascertaining the deleterious influences accruing from the immoderate use of alcoholic liquors, than the practitioner in his callings throughout the various classes of society, and few, if any, can exert a more beneficial effect upon the inebriate wherever observed. The daily journals teem with instances of crime perpetrated when the reason has been supplanted by this potentate, and man thus forced to violate those laws which blend society harmoniously throughout its numerous circles. The following is a peculiarly fortunate and interesting example:—

October 20, 1856, L. M., æt 24, a carter, of middle stature, in a drunken affray, received several wounds, inflicted with a sharp pointed instrument, one of which constitutes the case in question. About an hour afterwards I was present. On examining his person the following external injury presented:—*Right side*, a small clean wound opposite fourth intercostal space, below and one inch to the right of nipple. On probing the wound it was found to pass obliquely upwards and inwards to second intercostal space. At this period no positive proof of thoracic puncture existed—still from what follows, it will be observed that the instrument entered the right pleural cavity, opposite second intercostal space—piercing only pleura costalis and escaping intercostal artery. The existing freedom of respiration, composure of features and absence of any bloody expectoration favored the opinion of above pleural injury. Having carefully examined the wounds, covered external opening with tepid water dressing, retained in situ by light bandaging,

patient ordered to rest on affected side, to have low diet and avoid all stimulants.

21.—Pulse during the night has increased in volume and rapidity, varying from about 95 to 100. Inclined to restlessness. No discharge of blood from orifice of wound. Tenderness on pressure and slight swelling over the seat of injury associated with a degree of pain. Clearness on percussion of chest. Respiration slightly interrupted or jerking in rhythm. Ten ounces of blood were taken from the arm, and his bowels freely acted upon by calomel and jalap. Renewed dressing to wound.

22.—Has passed a better night—pulse 90—pain inside experienced at intervals. Bowels have been moved. Ordered a combination of calomel, Dovers and ant. tart. every three hours until again visited.

23.—Rested several hours during the night—pulse reduced in volume and frequency. Pain inside less severe. To continue powders every four hours.

24.—Was not so well this morning, and the pulse being more rapid and resisting, ten ounces of blood were again taken from the arm, after which he appeared much relieved. Tongue white—no mercurial fœtor. The calomel ordered every six hours in combination with opium; also hot fomentations to side.

25.—Has passed a more favourable night—and enjoyed a few hours sleep—pulse less frequent—edges of wound moistened with a serous discharge; tepid dressing re-applied. From this period, being now under the influence of mercury, he continued to progress until Nov. 5; during which interval diuretics and purgatives were administered as indicated.

Nov. 7.—Says he has not felt so well for a day or two, sleep not so refreshing as formerly; increased discharge from wound of a seropurulent nature, now displaced in small proportion by coughing, but more profusely by closing the air passages and attempting forced expiration. Having been under the influence of mercury followed by the acet. and bitart. potass.; I ordered R. tinct. iod. co. ℥ss. Aquæ. puræ. ℥viiij. M. fiat. mixturæ; capiat cochleare amplum ter in die.

Nov. 9.—Dullness on percussion over right side—particularly opposite lower and middle lobes laterally, associated with temporary absence of respiratory murmur. Aegophony not distinct. No marked intercostal bulging. Modified bronchial respiration at the posterior part of lung. (lower and mid. lobes.) At this period Dr. H. Hill visited patient in consultation. Being now made to assume the erect posture—about one pint and a half of characteristic seropurulent fluid was forced from wound, in as perfect a jet as if paracentesis had been performed. Dysp-

now much relieved—after removal of fluid. Applicetur vesicatorium lateri dextro, et repetantur alia.

At a later date Dr. V. Cortlandt visited the case, and also considered it unique.

From Nov. 9th to 26th.—Patient gradually lost flesh, became thin and emaciated—still not affected by cough, pain, or diarrhœa. Frequent rigors and night perspirations. Pulse varied from 80 to 100. The discharge from side continued to flow spontaneously, and by forced expiration, very profusely; remaining uninfluenced by the prescribed remedial agents. Observing its obstinacy, the consequent emaciation and impending hectic, my course of treatment was altered. First causing to be displaced the accumulated pleural effusion, I injected the cavity with three and a half ounces of the following solution. ℞ iodinii ʒj. potassii iodinii ʒij. spiritus rectificati ʒi. aquæ puræ ʒjv. After being retained in chest a short time, I withdrew the instrument, carefully avoiding the admission of air. A portion of injected fluid returned, after which the parts were dressed with adhesive plaster and a light roller. He underwent the operation with comparative ease, complaining of nothing but a sensation of heat in the side. The following powder was prescribed. ℞ pulv. ipecac. co. gr. viij.; hora somni.

27th.—Patient rested tolerably during the night—slept nearly four hours—countenance cheerful—some nausea and anorexia, pulse 95, skin moist, an occasional cough, not attended by any expectoration. Increased uneasiness of injected side, associated with a feeling of preternatural heat. Ordered R oleum ricini ʒj. instanter.

28th.—He felt improved this morning; pulse 85; uneasiness much less; bowels open; tongue moist. Now enjoys more ease on his back than formerly. Increased freedom of respiration. Ordered to continue the mixture occasionally.

Dec. 4.—Continues to improve with surprising rapidity; sleep becoming more refreshing and the appetite more craving; can now rest on either side, and during the day sat up a few hours. After injection on Nov. 26th, the discharge lessened very much, there being only trivial oozing from wound up to Dec. 3, at which period there was almost an entire cessation, and an inability from the period of operation, to expel any fluid by forced expiration, as formerly.

Dec. 7th.—*Examination of chest.*—The intercostal spaces on both sides of chest are equally distinct, and alike dilated in respiration. The right side of chest measured about half an inch less than the left. *Percussion*—Right side sounds tolerably clear everywhere. *Auscultation* alike points out a return of parts to a quasi-normal condition. These

physical phenomena continued to improve, and by the improvement elucidate the manner in which diseased actions pervert the simultaneous and rythmical operations of both lungs, also, by a return to a healthy condition; the beautiful mechanism, by which these organs are characterized, is gradually restored.

14th.—Upon visiting patient at this date, I to my great astonishment, found, that during the night he had made an unknown exit, in order to evade the administration of justice. From the account of parents he continued going on well; no discharge from side, and a marked desire for animal food.

REMARKS.—As stated by M. Champouillon of the Hospital of Val de Grâce:—"No medicine has as yet, with the exception of sulphate of quinine, acquired such reputation as iodine." With a view towards contributing one more fact, in confirmation of its extended utility as a remedial agent, the above case has been reported. This latter method (i. e. iodine injection) was suggested, *First*. From the fact of parts as intimately connected with life, as the pleura, having been injected fully, viz.:—The pericardium, by M. Aran; the peritoneal sac of hernia, for the radical cure of ruptures, by Velpeau, Jobert, Maisonneuve, Ricord, Carlson, &c., ovarian cysts, by Babinet of Paris, subsequently by Professor Simpson and many followers. The tunica vaginalis, for the radical treatment of hydrocele, by Mr. R. Martin. Large joints, for the removal of effusion, by Bonnet of Lyons. Other parts similarly treated, but of minor consequences, might be adduced. *Second*. from the circumstance of the pleura itself having been injected for the prevention of pleuritic effusion, with no small share of success. Six cases are related as follows:—M. Babinet, 1; M. Boudant, 1; M. Massiani, 1; M. Aran, 2, and J. Windsor, 1; also Dr. Atlee, 1.—*Braithwaite's Retrospect*, part 31, pages 86 and 87.

It will be observed, of those eight cases cited, only one failed, and that indirectly. Dr. Suytgarens, of Paris, has the credit of having repeatedly injected the pleura with an iodine solution, and with success. The beneficial effects resulting from the extended use of iodine, in analogous cases, proceed from a common principle, viz., that the topical application is capable of altering the morbid tendencies in the part with which it comes in contact when favorable, from its strength &c., of inducing adhesive inflammation in the opposite side of the membrane. The parts mentioned, though various in locality, are homologous in their structural seat and pathological bases, and accordingly the local treatment for the one becomes applicable to the other.

The principle was known in Surgery long before the introduction of iodine, and was exhibited by Earle,* in the treatment of hydrocele by the injection of port wine. Dr. Brainard (American Journal Med. Sciences,) relates some cases in his own practice, where he injected as much as gr. xx. iod. potassa, dissolved in ℥j. distilled water after he had evacuated the fluid of ascites by tapping, and from his own experience, in conjunction with that of other medical men concludes:—It may be considered an established fact, that injections of this kind, may be made with suitable care, without danger of producing inflammation. More recently Dr. Baint has contributed some important facts bearing upon this subject, (Brit. and For. Med. Chirurgical Review.) This writer would lead us, however, to conclude that the injection treatment is most suitable in the case of secreting adventitious structure or new formations, than in that of serous membranes simply undefended. As an illustration, it is more advisable in ovarian dropsy than ascites, and we may add in empyema than in hydrothorax. The proof brought forward in substantiation, is, that on serous membranes the tinct. of iod. always produces in them very severe and cutting pains, in an instantaneous manner, while in encysted formations the iodine injection is never painful.

Ottawa, April 20, 1857.

ART. XXXVI.—*Adipose Tumour over the left ilium above the hip, the size of a large fetal head, growing 17 years, and mistaken for a Ventral Hernia; successfully removed.* By GEORGE D. GIBB, M.D., M.A., F.G.S., licenciate Royal College Surgeons Ireland; Physician to the West London Infirmary; Fellow of the Pathological Society, and Fellow and Member of Council of the Medical Society of London.

In the December number of the *Chronicle* I read with much interest an account of the removal of a large adipose tumour from the labium pudendi of an old woman, by Dr. Wight of St. Johns, C.E. This situation would seem to be an unusual one for fatty tumours, but it is by no means an uncommon site for their appearance; I may mention, in proof of this, as many as 4 or 5 instances, which came under my notice in the London Hospitals, during the last 2 years. One of these was a pendulous tumour, the size of a child's head, growing from the external labium, of a female aged 35, in St. Mary's Hospital, which was removed by Mr. James Lane, last August. It had produced no inconvenience

until lately, and had grown rapidly, as it was not larger than a walnut three years before. Its weight was 3 lbs. 11 oz., nothing in comparison to Dr. Wight's case. We can well understand why fatty tumours in this situation are not rare, on considering the amount of fat tissue present at the upper part of the labia, extending to the mons veneris. However, my desire at this moment, is to record a case in the *Chronicle*, which came under my care when practising in Montreal, in 1852, of a fatty tumour situated in a very awkward part of the body, and which was pronounced to contain intestine by several medical men who examined the tumour, and who gave the advice to the patient to let well alone, and have nothing done to it. I removed it; the preparation is to be seen at the present time in the Museum of the French School of Medicine, and marked D. F. 4. *Michel Dodelin*, aged 45, a carter by trade, of nervo-bilious temperament, always in the enjoyment of good health, presented himself before me, at Montreal, on the 26th April, 1852, requesting me to remove at once the tumour upon his left side. I had examined him nearly 3 years before, and at that time wanted to remove this tumour from him, which I diagnosed to be fatty, when it was not larger than a small orange, but he would not consent. Its growth commenced as a very small nodule 17 years before, and remained of minute size for years, but from its situation and the irritation produced by the constant pressure of his trowsers, and oftentimes from knocking his side against his truck, it gradually augmented until it attained to the size of a large foetal head.

The tumour was situated over the external flat surface of the left ilium, near the anterior spinous process, and in a line with the outer lip of the crest. It was pendulous, hanging downwards upon the outer part of the thigh, a large part of the hand being capable of being thrust underneath it. Its surface was discoloured and mottled from irritation, and a few large veins coarsed across it. The measurements were $13\frac{1}{2}$ inches in its largest circumference, and $8\frac{1}{2}$ in diameter from above downwards across the tumour. From the peculiar soft, inelastic, woolley feeling it possessed, taken with the history, I had no hesitation whatever in pronouncing it a fatty growth, in which opinion my friend, Dr. Macdonnell, at once coincided. I appointed next morning for its removal.

27th April.—This morning, at 11, I went to the patient's house in St. Felix Street, and with the assistance of my friends, Dr. Geo. E. Fenwick and Mr. (now Dr.) Victor Perrault, proceeded to remove the tumour, which I accomplished with the patient on his right side on a small table, with his back towards the window, without chloroform.

The operation consisted of an elliptical incision from above downwards, including a piece of skin $1\frac{1}{4}$ inches broad at its middle, the integuments being dissected off, and the tumour completely isolated and then removed. A small vein was wounded, and only a few drops of blood were lost. As the tumour was very easily detached, its removal occupied but 2 or 3 minutes, without pain to the patient, who stood it well, and who did not require even a stimulant, a matter for wonder in a French Canadian. A few stitches brought the lips of the wound together, over which were applied a few strips of adhesive plaster, and cold water dressing.

The tumour was a fine specimen of the adipose variety and weighed 17 ounces; it was of a golden yellow color, and more or less lobulated. A coloured drawing which I made of it, the afternoon of the day of its removal, gives a striking and correct likeness of it.

The greater part of the wound had healed by adhesion on the day after the removal, and in the course of 3 or 4 days the wound was quite healed; the patient resumed work on the tenth day.

What made me think somewhat of my own case, and which Dr. Wight's case determined me to forward to the *Chronicle*, was seeing a tumour which weighed a pound removed from a similar situation to that in my patient, in a female aged 17, at St. Mary's Hospital, last summer, by Dr. Lane; and another instance in August last, at Guy's Hospital, removed by Mr. Cock. The possessor of the second was an elderly female who resided for some years at Bordeaux, in France, and every practitioner whom she consulted in that town refused to interfere with it, alledging it was malignant. It was only the 5th of this month that I saw another large oval flattened tumour, the size and shape of a large femoral hernia, removed from the right groin of an elderly coachman at St. George's Hospital, by my friend Mr. Prescott Hewitt, which had been growing for 25 years, and during which time as many practitioners had been consulted about it, all giving a different opinion, and most of them declaring it to be malignant. This shows the necessity of attention to the diagnosis, a matter of no difficulty, if it is remembered that the cellular septa which pass into the tumour and divide it into lobules, are attached to the integuments, and that by squeezing the growth or any portion of it with the hand, the irregular puckering of the skin is well seen, thus showing the nature of the tumour. This interesting and very useful practical point first emanated from Mr. Hewitt. Moreover, the peculiar feel of a fatty tumour, in most instances, is not to be mistaken, resembling soft wool in its want of firmness and elasticity, but this feature is not constant.

I have no doubt many of your readers are familiar with the case in which the late Dr. Crawford removed a fatty knapsack from an old man's back, in the General Hospital at Montreal, on 18th March, 1850. It was situated on the upper part of the back, between the two shoulders, forming a large, circular, flattened, natural knapsack, which had been worn for twenty years; it weighed 8 lbs. I saw my friend Mr. Pollock remove a large lumbo-dorsal tumour, weighing 12½ lbs., from a little girl aged 7½ years, on the 30th of October last, at St. George's Hospital, which simulated a spina bifida; its growth commenced when 18 months old, but no surgeon in the country would meddle with it, she was sent up to town, had it removed, and returned home in a few weeks cured. She was, probably, the youngest patient ever known with such a large fatty tumour. Mr. Pollock completely removed and detached the growth in the short space of a quarter of a minute, or fifteen seconds. If Mr. Pollock's case resembled a spina bifida, it could not be mistaken for that affection, but a few nights ago (Feb. 17,) Mr. Athol Johnson exhibited at the pathological Society, a small fatty tumour taken by him two weeks before, from the lower part of the back of a female child, about 2 years old, an inmate of the Children's Hospital, which might have very justly been mistaken for it. It grew from the membranes of the spinal cord, through an opening leading into the spinal canal close to the sacrum. She had convulsive movements of the leg before the operation, but they disappeared afterwards. Mr. Pollock's case I reported in the *Lancet* of 13th December last, and mentioned several interesting facts in relation to this form of growth. I consider this case of Mr. Athol Johnsons as curious as any instance ever recorded, and not less so than a discovery of a fatty tumour in the brain, the occurrence of which I have recently seen mentioned in some Journal.

One of the most remarkable fatty tumours on record, is an instance given in the 5th volume of the transactions of the Pathological Society of London, wherein a pendulous fatty tumour occupied the pharynx and larynx; the specimen was exhibited by Mr. Holt of the Westminster Hospital. As a rule these tumours are generally single, Dr. Gross, however, relates the case of a gentleman, 38 years of age, who attended his lectures, on whom he counted upwards of 200, in size from a pea to a marble. He removed one to ascertain their true nature, which proved to be fatty.

In conclusion, I must not omit a singular peculiarity possessed by this form of growth, and that is their tendency to shift their position, several well authenticated instances have come under my notice, in which they

glided from the spot on which they originally grew. Mr. Paget relates cases in which a translation occurred from the groin downwards to the perineum and the thigh. I trust that these few observations, together with the report of my own case, may not prove uninteresting to your numerous readers.

London, March, 1857.

ART. XXXVII.—*Case of Poisoning by Laudanum.* By J. M. STEVENSON, M.D., L.R.C.S.E., London, C. W.

A few days ago I was called in a great hurry to visit a man who had swallowed two ounces of laudanum an hour or two previous, with the intention of committing suicide. When I arrived at his house, I found him lying in a corner of the room in a state of complete stupefaction, from which he was roused with great difficulty. I at once administered an emetic, which acted in a very short time, and kept him roused by making him run quickly round the room, for about three quarters of an hour. I then entrusted him to his friends, with directions that on no account should they allow him to go to sleep for a considerable length of time; and to secure this still further, I sprinkled a few grains of dolichos pruriens on his skin, which kept him scratching during the greater part of the night, and next morning he had quite recovered from the effects of the poison. I think that this case is worthy a place in your Journal, as I cannot find any well-authenticated case recorded, where recovery ensued after taking such a large dose of the poison; the four ounce case reported by Taylor being somewhat doubtful, from the fact, that no symptoms occurred, notwithstanding that the poison remained in the stomach for more than nine hours.

I may just remark, that about two weeks previous, this same person came into my surgery and informed me that he had taken half an ounce of laudanum. Knowing that this was the smallest fatal dose recorded, I did not apprehend any danger, and contented myself with administering a large emetic.

London, C. W., April, 1857.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XLVII.—*An Exposition of the Signs and Symptoms of Pregnancy; with some other papers on subjects connected with Midwifery.* By W. F. MONTGOMERY, A.M., M.D., M.R.I.A., Ex-scholar of Trinity College, Dublin; Professor of Midwifery in the King and Queen's Colleges in Ireland; lately President of that College, and one of the President's of the Pathological Society; one of the President's of the Obstetrical Society; Member of the Société de Biologie of Paris; Member of the Imperial Medical Society of Vienna; and of the Society of Natural Philosophy and Medicine of Heidelberg. From the second London edition. Pp. 558. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

Montgomery's standard work on the signs and symptoms of pregnancy has, in this second edition, swelled to a volume of considerable size, and is, we may furthermore add, completely exhaustive of the subject. Whoever has it to consult, when called upon to determine the sometimes difficult and anxious question—"pregnant or not pregnant?" will find it an able and trustworthy counsellor in his extremity. Cases are not rare of families being plunged into the very depths of affliction, by the false belief, sanctioned by their medical attendant, that a loved and tender lamb of their flock had wandered from the fold of virtue and fallen a prey to that merciless wolf of society—the seducer; and it has occurred more than once, that innocent loveliness and purity, damned by the erroneous decision of the honest intentioned but ignorant practitioner, has sunk broken hearted into a premature grave. The mark of infamy deeply branded on her, and which, while living, burned into her very soul, becoming obliterated at last by a *post mortem* examination. Our author relates an instance which was productive of great mental distress until all suspicion was removed by a certificate from himself:—"A well educated young woman, Anne W., mistress of an infant school, established by a family of rank and fortune, was observed to be large in her abdomen, and to exhibit several symptoms of deranged health; in consequence of which she was visited by a medical man, who discovered in the abdomen a tumor as large as, and in other respects resembling, a gravid uterus of six months; but the catamenia were declared, but not believed to be quite regular, nor were there present the mammary changes indicative of conception; but she was pronounced pregnant, and another and more senior practitioner confirmed, in the strongest terms the opinion already given, the truth,

or possibility of which, the young woman most solemnly denied ; the family under whose patronage she lived entertained the highest opinion of her morals and veracity ; but the medical opinion was so strong and unqualified that she was removed from her situation, and sent to town, never to return, except she brought from me a certificate that she was not in the condition attributed to her." On examination he discovered the presence of a fibrous tumour in the abdomen which the others had mistaken for an enlarged and pregnant womb, and on giving her the necessary certificate, she returned home and was afterwards married to a young man, to whom she had been engaged. Subsequently she became pregnant, had a severe labor, followed by inflammation which resulted in death. How fortunate it was for this young female that she resided with persons who had faith in female chastity and truth ; and doubly fortunate was she to have been sent for final examination to one who could so readily determine the presence or absence of pregnancy. How different would have been the result if, instead of falling into his hands, she had been examined by one whose knowledge of the signs and symptoms of pregnancy was on a par with the two practitioners who had already condemned her ? A very instructive case lately occurred in the practice of one of our medical friends. Several of the same kind, however, have been placed on record. He was called on by a gentlemen, whose family he attended, to visit one of his daughters, a young girl seventeen years of age, whose abdomen had been gradually increasing in size for some months, and whom her friends believed to be pregnant, notwithstanding her solemn asseverations to the contrary. Her father, who was a passionate man, threatened her with expulsion from home, and this, coupled with constant upbraidings from other members of the family, kept her in such constant distress of mind, that her health became visibly impaired. On enquiry, our friend ascertained that the young girl had never menstruated, but that, at regular monthly intervals, she had the usual symptoms of approaching menstruation. After a careful examination, not finding any sign of pregnancy present, except a uniform enlargement of the uterus, and having a suspicion as to the nature of the case, he proposed an examination *per vaginam*, which was readily acceded to on the part of the young girl, for, firm in her consciousness of innocence, she earnestly desired a thorough investigation, in the belief that it would tend to establish her reputation, and restore her to the affection of her family and friends. On attempting to introduce his finger into the vagina, it was checked by a thick membranous band, which completely occluded the entrance, and was slightly bulged by an accumu-

lation of fluid behind it. As he expected, it proved to be a case of imperforate hymen. He immediately punctured the membrane, and gave exit to a considerable quantity of retained catamenial discharge, much to the delight of his patient, and her now penitent parents. The conduct of the friends towards the young girl, is, in our opinion to be strongly reprehended. We know it is customary, whenever a slip is made by a frail or too-confiding daughter of Eve, to visit her with a sentence of outlawry from all decent and respectable society. Her former intimates and associates regard her with loathing and contempt, and speak of her in the harshest and most cruel terms; her own family disown her, casting the poor creature from them as if she were a very sink of moral pollution, that could not be approached without risk of contamination, and the world generally, heartlessly, ridicules her condition and bandy the coarsest jests on her misfortune. But is this right? Does it accord with the conduct of our great Exemplar, who addressing the woman taken in adultery, said: "neither do I condemn thee, go, and sin no more?" That a woman should be made to feel severely the loss she has sustained by yielding up her virtue, is, we think necessary to the happiness and well being of society. The punishment should, however, never be so great as to drive her to despair and make her, as is too often the case

"Mad from life's history,
Glad to death's mystery,
Swift to be hurl'd—
Any where, any where
Out of the world!"

Or if suicide be not committed, to send her as a recruit to the ranks of those pitiable objects "whose feet go down to death, and whose steps take hold on hell." It is really surprising the strength of virtue possessed by some of these poor women who have been cruelly deceived. We have seen them with crushed hearts and souls humbled to the dust, patiently bear the unfeeling jibes and sneers of christian [?] relations and acquaintances—repel the strongest inducements to enter upon a course of vice, and, by their own honest industry, support and educate their child of shame. Such instances occurring then, and not rarely either, under the present inhuman manner of treating these delinquents, it becomes a question, which every one should put seriously to his own heart, how many might be saved from the brothel, for from rushing madly on their own destruction, if a little more of truly christian charity were infused into the spirit with which they are treated, and hope held out to them of eventually attaining the position, in society, of "honest women?"

In investigating a case of suspected pregnancy, where powerful reasons exist to influence the female in leading the examiner astray, it requires great discrimination and careful enquiry on his part, more particularly if he be a young practitioner, to prevent him from forming incorrect conclusions. While strenuous and solemn assertions of innocence ought to have their full weight, they are not, at all times, to be depended upon.

When *positive* signs of pregnancy exist, no amount of asseveration should lead him to swerve from his decided opinion; but should there be any uncertainty regarding the nature of the case, it is much better to give a qualified opinion and let the patient have the benefit of the doubt. "In this class of cases, if an examination is proposed, they sometimes decline it angrily, or they say they are afraid to submit to it, lest it should injure them, they are so nervous. Some, again, will assent to the examination with apparent readiness; but will take care so to embarrass and impede the examiner, as effectually to prevent his obtaining any satisfactory information. One will cry out, the moment the attempt is made to introduce the finger into the vagina, and declare that she cannot endure the pain; another will place herself in such a position, by turning on her back, or twisting about, or stretching down her legs, that a proper examination is impossible. Others effectually frustrate our attempts to examine for the uterine tumour through the abdominal wall by declaring that the pressure of the hand causes them pain, or by holding their breath, and rendering the muscles tense and rigid." In illustration of the slight dependance that is to be placed on the assertions of some women, under suspicious circumstances, we will cite two very striking instances. A number of years ago, an unmarried woman was brought into the Lying-In Hospital, Montreal, accused of having destroyed her infant, to which she had given birth an hour or so previously. The child was discovered secreted in a trunk in her room wrapped up in a cloth. She furiously declared that she had never been in the "family way," that the child had been placed in the trunk by some person wishing to injure her character, and that she would not submit to being detained in the Hospital against her will. All this time there were six or eight inches of the umbilical cord hanging from the vagina. She resisted an examination for a few minutes, but being compelled to submit, a second *fœtus* was found in utero. The pains becoming severe she soon gave birth to the twin child; the placenta with their two cords quickly following. But until the last, even after the birth of the second child, she persisted in declaring that she had not been pregnant. The second case occurred within the last nine

months. The patient complained to her medical adviser during the day that she was losing a considerable quantity of blood, more than she was accustomed to lose at her usual monthly periods. Supposing her to be affected with menorrhagia, he placed her under treatment for that affection. During the succeeding night, however, he was sent for in haste as his patient was flooding considerably, and at the same time suffering great pain. On approaching the bed he was astonished to find that she had regular labour pains, and in submitting her to an examination, per vaginam, discovered the approach of a very young foetus. Being told that she was giving birth to a premature child, she indignantly repelled the insinuation; and when, on the expulsion of the foetus, it was held before her, she asserted her innocence, declaring that if she had been pregnant, she was placed in that condition without her knowledge.

"In proceeding to an investigation of this kind," says Dr. Montgomery "we must recollect that the signs, or proofs, of pregnancy are to be collected from various sources; and, moreover, that, of some of them we can have no evidence except from the report made to us, while of others we can judge by the changes existing before us, and cognisable by our senses. The following are the chief of these signs and of the sources from which evidence is to be collected:—

1. Certain affections of the constitution induced by pregnancy which are the result of the new action; such as suppression of the menses, generally increased irritability of the nervous system, evinced in capriciousness of temper, or, perhaps, in the production of erratic pains, as in the face or teeth, greater activity on the circulating system, and especially on the exhalents, giving rise to œdema and of other forms of dropsical effusions; alterations in the countenance from the absorption of fat &c.

2. In consequence of irritation induced in the uterus, there is a train of sympathies excited in other organs, affecting either their physical constitution or their peculiar functions; such, for instance, are the changes produced in the breast, by which their size is increased, with tingling pains, the areola formed, and milk secreted; the stomach is rendered irritable; vomiting ensues; the appetite becomes variable and capricious, and sometimes the salivary apparatus participates so decidedly in the irritation that complete salivation takes place; a peculiar product named *Xyastis* is occasionally to be found in the urine.

3. The altered condition of the uterus itself, which, increasing in size, ceases to be a pelvic organ, and rises into the abdomen, which, in consequence, becomes enlarged and prominent, and a corresponding change

is effected in the state of the umbilicus; while at the same time, certain alterations take place in the os and cervix uteri, affecting their form, texture, &c., which we recognize by touch; and a peculiar colour may be observable in the mucous membrane of the vagina.

4. The contents of the uterus so enlarged; the presence of a fœtus therein, and its motions, which we endeavor to ascertain by manual examination, both *externally* through the abdominal parieties, and *internally* per vaginam; and also by the adoption of auscultation to discover the pulsations of the fœtal heart and the placental sound or uterine souffle.

5. Certain organized substances may, under suspicious circumstances, be discharged from the uterus, by a proper examination of which we may be enabled to determine whether they are the product of conception, and, of course, positive proofs of pregnancy.

6. After death we may be called on to make an investigation for a like purpose, and, by the examination of the uterus and its appendages, to determine the question of actual pregnancy, or of previous impregnation." P. 71.

He divides the signs into three classes: *Presumptive, Probable* and *Unequivocal*, and enters fully into the consideration of each sign.

XLVIII.—*Fæcal Fermentation as a cause of Disease, together with the general rules of Treatment to be observed.* By C. H. ROUTH, M. D., Physician to the St. Pancras Dispensary; Assistant Physician to the Samaritan Hospital, &c. London: T. Richards. P.p. 67. From the author.

There are so many circumstances to determine variety in the character of the human fæces, it is not at all surprising that analysis should differ materially from each other in the results of their experiments. One of the most recent analyses is that of Dr. Marset. According to this gentleman's experiments, healthy human excrement contains—1. Excretine. This is a new organic substance, possessing an alkaline reaction, of which he is the discoverer. In its pure state it appears in circular groups of crystals, which have the form of a circular four sided prism, and polarize light very readily. It is very soluble in ether cold or hot, but sparingly soluble in cold alcohol; it is insoluble in water, and is not decomposed by dilute mineral acids. It fuses between 95° and 96° C. and at a higher temperature burns away without inorganic residue. It contains nitrogen and sulphur, though in small proportions. 2. A

fatty acid having the properties of margaric acid. 3. A coloring matter similar to that of the blood and urine. 4. A light granular substance, which he is inclined to regard as a combination of phosphate of potash, and a pure organic matter. 5. An acid olive-coloured substance, of a fatty nature, which he names *excretolic acid*. It fuses between 25° and 26° C., and at a higher temperature burns without residue. It is insoluble in water, and in a boiling solution of potash; is very soluble in ether, and in hot alcohol, and slightly so in water. He believes they are combined in the excrements, in the form of salts with excretine, or a basis substance closely allied to it (*Lehmann's physiological Chemistry*.) Wehsang has found that the colour varies with the food; on a mixed diet the *stæces* are of a yellowish brown tint, dark on an animal diet, yellow on a milk diet. The odour, as a general rule, is most intense when the stools follow each other rapidly, and varies with the kind of food. The reaction is commonly acid, but not unfrequently alkaline or neutral.

"The retention of *stæcal* matters in the body," says Dr. Routh, "gives rise to different diseases." When they undergo putrefactive changes undoubtedly they do, but cases are not unfrequent, where they are retained for a considerable period and yet the person enjoys good health. Thus, it is quite common to meet with persons who do not evacuate the contents of their bowels oftener than once a week or once a fortnight, and who, nevertheless, appear not to suffer the slightest inconvenience from the retention of the excrements. Some cases, almost fabulous, have been placed on record, as the one related by Sir Everard Home of General Gosse, who served under the Duke of Cumberland in the Flanders war, and who for thirty years had no passage through his bowels.

Fermentation is much less in the small than the large intestines. "Occasionally the amount going on is excessive, as evidenced by the presence of copious frothy stools, and by the generation of unusual products. The decomposition of the *stæces* much resembles that of the food taken, and differs according to the nature of that food. On the supposition that the animal had been fed on flesh, then a limited supply of oxygen must be afforded. The nitrogen combines with hydrogen, forming ammonia. Part of the carbon, phosphorus, and sulphur, also combine with the hydrogen, phosphuretted hydrogen and sulphuretted hydrogen, and another part of the carbon with oxygen, constituting carbonic acid. All these products with the exception of the phosphuretted hydrogen, were found in the colon by Marshand," p. 99. Our author believes there are three conceivable ways in which disease

may be generated by the absorption or ingestion of fæcal matters:—1. When in their natural, concentrated and undiluted state. 2. When taken after dilution or suspension in water. 3. When the emanations arising therefrom are inspired, or otherwise absorbed in the system. He considers the subject very fully and very ably under these three different heads. The diseases capable of being produced by fæcal fermentation are cholera, epidemic dysentery, typhus and typhoid fevers, plague and yellow fever. The remedies applicable in the curative treatment of such fermentation are those called antiseptics, consisting of those substances, which chemically act on the ferments, because they have an affinity for them, and thus bring about an equilibrium with fermenting bodies. "It is impossible to look over the list of antiseptics and disinfectants, without being struck with the fact, that among them are to be found most of those remedies which we have been in the habit of hearing so vaunted in practice for the cure of the diseases spoken of in this paper. I will instance a few of these:—*Sulphuric acid*, found to be most useful in cholera; also *cajuput*, an essential oil, in the first epidemic of this country; chalk, an alkaline earth, in the premonitory and other diarrhœas; *saline injections, common salt*, and its internal administration in large quantities; *mercury* according to Dr. Ayre's plan; and lastly, *charcoal*, which was so invaluable a remedy among the choleric patients in Canada, in 1832."

CLINICAL LECTURE.

On infantile hernia when strangulated; and on pulsating tumours of bone. By W. LAWRENCE, Esq., F.R.S., Senior Surgeon to St. Bartholomew's Hospital.

(From the Medical Circular.)

GENTLEMEN,—There is a case now in Lucas Ward which will form a good commencement of the new session—hernia in an infant. The patient is only two years old, and has been attacked with strangulated inguinal hernia. The name is that of the child admitted September 20, G. H. N—; and you will now find the case going on favourably, indeed quite recovered. The history of the case of this child, as I will read it for you from the note-book, shows that the bowels were relieved twenty-three hours previously to admission; but when we saw the little patient there was vomiting and strangulation; the intestine was down and tender; in a word, we had oblique inguinal hernia of the right side, in a state of irreducibility and strangulation. The effect of the warm-bath was first tried, but the bowel could not be reduced. Chloro-

form also was had recourse to, 'but with little or no effect. As the disease was now wearing an aspect of some doubt and seriousness, we decided to operate. Well, as a general rule in practice, whatever may be the plan in hernia in adults, we never open the sac in the hernia of infants. An incision; two inches long, was carried along over the situation of the neck of the sac, thus laying bare what proved to be Poupert's ligament—it is better thus to lay bare this point, which in fact was the edge of the sac. A director was next passed under it, and, with a hernia knife, the stricture or strangulation was set free, when the hernia or bowel was returned with the utmost ease.

Strangulated hernia, I may tell you as the result of my experience of fifty years in hospital, is not a very common disease in infants; I have had to operate, however, in patients so early as the first year. The cellular tissue, however, in infants, external to the sac, is soft and yielding, but as the child grows up it becomes more hard and indurated, so that the operation in infants is a much simpler affair. You may, as a rule, operate without opening the sac in children; but the point, as you advance, is still in doubt* as regards various kinds of hernia in adults. There seems very little doubt that by operating *early*, and without opening the sac, the English surgeons are more successful than their continental brethren; but it seems still a question of no mean practical importance, whether in cases where we have to dread gangrene of the intestine, as shown by general tenderness over the abdomen, by the long-standing of the strangulation, as is too often the case in hospital patients, its obstinacy in resisting the effect of chloroform, warm-baths &c., whether we would not do better to adopt the plan laid down by the continental surgeons, and lay the sac freely open. In the use of chloroform it is also found that it is much more valuable as an agent for lessening muscular spasms in inguinal hernia, than in femoral hernia, while in the latter it might be a question whether the intense vomiting caused by chloroform and by the hernia may not aggravate the symptoms to a very serious extent, so as to render the use of chloroform of very doubtful utility.

I have on the table before me a very curious morbid growth occurring in the head of the tibia—a *pulsating tumour* of the bone, of which the history is very curious, and not without a certain degree of interest for practical surgeons. This very formidable, and as I fear, malignant tumour, arose from a slight injury to the leg now several years since. The femoral artery was ligatured at that time by me, as the disease was

* An interesting discussion as to opening or not opening the sac in hernia has recently taken place in St. Bartholomew's. It was stated, as the result of the practice of M. Langenbeck, of Berlin, and of the German surgeons generally, that they prefer, in adults, to operate by opening the sac freely, as more danger is to be apprehended, they say, from returning the gut without opening the sac, and without a full examination of its condition, and [that of the omentum, than from the operation by opening the sac, and sometimes allowing a quantity of irritating fluid to escape, which itself may be the cause of the stricture, or obstruction. Many patients, it is urged also by the German school of surgery, might recover with an artificial opening in the gut, or artificial anus; but these patients must irremediably die when a sphacelated gut is returned without opening the sac.

confined to the head of the tibia, and was simply of a local pulsatile character. You see here [the preparation was exposed by a longitudinal section carefully carried through the middle] a division is made of the femur and tibia, and the latter ends in a sort of ill-defined carious extremity, blending with the diseased mass, which is lobulated, and contains, as you see, vessels ramifying over it; the whole tumour is not unlike a brain, more firm towards the centre; as it appears to me, neither fibrous nor cellular, but in some parts disintegrated and softened. The articular end of the femur, you see, is quite healthy, and even part of the cartilage of the tibia also; the knee joint, in a word, is almost entirely healthy. The growth is evidently one in the bone and of the bone; it has of the late few weeks been very rapid in its growth, which I need not say, is a common sign of malignancy; but Mr. Holmes Coote, who kindly examined it, did not discover by the microscope any of the so-called cancer cells. I believe it may be malignant, nevertheless; indeed, in practice, I think these microscopic phenomena are not distinct enough to guide us as to our diagnosis, and these caudate, or nucleated cells, may appear in growths which are undoubtedly of a cancerous nature, but in doubtful cases, like the present, the microscope fails us.

Well, I will now give you the history of this curious case, which is pretty distinct and continuous throughout. In the winter of 1850, it appears, the patient was playing on the ice; while engaged in some game, the precise nature of which I do not understand, and termed "hocky"—a game, as I learn (and you will correct me if I am wrong,) where there is hard hitting of a ball, or hard hitting of a hard ball, which struck the side of the leg, or tibia, of this poor young man. He says he did not make anything of it at the time, nor did it interrupt his playing; he even went on in the excitement of the game till he unluckily got a second blow, but this time with the "hockey" stick, on the identical same spot. As misfortune would have it, he now fell, and hurt the leg a third time. He was shortly after laid up; and went from bad to worse; an obvious hard swelling of the bone appeared, either of the bone, as I say, or a swelling under the bone, and *pulsating*! This last feature of the case is the curious thing in the disease to which I wish especially to direct your attention. This pulsation, I found, was stopped by pressure on the femoral artery; I accordingly, in the year 1850, decided on placing a ligature on the femoral, in "Hunter's canal;" this is a more difficult operation than placing a ligature in the upper third of the thigh; the vessel was not easily exposed. I remember we found the vein in front, which was lifted up, and I had all but placed the ligature on it, when I found it was not the artery.*

* The femoral artery and veins are enclosed in a firm sheath; the tendinous canal formed by the abductor magnus and vastus internus muscles, in the third part of the course of the artery, give rise to what Mr. Lawrence calls "Hunter's canal." By placing the ligature low down, in this part of its course, the profunda and higher branches distributed above this point are avoided, while the current through the anastomotica magna, which arises from the femoral while in the tendinous canal, formed by the abductors and vastus internus, and which sends branches to the head of the tibia, is more certainly secured, as the result proved in this case. The anastomotica magna arises from the femoral in this tendinous canal, and runs along the tendon to the internal condyle, and anastomoses with the superior internal articular artery.

About eight days after the operation violent bleeding intervened, but stopped spontaneously; not, however, without weakening the patient very considerably. Mr. Stanley also now saw the case with me. The patient was exceedingly feeble, the combined result of the hæmorrhage and the operation, with perhaps, the debility caused by confinement to the house; for we now saw him in private lodgings, and the case has assumed a very practical, not to say alarming character, indeed so much so that we had a long consultation whether amputation should not be performed. In fact we made arrangements for amputating, but as we were about to place him on the table, he was so weak, we did not venture to go any farther with the operation. He was put to bed again, and we prescribed wine and other stimuli. Perhaps I may say our patient was at this time only 20 years of age. Next day we found the pulse had recovered itself, yet still, as we feared a recurrence of the bleeding, Mr. Stanley and I now considered whether we would amputate, or place a ligature on the artery higher up in its course. On the one hand we were deterred by the large wound of the flap, from amputation; on the other, by hæmorrhage and extension of the disease if we did not amputate. We were, in fact, in one of those straits in which you yourselves in the country may some day find yourselves. We adopted the safe alternative of placing a ligature on the femoral in the upper third of the thigh. The patient subsequent to this recovered, but very slowly; the wound of the part where the ligature was applied was very fetid. The patient continued a long time excessively weak; he was removed to Brighton, but his convalescence was still tedious; however, his health was finally restored at the sea-side. The swelling remained in the tibia, but there was no pain and no pulsation, and the patient now got about and led a very active, indeed I fear a too active, life. His employment before he got ill, as we learned, was connected with mercantile engagements, so that he was now constantly about and gave his limb little rest. We now come to another stage in the history, namely, about two years ago, when he was seized with severe inflammation of his chest, but he got through this also, and still went about as before occupying himself very actively in his business. At the early part of the present year he was pretty well; however, about three months ago, in last July, the weakness set in again; he complained also of bad appetite, he got an unhealthy hectic look, with quick pulse, and this tumour of the bone, all of a sudden began to grow larger and larger. This suddenness of growth is always a suspicious circumstance, and too often indicates what is termed "malignancy" in such disorders; in fact, the view now taken of the case was not very satisfactory, but the opinion was unanimous that the limb, under the effects of chloroform, should be amputated; this was done in the end of September, by an eminent provincial surgeon, as the patient had now taken up his residence near Birmingham. There was nothing very peculiar in the operation, as Mr. Crompton writes to me, except perhaps, the condition of the vessels. We might have expected, after two several ligatures on the femoral artery, that all the small arterial vessels would undergo enlargement; accordingly nine or ten arteries were ligatured at the operation; there was, also, a good deal of venous bleeding, and there was the character

of the tumour itself, which is now before you. There is this very curious point in the case: the tumour lying dormant for at least five years, or shall we say checked in its growth by the ligature of the femoral artery.

The case to me is one of the most interesting I have ever seen, and in some particulars is very like one we had last year in hospital. I cannot help thinking that if this young man had led a less active life, and avoided "knocking about" as it is termed, we should have had less irritation, and that if quietness could be strictly enforced, the operation we previously performed would have had a fairer chance of proving successful.

THERAPEUTICAL RECORD.

Surgical Excerpts.—Cements for stopping the teeth.—M. Vagner recommends the following: A drachm of gutta percha softened by hot water, is to be worked up with catechu powder, and tannic acid, of each half a drachm, and with a drop of essential oil. For use, a morsel is to be softened over the flame of a spirit lamp, introduced while warm into the cavity of the tooth, and adapted properly. The mass becomes hardened, and even after several months exhibits no traces of decomposition.—*Rev. Medicale.*

Chloroform in fissure of the anus.—M. Chapelle has tried the effect of the local application of chloroform (diluted with half its quantity of alcohol,) and has met with complete success. The proportion of chloroform may be increased or diminished according to the susceptibility of the patient, and the mixture is applied upon a water-color brush, whence the fluid is to be allowed to be squeezed out by the contraction of the sphincter. The sharp pain which results is of very short duration.—*Med. T. & Gaz.*

Perchloride of iron in hæmorrhoids.—M. Thierry states that he treats hæmorrhoids, even when large, by first blistering them, and then applying the perchloride of iron to the denuded surface, under the influence of which they shrink and disappear.—*Union Med.*

Treatment of erectile tumors by nitrate of potash.—M. Manganot, having accidentally heard of the dispersion of a cutaneous congenital nævus by means of the application of nitrate of potash, resolved to try its efficacy in the case of his own infant; the nævus in this case, though small, increasing in size. The moistened finger was dipped in the powder, and the nævus gently rubbed with it. A small bullæ, as observed in herpes labialis, was formed, and the tumor shrank away, so that one other application sufficed for its entire suspension. In four other cases the same results have followed.—*Bulletin de Therap.*

Treatment of simple leucorrhœa.—In a great number of women, leucorrhœa is only the product of a catarrhal secretion, essentially connect-

ed with the lymphatic temperament, and debility of constitution. In such cases M. Nélaton prescribes as follows:—

1. Inject into the vagina morning and evening a lotion composed of two parts of sulph. of Copper to 500 of water.
2. Take internally cinchona wine with syrup of iod.de of iron, twice daily.
3. A tonic regimen to be observed.
4. For the prevention of constipation, take one-third of a grain of the alcoholic extract of belladonna every night.—*Union Méd.*

Treatment of Menorrhagia.—Dr. Mitchell strongly recommends the following formula in menorrhagia: R. Tinc. kino, ʒij; tr. cinnam. ʒj; pulv. sulph. cupri, ʒj. M. The dose is 10 drops thrice daily in a little sweetened water. The quantity of the sulph. cupri is to be increased or diminished according to the urgency of the symptoms and the degree of tolerance.—*Med. Independent, (Detroit.)*

PERISCOPE.

On Stenosis Funiculi Umbilicalis. By DR. BROERS.—Since his former communication on the subject, the author has arrived at the conclusion that constriction of the umbilical vessels is not always to be ascribed to twisting (ineendraaijing) of the cord. He thinks, in consequence of his subsequent investigations, that the several cases of stenosis funiculi must be classed under three heads:

1. Stenosis near the abdominal wall, combined with twisting of the cord.
2. Stenosis in another situation, likewise attended with twisting of the cord.
3. Stenosis by ligature of the funis, in consequence of its being surrounded with threads derived from the cutaneous epithelium.

The author describes seven of his preparations of stenosis funiculi umbilicalis; in all, the entire skin was covered with patches of epithelium, while in some it was said that a slender thread or a shred of epithelium twisted into a band, had encircled the cord, and formed a tight ligature around it. The exudation of epithelium was probably a consequence of dermatitis.—*Nederlandsch Tijdschrift voor Heel-en Verloskunde, Ziekten der Vrouwen en der Kinderen, from the Nederlandsch Lancet.*

[At page 384 of the recent edition of Dr. Montgomery's work on the "Signs and Symptoms of Pregnancy," a very good representation will be found of stenosis of the funis, occurring in the same case, at both the umbilical and placental extremity of the cord.]

On Retained Placenta. By DR. A. F. H. DE LESPINASSE.—In a case of Placenta incarcerata the author has seen favorable results from the anæsthetic employment of chloroform. The placenta was retained in the right part of the cavity of the uterus, which organ had contracted so

firmly around it, that it was with difficulty two fingers could be introduced into the opening through which the funis passed. But during anæsthesia from the action of chloroform, the author succeeded without much exertion in passing the fingers forced into a cone, half way through the constricted portion; the woman, however, recovered her consciousness too soon, and at the same time Dr. Lespinasse felt the pressure on his fingers increasing, so that their free motion became impossible. He now caused the chloroform to be again inhaled, and felt the stricture diminish, and the free motion of his fingers return *pari passu* with the increase of the anæsthesia, he was now enabled to reach and remove the placenta.—*Nedcrlandsch Lancet—Med. T. & Gaz.*

Phosphate of Lime in Spinal Curvature. By M. Piorry.

M. Piorry states that he has long been in the habit of administering phosphate of lime with advantage to rickety patients suffering from curvature of the spinal column. He gives it in the form of very fine filings of fresh bones. About one ounce is given daily, either in milk, or better still, in rice milk, which effectually disguises all disagreeable taste. He does not attribute all the improvement observed to this, as a highly nutritious diet is simultaneously employed: but certain it is, that in several patients in whom the spinal column had continued to deviate more and more every year, and who were subjected during several months to good regimen, free exposure to light, a dry and warm temperature, and especially employing the phosphate, the progress of the affection has become completely arrested. And the numerous cases in which the treatment has proved of benefit in Potts' disease, suggest that it may be of great utility in the rickets of childhood, and to osteomalacia of adults. M. Piorry also believes it may prove useful in women threatened with the softening of the bones during pregnancy, combining it then with iron. Likewise children, when nutrition is defective and the limbs are distorted, may benefit by it, while in certain tuberculous subjects it may favor the process of calcification.—*Gaz. des Hop.*

Hemorrhage as a sign of Cancer in the Uterus.—Dr. West remarked, in his out-patients' room, at St. Bartholomew's, the other day, on the almost constant occurrence of hemorrhage, as a symptom of commencing cancer in the os uteri. He believed, he said, that it was quite as constant and valuable a sign, in relation to that disease, as hæmoptysis is in respect to tubercle in the lungs. Of course, inasmuch as the uterus is in health subject to sanguineous discharges, there is need of care in determining that the sign be really one of disease; that, for instance, it occurs with an irregularity, and a profuseness greater than disturbed catamenial function could account for. The symptom has its peculiar value when the subject of the affection had previously ceased to menstruate. Dr. West stated, that he had long recognized the importance of the symptom, but that on recently counting up his cases of uterine cancer, he had been astonished to find how almost invariably it had been the earliest sign of the existence of the disease.—*Ibid.*

Chloroform in Delirium Tremens. By W. M. CHAMBERLAIN, M.D.—The author of this paper, published in the April number of the American Journal of Medical Sciences, was attached to the medical staff of Blackwell's Island during the year 1853; during which time no less than 960 persons, in various stages of debauch, came under his observation, and more than 200 of these had fully developed delirium tremens.

Dr. Chamberlain states, that in those cases where all the usual means were found unavailing, the administration of chloroform was often productive of the happiest effects. He, however, declares that this potent agent was never resorted to but in cases of extreme severity. Several cases are related, showing the power of chloroform in quieting the cerebral excitement, and procuring sleep, which are very striking.

The first case, an Irish butcher, with furious delirium, resisted for thirty hours the usual remedies. He was at last placed under the influence of chloroform, and slept nine hours.

The second case was still more aggravated. The subject, an old toper, had been maniacal and under treatment for thirty-six hours. Chloroform at first failed to affect him satisfactorily, but eventually, after producing spasm and laryngismus, the result was to procure sleep, and the patient rapidly recovered.

Case third came very near being included in the rapidly increasing list of "deaths from chloroform." The patient, while breathing this agent suddenly ceased to breathe, but was roused under the influence of artificial respiration. Gradually he breathed easily, and sunk into a quiet sleep. His recovery was rapid.

In another instance, finding it impossible to produce the full anæsthetic influence, the sufferer was carried to the verge of asphyxia. Artificial respiration was resorted to, and a recovery was the result.

This certainly may be considered "bold practice," and while it may not be inadmissible in desperate cases, should be cautiously attempted under usual circumstances. After witnessing the wonderful recoveries from apparently hopeless mania, we should rather not kill our patient with chloroform, with the hope of producing a favorable result.

In the same journal from which we have prepared this brief abstract of Dr. Chamberlain's paper, we also notice five cases of delirium tremens treated by the inhalation of chloroform, reported by Dr. Garrett of North Carolina. These cases occurred in the Bellevue hospital, New York. Four of the number were promptly relieved. The fifth case, however, died—and it is stated that he never could be put completely under the influence of the chloroform.

Three Cases of Tracheotomy in Croup. By L. LAMIE.—In December 1853, numerous cases of croup occurred at Utrecht; in three instances tracheotomy was adopted as a last resource, and was performed by Herr Lamie. The result was in all unfavorable; the first child, aged 2½ years, died quite unexpectedly, 58 hours after the operation, which at first promised the most favorable result: the cause of death was not revealed by the post-mortem examination; the lungs were every where free from inflammation. The second child was fifteen months old; the operation was in this instance, had recourse to at a very late period, so

that it was feared the child would die during its performance; repeated insufflation of air through the canula was subsequently necessary, in order to establish respiration; some hours afterwards, symptoms of pneumonia set in, of which the child died about thirty hours after the operation. The third case was that of a little boy of three years who was said to have had an attack of croup two years previously. Here too, tracheotomy was performed to prevent death by suffocation, and its immediate effect was strikingly favorable; but the child died in about fourteen hours after the operation, the fatal result having been preceded by a tolerably violent attack of fever. In conclusion, it must be observed that the parents of the children operated on belonged to the pauper class, whose wretched abodes present so many unfavorable circumstances.—*Nederlandsch Lancet.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

TO OUR SUBSCRIBERS.

With this number, which completes the fourth volume of the *Medical Chronicle*, the Editors cease to be Proprietors. Four years ago, the prospects of success in medical journalism, were so small in Canada, not one respectable business house in Montreal could be found willing to assume the pecuniary responsibilities of publishing a medical periodical. Confident, however, in the ability and willingness of a certain number of the profession in Canada to support a journal devoted to their interests, the Editors embarked in the enterprise with the conviction that the honorable feelings of their confrères would not allow them to suffer in purse through the want of a hearty support. In this, they are happy to say, they have not been mistaken, for during the three past years, the paid subscriptions have been sufficient to defray, although barely, the expenses of the *Chronicle*; and it only remains that each gentleman who has received his account for the current year, should transmit the amount to reimburse them entirely the sum they have paid the printers.

The well known respectability and enterprise of the business house of "B. Dawson, Great St. James Street," which will hereafter issue the *Medical Chronicle*, is sufficient guarantee that so long as the profession contribute their share, nothing will be omitted to make the journal a credit to the Province.

BOOKS RECEIVED FOR REVIEW.

From Messrs. Blanchard & Lea, Philadelphia:—

Todd and Bowman's Physiology; Churchill on Diseases of Females;
Ludlow's Manual of Examinations.

HOSPITAL REPORTS.

Monthly Return of Sick in the Marine and Emigrant Hospital, Quebec,
from the 5th March to the 1st April, 1857.

	Men.	Women.	Children.	Total.
Remained,	22	21	5	48
Since admitted,	3	8	0	11
	<hr/> 25	<hr/> 29	<hr/> 5	<hr/> 59
Discharged,	12	18	2	32
Died,	1	0	0	1
Remaining,	12	11	2	26

DISEASES.

Fever,	2	Scarlatina,	2
Pregnancy,	4	Epilepsia,	1
Frostbite,	1	Ophthalmia,	1

C. E. LEMIEUX,
House Surgeon.QUARTERLY REPORT OF THE MONTREAL GENERAL HOSPITAL, ENDING
23rd April, 1857.

Patients remaining from last Quarter.....	87	Died during Quarter.....	*15
Admitted present Quarter....	167	Now in Hospital.....	59
	<hr/> 254	Discharged.....	180
			<hr/> 254
<i>In-door Patients.</i>		<i>Out-Door Patients.</i>	
Males.....	99	Males.....	501
Females.....	68	Females.....	593
	<hr/> 167		<hr/> 1094

* In addition to the above-mentioned deaths, there were four patients who died in the private wards, and one in the public wards who died three days after admission. The addition of these makes the total number of deaths during the quarter to be 20.

Diseases and Accidents.

Diseases.	Admitted.	Diseases.	Admitted.	Diseases.	Admitted.
	Died.		Died.		Died.
Abortio	1	Ecthyma	2	Periostitis	3
Abscessus	2	Ecze ^m a	1	Phthisis	5
" Hepat.	1	Einesis	1	Pleuritis	2
Ambustio	2	Enchondroma	1	Pleurodenia	1
Anæmia	2	Erysipelas	2	Pleuropneumonia	1
Anæsthesia	1	Favus Confertus	1	Pneumonia	3
Angeo-Leucitis	1	Febris Com. Cont.	9	Prolapsus Uteri	1
Apoplexia	0	" Typhoid	1	Prurigo	1
" Pulm.	0	Fistula in Urethra	1	Pyrosis	1
Arthralgia	1	Fractura Simplex	3	Rheumatism	17
Bronchitis	10	" Comp.	1	Rubeola	2
Bursitis	1	" " et Commut	2	Rupia	1
Calculus Vesicæ	1	Gangrena Pulmon.	1	Scarlatina	1
Caries	1	Gastrodynia	2	Sclerottitis	4
" Vertebrae	2	Gelatio	3	Scrofulosis	1
Catarrhus	1	Gonorrhœa	2	Stillicidium Urinæ	1
Cerebritis Chron.	1	Hæmorrhœidea	1	Syphilis	4
Conjunctivitis	7	Hydrocele	1	Tetanus	1
Contusio	3	Hypochondriasis	1	Thrombus	1
Cornutis	1	Inebrietas	1	Tuberculosis Acut	0
Cystitis	1	Influenza	1	Tumor [Fibroid Rec]	1
Delirium Tremens	5	Lepra	1	" Oculi	2
Dementia	1	Mania	1	Ulcus	6
Diarrhœa	1	Morbus Cordis	1	" Rodent	1
Dysenteria	5	Orchitis	1	Variola	1
Dyspepsie	2	Paraplegia	1	Vulnus	6
		Paronychia	1		

* One of these was admitted during the previous Quarter.

OPERATIONS, &C., DURING THE QUARTER.

Major.—By Dr. Campbell—Lithotomy; removal of 2 tumours from the eyeball.

By Dr. McCallum.—Operation for strabismus; for fistula in ano; amputations of thumb with metacarpal bone and trapezium; amputation of 2 fingers; amputation of 10 toes; rhinoplasty; excision of recurring fibroid and encysted tumors: removal of internal piles by "Chassaig'nac's Ecraseur." Total, 21.

Minor.—Venesections, 3; cupping, 17; wounds dressed, 10; starch bandages applied, 41; teeth extracted, 180; abscesses opened and other incisions, 173; hydrocele tapped. Total, 425.

Fractures.—Indoor, 6; out-door, 2; total, 8.

Dislocations reduced.—Humerus, 1; radius, 1. Total, 2.

DR. MCCALLUM,
Physician in attendance.

ROBERT CRAIK, M.D.,
House Physician and Surgeon.