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## THE CHIMPANSE,

Described in Dr. Barnston's Paper.—(Drawn from Nature by A. Macdonell, M.D.)

# THE MEDICAL CHRONICLE.

VOL. II.]

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[No. 7.

## ORIGINAL COMMUNICATIONS.

ART. XXIV.—*Description of, and remarks upon, a Chimpanzé, which died lately, while exhibiting in Montreal, (being a Paper read before the Natural History Society at its ordinary Meeting, held Sept. 25th, 1854.)* By JAMES BARNSTON, M.D., Extr. Member of the Royal Medical Society of Edinburgh, &c. &c.

MR. PRESIDENT AND GENTLEMEN,—I am induced to draw the attention of the Society for a short time this evening to a subject of much interest to the lovers of natural history, as well from the rarity with which the animal in question is seen in this country and in Europe, as from the high distinction he holds as head of the quadrumana or monkey tribe and the close proximity he bears to man in physical conformation. The death of a black orang, while exhibiting very lately in Montreal, has furnished me an opportunity, through the kindness of Mr. Brome, of examining his physical and anatomical peculiarities. The result of this examination I now lay before you, in terms as short and concise as possible, and this will be followed by a few general observations.

Let me classify the description into the following heads:—I. His general measurements. II. His general appearance and contour. III. The examination of the individual organs and parts.

### I. *General measurements.*

	INCHES.
a. From the vertex or crown of the head to the heel,	33
b. Circumference of head by sinciput and occiput,	15
c. From meatus of one ear to that of opposite ear over vertex,	10
d. Do. do. do. do. over forehead,	9
e. Frontal bone from superciliary ridge to anterior fontanelle,	3
f. Forehead,	1½
g. From the forehead (superciliary ridge) to the chin,	4½
h. Breadth of shoulder,	about 28
i. Circumference of chest, corresponding to lower end of sternum,	22

<i>j.</i> From the shoulder to the wrist-joint,	15½
<i>k.</i> From wrist-joint to the metacarpo-phalangeal joint of middle finger,	3
<i>l.</i> From metacarpo-phalangeal articulation of middle finger to the tip of last phalanx,	4¼
<i>m.</i> Girth of pelvis,	about 15
<i>n.</i> From hip-joint to the heel,	13½
<i>o.</i> Length of foot, including toes,	6
<i>p.</i> Do. of fore thumb from carpo-metacarpal articulation,	2¼
<i>q.</i> Do. do. do. metacarpo-phalangeal do.,	1½
<i>r.</i> Do. of hind thumb from tarso-metatarsal do.,	3¼
<i>s.</i> Do. do. do. metatarso-phalangeal do.,	2½

II. You will observe from these measurements that standing, as the animal does, 2 ft. 9 in. high, his legs or hind limbs measure 13½ in., or somewhat more than one-third of his whole length, while his arms or fore limbs are about 2 in. longer and reach down to the lower part of the thigh or the knee-joint. The relative dimensions and proportionate measurements of the different parts of the body—for example, the large head, the low reclining forehead, the short neck, the broad shoulders, the expanded chest and contracted hip, the comparatively long arm, and hand with narrow palm, and the lengthy foot and toes,—suggest to the mind the impression of a stunted and disproportionately formed little man, and nothing can serve more to heighten this impression than the human-like aspect of his face; a reflected picture of human ugliness.

The skin is whitish generally. The face, hands and feet are yellowish brown. The whole body is covered with straight black hair, more or less dense, and varying in length from an inch to 2¼ or 3 inches. The forehead is very thinly supplied with short hairs, directed upwards, which suddenly lengthen about an inch and a half above the superciliary ridges, and then diverge to each side, and fall by the temples in front of the ears and along the cheeks, where they are about 3 inches long, and form a pair of whiskers. Short gray hairs exist sparingly upon the cheeks and both lips, while the chin is clothed with uniform short hair, directed downwards. On the fore arm the hair is directed closely upwards on both sides, and meets the oppositely-directed hair of the arm at the elbow, where they jut outwards. On the back of the fore hand they lie across the hand, being directed from a point at the base of the thumb from which they radiate outwards and downwards. The palms of the hands, anterior surface of the fingers and their posterior part from the second flexion, are bare; the same is the case with regard to the corresponding parts of the foot.

III. *Head and face.* The head is somewhat pear-shaped, though dis-

turbed by irregularities. The brain is of small volume compared with that of man. It consists of three lobes, the middle best marked. The convolutions are small, the involutions not well defined, and the sulci superficial. The gray neurine forms a very thin lamina, and is of a light color. It is in these respects similar to the brain of the child. The cerebellum is well proportioned. The orifice for the transmission of the spinal cord is situated further towards the posterior part of the cranium than in man. The superciliary ridges are well marked and jut well out, clad with straight black hairs about three-fourths of an inch in length. The forehead rises but slightly above this, and rapidly recedes. The facial angle is 51 degrees. The eyes are brown and deeply sunk within their large sockets. The nose is short and flat, the nostrils close and separated by a very thin septum, diverging towards the base or floor. The ears are situated towards the upper and back part of the head, and are formed of large expanded pinnæ, which measure  $2\frac{1}{2}$  inches from the superior edge to the lobulus, and  $1\frac{3}{4}$  inches transversely, *i-e.*, from the meatus to its posterior edge. They are destitute of hair. The cheeks are flat, and possess no pouches. The upper jaw is very prominent and somewhat convex, which contrasts strongly in profile with the concavity of the face above. The lower jaw corresponds and inclines slightly backwards towards the chin. The mouth is wide, the lips thin, and possessed of little or no recurvation naturally. The upper jaw exhibits 12 teeth, *viz.*, 4 incisors, 2 canine, and 6 molars; behind the last molar on each side there is a prominence, evidently indicating a coming tooth. The lower jaw also possesses 12 teeth, 4 incisors, 2 canine, and 6 molars, making the number of both to be in all 24. The canines are long and well developed, and the molars have protuberances on their masticatory surface. The tongue is large and ovate.

*Neck.* There are seven cervical vertebræ. The atlas and axis are formed as in man. There is perfect freedom of rotatory motion of the axis on the atlas. There is no more of the *ligamentum nuchæ* than is found in man. The muscles of the neck generally are well developed for the erect carriage of the head.

The hyoid bone is very prominent. It is nearly half an inch deep in front, and its circumference forms an oval. The cartilages of the larynx are much the same as in man. The glottidean opening is somewhat triangular. The larynx is narrow, and the lower *chordæ vocales* tense and well marked. On each side of glottis, there is a distinct pouch, deeply seated and communicating freely with the œsophageal cavity. They seem to admit of distention by means of the membrane (hyo-thyroid) between the os-hyoides and the thyroid cartilage, which forms the upper and anterior part of their walls.

*Chest.* The pectoral muscles are well developed. The sternum or breast bone is 4 inches long, and very narrow. The ribs are 13 in number on each side, 8 of which are attached to the sternum, through the medium of their cartilages. The heart lies obliquely in the anterior mediastinum, encroaching by half an inch upon the right side of the sternum, of an oblong oval shape with rounded apex. The walls for the left ventricle are of considerable thickness. The auricles are appendicular. The aorta and its branches are the same as in man. The arch curves towards the left side of the vertebral column; the vessel then descends through the chest and abdomen along the central or mesial line. The lungs, trilobed on the right and bilobed on the left, present the same appearances as in the child. Three-fourths of the tracheal tube and primary bronchæ are composed of cartilage (rings), the posterior one-third being fibrous.

*Abdomen.* The stomach is longer in comparison than in man, is less rounded and capacious at the left fundus, and inclines to bisection or division near its pyloric extremity. Intestines as in man. Caput coli well formed, and the appendix vermiformis about 5 inches long, tubular. Liver is of good size, ash gray and bilobed as in man. Gall-bladder not pyriform as in man, but forming two irregular lobes. Spleen of good dimensions, and closely attached to the left side of the stomach. Kidneys oviform. Urinary-bladder long, pear-shaped. Prostate gland bilobed. Penis slender, pendant, &c.

*Arms.* The clavicles as prominent, and formed as in man. The muscles of the shoulder are well developed. The forearm is easy of pronation and supination. Hand is long and very narrow. The fingers are also very long, and naturally curved anteriorly. The thumb is relatively very short and insignificant. The nails are well formed.

*Lower or hind limbs.* The pelvis is very narrow. Its brim measures  $3\frac{1}{2}$  inches antero-posteriorly, and 2 inches transversely. The ossa ilia are long, narrow, vertical, and look forwards. The length from the crest of the ilium to the tuberosity (ramus) of the ischium is  $6\frac{1}{2}$  inches, and the depth of the symphysis pubis is 2 inches. The axis of the pelvis is nearly in a line with that of the body. The acetabulum or socket of the hip-joint is rather superficial, and directed outwards. Its cartilaginous ring gives attachment to the round or suspensory ligament with which the hip-joint is furnished. Neck of the femur is very short, and forms an obtuse angle with the shaft. All the muscles of the thigh are well developed. The inner flexors extend down to the lower end of the upper third of the tibia. The gastrocnemius and soleus muscles are imperfectly developed, making no prominence for the calf. The tendo-achillis is chiefly muscular, and attached to the os-calcis, which is sharp.

and prominent. The foot is narrow, the sole flat, the toes long and curved. The first is a well formed, slender thumb, having two phalanges and a perfect nail. Although it lies flat on the ground, and evidently contributes to steady the animal in the erect posture by presenting a larger surface of support; for it is eminently adapted for the exigencies of arboreal life.

Before proceeding further, allow me to read to you a short history of the animal I have described, as given to me by his master.

He is said to have been caught about 70 miles inland from the port of Ambrics in the south-western coast of Africa. It is stated that when first seen he was clinging to his mother, who was killed before he was obtained by the natives. It was brought by the captain of a sailing vessel which was bound for the United States, where he arrived about the commencement of the summer. It was considered by his master as being 3 years of age, and has always been in a healthy state till Sept., when he died, as was believed, of dysentery, but more probably of cholera. He was naturally docile and obedient, but strongly inclined to melancholy. He seemed sometimes to feel he was out of place in such circumstances. He would gaze at every object with an eye of bewilderment, and frequently gave vent to his inward feelings by deep and mournful sighs. He sometimes cried, and that bitterly, but never shed a tear; and it is said so affected was he on such occasions that his system was evidently shaken, and that his continued sobs and heavy sighs were heard at some distance. He always wished his wants supplied and his cravings appeased, but when this was refused, he suddenly flew into a passion, in which state he would pull the hair of his head furiously, grind his teeth, grin, stamp his feet, and turn upon himself, performing various evolutions. This would pass off in the course of a minute or two, and then he seemed contented and never applied a second time for the same thing. He was fed almost altogether upon bananas; sometimes he partook of a little coarse bread. It was rare to give him a morsel of animal food in the form of chicken. If he saw a number of things upon a table, he would make his choice by pointing to the article, whatever it was, and if this was mistaken, he would turn away his head as if in disgust, and would then point again as before, and so on till the right thing was taken hold of, and then he would hold out his hands with extended arms and delighted expression of countenance to obtain it. He took his meals regularly three times a-day, and went to bed early in the evening. He would make his own bed, and cover himself well with the upper blanket. In the morning he would bring his clothes to his master to put on, and would generally go for his comb when intimated that his hair needed arrangement. In general he was fond of seeing people; but

never made particular friendship with strangers, and when tired of visitors he would become very indifferent to their presence, and would then show signs of fatigue, &c., by frequent yawnings, accompanied by the corresponding stretches of the arm.

His mode of progression was generally on all fours, thus: standing semi-erect upon his hind limbs, with bent hips and knees, he would place his knuckles of both hands upon the ground a little apart, then transfer the whole weight of his body from behind forwards upon the arms, and by a species of jump carry his hind limbs between the arms as far forwards as possible—then raising his knuckles, his arms were thrown forwards and rested on the ground as before, and so on. He was fond of taking hold of a stick with one of his fore hands and walking in an erect position on his hind limbs. In such cases, of course, one leg was carried before the other alternately as in man. This he did with ease. It is stated that on certain occasions he made attempts to walk without any such support, and then he would raise his arms and place them in such a position that would tend to balance himself. This was somewhat difficult, owing to the great weight of the upper half of the body and the extreme narrowness of the pelvis. In his walk, this disproportion of weight and defect of pelvic breadth was evidently seen by the bending or see-saw movement of the body at the pelvis, first on one side and then on the other.

I have now given you a detailed account of what I considered worthy of notifying in the descriptive anatomy of this animal; it remains for me to select those physical peculiarities which serve to characterise him as a species. He is covered with black hair; he stands straight on his hind legs without difficulty; his head rests perfectly erect upon the spine, which exhibits little or no curvature between the shoulders; his forehead is low and retreats rapidly; the superciliary ridges are prominent and well marked, giving character to the face, along with the keen dark brown eye, well sunk within the large socket. The facial angle is 51 degrees; he possesses no cheek pouches; his chest is well formed and expanded; his great breadth of shoulder contrasts strongly with the narrow and contracted state of the pelvic region; his arms reach down to the knee; he possesses no tail, no callosities, and has a very rudimentary calf. His hip-joint is furnished with the *ligamentum teres* or round ligament. The thumb of the posterior hand (?) is long and perfect, having the last joint, and a distinct nail.

If we refer to Cuvier's Animal Kingdom, we will find that this answers to the generic description given in his Synopsis of the subgenus *Troglodytes*, of the *Simia*, in which there is but one species, the *Troglodytes Niger*, of Geoffroy St. Hilaire, which is supposed to be the *Homo Troglo-*



*dytes* or *Nocturnus*, of Linnæus, ordinarily called the *Chimpanzé*. Travellers and naturalists have frequently confounded him with the *Pithecius Satyrus* or Orang-outang, which differs materially in many important points. The latter has, for example, a brown or brownish-red fur; possesses a facial angle of 65 degrees; a round head, which bends forwards and forms a considerable angle with the back, and very small ears, closely applied to the head; has no superciliary ridges (at least in the young state); has very long arms; is destitute of the round ligament of the thigh bone (Griffith), and is gifted with a very imperfect thumb to his hind hands. While the Chimpanzé is confined to very narrow limits in south-western Africa, the Orang-outang inhabits the eastern parts of Asia, as Malacca, Borneo, &c.

Much discrepancy of opinion likewise prevails as to the relative position the Chimpanzé should occupy in the scale of animals. Cuvier places him the last in the subgenus of the oranges, rather inconsistently with his own description, while Linnæus evidently designed him to be a man. He calls him, for instance, *homo troglodytes* and *nocturnus*, and ascribes to him many peculiarities of the albinos; and "it is impossible," says Griffith, "to ascertain whether he means to designate an animal or a man." Comparing the structure of the chimpanzé, now detailed, with the descriptions given by naturalists of the orang-outang, there can be no reasons for doubting the propriety of giving priority to the former, and placing him at the head of the quadrumana. His whole "physique," and many anatomical peculiarities, indicating a higher organization, suffice to entitle him to this distinction. Although greatly inferior to man in the structure of the pelvis and the posterior extremities, there is a better adaptation displayed for the erect position than by the orang-outang, and consequently a greater facility in walking on the hind limbs. I do not intend to place him on a par with man, notwithstanding, his organization will compare with him in many respects, with the probability of a still nearer approximation by physical and moral education! It appears to me that naturally the chimpanzé is not strictly a ground animal, for while the pelvis and hind limbs are too imperfectly formed to enable him to assume the erect position constantly, the conformation of the whole frame militates against the horizontal position of the body, besides the utter inadequacy of the anterior members to sustain the weight of the fore part of the body, and otherwise serve the purposes of quadrupedal progression. That he is naturally intended for a forest life is evident, and a careful examination of his corporeal frame will bear testimony to the eminent qualifications he possesses for the contingencies and vicissitudes of an arboreal life. Inhabiting, as he does, the boundless forests of the interior, and depending for existence and safety mainly upon the dexte-

rity and agility with which he climbs and leaps, his organization is perfect and beautifully adapted to his economy. Let this, however, not detract from his position in relation to man. Were it possible to rear the animal up from infancy, and subject him to a judicious system of physical and moral training, it would become a question of much interest, whether he were capable of modification—that is to say, of improvement. Could he be made to assume the erect posture as a general rule? Could he be brought to perform those acts or services appertaining to domestic economy, as man? Could his intelligence be susceptible of culture? and could he be learned to understand language and convey his impressions by sounds or by acts? This I leave the Society to judge.

Montreal, 1854.

ART. XXV.—*Case illustrative of the difficulties to be encountered by the Practitioner of Midwifery in a rural practice.* By F. S. VERITY, M.D., Hemmingford.

The following case serves to illustrate the difficulties the Country Practitioner sometimes encounters, as well as the cruel treatment to which women are subject, in the hands of rash and ignorant Midwives.

About 14 years since, on my first settlement in this Township, I was summoned to attend a Mrs. H., in labour with her eighth child; being my first midwifery case in Canada.

The husband, who came for me, told me, that his wife had been in labour for 2 days and nights, and although “part of the child had come into the world, the women could make no hand of it, as there was a hitch somewhere.” On my arrival at the house I was informed by the *midwife*, that an arm had been in the world for more than 12 hours, but the labour had made no further progress, “spite of all she had done.” On seeing my patient, who was very weak and desponding in mind, I found she had very strong and continuous bearing down pains. She told me, “that after having been in strong labour for many hours, the arm came into the world, and that the nurse had been constantly pulling at it with a view to delivery; that after severe labour of some hours, the pains altogether ceased, and she had had some hours of refreshing sleep; that when she awoke, the nurse becoming uneasy at the cessation of the pains, and unwilling to have the services of a Surgeon,

mixed her up something, and gave her, which brought the labour on again, stronger than ever; but that all was of no use, as the pains went off again after a time, and that she had then sent for me; (5 miles distance) but, that the midwife, half an hour previous to my arrival had persuaded her to take another dose of the stuff, so as to have it over before the Doctor came, and the pains had returned, as I then saw.

Upon examination I found the right arm protruding through the vulva, wrapped in a piece of cloth "for fear of cold," as the midwife said, and carefully tied to the patient's thighs "for fear it should go back again."

On learning the history of the case, I was very angry with the midwife, and asked why she had not sent for assistance sooner; when she coolly told me, that as long as she had "*the smut*" she did not expect to require any one's assistance. I asked to see "*the smut*," when she produced a bag, like a small money bag, from which she took a quantity of the Ergot of Rye, the use of which, she said, she had learned from the Doctors in the States. "So you have been giving her this," I said. "Yes," she replied, "and I *always* give it, when the case is a long one, and I never knew it fail until now." My temper, I confess, was ruffled, and after rating her soundly, for her presumption and rashness in administering such a powerful remedy without a knowledge of its properties, and the circumstances under which it was proper to give it, I left her to assist my patient.

As the Uterus was still acting strongly under the influence of the Ergot, and fearing its rupture, I tranquillized it as soon as possible, by a full dose of Tinct. Opii. When the uterine action had entirely ceased I proceeded to turn, having previously given an enema and emptied the bladder by catheter. But the turning was a task very difficult of accomplishment. The Uterus embraced the fœtus so firmly and closely, as to defy all my efforts to dislodge the shoulder from the brim of the pelvis; so great was the difficulty, that I now began to revolve in my mind, the expediency of performing Embryotomy, fully persuaded that my patient would sink before I could complete the operation, and thus afford the old midwife a chance of retorting on me, the hard words I had just previously showered on her. I confess, at this moment I envied the City Surgeon his facility of consultation with his medical brethren. As the grasp of the Uterus on the fœtus seemed the result of spasmodic contraction, induced by the action of the Ergot, I resolved to try the effect of warm fomentations to the abdomen, and alter their application for half an hour I had the extreme gratification of finding the uterus gradually relaxing its hold, so as to enable me to push up the shoulder, reach the feet, and safely complete the turning of the child, by bringing down the inferior extremities, and leaving them in the vagina, until the return of

uterine action. The poor woman was by this time dreadfully distressed in mind, and impatiently called on me "to finish my work;" after assuring and tranquillizing her mind, she fell into a sleep and continued in it for 2 hours, when the uterus commenced to act, but as the expulsive efforts were feeble, I gently assisted by the feet, and in half an hour, the child was brought into the world by a good pain, dead of course, fearfully bruised, and as the nurse said, "as black as charcoal," the speedy removal of the placenta was necessitated by the profuse hæmorrhage which followed the expulsion of the child; and which was controlled by pressure on the uterus for 3 hours continually—a good plan in such cases is to dip one hand into cold water and apply it over the uterus, keeping the other in a basin of cold water, ready to take the place of its fellow, when it becomes warm; thus applying cold and pressure at the same time.

The patient had a long and tedious convalescence but eventually recovered, and the only inconvenience she felt was a desire to pass her urine somewhat more frequently than usual.

From what the midwife stated, I should think that the poor creature took about 100 grains of the Ergot, in the 2 doses given her, and it certainly is most extraordinary, that under all the circumstances, the uterus was not ruptured; and I congratulated myself most fully at the wondrous good fortune, that attended my first midwifery case in Canada.

ART. XXVI.—*Case of Foreign Body removed from the Rectum.* By  
JAS. CRAWFORD, M.D., Prof. Clin. Med., McGill College.

I was called to see R. T., a carter, whom I found, together with his wife, in a state of considerable alarm, in consequence of his being unable to pass per anum a solid hard substance, which projected sufficiently far, externally, to allow it to be partly seen and touched, but which neither his efforts, nor those of his wife, were sufficient to withdraw. I ascertained that it was a portion of bone, and having seized it with a pair of forceps, after breaking it, I removed the *flayer* of a chicken, or young fowl. The man admitted that he had been indulging in such unusually luxurious fare a few days previously, but would not allow that he was in any way conscious of having swallowed the bone, nor that he had suffered in any way during its passage into, or out of the stomach, nor at any time of its long course, through the intestinal canal, till it was about

to be finally expelled. It may be remembered that this bone (former by the conjunction of the scapula and caracoid bone) describes two sides of a triangle, measuring (on the present occasion) one inch and three-quarters between its unconnected extremities. The scapular portion was fractured by the force applied to withdraw the bone.

It is to be apprehended that the man's assertion, of his not being conscious of having swallowed the bone, is untrue, and it may also be questioned whether he did not suffer pain during its transit. It is rather surprising that the orifices of the stomach and colon did not offer greater obstacle to its passage, and that the man's sufferings did not compel him to disclose the accident sooner.

## REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XX.—*On the Nature, Signs and Treatment of Childbed Fevers; in a Series of Letters addressed to the Students of his Class.* By CHAS. D. MEIGS, M.D., Professor of Midwifery and the Diseases of Women and Children, in Jefferson Medical College, Philadelphia, &c. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Pp. 356.

Dr. Meigs in the dedication, which extends over eleven pages, explains the appearance of this volume. He tells us that during one session he found that the history of childbed fevers had conducted him to the last hour of the term. But feeling how inadequate was that short time to the fulfilment of the important duty before him, he engaged in an off-hand promise to furnish his instructions as to childbed fevers by writing and printing his thoughts concerning them in a series of letters for the especial perusal of his students.

Dr. M., in stating his views of the nature of childbed fevers—the name of his own selection—asks, Is there such a thing as a childbed fever? and replies—“I am compelled to answer in the negative, wherefore I must consider the word a false and misleading one, since it implies that the disorder is a fever, when, in fact, it is not a fever but a phlegmasia or pure inflammation.” This sentence contains an explanation of the author's opinion, and as it begins the discussion, it certainly is rather premature. We do not feel, however, inclined to enter into any disputation upon this point, for what is there in a name, &c. Childbed fever comprehends five distinct cases: metritis, metro-phlebitis, peritonitis, ovaritis, and a case in which all the foregoing disorders, or any two

or more of them, are combined together. This division then is merely that with which we are already acquainted, as adopted by Lee and Churchill. It excludes, however, inflammation of the uterine appendages, which occupies a prominent place in the latter, and is rendered peculiar by the resolution of metritis into three species: endometritis, exo-metritis, and metritis proper, according as the inside or outside, or entire thickness of the uterus is inflamed. These inflammations above expressed are presumed to be the forerunners and causes of the fever. Dr. Meigs does not express any peculiar view of the *kind* of inflammation, so that we presume he takes it to be the common. He is, as he would style it, a *cis* Humoralist, and scorns the theory of blood contamination promulgated by Dr. Fergusson and his successors. He calls Dr. F.'s book "a gospel-book" on the subject, and mentions it as "the crack English work," but he condemns it as "the most misleading and weakest book" out of Philadelphia! In admitting the unnatural plasticity of the blood during pregnancy, and the liability of women so circumstanced to become febrile, he, nevertheless, considers it can have no connection with the occurrence of any of the proximate causes of childbed fevers, further, perhaps, than remotely predisposing to their inception. He seems to lose all sight of the possible reception of a morbid poison into the circulating fluid, and a consequent vitiation of the entire system in the nutrition of its organic components and the performance of their essential functions. In touching upon the subject of contagiousness, after quotations from various dictionaries, the longest of which is one from Webster! he observes—"I rest deeply convinced that the fever does not take the initiative except in very rare instances; but, on the contrary, that an area of inflammation being first established, the reactions ensue thereupon, and I beg you to observe that in all the truly contagious disorders the constitutional affection leads the train, and brings on the topical lesions after an indispensable preliminary incubation." This is rather circuitous and indirect. There is no direct asseveration or denial of the fact of contagion; the decision of which bears strongly on the symptomatic view of these fevers which Meigs claims. Dr. M. takes up a new position and stands firmly on it, thus:—If childbed fever be contagious, 'Why should it attack the pregnant or *in lying* woman alone?' and thus parodies poor Shylock:—"Is such a creature not a woman still?—hath she not hauds, organs, dimensions, appetite, &c.? . . . . —if you prick her, will she not bleed?—if you tickle her, doth she not laugh, &c.?" No one can withstand such conviction; as for us we find ourselves lost in amazement, and wonder why no one has never anticipated Dr. M. in such a view. But seriously, it does appear strange he should have overlooked that a specific internal cause is absolutely neces-

sary for the effective operation of the exciting external cause—that the former is restricted to parturient females, and therefore they can only be influenced by the latter. Dr. M. shows the childbed fever is epidemic, and has enumerated the different visitations of this fearful scourge that have been authentically reported; and in treating of contagion, makes some unhappy jumbling in trying to discriminate between contagion and pestilence. The observations offered certainly do not strengthen the assumption he puts forth of the non-contagiousness of childbed fevers. We think the fact of their contagiousness is satisfactorily proved by a large number of credible testimonies. We need only allude to one, the communicability of their infection by the accoucheur, an occurrence well known, and substantiated by many observations. As to the nature of these diseases, we are not disposed to admit they are of the nature of common inflammation, for we see this action attacking the same parts in the same class of persons, and not being attended by any other than its ordinary features, certainly by none of the characteristic phenomena of the puerpeal affections. We think Mr. M. has hit upon nearly, if not altogether, the right explanation in the following passage; the discrepancy in sentiment and belief it evinces from opinions formerly maintained are not for us to unravel; we are not expositors of double workings or contradictory statements. “I suppose certain conditions of the nervous mass of individuals, or even vast numbers of a population may be brought about by epidemic forces that allow the subject organs to fall into certain specific modes of disease, which disease will depend upon the original and peculiar impression made by the morbid cause.”

The sixteenth letter is on “*the diagnosis*” of childbed fevers. It contains some useful hints that may be judiciously observed by the practitioner. Occasionally, however, he is too terse and *peculiar* to please us, thus, in treating of that important symptom meteorism in peritonitis, he thus describes and finishes it:—“Tympanitis or *ballooning* of the belly is an invariable symptom, but it is greater or less in different cases and times. You ought expect to find a smaller and softer abdomen in metro-phlebitis than in peritonitis.”

Of the style—the expressions, and composition—of Meigs on childbed fevers, we feel disposed, as the saying is, to open out our mind freely, but we refrain, because the author assures us it is the last book he will ever publish, so that any remarks for his personal edification would only be thrown away. We sincerely hope, however, that his successors in literary matters will guard against the levity, aye even profanity, the conceit, the pedantry, inflation and affectation that darken and spoil nearly every page of the writings of this Nestor of American obstetricians in whom, after fifty-five years' experience in medical matters, such faults

as these cast a dark shadow over the fame and reputation of his name as a practitioner of the art which Cicero said raised man nearer to the gods than any other.

**XXI.—***A Treatise on Hooping Cough: its complications, pathology and termination, with its successful treatment by a new remedy.* By GEORGE D. GIBB, M.D., L.R.C.S.I.; Fellow of the College of Physicians and Surgeons, Lower Canada, &c. &c. London: Henry Renshaw. From the Author. Pp. 397.

We must apologise to Dr. George D. Gibb for our delay in noticing his excellent treatise on hooping cough, yet we have some consolation for our sin of omission in the perusal of the many complimentary reviews made of it in the British journals. We have read through the work with attention and gratification. The subject is ably handled—admirably divided into chapters, and the author shows an almost incredible amount of literary research; what is more, as you read, he seems to talk; and yet, from one end of his work to the other, you meet with nothing but a series of quotations. The doctor has shown a very happy knack in making use of his predecessors; but we must also compliment him on his equally happy knack of leading his readers on from page to page, quoting authority after authority, without in the least losing sight of his subject, or wearying the mind of his reader. In few words, we must say that Dr. Gibb has not only hit upon a very happy subject wherewith to make his debut in the medical literature of the day, but he has handled it well. Whoever wishes to know what any one has said, written, or thought of, on hooping cough, cannot do better than possess himself of, and read Dr. Gibb's work. He has divided the subject into nineteen chapters, which embrace everything connected with the disease, commencing with a general summary of the anatomy of the lungs, bronchial tubes, air cells, and nerves of respiration, also touching on the physiology of the respiratory nerves. He then gives the history of pertussis, with the various opinions thereon. Next comes his statistical review of mortality, which he extends over England, Ireland, Glasgow, Sweden, other parts of Europe and North America. The disease itself he admirably delineates, by dividing it into three stages. After that, he introduces his reader to the very many complications; but under this head we do not think the doctor has been sufficiently explicit in impressing on the minds of his readers, that *complications* are not necessarily accompaniments to the



disease, and that, however many and various they may be, they only contribute towards the aggravation of the case. Pertussis is pertussis, but bronchitis, pneumonia, or hydrothorax, do not constitute pertussis. They certainly form very unhappy amalgamations with the disease, but then it is for the physician to modify his treatment according to circumstances. The tenth chapter is devoted to conditions which are left as the sequelæ of pertussis. This is a very important chapter, and is very ably treated, yet, from our own experience, we are not quite satisfied with his allusion to asthma. He seems to have laid too much stress on extraordinary terminations, whereas asthma is one of very common occurrence. We had an opportunity only a few days ago to see a case at the Montreal General Hospital, brought before Dr. Arnoldi, of a young girl, only eleven years of age, in whom all the symptoms of a very aggravated form of asthma were *loully* developed, and her history proved it to be the sequelæ of whooping cough she had had four years before. The eleventh chapter is occupied with the *pathology* of pertussis, and although we cannot altogether agree with the doctor, or with his quoted authority, Dr. Alderton, in considering the disease to consist of *dilatation of the tubes and air cells of the bronchi*,—we admit the chapter to be very interesting and well compiled; but we cannot pass this over without asking *why effect* should be adduced as *cause*. Dr. Gibb has taken a very great deal of pains in getting up the long list of remedies which have been from time immemorial used and are yet used. His experience does not seem sufficiently great to endorse the bold opinions of many authors he quotes, against the use of antiphlogistic emetics. We can help him in this matter, and decidedly condemn the emetic system. Dr. Arnoldi's practice is that which all who have witnessed his success should follow, viz., besides the nitric acid, allow the patient the free use of the lungs, by supplying him or her (as the case may be) with plenty of fresh air, and good nutritious food. We have been really astonished with the success of Dr. Arnoldi's treatment in asthma, with the nitric acid; but what we have seen is not equal to a case which he quotes of a Captain of the ——— Regiment, who, from 8 P.M. to half-past 1 A.M., took ʒv. of concentrated nitric acid, and packed up his trunk, in a perfectly convalescent state next day at half-past 6 A.M., to leave for Quebec.

Take it all in all, Dr. Gibb deserves very great credit for the work he has produced. It is decidedly the best compilation extant on the subject matter of which it treats, and is a credit to him for having brought it out so soon after his leaving the home of his birth and study. If Dr. Gibb continues to devote himself to medical literature, and takes up another subject with the same display of literary research, he will establish him-

self as a medical author of the first standing, and an everlasting monument of the status of medical education which could be obtained in Montreal in the fourth decadal period of this century.

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LXVII.—*Principles of Comparative Physiology.* By WILLIAM B. CARPENTER, M. D., F. R. S., F. G. S., &c. &c.

Man in his origin, to all appearance, differs in no respect from the simplest plant or animal. A simple nucleated cell, which reproduces similar cells, is the first advance from the germ or starting-point. An accumulation of cells next takes place. These cells soon exhibit various dispositions which establish differences among them, although microscopically they present identically the same appearance. Some of them seem capable of selecting from the nutritive fluid only those elements which are necessary to the construction of the osseous portion of the frame. Others again will only elaborate muscular fibre; others nervous tissue, and so on. It will be observed, then, that all the cells in the human body, no matter how diversified soever their functions may be, have their source and origin in the single primordæal cell. This favors the idea of one force, of which the vital phenomena are so many separate manifestations; the differences being caused by some peculiarities in what Dr Carpenter terms the "material substratum" through which the force operates.

As the nervous exhibit more markedly than the other vital phenomena the relations of the vital force to the different physical forces,\* we shall then proceed to illustrate more particularly this part of our subject. The nervous system consists essentially of two distinct structures—the vesicular or grey, and the fibrous or white. The vesicular substance is composed of cells, and is found only in certain portions of the nervous system, such as the brain, spinal chord and ganglia. These portions have received the name of *nervous centres*, from the belief that they are the generators of nervous energy, and that they receive all the impressions from the extremities of the nerve which impressions they dispose of in various ways. So necessary to the development of nervous force do some physiologists consider the presence of cells, they are of opinion that either cells or cell-nuclei are the agents in the origination of nerve force at the peripheral extremities of the nerve-fibres; although, up to the present, no such cells or cell-nuclei have been demonstrated. The

*fibrous* or white substance enters into the composition of the nervous centres—connects the different centres, and forms exclusively the nervous chords which are distributed to all parts of the body.

So long as no stimulus is applied to a nerve, the *vis nervosa* remains in abeyance; or, in other words, so long as the nervous matter is not acted on by forces physical or mental, there is no development of nervous force. In the conditions necessary to produce muscular contraction, putting aside for the present mental agency, we have an exhibition of the dependence nervous force has on most of the physical forces for its origination. When a heated substance is applied to a nerve of any extremity of the body, the arm for instance, nervous power is generated, and the impression is conducted to the brain by sensitive fibres; or, according to the latest view, a *state of polarity* is induced in the molecules of the nerve at the point touched by the heated body, which is rapidly propagated along the course of the nerve and the brain; the mind takes cognizance of it—a mandate is instantly sent along motor fibres to the part, and contraction of the muscles necessary to remove the limb from the vicinity of the irritation ensues. Motion or mechanical irritation—chemical affinity—electricity and magnetism, will be followed, when similarly applied, by a like manifestation of the *vis nervosa*. It is interesting to remark that the nervous force employed in muscular contraction, is converted into muscular force; and this again into motion, heat, chemical affinity and electricity, thus establishing a perfect *correlation* between the *vital* and *physical* forces. With every muscular contraction motion must of necessity take place. Becquerel and Breschet found with the thermo-multiplier that when the biceps muscle was forcibly contracted, *one* degree of heat was generated; and when the contractions were continued for some time the heat increased to *two* degrees. There is always a loss of substance or disintegration of tissue with each muscular act, which substance is resolved into its original constituents; and as no chemical change can occur without a disturbance of the electrical equilibrium, chemical affinity and electricity, must be generated.

Of all the physical forces electricity seems to exhibit the most complete correlation with the nervous force. The analogy between the two is so marked, many distinguished philosophers have felt convinced of their identity. Sir John Herschel remarks, "If the brain be an electric pile constantly in action, it may be conceived to discharge itself at regular intervals, when the tension of the electricity reaches a certain point, along the nerves which communicate with the heart, and thus to excite the pulsations of that organ." Mr. Abernethy threw out the suggestion that it might be the *materia vita*, the true vital principle. And it is related of Napoleon, that when Chaptal exhibited to him the voltaic bat-

tery in motion, he exclaimed:—"Voilà, docteur, l'image de la vie; la colonne vertébral est le pôle, la vessie le pôle positif, et la foie le pôle négatif." Numerous careful experiments, however, instituted by Muller, Matteucci, Todd and Bowman, and others, satisfactorily substantiate that no current of electricity can be detected passing along a nerve by the galvanometer while nervous force is being manifested in the production of muscular contraction. If a ligature be placed on a nerve, its power of conducting nervous force beyond the point of application is destroyed; but electricity passes on without interruption. If a portion of a nerve be removed, and the two parts connected by a conductor of electricity, nervous force generated above the section will not pass through the conductor to parts below; whilst electricity is readily transmitted by the conductor from one portion of the nerve to the other. The nerve fibre is not so good a conductor of electricity as the muscular fibre, and is far inferior in that respect to the metals. These facts are abundantly sufficient to establish the non-identity of the two forces. Nervous force, nevertheless, is capable of originating electricity. The electric fishes, as the *Torpedo* and the *Gymnotus Electricus* or electrical eel, are remarkable instances. In the *Torpedo*, the electric organs are largely supplied by branches of the pneumogastric nerve, a nerve which, curiously enough, has a more extensive distribution in man than any other of the cranial or spinal nerves. Those of the *Gymnotus* are supplied by 224 parts of intercostal nerves, derived from the spinal chord. That a connection with the brain is absolutely necessary to the generation of electricity in the organs apparently more immediately concerned in such generation, is evident from the following:—If all the nerves going to the electric organ be divided, no manifestation of electricity will take place. If the nerves leading to one side of the organ be cut, it ceases to develop electricity; but the other portion, which still retains its connection with the nervous system intact acts perfectly; and, if a portion of the organ be removed, the remaining portion continues to discharge electricity. A current of electricity cannot be detected passing along the nervous chord while the organs are actively developing and discharging electricity.

Electricity, on the other hand, develops nervous force. Independently of the excitation of nervous energy in the nerves of *common sensation and motion*, it calls into action the peculiar function of each nerve of *special sense*. Thus, if a galvanic current be passed through the retina, a vivid flash of light is immediately perceived. Ritter found that when it is passed through the auditory nerve, a distinct sound is produced; and the same observer remarked that when it is applied to the filaments of the olfactory, an ammoniacal smell is excited by the negative pole, and an

acid odor by the positive pole. Electricity produces sometimes an acid, sometimes a saline taste, when applied to the tongue.

From what we have said, our readers will perceive the great dependence which vital actions have on various physical agencies, for their origination and continuance. Whilst vitality is *essentially distinct* from all those forces which operate through mere inorganic matter, it appears to be convertible into, and replaced by them when it ceases to exist. Let vitality become extinct in a part or whole of the body, and how quickly does "decay's effacing finger" obliterate all the distinguishing features. No sooner has the dread influences of disease so changed the "*material substratum*" necessary for the manifestations of life—no sooner has the "breath of man left his nostrils," than a revolution of all parts into their original chemical constituents commences. The vital force is immediately succeeded by chemical affinity.

What is matter? What is mind? The greatest intellectual efforts have been called forth in attempts to arrive at satisfactory solutions of those two questions. Tomes innumerable have been written on the subject. Tomes replete with reasoning of the highest order, and thoughts of the deepest profundity. Tomes, nevertheless, too often defaced by acrimonious language and unjust recrimination. Materialism has been the bugbear of one class of enquirers. Spiritualism has been the derision and laughing-stock of the other—and why? Evidently because they have both allowed violent prejudices to warp their judgments. They have looked at the ultraisms of each other's belief, and formed their decisions accordingly. The spiritualist has too often formed his idea of materialism from the contemplation of the essentially gross views propounded by Voltaire and the French Encyclopedists, Helvetius, Diderot, and D'Alembert. With him materialism and infidelity are convertible terms. And truly so in keeping with his idea. But, unfortunately, the term materialism has been applied to some peculiar views held by great and good men; and, consequently, such views, and the enunciators of them, have been held up to public reprobation. Yet the views are strictly logical—in accordance with the truths of science, and not opposed to scriptural truth. The *name* has been the millstone around their neck. The most orthodox opinion would scarcely float with such a weight. Locke and Lawrence have been *ostracised* for holding so-called materialistic tenets. The former asserted that, independently of revelation, the immateriality of the soul could not be demonstrated—principles of philosophy failed to teach it. The latter, that from physiological research alone, we could not discover the separate existence of spirit. And yet both held the opinion of the immateriality of the soul. "I presume," says Locke, "it is not the idea of a thinking or rational

being alone that makes the idea of a man in most people's sense, but of a body so and so shaped joined to it; and if that be the idea of a man, the same successive body, not shifted all at once, must, as well as the same *immaterial spirit*, go to the making up of the same man." And Lawrence, in his reply to Abernethy, says:—"I say *physiologically* speaking, and beg you to attend particularly to this qualification; because the theological doctrine of the soul and its separate existence has nothing to do with this physiological question, but rests on a species of truth altogether different. These sublime dogmas could never have been brought to light by the labours of the anatomist and physiologist."

On the other hand, Materialists, so called, see in transcendentalism as it prevails at the present day, views as much opposed to, and subversive of, the teachings of an enlightened Christianity, as those put forth by the continental school of Materialists proper.

That there is within us something which *thinks* and *wills*, and that it can exercise these faculties independently of influences *ab extra*, will, we think, be conceded by all who have bestowed any, even the slightest, attention to the operation of their own mind. It is no less certain, we conceive, that in the present state of existence, relations of the most intimate nature exist between this thinking immaterial spirit and organized matter. Indeed, so necessary to memory and a conscious existence does this connection appear, many distinguished immaterialists have supposed that at death the soul takes its departure from the body in a subtle material vehicle; this vehicle having been its seat while it remained in association with the material body of the man. Mr. Wollasten, Dr. Hartley, Cudworth and Dr. Clarke, held this opinion amongst the moderns: The Pythagoreans and Platonists taught it among the ancients. The mind, from the nature of its relations with nerve-force, may be looked upon as one of the dynamical agencies which are capable of acting on matter. This view is not inconsistent with the idea of its being an entity essentially distinct from the *material substratum* through which it manifests itself. Nor does it suppose an identity between it and any of the other forces. It merely expresses that mental power is one link in that chain of forces which operate throughout the material part of the universe. For this force does not act blindly as the other forces which produce the same effects, all other things being equal, when called into action. There is associated with it a *self-determining power* or *will*, which may indeed be suspended, but which acts independently of and frequently in direct opposition to all promptings from without. The suspension of this *volitional power*, which is one of the strongest proofs of its existence, is seen in cases of somnambulism, and that peculiar state into which a person is thrown when he is said to be "biologized" or

“mesmerised.” In these conditions the mind acts automatically, following out those trains of thought, and those only, which are suggested to it from without.

Nervous energy is the intermediate force between the various physical and vital forces on the one hand, and the psychical force on the other. It has been arranged by the All-wise Creator that the energy of the nerves of special sense shall be excited by certain modes of force, and that the changes which the impressions make on the vesicular matter, when transmitted to the cerebrum, shall excite psychical action, and perceptions differing in kind result. Thus light, so long as it is present, excites the energy of the optic nerve—sound or motion, that of the auditory nerve—taste or motion, that of the gustatory nerve, and so on. And we know that it is through these channels, as well through the nerves of common sensation, the mind originally acquires one class of perceptions; the perceiving power being a manifestation of psychical force. From what is observed in cases where one or more of the senses are wanting, as in the congenitally blind or deaf, we have evidence of the importance of innervation to the development of psychical power. It is quite conceivable that, if the functions of the nerves could not be called into operation in a human being born into the world with a nervous system complete, there would be no manifestation of mind, not on account of the absence of the *divina particula aura*, but from the want of that force by which it maintains its relations with the external world.

Voluntary motion often, though not always, originates in the mind. Volition, by the changes which it induces in the cell matter of the brain, causes a state of *polarity* of the motor nerve-fibres leading to the muscular structure of the part which the mind desires to move. This, in its turn, excites muscular force; the muscular fibre contracts, and motion is the result. The intensity and continuance of the nerve-force, and consequently that of the muscular force and motion, bears a strict ratio to the intensity of the volition. If the moved part be one of the extremities, the more energetic the *will* the greater the blow; the more intense the *volition*, the more powerful the kick. Emotional conditions of the mind affect the vital processes of secretion and nutrition, and produce muscular action independently of the act of volition. The tears which freely fall unbidden, as we gaze on the cold calm loveliness of the shrouded form of one—but once too dear; and

“The tear most sacred, shed for other’s pain,  
That starts at once—bright, pure from pity’s shrine,  
Already polished by the hand divine.”

The attenuated form—the hollow cheek and sunken eye, which mark the sad victim of blighted hope, the one who “has never told her love,

but let concealment like a worm i' the bud, feed on her damask cheek<sup>r</sup>—are illustrations of the influence which mental emotions have over the secretive and nutritive actions. The knitted brow and compressed lip of anger; the beaming smile of joy; and the trembling limb and quivering lip of fear, show their effects on muscular movements.

We should like much to exhibit more fully the relations of mind to the other forces, but we must draw our remarks to a close. In the few illustrations we have brought forward, we have seen the interdependence of the various physical and vital forces, and the relations which exist between these forces and Mind. We have seen that force is never lost; that so soon as it ceases to exist in one mode, it manifests itself in another. It may here be asked, then:—If mind be one of these dynamical agencies, what becomes of *it* when the material substratum through which it acts is so altered as to prevent its manifestations—in other words, when death ensues? There is a point in all enquiries relating to mind, beyond which man's unaided reason cannot penetrate. "Hitherto shalt thou go and no further," is the inexorable decree. Some proud spirits, baffled in their attempts to explore the inexorable, too often, alas! take refuge in presumptuous doubts. Others, more wisely, seek in the volume of inspired revelation the information which mere reason fails to impart. We would answer the question thus:—Mind, in its present association with matter, may be studied in its relations with nerve-force, and through it with the various other forces which operate throughout the material part of the universe; but the determination of its *nature* and *destinies* cannot be arrived at by mere scientific investigation. The Creator of Mind as well as matter, has said, however:—"Then shall the dust return to the earth as it was; and the spirit shall return unto God who gave it."

*Whence* are these forces, and *what* are they? They are, says the Pantheist, the rhythmic development of the soul of the universe—they are *solely* and *essentially* the Deity. We need scarcely direct the attention of our readers to the fact, that *this* identification of the Great First Cause with the causes of the phenomena of nature, inasmuch as it ignores the personality of the Supreme Being, is a fearful error. Force is doubtless an emanation from the Divine *Will* which, operating through various forms of matter, manifests itself in heat, light, electricity, gravitation, growth, nervous force, &c., as the case may be. Here we recognize the omnipresence of the Deity—that all pervading Divine agency which sustains the life of the minutest microscopic animalcule, as well as the highest and most complex animal; which causes the sun to shine, the rain to descend, and vegetation to spring forth; which clothes the tree with luxuriant foliage, and tints the flower with beautiful hues;



which marks out the path of the planets, and regulates the succession of the seasons. In the wonderful adaptation of means to ends, observable on every hand, the universe proclaims the existence of a *conscious intelligence*, which has arranged all, and which supports all, and thus furnishes important proof of the personality of the Supreme Being.

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**XXIII.**—*Six Lectures on Syphilitic Infection and Syphilization.* By HENRY LEE, F.R.C.S., Surgeon to the Lock Hospital, London. From Dr. Gibb, of London.

These lectures embrace a discussion of the following topics:—Infecting and non-infecting sores; local syphilitic diseases; inflammatory bubo; different modern processes induced by syphilitic infection; syphilization; syphilization applied to man and animals; syphilization. They will be found to be interesting and deserving of a careful perusal. We hope some of the enterprising publishers in New York or Philadelphia may be induced to favor the reading physician with a reprinted copy, as unless others have as considerate and attentive a friend as we have in London, they will be debarred from a ready attainment of Mr. Lee's lectures.

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## CLINICAL LECTURE.

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*On the Use of Alkalis in Acute Rheumatism.* By GEORGE BUDD, M.D., F.R.S., Physician to King's College Hospital.

(*The Medical Circular.*)

One of the last lectures of Dr Budd, on Acute Rheumatic Fever, seems to us of unusual interest, the treatment of this disease, as we have observed it at King's College Hospital, being so satisfactory and novel. Dr Budd, after going into a description of the ordinary phenomena of rheumatic fever and rheumatism, dwelt on one of the more formidable and common results of rheumatic fever, namely, diseased heart.

"The frequent occurrence of this complication of rheumatic fever was now so well known, indeed, as to require only to be stated. He thought, in one half of the cases—nay, more—three-fourths of the cases of rheumatic fever coming into King's College Hospital, they found severe disease of the heart. It may occur," said Dr. Budd, "at the onset, or still later in the disease; but as a general rule, it will be found

to run parallel, so to speak, with the fever and constitutional derangement. We find the deposit from the blood or inflammatory result, under two chief forms; first, and most formidable, deposits of lymph—beads of lymph, so to speak, on the edges of the valves of the heart, of the left side particularly, impeding more or less its normal functions. These effusions, or beads of lymph, are the result of a peculiar increase in the fibrinous portions of the blood. These deposits give us the stethoscopic signs of diseased valves. We have next, effusion into the sac of the pericardium, with so-called pericarditis: and very often also inflammation of the contiguous pleura. Now, I think, if you will watch the cases in the wards," continued the lecturer, "these of Dr. Todd and mine, that you will find at least three or four cases of rheumatic fever, with diseased valves and bellows-murmur; to one case of deposit on the exterior of the heart with friction-sounds. This is a very useful and practical point to keep in mind. Any disease of such delicate parts as the valves must be more serious, as leading to permanent organic disease, and cannot too soon engross our attention.

"Now, as to rheumatic fever, what do we generally find? Very frequently you will not discover all that is in books; but pain and palpitation, if inquired after, are generally found; pain of an obscure, dull character, over the region of the heart; there is also that remarkable hurry of breathing, which betokens fever; in place of the respirations numbering as they should number, about 18 to 20, they are higher,—30, or even double the normal amount—when the valves take on the disease. With this rapidity of breathing we have what is called a single bellows-sound with the first sound of the heart; in other words, a systolic *bruit*, very well marked. This sound, in contradistinction to the friction or rubbing-sound is best heard at the apex of the heart, the rubbing-sound ending, and very possibly will be heard only for two or three days, and then ceases when adhesion takes place, the valvular *bruit* still audible at the apex. The point I would next wish to draw your attention to, is the great tendency to relapse observed in rheumatic fever. The patient, the chances are very many, will tell you he has had rheumatism before—aye! may be two or three, or even four times. Rheumatic fever, it must be confessed, is a very obscure disease; it is more common in London than in the eastern parts of England. It is evidently modified by climate; it is more common amongst men than women, it seldom occurs beyond the age of 30, the chief tendency to the disease existing between the age of 15 and 30. Some persons of a thin, ligamentous development of body are peculiarly susceptible of it, and the most frequent cause seems to be damp combined with cold.

"We now come to the essential question of *Treatment*. This at King's College Hospital, after treatment of various kinds, I find to be best under the form of large doses of alkalis. I usually prescribe the bicarbonate of potash (gr. xii ad gr. xv,) with the nitrate of potash (gr. v,) every four hours; or if we put it in technical language, it will be

R—Potassæ bicarb. - - - - ʒi  
Potassæ nit. - - - - ʒi

Tere simul bene et in part. iv divide detur i horâ quartâ quâque.  
I know no plan of treating acute rheumatic fever at all equal to this; it

suggested itself to us from the large amount of acid in the system. I think it as successful, if not more so, than any other plan tried in University College Hospital. It is quite as remarkable how the symptoms yield according as the urine becomes alkaline. You will find, where many joints are effected, that the urine is extremely acid. You will do well to keep the bowels also well opened, as mal-assimilation assists the rheumatic diathesis; colocynth extract, and a little blue-pill, or a saline cathartic mixture, according to circumstances, should be prescribed. Another medicine of great value in rheumatic fever, and one which you cannot do without, is opium; you will find your patient with rheumatic fever gets worm out if you do not give him a moderate draught containing morphia or opium at night. You must take care and economise your patient's strength; take care he is not worn out, for in all such patients rheumatic fever is much more difficult to cure. I find it necessary to keep up the strength very often, and then we order a mixture of decoction of cinchona and the alkaline carbonates as before,—a mixture perhaps not very chemical, but still very useful: indeed, most eminently so, in restoring the "tone" of the system as well as the appetite and strength.

"There is another subject now on which I wish to speak—namely, *local* treatment; this is a point, perhaps not sufficiently attended to: it has been found that the joints of the body most exposed, such as the wrist, ankle, knee, &c., are more liable to rheumatic inflammation than the shoulder or hip well covered with muscles. Accordingly, it is found useful to take the hint, and in this hospital we envelope the limb in oil silk, and cotton wool; we also find a warm alkaline fomentation—half an ounce of carbonate of potash to a pint of water gives very considerable relief. There is another application I have great faith in—a small blister, not placed *on* the joint, but *above* it, between the joint and the heart; it seems to act by drawing off the inflammation from the joint to the parts above it, so as not to be aggravated by motion,—mind the blister is *above* the joint, not at all over the joint. A blister may be said to be lowering, but rheumatic inflammation is much more lowering; finally, if there should remain chronic thickening of joints, I order the iodine paint. I will now read for you two or three cases out of the hospital book, just gone out cured, illustrative of what I say, and then speak of diagnosis. And, first, from gout—in gout there is more effusion—the skin also is more darkly red, almost mahogany-colour. Gout proverbially attacks a different class of persons, chiefly above thirty years of age, the *bon-vivant*. We have two cases, however, of gout now in hospital, but one is a man who has had delirium tremens over and over again. There is another disease, viz., gonorrhœal rheumatism; here one or more joints are affected, but you will find less fever, pulse not so high; you will find it also a most protracted and troublesome disease; it may last for three or four months. Again, you must not mistake syphilitic periostitis; the pains here are not in the joints, but in the shafts of the more exposed bones, with nodes and other chronic secondary symptoms. Iodide of potassium is the chief remedy. I know no remedy, however, for gonorrhœal rheumatism,—perhaps a blister above the joints is best with extensive discharge, cut off the scurf skin of your blister, and dress

the latter with green ointment; in ordinary rheumatism, however, I should not, nor do I ever, remove the scurf skin, but dress the blisters—two, or three, or four perhaps with simple cerate. I mention these few points, as really a very great deal depends on them.

## THERAPEUTICAL RECORD.

(*British and Foreign Medical and Chirurgical Review.*)

*Cold as an Anæsthetic Agent.*—Dr. Wood (*Amer. Journ. of Med. Science*, July, p. 287) has used cold as recommended by Dr. Arnott. In most cases it met his expectations, but in the others entirely or partially failed. Its use is said to be restricted to the minor and superficial operations.

*Coryza. Opium Fumes.*—In those cases of coryza which are attended with severe pains in the nose and frontal sinuses, Dr. Lombard (*Bull. Gén. de Théor.*, Aout) has used with great success the fumes of partially burnt opium. The patient medicates himself by throwing on a slip of metal heated in a lamp a few pinches of opium powder, and then inhaling strongly so as to draw the fumes up the nose. A grain and a half or two grains of opium may be used each time.

*Croup. Tracheotomy.*—M. Guersant (*L'Union*, 3 Juillet) gives the statistics of tracheotomy in croup at the Hôpital des Enfants Malades. Up to 1850 the mean numbers of operations were ten (annually); in 1851, there were twenty-five; in 1852, there were thirty; and in 1853, there were sixty. Of 161 children operated on, thirty-six were saved, or one in five, and Guersant believes that this fortunate result would have been still more marked, had the operations been performed earlier in the disease than was generally the case.

Dr. Archambault (*L'Union*, 8 Juillet) relates two cases of croup, arrived at the last stage, in both of which the operation was completely successful.

*Delirium Tremens. Tartar Emetic.*—Dr. Peddie (*Monthly Journal*, June,) discountenances the treatment of opium, and recommends, from an experience of 80 cases, the use of tartar emetic, in doses of from one-quarter to one-half of a grain every two hours. If the bowels are not opened by this remedy, compound jalap powder is given. The patient is not to be restrained by mechanical means, and light is freely admitted into the room, as by its means optical delusions are prevented.

*Diarrhœa. Subnitrate of Bismuth.*—M. Trouseau (*L'Union*, Aout) recommends injection of subnitrate of bismuth suspended in water. It is used with excellent effect in the case of children as well as of adults. For children, about half a drachm is diffused through a little water, according to the age. *Syrup of Poppies and Lemon Juice.*—M. Yvaren (*Rev. Méd. Chr.*, Juin) recommends in diarrhœa, especially in children, and in autumnal cholera, the following preparation: In a pint and a half

of water he boils a poppy-head, with one and a half or two ounces of gum arabic, for fifteen minutes; he then strains the liquid, squeezes in the juice of two lemons, and sweetens sufficiently with sugar. A pleasant beverage is formed, which, according to the age of the patient, is administered in greater or less quantity.

*Digitalin.*—Dr. Lange (Deutsche Klin. and Schmidt's Jahrb., No. 7, p. 26) has employed digitalis in intermittent fever and in dropsy. In six cases of the former disease cure was not effected in a single case, even after eight to ten days' use. In dropsy, diuresis was scarcely ever observed; in one case of general renal anasarca, after eight days' use of the remedy, there was for forty-eight hours some increase in the flow of urine, but this then disappeared. In three cases of cardiac dropsy the heart's action was lessened in one (after 1-60 grain doses every three hours), but there was no diuresis, although the specific effects of the digitalin were thus evident. In the two other cases there was no diuresis whatever.

*Dropsy (Ovarian).* *Iodine.*—Dr. Simpson (Monthly Journal, May) refers to seven or eight cases of ovarian dropsy in which, after tapping, tincture of iodine (two or three ounces) has been injected in the sac. In two or three cases the disease seemed arrested, but in the others this was not the case. No great pain followed the injection, and no febrile symptoms, except in one case.

*Eczema.* *Traumaticine.*—Under the name traumaticine, Eulenberg (Allg. Méd. Centralzeitung, and L'Union Méd., Juin) has employed in a case of chronic eczema, and in one of speriasis, a solution of gutta percha in chloroform. The solution is painted on daily, and a thin pellicle forms, which is of course gradually detached.

*Epilepsy.* *Oxide of Zinc.*—The oxide of zinc, so strongly recommended by Herpin in epilepsy (see No. 22, p. 409), has been tried both by Moreau and Delasiauve (Traité de l'Epilepsie, p. 373). Moreau experimented on 11 patients, and rigorously observed Herpin's instructions, but the results were completely negative. Delasiauve's experience, on a still larger scale, is to the same effect. In reference to the employment of the oxide of zinc, we may mention the interesting observations of Michaelis (Archiv für Phys. Heilk., 1853), who, in experiments on animals, found the zinc in the liver, bile, blood, spleen, lungs, heart, brain, and urine. The oxide appears to be dissolved by the lactic acid in the stomach; it should, therefore, not be combined with magnesia, which would neutralize the acid.

## PERISCOPE.

*Traitement des inflammations par les enduits imperméables* (Robert-Latour.)—Le point de départ de M. Robert-Latour est cette belle découverte de Fourcault, que, si l'on soustrait par moyen d'un enduit imperméable la peau d'un animal à sang chaud à l'action de l'air atmosphérique

phérique, la température de cette animal ne tarde pas à diminuer jusqu'à ce qu'il succombe. L'action immédiate de l'air sur la peau est donc nécessaire pour le développement de la chaleur animale. D'un autre côté, l'ascension locale de cette température étant le phénomène initial de l'inflammation ; l'auteur a été conduit à penser que, si l'on débarrassait au contact de l'air les parties enflammées, on devait éteindre le travail morbide ; c'est ce que l'expérience a confirmé. Le moyen dont se sert M. Robert-Latour pour mettre la peau à l'abri du contact de l'air, c'est le collodion additionné d'huile de ricin et de térébenthine, d'après la formule suivante :

Collodion. . . . . 30 gram.  
Térébenthine de Venise. 15 décigr.  
Huile de ricin. . . . . 5 —

Le collodion est étendu sur la partie malade au moyen d'un pinceau : il faut avoir le soin d'en passer une couche assez épaisse pour qu'elle résiste, et l'on doit dépasser en tout sens les limites de l'inflammation. Les maladies contre lesquelles l'auteur a employé ce mode de traitement sont nombreuses : l'érysipèle, le zona, les lésions traumatiques ; les brûlures, le rhumatisme articulaire aigu, la péritonite, l'ovarite, la pleurésie, etc., sont de ce nombre. Il rapporte quatre-vingt-huit observations, dans lesquelles ce moyen a été constamment suivi de succès. Depuis que M. Robert-Latour a fait connaître ces résultats, d'autres médecins ont recueilli des faits qui prouvent l'utilité des enduits imperméables ; c'est ainsi que M. Blache a vu une inflammation de la mamelle, au début, disparaître rapidement par l'usage des applications du collodion. L'expérience paraît donc se prononcer en faveur de ce traitement ; mais est-ce bien à la diminution de la chaleur animale qu'il faut attribuer les heureux effets des enduits imperméables ? Là commence le doute ; peu importe d'ailleurs l'explication, si l'action thérapeutique du moyen employé est réelle.

*Tartre stibié à faible dose contre la phthisie et le catarrhe, (Bernardeau).*  
—Pr. Tartre stibié, 5 centigr ; Extrait de réglise, 6 gramm :

A diviser en 25 pilules.

Trois par jour, jamais plus de six dans la même journée. Souvent une première préparation de 25 pilules peut amener une amélioration notable telle, que le malade se croit guéri. Du reste, si on la renouvelle, j'engage à mettre quelques jours d'intervalle entre la première et la seconde.

J'ai déjà insisté dans plusieurs de mes écrits sur l'utilité du tartre stibié à faible dose pour combattre plusieurs affections pulmonaires chroniques ; les dernières éditions de mon Formulaire contiennent plusieurs formules pour atteindre ce but.

*Traitement des verrues par le carbonate de magnésie à l'intérieur.*— En 1852, M. le docteur Lambert, de Hagueneau, a rapporté dans le *Bulletin de thérapeutique* l'observation d'une fille dont les mains, couvertes de verrues, s'étaient dépourvues de ces excroissances épidermiques par suite l'usage journalier d'une faible quantité de carbonate de magnésie qu'il lui avait ordonné pour combattre un pyrosis dont elle

était atteinte. Rendu attentif par cette observation, M. Lambert ne fut pas longtemps sans vérifier l'observation de cette femme, et il conseilla le même remède à la dose d'une cuillerée à café matin et soir, chez une demoiselle qui portait quelques-unes de ces végétations: quinze jours suffisent pour amener la disparition de toutes ces verrues.—Nous trouvons aujourd'hui dans le *Heraldo medico* une nouvelle observations de M. E. Rodriguez y Espinosa qui confirme pleinement celles de M. Lambert. Une demoiselle de dix-sept ans, d'une belle santé, désirait vivement voir ces mains débarrassées des nombreuses et anciennes verrues qui les recouvraient; le carbonate de magnésie lui fut ordonné à titre d'essai. Le traitement fut commencé le 7 juillet: la malade prenait matin et soir une cuillerée à café de magnésie; le 24, c'est-à-dire dix-sept jours après, toutes les verrues avaient disparu. On avait consommé un peu plus d'une demi-once de magnésie.

#### ENGLISH.

*Ergotine.*—According to Bonjean, Ergot contains two active principles, essentially distinct and constant in their effects, to wit: an active poison and a powerful and useful remedy; the first is an oil, very soluble in cold ether, and insoluble in boiling alcohol, and in which exists the toxicological properties of Ergot; the second he denominates Ergotine, which is a dark red extract, very soluble in cold water, and possessing in the highest degree the precious obstetrical and hæmostatic properties that it has always been acknowledged Ergot possessed. The very different nature of the two products of Ergot permits their easy separation, and we are enabled to obtain the remedy entirely free of the poison. Thus then does the oil of Ergot and Ergotine contain in themselves all the properties, whether medicinal or toxicological, of Ergot, and it was for this discovery that the Pharmaceutical Society of Paris honored Mr. Joseph Bonjean with a gold medal, at their meeting on the 21st of Dec. 1842. Ergotine has been generally considered as one of the most useful acquisitions that has for a long time enriched therapeutics. The good results that are obtained in affections against which medicine has frequently been ineffectual, has already spread its use in different regions of the globe, and every day practice confirms the marvelous properties that its author attributed to it from its first discovery. Ergotine is one of the most powerful specifics known against hemorrhages in general; it is equally approved of in metrorrhagia and bloody flux, in epistaxis, and in spitting and vomiting of blood, and hæmaturia, &c. It has also been employed with good results in cases of spermatorrhea, and in troublesome periodicals, vomitings of blood, and in diseases brought on by a deranged state of the nervous system, and that have resisted other remedies. Moreover, it promotes uterine contractions, and causes to cease the hemorrhages that succeed parturition; as well as prevents them when administered some time previous to this event. Ergotine presents an immense advantage over Ergot in the quantity that can be administered at discretion in a dose, without the fear of resulting in any of those accidents that is caused by Ergot taken in its natural state. Dr. Chevally, professor of medicine in Chambéry, administered

five drachms of this extract in the space of five hours to a woman who would infallibly have succumbed to a most terrible attack of metrorrhagia, if it had not been for this auxiliary, which in two days afterward was completely suppressed, and the woman finally recovered. After this, many celebrated doctors have endeavored to extend the use of this remedy, and to this end Dr. Arne, of the Paris Asylums, has used it with happy effect in some chronic affections of the uterus. Dr. Sacchero and Teissier, professors of medicine in the University of Turin, Dr. Mosea, and some other practitioners connected with hospitals of the same capital, have used it with happy success in chronic and acute pain, from which we conclude that Ergotine has direct action on the mucous surfaces, when found in a state of super-excitation or active hypercæmia; it is also useful in dry and obstinate coughs with or without spitting of blood, which so often accompanies consumption. Dose from 20 gr. to 1 oz., according to circumstances; given in pills or solution.

*Mode of Preparing Ergotine.*—Powdered Ergot one pound, and as much water as it will absorb (cold water), and allow it to stand for 12 hours; then place in a porcelain or glass percolator, and pour over it successive portions of cold water, until the menstruum passes through the mass colorless; the liquid thus obtained is to be evaporated by means of a water bath, unto the consistence of an extract. This extract is the Ergotine of Bonjean.—*Phil. Med. and Surg. Jour.*

#### GERMAN.

*New mode of treating Dropsies.*—A very important method of treating dropsies has been submitted to the profession by Dr. Serre of Alais. This consists (1) in withholding all sorts of drinks excepting, (2) thrice daily *milk soup*;\* immediately after, (3) *an onion*. Whatever the cause of the dropsy may be; whether scarlet fever, Bright's disease, disturbance of the circulation, and so on, the result is ever equally astonishing. At the end of eight days, there is a marked improvement on the general symptoms; in 14 days a rich secretion of urine, and in 30 complete recovery. Within the last five years Dr. Serre has cured upwards of 60 cases by this method, among whom were many, who had been afflicted with the disease for a long period, in spite of every means used for their relief. It had, indeed, been hitherto employed in certain solitary instances, but until recently, quite empirically, and as it were, by chance. Three indications seem to be fulfilled by its use, (1) to draw towards the urine secreting organs, material from without; (2) to rouse them to activity, and (3) to bring increased nourishment to the body.—*Medicinische Neuigkeiten for June.*

*Radical cure of Hydrocele.*—In the University Clinique in Berlin, Professor Langenbeck has lately used an injection of chloroform, instead of iodine in this affection. As yet the hydrocele have not been reproduced. One to two drachms is the quantity he uses—the pain is less severe than what attends iodine injections, and, in Langenbeck's opinion, incomparably superior.—*Erlangen Wochenschrift.*

\* German milk soup is made by grating finely white bread, adding q. s. of pepper and salt, and afterwards boiled milk—letting it stand till cool.—(Translator.)



*Variola and Vaccinæ identical*.—From the much laboured and candid researches of Thiele and Ceely, it appears without doubt, that the virus of vaccine and variola are identical. A large number of cows, carefully inoculated with small pox virus, had pustules, resembling in every respect vaccine lymph—which being again transferred to the human species, produced the vaccine pustule.—*Deutsche Zeitschrift f. Staats arzneikunde.*

## The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

### DIARRHŒA BEFORE CHOLERA.

We have had upon our shelf for some time a pamphlet which should have been earlier noticed. The pressure of other duties has hitherto diverted our attention from it, but we now proceed to make the *amende honorable*. The publication referred to is written by Dr. Macloughlin, an Honorary Member of the Royal Irish Academy, &c., and is intitled, "A Result of an Inquiry into the invariable existence of a præmonitory Diarrhœa in Cholera." This subject was specially brought under the notice of the Registrar-General in a series of communications. Dr. M. has been unsparing in his exertions to determine the occurrence or not of diarrhœa anterior to cholera, and after a laborious investigation, has been led to the popular belief that diarrhœa invariably precedes cholera. The chief inducement prompting Dr. M. to the task he imposed upon himself, was the circumstance that the Registrar-General reported several cases of cholera as having taken place without the customary antecedent. Unsatisfied with the *ipse dixit* of even so high an authority, Dr. M. inquired for himself. He visited the house in which the death had occurred, and closely scrutinized the history of the case. In return he was repaid for his trouble by ascertaining that the case either had been wrongly reported, and that diarrhœa had pre-existed, or had not been one of cholera at all. We enter into these particulars from the insight they give us of the mode in which the official reports is prepared, and the general dependence that may be placed upon their veracity. As to the relationship between cholera and diarrhœa, we have to observe that our experience agrees with Dr. M.'s. In every case of the pestilence that has come under our notice, diarrhœa has been a forerunner; occasionally, however, the interval between its

supervention and the development of cholera has been so brief, that without close attention, the fact might have been overlooked. A similar remark, we think, might be made concerning the degree of severity presented by the premonitory symptom. In disputed points of this kind it is always necessary to have correct appreciations of the premises from which the argument proceeds. It is, therefore, in the present instance, proper that the import of diarrhœa should be clearly known. By almost common consent, we believe, the term diarrhœa is now restricted in its meaning to alvine evacuations of a simply feculent character. In view of which it seems unavoidable that diarrhœa should precede cholera, as in the evacuation of the contents of the intestinal tube the natural matters must precede the morbid, as the former are present prior to the formation of the latter.

#### PAYMENT OF MEDICAL WITNESSES.

We have received the following communication on the subject from Dr. Gilbert of Hatley. We are afraid his case is not a solitary one, and as the cause of complaint is urgent, it should not remain unnoticed. Unless some stand be taken by the profession in maintaining its position as regards justice and remuneration, it will continue to be insulted and degraded. Tame submission to oppressive jurisdiction will be misconstrued as perfect acquiescence in imputed fairness and liberality. The only redress lies in resistance, and all acts of aggression waged in spoliation of personal rights, must be met with determined opposition. The defence, however, must emanate from the injured party. Unless we protect ourselves, Hercules will not help us. But to Dr. G.'s letter:—

Hatley, E. T., 3rd November 1854.

I was much surprised on appearing as a medical witness, a short time since, at the Court of Quarter Sessions in Sherbrooke, to learn on applying for my expenses that the magistrates had been ordered by a Judge (Rolland, I believe,) to reduce the medical men's fees one half, and that on Dr. Johnstone of Sherbrooke, remonstrating with him on the subject, he had the impertinence to tell the Dr. that he thought medical men ought to render their services gratuitously to their country. I am sorry the Doctor did not ask him why medical men should be expected to do more for their country than Judges or any other class in the community. By your means as the professional organ of this part of the Province. I would wish to learn if such an act of tyranny can be perpetrated with impunity by any Judge at his pleasure; also, whether the curtailment has been extended over the whole Lower Province, or if it is merely some petty act of malice directed against one or more individuals in this vicinity. In either event, I believe, you will agree with me in thinking it a subject which ought to be taken up warmly and unani-

mously by the profession as if a single judge or even the whole of the Judges are allowed with impunity to curtail, as I consider, most unwarrantably a charge that has always hitherto been allowed, and this at a time when every other profession and trade are requiring advanced remuneration to meet the high prices of the necessaries of life, we had better at once banish from our thoughts all idea of constitutional Government and make up our minds to submit to autocracy. I had always imagined Judges were created to administer the laws and neither to make, amend, or alter them. I also had the impression that all classes of Her Majesty's subjects were entitled to something like a fair compensation for their trouble and expense in attending as witnesses either for Her Majesty or any private individual £1 3s. 4d. cy., with 1s. per league travelling expenses has hitherto been the fee allowed to medical witnesses, and certainly as the prices of necessaries now are this would be little enough in all conscience, at least I can answer for it in my own case, that at this rate of payment I should be a loser of at least £2 per diem. But to take a physician twenty or thirty miles from his practice and detain him four or five days or a week and then pretend to compensate him for his trouble and loss of practice by giving him 11s. 8d., per diem is a perfect absurdity, it is not sufficient to feed his horses. It should be borne in mind that almost every other calling can be carried on for a few days by deputy, but when a physician is called away his whole income ceases and not only that but when he returns all his patients will of necessity be in the hands of another practitioner, and he will perhaps be a week or two before his engagements become as numerous as usual. I am unwilling to suppose we are compelled to put up tamely with this aggression on our rights, and therefore beg to suggest through the medium of your columns that the profession be convoked, if not earlier at least at the next meeting of the Board of Governors for the purpose of adopting such measures as may be deemed expedient to vindicate our rights. I would suggest as one of the earliest measures, that a deputation of City Physicians residing near the seat of Government, should wait on the Provincial Secretary, and lay our case before the Government. Most assuredly if something be not speedily done in the matter the affair will not long remain as it is, for it is evident from his language to Dr. Johnstone, the Judge who cut down the fees one half intends, if we submit tamely to this, to repudiate entirely the payment of medical men ere long.

I remain, Gentlemen,

Your very obedient servant,

F. D. GILBERT, M. R. C. S. L.

In conclusion we have to state that we shall be happy to publish any other suggestions which will tend to awaken the profession to a perception of their just rights, and will open our columns for the insertion of any commo nmeasures that may be conjointly adopted on the *payment of medical witnesses*, or any other equally vital and urgent subject of professional polity.

*Physician's Visiting List for 1855.*—Every physician should procure the above useful pocket companion. The publishers have arranged the list for either twenty-five or fifty patients per week. It contains, with the cover, an almanac, a table of poisons and their antidotes, and blank leaves for a visiting list, memoranda, addresses of patients, accounts asked for, obstetric and vaccination engagements, &c. &c. Mr. Dawson will furnish the "List" to those who want it. Price half-a-dollar to one dollar.

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## CORRESPONDENCE.

### LONDON CORRESPONDENCE.—No. 4.

London, 3d Nov., 1854.

On the 2d of October the winter session of the various medical schools in the metropolis was ushered in by the delivery of introductory lectures. I had the pleasure of hearing that delivered at *University College*; by Professor Carpenter, and although prepared to hear something more than is given in an ordinary introductory lecture from one whom I claim to be a disciple of, I must confess I was not in the least disappointed. His lecture was clear and forcible in its language, strictly logical in its conclusions, scientific and learned in its general bearings, and marked the philosopher, the man of science and the scholar. His subject was *the relation between cause and effect*, and though perhaps too learned for junior students, the majority of his 300 hearers were persons quite capable of appreciating and understanding his discourse. His delivery is weak, and might be good if health and strength permitted; but to be a good lecturer, would require a greater sacrifice of scientific research than he would be willing to submit to. I found my way to the *Middlesex Hospital* in the evening, and listened to an excellent but short address from Mr. Shaw, one of the surgeons, previous to the distribution of a large number of very valuable prizes to young men who had distinguished themselves. This pleasant scene was terminated by a conversation associated with the dispensation of some of the creature comforts in the shape of tea and coffee, cakes, &c. This day is generally taken as a holiday by the majority of the profession in London, who help to swell the numbers at the various medical schools, and with the pupils, present quite an imposing and cheering appearance before the lecturers.

Coeval with these lectures are the meetings of the numerous societies. The oldest, the London Medical, held its first meeting on Saturday 14th

Oct., when a very large and influential meeting assembled to hear an opening address on cholera, from the president. I may occasionally during the winter refer to some of the subjects brought before this society, and also before the Pathological. The latter I have just joined; it is, without exception, the most practical, as well as the most interesting society in London, and numbers among its members all those who are strictly the laborers of the profession. I shall now resume my Hospital Reports.

*Orthopædic Surgery.* One of the most curious, and at the same time really interesting institutions in this metropolis, from the remarkable appearances presented by the patients within its walls, is the Royal Orthopædic Hospital, Bloomsbury Square. On various occasions have I availed myself of the kindness of its medical officers, Mr. Wm. Adams and Mr. Brodhurst particularly, to visit the hospital, and see their cases and operations. A large number of patients, presenting every variety of deformity, is here to be met with, (280 patients a-day, on the average,) from the simple club-foot to the complicated diseased spine. I witnessed thirteen various operations on the 19th July, by Mr. Lonsdale and Mr. Wm. Adams, on cases of talipes vulgus, equinus, and varus, some of them on very young children. Mr. Adams informs me that they seldom operate upon infants younger than the age of two months, and fourteen days are allowed generally to elapse before passive motion is employed at the ankle-joint. In talipes varus, Mr. Adams not only divides the tendo-achilles, but also those of the extensor muscles, to render the operation a certainty. Cases of club-foot have been operated upon here, successfully, in persons as old as 50 or 60; and I have seen patients approaching those ages in the wards. Lateral curvature of the spine appears to be a very common affection indeed, occurring in the persons of very delicate looking girls and young women; and the deformity is sometimes most extensive. These cases are submitted to mechanical treatment, and a large proportion are satisfactorily cured. When, however, the affection is distinctly scrofulous, the results are not so satisfactory. I saw two cases of torticollis under treatment; the success in that of one of them, in the person of a pale delicate girl, aged about 20, was really remarkable; the head and neck were drawn considerably towards the right shoulder, presenting an unhappy picture of misery; the fleshy portion of the sterno-cleido-mastoid muscle was cut across by the subcutaneous operation, and the head after some days was supported in a peculiar apparatus, tending to keep it upwards in an opposite position to that lately occupied; and at this moment, a great part of the original deformity has disappeared. Knock-knees, scrofulous affections of the knee,

contracted knees, bow-legs, and many other deformities are here presented to view under treatment. The climate of London and manner of life of a large number of the poorer classes, are especially favorable to the development of these surgical diseases; they are traced in many instances as sequelæ to the eruptive fevers—scarlatina and measles, and very frequently hooping-cough has its share in their development. Two cases of scrofulous curvature of the spine witnessed to-day (19th July), had followed upon successive attacks of the three diseases just mentioned. As regards medicinal treatment, iron and codliver oil are the remedies principally trusted to in many of these cases and they appear to be especially indicated from the pale and unhealthy look presented by this class of patients. As specialties appear to offer an excellent chance for attaining to a good position, and ultimately a good practice in large towns, not only here but in America, I cannot but believe, than any man who shall devote himself to the treatment of deformities in Canada, in some large city, like Montreal for instance, would be certain in the end to command more than an ordinary share of attention from the public.

*Removal of the Testicle.* A young man, aged 25 years, was admitted a few days ago into Bartholomew's Hospital, with the left testicle much enlarged, which he wished to get rid of by operation. Sixteen months before this he received a blow on this testicle, which was followed by inflammation and suppuration, with the subsequent formation of fistulæ, two of which are now visible (5th Aug.), and which permit of the passage of a probe to the centre of the body of the testicle. For the last fifteen months he has been an inmate of a military hospital, in which he received every care and attention, and was skilfully treated; he however left it to put himself under a surgeon of this hospital. As there were some obscure points in the history of the case, as the testicle remained permanently enlarged and was more or less soft, as there was a possibility of its turning malignant, and as the patient himself desired its removal, the operation was performed by Mr. Stanley on the 5th August. The patient being fully under the influence of chloroform, he first tied the spermatic artery of the diseased side, just on its emergence from the external abdominal ring; he then made a pear-shaped incision around the diseased mass, the apex of course above, and carefully dissected it out, with the piece of skin included in the incision, and the spermatic cord was cut across and the tumor removed; the testicle of the right side was seen to be quite healthy and normal in size. There was much bleeding, three small vessels requiring to be tied; the edges of the wound were drawn together by three stitches; a piece of lint wet with cold water was placed over the wound and the patient was re-

moved. On examining the diseased structure, the testicle was found to be greatly enlarged; and when a section was made of it by Mr. Stanley, a quantity of dirty pus escaped from an abscess in the very centre of its body, and which it was found could be reached by the probe through one of the fistulous openings. The proper structure of the gland was not destroyed, but in a short time would have commenced the disorganizing process; and under all the circumstances, its removal appeared to be the most judicious mode of proceeding. It might be a question with some whether the removal of a testicle similar to this one is a judicious measure; but when we reflect upon the time necessary for cure, the sufferings of the patient, and that the function of the gland itself is destroyed, it strikes me that the wisest and safest plan is the radical cure by operation, similarly to the case I have just recorded.

*Bare-lip.* It is pleasing sometimes to meet with cases illustrating the simplest form of a particular disease, which gives the fairest representation, in fact, of what a disease is expected to be from its name. The disease under notice, although by no means a rare one, is oftener met with in a complicated form, where the skill and ingenuity of the surgeon are taxed to the utmost in performing a satisfactory and elegant cure. One of the simplest fissures I have ever witnessed, was observable in an infant three weeks old, at King's College Hospital, on the 4th August; it occurred exactly in the median line of the upper lip. The child was given chloroform by Dr. Snow, when Mr. Fergusson performed the operation with his usual neatness and celerity, shaving off the edges of the fissure with a bistoury, and the rounded corners at the bottom, at either side. The edges were then brought together in exact apposition, and were transfixed by two long slender pins with porcelain heads, over which the twisted suture was made. Not a cry was uttered during the operation, which was completed long before the little patient had become free from the influence of the chloroform.

*Lithotomy, removal of a flat calculus.*—A case of stone, presenting nothing unusual in its general characters, was operated upon by Mr. Partridge, at King's College Hospital, on the 4th August. The patient was an elderly man, otherwise in good health and in prime of life. Chloroform being administered, and the limbs being tied up in the usual position for this operation, the staff was introduced and could be distinctly heard to strike against the stone in the bladder. The outlet of the pelvis was found to be narrowed by an approximation of both ischia, but that circumstance did not interfere with the steps of the operation which was beautifully performed in the usual manner with an ordinary scalpel, and the stone was removed with a small pair of forceps, but not with the ordinary facility in consequence of its peculiar shape, and its broad

axis being held within the grasp of the forceps; the whole operation, however, not exceeding three minutes. The calculus proved to be lithate of ammonia in its composition, it was of an oval form, but flat, three-eighths of an inch in thickness, and one inch and a half in length at its longest diameter. So unusually flat a calculus I have never before seen, although it has been my good fortune to have witnessed a great many operations for stone on both the young and old; still it is not by any means rare.

*Necrosis of carpal bones, their removal by operation.*—A lad aged 13 years met with an injury to his wrist about 15 months ago, which produced inflammation in the joint, and subsequent disease of the bones of carpus. This was followed by swelling, suppuration around the diseased bones and the formation of fistulae and sinuses on the dorsal aspect of the joint, through which a probe found its way to necrosed structures. He became a patient in Bartholinew's Hospital, and was brought into the operating theatre on the 5th August. Mr. Stanley observed that hitherto amputation appeared to offer the only resource in cases of this kind, but that on the present occasion he would endeavour to remove all the portions of diseased bone, so that a chance might be afforded of saving such an important part as the hand. Chloroform being administered, Mr. Stanley made a semi-circular incision on the dorsal aspect of the hand, commencing at the styloid process of the radius and bringing it round to the same process of the ulna, the convexity being towards the fingers; the flap was then carefully dissected back, when all the bones of the carpus were removed in fragments, in a necrosed state, with a pair of flat forceps. The lower ends of the radius and ulna were healthy, but the carpal ends of the metacarpal bones were sawn off and removed as they were implicated in the disease. There was much bleeding and the operation was a tedious one; the flap, which was very thick nicely filled up the cavity formed by the removal of the diseased bones, and was retained in position by three stitches. The forearm and hand were then carefully placed in a box splint, lined with a pad, and light bandage was applied over both, with a piece wet lint over the wound. The operation was satisfactory enough, and my friend Mr. McWhinnie (one the assistant Surgeons) informed me, that this was the first of the kind ever performed for the removal of diseased bone in this Hospital amputation having always been the invariable rule. Mr. Stanley spoke rather doubtingly about the operation, but there cannot be a question of its success if we take the numerous examples of such in the other large hospitals of London.

*The Cholera.*—At no period since the first advent of this disease, has so much been written upon it as at the present time, and notwithstand-



ing the immense mass of information (?) published in relation to it, specially, who is the man who can boldly declare what cholera is! The discussion at the London Medical Society upon the subject, which lasted two nights, was I may most truly say, utterly barren in its results, as to eliciting anything new or at all bearing upon the true pathology of the disease. Dr. Snow's doctrine, which is that of swallowing the cholera cells from evacuations of cholera patients, obtained in some unknown way from their bed clothes, &c., was again brought forward by its author. Fancy a person attending the death bed of one ill from cholera, assisting to rub his limbs, and his hands in contact with the fluid evacuations on the bed clothes; suppose this attendant to sit down and eat some bread and butter with his unwashed hands, he must be swallowing the cholera cells upon his bread and butter!!! Yet, though humorous this may appear, it is strictly in accordance with Dr. Snow's theory. Whatever the true theory may be, one thing is quite certain, and that is, as sanitary improvements are effected, in cleansing, draining, purifying and ventilating the alleys, lanes, courts, streets and houses, in different towns and cities, so does the cholera decrease and disappear. Impure air and exhalations which arise from filth appear then to be the principal causes. Next to these impure water, but it is the vitiated air in great measure which renders the water impure. Now if the deaths in London, during the recent epidemic be carefully analysed, the proportion occurring in the low damp grounds of the metropolis, and in filthy, badly drained and miserably ventilated parts of the city, will be found truly enormous and quite in accordance with what has been already stated, as compared with those in comparatively healthy and elevated parts of the city.

The deaths from Saturday the 26th August, the date mentioned in my last letter, to Saturday the 28th October, have been respectively for the 9 weeks, 1287, 2050, 1549, 1284, 754 411, 249, 163, and 66; and in the aggregate 10,596 persons have lost their lives by this disease in 16 weeks, exclusive of diarrhœa which has destroyed 2441, making a total of the 2 diseases of 13,037, about 50 to every 10,000 people. The eruption of 1849 broke out earlier than that of 1854 and destroyed 13,637 of the whole of London, exclusive of diarrhœa. The loss of upwards of 13,000 lives, within a few weeks, in the chief city of the empire, is an appalling fact, demanding the strict investigation which the Board of Health is at present devoting to it. The epidemic has now, I may say, totally subsided, and this week the number of victims will probably not exceed 20 in a population of 2½ millions.

As Dr. Corbetts name was mentioned in my last letter, I shall now merely state that he passed a most creditable examination at the College

of Surgeons on the 6th October; on the 12th he was examined by the Army Medical Board and on the 27th he was gazetted as an Acting Assistant Surgeon to Her Majesty's Forces. He immediately left for Chatham, and I believe he is now on his way to the East with many others. This intelligence will no doubt be gratifying not only to his many friends, but also to those who have been students of the Canadian Medical Schools, McGill College particularly. And it is with more than ordinary satisfaction, that I am enabled to state, that young men educated in the profession in Canada are looked upon by the corporate bodies here, as not in any way inferior to those who are educated in this country.

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## MEDICAL NEWS.

The corner stone of a Female Medical College, to cost \$125,000, has been laid at Richmond, Va.—At the Hampton Hospital for consumption, of only 90 beds, six hundred gallons of Cod Liver Oil are annually used.—Lord Raglan, in mentioning the names of the Officers who distinguished themselves at the battle of the Alma, says—"Dr. Hall, the principal Medical Officer, was in the field the whole time, and merits approbation for his exertions in discharge of his onerous duties."—The Bishop of Borneo, the Rev. Dr. F. T. McDougall, is a member and fellow of the Royal College of Surgeons of England.—Dr. Paris relates the story of a lady, who having swallowed an "erelusting pill" became uneasy as it did not purge her. "Madame," said the proprietor of the article, "fear not; it has already passed through a hundred patients without difficulty."—Dr. Bennett Dowler says, that if France is not the source and centre of civilization, there can be no doubt but that Paris is of syphilization.—A boy has just made his advent at Tewksbury, Mass., with five fingers and one thumb on each hand, and seven toes on each foot.—AN OLD BABY.—At the last meeting of the New York Medical Society, Dr. Parkhurst presented a case of extra-uterine conception, having the following history—woman born in 1775; married in 1795; became pregnant in 1802; and died in 1852. She thus carried the fetus in her abdomen fifty years.—Douglass Jerrold asks the question, whether the red noses of the English dram-drinkers are not due to the various adulterations introduced into their liquors by British dealers.—We have lately heard, says one of our exchanges, of a man who styles himself Doctor, and who has discovered a new mode of diagnosing the diseases of females. He takes a speculum and gazes through it at the pubis until he is satisfied and his diagnosis is made *O tempera O mores*.—Dr. Ailee of Philadelphia has recently taken out an ovarian tumour weighing 30 pounds and containing four gallons albuminous fluid.—Yellow fever is still prevailing in many of the southern towns of the United States.—Dr. Isaac Hays, who has been one of the Surgeons of Willis Hospital, Philadelphia, for upwards of twenty years, has resigned; and Dr. Addinell Hewson has been elected in his place.—Dr. Henry Cooper, the present Mayor of Hull, has been knighted by Her Majesty, on her recent visit to that place.—Several cases of sudden death in high circles, have recently occurred in New York, with symptoms of cholera; these have appeared after the use of oysters, which, from some peculiar condition, seems to have been the exciting cause. For the moment there is an *oyster panic*.—Rev. Antoinette Brown has been pleased to take an husband out of the medical profession. His name is J. H. Merritt.—Baron Louis has lost his only child, a son, nineteen years of age, with phthisis pulmonalis.—The total mortality in Paris, from cholera, since 1st November, 1830. For France 68 000.—The highly objectionable practice of interments in the Churches of London and in the burial ground within the city, is now, through the efforts of Dr. Sutherland, entirely discontinued.—A Dr. Deen, of the State of New York, has been sent to the State Prison for fifteen years, for the commission of a rape. Another Physician, in Maine, has been acquitted of an alleged crime.—W. Barth of the Hospital of Beaujou, has been recently elected member of the Academy, in the section of pathological anatomy.—M. Maisonneuve has been transferred from the Cochin Hospital to La Pitié.