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THE MEDICAL CHRONICLE.

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ORIGINAL COMMUNICATIONS.

IX.—*Clinical Notes of cases treated in the Montreal General Hospital, under the care of W. FRASER, M.D., Professor of the Institutes of Medicine, McGill College.*

1. *Fracture of both thighs, one of them compound—secondary amputation of it, and resetting of the other twelve weeks after the accident—recovery without deformity of the latter.* Reported by Dr. R. CRAIK, House Surgeon.

James Gillard, an Englishman, aged 35, fell from the roof of a house on the 23rd February, 1856. He was engaged in clearing away ice and snow from the gutter, when he missed his footing, and fell to the ground, a distance of forty feet. His position at the moment of the fall was such that he alighted upon his feet, but the impetus was so great as to fracture both thighs, the broken bone of the left limb being driven through the skin. He was immediately removed to the Hospital and placed under the care of Dr. R. P. Howard.

On examining the limb, the left thigh was found to be fractured about its middle, and there was a wound communicating with the fracture on the outer side of the limb, through which the bone had been forced with such violence as to pass through two pair of trousers, which he had on at the time. The bone, however, had returned when the limb was restored to its proper position. There was much shortening, and the swelling was very great, owing, it was supposed, to the rupture of some of the small vessels. The right thigh was also broken about the middle, but there was no external wound. Besides the injuries to the limbs, his face was considerably cut, there being one wound dividing the *alæ* of the nose, and another extending completely through the under lip. These wounds were produced by his falling upon his face after the fracture of the limbs. The constitutional shock was great, but reaction was coming on before he reached the Hospital. It was first feared that

amputation of the left limb would be required, but after finding that the principal vessels were intact, and that the ends of the bone were in tolerable apposition, it was decided to make an attempt at saving the limb. Both limbs were accordingly put up with Desault's long splints, and extension kept up as firmly as possible. The wounds on the face were dressed and healed by the first intention in a few days.

The great swelling and tension which were present in the left thigh gradually subsided, and in a few days were replaced by a discharge of healthy pus. At the end of three weeks, all inflammatory action having apparently ceased in the right thigh, the long splint was removed, and splints of strong pasteboard, with starched bandages, were substituted. The long splint was reapplied for a few days until the starched bandages had time to stiffen. It was then removed, and the limb allowed to remain in that condition for seven weeks.

Notwithstanding the steady extension which was kept up upon the left limb, the fracture showed very little signs of union, the discharge continuing to be very profuse, and on introducing a probe, part of the bone was found uncovered. It was still hoped, however, that the dead bone would exfoliate, and the fractured extremities ultimately unite, and consequently he was given four ounces of wine daily, with beef tea, porter, and other nourishing articles of diet, for the purpose of keeping up his strength, which had begun to fail.

Ten weeks having now elapsed since the accident, and Dr. Howard being prevented by sickness from attending the Hospital, the dressings were removed from the right thigh by Dr. Scott, who had charge of the wards during Dr. Howard's absence. In the process of removing the bandages, &c., the thigh was found to be much wasted, and in consequence the splints and other dressings were somewhat loose. When the thigh was laid bare, although union seemed to have taken place sufficiently to allow of the limb being moved slightly, without any perceptible motion between the fragments, yet it was evident that things were not altogether in a satisfactory condition. There was considerable deformity, showing that the ends of the bone were not in apposition. Immediately above the knee was a remarkable hollow, a projection, as if the upper fragment were riding over the under fragment. On the outer and posterior aspect of the limb, there was another projection apparently of the lower fragment. He could raise the limb about three inches from the bed without assistance, but with considerable pain, and when he attempted to raise it higher, the pain was excessive. He could rotate it pretty freely. During the two weeks in which the limb was left uncovered, being at the same time stimulated by friction and liniments, very little improvement took place, and on one occasion, when the leg

accidentally slipped over the edge of the bed, he was unable to draw it in again without assistance.

On the 1st May, Dr. Fraser relieved Dr. Scott, and consequently took charge of the case. He found the left thigh discharging profusely, so much so that the patient's health was failing rapidly, notwithstanding the use of the most nutritious food which could be given him. Although the long splint was still upon the limb, he could not bear a sufficient degree of extension to keep the fragments in their places, and consequently there was some riding. On introducing a probe, a piece of dead bone was felt, about an inch and a half in length, apparently, upon the lower fragments. And as this piece of dead bone was in contact with the upper fragment, no attempt at union had taken place.

As it was evident that a piece of bone of that magnitude could not be separated before many weeks or even months, and as the discharge, which its presence kept up, was making sad havoc in his strength, it became a matter of serious consideration, whether the wound should be enlarged, the end of the bone turned out, and the dead portion sawn off, in the hope of speedy union taking place; or whether the doubt and difficulty of this process should be avoided by at once amputating the limb. At a consultation called for the purpose of deciding the above question, the latter expedient was resolved on as offering him a tolerably certain chance of life at the expense of his limb.

On the 8th of May the thigh was amputated by Dr. Fraser; the flap operation being selected as furnishing a better cushion for the end of the bone in using an artificial leg.

An examination of the bones after removal showed the utter impossibility of saving the limb, for a piece of the lower fragment, full two inches in length, was completely dead, and undergoing the process of separation a fossa of at least $\frac{1}{2}$ of an inch in depth, having been formed all round it. A portion of the upper fragment was also dead, and showing signs of separation. Scarcely any signs of callus were to be found, excepting one or two small exostotic projections which had been thrown out from the margin of the living bone. As there had been considerable riding between the fragments, two of these projections had been brought near to each other, and a small bridle or fibrous band was stretched between them, forming the only attempt at union which was to be found.

While the patient was still lying on the table, after the operation, Dr. Fraser's attention was attracted accidentally to the state of the right thigh, which had been in charge of an assistant during the operation. There was evident motion at the seat of the fracture, and the patient was totally unable to move the limb.

On a close examination of the seat of fracture, the fragments were

found to be riding to the extent of an inch and a half, the lower fragment passing upwards and backwards behind the upper one. Very strong extension was required to restore the thigh to its natural length and shape.

As it was not considered safe to use the necessary amount of force for resetting the limb so soon after the operation on the opposite thigh, it was allowed to remain as it was for a week, at the end of which time, the stump having progressed favourably, and the patient's strength beginning to increase, the pulleys were applied to the limb, and steady extension made until the broken ends were brought into accurate apposition.

The patient being, of course, under the influence of chloroform, the broken ends of the bone were then rubbed rudely against each other for the purpose of exciting a sufficient degree of action to secure permanent union of the fracture. Broad strips of adhesive plaster were next passed round the thigh, beginning at the seat of the fracture, and being drawn so firmly as to make it absolutely impossible for the ends of the bone to slip past each other. Strips of leather spread with soap plaster were placed firmly over these, and strong pasteboard splints then applied, the whole being encircled with bandages from the toes upwards. Desault's long splint was applied to the outside of the limb.

Care being taken to keep everything firm, the dressings were allowed to remain for five weeks, when the long splint was removed, the other dressings being allowed to remain a week longer. When the thigh was again bared, six weeks after the resetting, it was found perfectly straight, and quite firm, the patient being able to rotate it freely without pain. He was not permitted, however, to attempt to stand upon it for some time, and in order to give it support, temporary splints were applied and removed daily for the purpose of using frictions and the cold douche, together with passive motion to the knee, which was much stiffened from its long want of use.

There was nothing about the healing of the stump that deserves particular notice. The whole of the incision united by the first intention, leaving only a few small sinuses around the ligatures. A small abscess subsequently formed in the trajet made by the burrowing of the lower fragment, but a compress and bandage caused it to fill up in a few days. At the end of the seventh week the stump had entirely healed.

The right thigh continued to gain strength from day to day, and on the 14th of July he was discharged, being then able to bear the greater portion of his weight upon it, and at the present (21st August) he walks about lustily with the aid of crutches.

2. *Arthritis of hip-joint of eight months standing cured by the actual cautery.*
Reported by Mr THOMAS CUNYNGHAME.

Mary Griffin, æt 23, servant, healthy till present attack, which occurred during the month of October last, in the following manner. Being engaged in piling wood, she leaped from the top of the pile to the ground, which caused extreme pain in both her left hip and knee, the pain and stiffness in the former gradually increased till the month of January, when she was totally unable to walk, and consequently entered hospital on the 14th of that month, where she underwent a variety of treatment. On the first of May, when she came under Dr. Fraser's charge, her symptoms were as follows:—general appearance delicate, menses regular, constant pain in left hip, aggravated by slightest motion, by pressure over the great trochanter, and by striking the sole of the foot, nocturnal exacerbations of the pain and twitchings of the whole limb. There was no appreciable difference in length between the sound and diseased limbs.

From the 1st May to the 22nd June the following plan of treatment was adopted. The vicinity of the diseased joint was repeatedly cupped and blistered, a slight mercurial course, followed by one of iodide of potassium in a gentian mixture, were administered: and anodynes to relieve pain were given at bed-time. Under this treatment the pain of the joint somewhat diminished, pressure caused less pain. Still she could not move the limb without much suffering, and the nocturnal pain was as severe as ever, necessitating the continued use of anodynes which produced their usual after effect, sickness and loss of appetite. It was, therefore, determined to employ some more effectual remedy for arresting the disease, and the actual cautery was selected. Accordingly, on the 22nd June, the patient willingly consenting, was placed under the influence of chloroform, and the skin behind the great trochanter deeply scored, both longitudinally and transversely, with the halbert shaped cautery. Thanks to the anæsthetic influence of chloroform, not the slightest pain was experienced during this severe and much dreaded operation. Water dressing was immediately applied for a few hours and then poultices. The night succeeding the operation, the patient slept better than she had done for months previously, nor has she since experienced the least of the old pain, either in the hip or knee. The cauterized surface discharged freely, and so soon as the irritation caused by it subsided, the patient was able to walk about with a slight halt in her gait, and was discharged cured on the 29th of July.

Remarks.—The prompt relief afforded by the cautery in this case, (after the failure of the other remedies) clearly shows its superiority;

and the immunity from pain which chloroform affords during the application of this much *dreaded* remedy, removes the chief objection to its more frequent employment.

3. *Schirrus of left breast removed by operation.* Reported by Mr ROBT ANDERSON.

Mrs. Larocque, æt 44, admitted 30th April. Four weeks before admission, and immediately after having weaned her youngest child, then 3½ years of age, felt a hard tumor growing in left breast, which has increased slowly and steadily with very little pain and no constitutional disturbance.

In her general appearance there is nothing strikingly indicative of malignant disease. But the nipple is retracted, and the whole gland indurated, nodulated, and painful to pressure. Two or three of the glands in the corresponding axilla, are also enlarged, hard and painful when handled. Dr. Fraser remarked that the tumor had all the local characters of malignant disease, but that owing to the absence of *pain* and *constitutional* suffering, he would try the effect of discutient remedies.

Compression and iodine were those selected—after a month's fair trial it was found that they had rather aggravated than improved the disease. On the 31st of May, it was, therefore, decided in consultation, to remove the whole breast and corresponding indurated axillary glands, which was done accordingly on that day, the patient being under the influence of chloroform. Very little blood was lost during the operation, the greater part of the wound healed by the first intention, and the patient left the hospital with the whole completely closed on the 20th June.

A microscopic examination of the tumor and glands showed that both contained cancer cells in abundance.

4. *Tertiary syphilis, cured by iodide of potassium, sarsaparilla, cod liver oil, and generous diet.* Reported by Mr. THURLOW CUNYNGHAME.

John Anderson, æt 24, admitted May, 1856. About eighteen months ago, contracted a chancre, which was followed by bubo, sore throat, and cutaneous eruption, for which he was so severely salivated, that some of his teeth dropped out, and simultaneously he lost the whole of his uvula and soft palate. During the month of May, 1856, he entered the hospital under Dr. Fraser, suffering from an extensive eruption of a large and irritable form of prominent "rupia," ulceration of the interior of the nose and throat, severe nocturnal pains of the head and shins, with nodes on the latter.

His hair had partially fallen off, and he had an emaciated and sallow appearance. He was treated with iodide of potassium, gentian, sarsa-

parilla, cod liver oil, and generous diet. Conium was given for nocturnal pains. Under this treatment he rapidly improved and left the hospital apparently cured on the 14th July, 1855.

During the month of January last, the symptoms again recurred, for which he has been in hospital both in the United States and here.

Present symptoms.—Is emaciated in appearance, suffers greatly from severe nocturnal headache—has pain in the throat, and much difficulty in swallowing, every effort to do so being attended with spasmodic cough. The epiglottis, which can be distinctly seen with the aid of a spatula, has an irritable appearance, with abrasions of its mucous membrane. The whole of the posterior wall of the pharynx is in a state of ulceration, which gives his breath a most offensive odour.

Treatment.—The constitutional treatment was the same as that prescribed, when in this Hospital twelve months ago, and is stated above. The local treatment for the throat comprised the inhalation of conium and iodine. The application of a strong solution of nitrate of silver to the pharynx, and epiglottis every second or third day, and the frequent use of gargles of tannin. He rapidly improved, became stout, and was discharged on the 30th June, with all the symptoms for which he entered hospital removed; and expressing himself stronger and in better health than he had been since contracting the disease.

ART. X.—*Wound of the radial artery, secondary hæmorrhage, ligature on the brachial artery, employment of the actual cautery.*
By S. J. STRATFORD, Surgeon, M.R.C.S., Lower Auckland, New-Zealand.

A man by name of James Tyler, residing in Albert street, Auckland, was killing a pig on the 10th day of February, 1856; the knife glanced, struck his left arm, wounding the radial artery about the middle of its course. It bled furiously; the man clapped his right hand upon the wound to stop the bleeding, and ran down to a medical practitioner's, a few hundred yards off. This gentleman dressed the wound by applying a compress of cork and a tight bandage. The compression caused intense pain and great swelling of the arm. Mr. Stratford was now sent for, but refused to interfere, but upon the repeated representation of its absolute necessity, he consented to visit the patient. It was found absolutely necessary to remove the bandage, to prevent rapid mortification. Upon opening the bandage, the artery again bled furiously. Mr. Stratford, with the assistance of Dr. Mathews, now put a ligature upon the bleeding vessel, tying the two extremities of the artery. It was mid-

night when the operation was performed, and although the areolar tissue was filled with blood, forced into it when the artery was under the compression of the cork, nevertheless, the artery was readily found and securely tied at both extremities, after which the wound was dressed and the arm bandaged.

The cure progressed favorably until the thirteenth day. Union by the first intention had completely healed the wound, except where the ligature was attached to the artery. About this period the man used improper liberties with himself, contrary to the advice of his medical attendant, who cautioned him that secondary hæmorrhage might possibly take place upon the separation of the ligature. It did so on the fourteenth day, and the bleeding from the artery was again profuse. The bleeding plainly came from the proximal extremity of the artery. Externally there was not the slightest appearance of anything like ulcerative action, consequently the secondary hæmorrhage must have resulted from the imperfect closure of the artery, and the absence of a clot immediately above the ligature. The stream of arterial blood being maintained down the course of the artery to the wound by some large anastomosing branch, which was in all probability given off immediately above the wound. As the collateral circulation was now perfectly established, compression was attempted and repeated once or twice, but this was found of little use in permanently arresting the bleeding. The hæmorrhage invariably returned. The man described the feeling of a sudden rush of blood to the arm; and he knew this to be an indication of the return of the hæmorrhage. It was found impossible permanently to restrain the bleeding by compression, consequently it was resolved to tie the brachial artery as it passes down the middle of the arm. Mr. Stratford, assisted by Dr. Mathews, cut down upon it, and placed a ligature upon the artery. The hæmorrhage, which was greater at the time, was now arrested, the wounds were dressed, and there was every appearance of the man doing well, for four days. On the fifth night, hæmorrhage again returned from the radial artery, to an alarming extent. During a sound sleep the artery bled profusely, so that upon waking the bed was found covered with blood. The bleeding had, however, been arrested by the fainting of the patient before the medical men arrived, every available medical gentleman being sent for; among these were Drs. Thompson, of the 58th Regiment, Philson, Mathews, Curtis, and Stratford; added to which, a person practising homæopathy, by name of Dr. Fisher, was amongst the number. It should be remarked that this individual, by his management, has so bewildered the public of Auckland, that he has placed the medical profession at an enormous discount,

has made a vast fortune in three years, having heretofore carried all before him.

Upon the arrival of Dr. Fisher, he pompously demanded if Mr. Stratford would accept his assistance. Mr. Stratford replied that he would be happy for any reasonable assistance that was likely to benefit his patient, under such trying circumstances, and in so great emergency. Dr. Fisher gave it as his opinion that the tincture of arnica applied externally, and exhibited internally, would be sufficient to restrain the hæmorrhage from the wounded artery. Mr. Stratford declared that he would most readily attend to any reasonable suggestion, but as the experience of ages and common sense alike forbade him to expect any reasonable assistance in arresting the hæmorrhage from a blood vessel of the size of the wounded artery, he could not conscientiously trust the life of his patient to such frivolous means. He then took his departure, much to the gratification of the medical gentlemen who were present.

As it was possible that amputation might have been required to save the patient's life, every thing had been prepared, but upon opening up the wound no bleeding recurred at the present time, so it was resolved, on consultation again, to try compression and complete bandaging of the whole arm. This was accordingly done, and the arm laid out upon a pillow. The next day the arm appeared quite easy, and without any return of the bleeding, the second day also it was in a like condition, but at this time the man's wife declared that Dr. Fisher had been three or four times to the house without having been sent for, and had persuaded the patient to allow him to apply the tincture of arnica outside the bandage, which he promised would heal the wound and prevent further bleeding. Upon this declaration Mr. Stratford felt hurt, and left the house. About noon Dr. Fisher sent the man's wife to Mr. Stratford to enquire if he had given the patient up. Mr. Stratford replied, by no means, but that Dr. Fisher took the case out of his hands, and any thing that he did must be on his own responsibility. Dr. Fisher did not desire to turn Mr. Stratford away, but wished him to dress and attend to it still, but he only wished to try his arnica. Mr. Stratford declared that he could not consent to be the tool of any man, especially one practising such arrant deception as Dr. Fisher; what was more, Mr. Stratford could not consent to degrade the holy profession of surgery, which he regarded under Providence (next to religion) as the greatest boon of God to man, by any such unnatural association.

Matters went on pretty well for five days, save that the arm now began to swell and smell very offensive, not having been dressed since the bandage and compress had been applied by Dr. Stratford. From dire necessity Dr. Fisher was compelled to open up the bandage, as fresh dressings to the

wound could no longer be delayed. The arm now left to itself, without any support, the bleeding soon again returned, and so furiously that the life of the man was despaired of. Mr. Stratford was again sent for. It was clear that the man could not spare any more blood, and having refused to submit to amputation, which, at the present moment, would have been of very questionable utility, for had he lost only a small quantity of blood during the operation, it would, in all probability, have deprived him of his life, Mr. Stratford pointed out to him that there was one more remedy left that might possibly permanently arrest the hæmorrhage, and that was the actual cautery. This the patient agreed to. Irons heated to a white heat were freely applied to the bleeding surface. To say that they were applied to the bleeding artery, was a fallacy; for when the small opening through which the blood issued had been slit up with a bistoury, the blood seemed to ooze from all parts of a small cavity. After the application of the heated irons, a graduated compress was applied to the part, and the hand bandaged from the extremities of the fingers. The bandage was removed on the second day, good healthy pus was present. No further hæmorrhage recurred, the wounds rapidly healed without any bad symptoms.

The ligature upon the brachial artery did not separate until the 24th day. None of that coldness incident to a ligature upon the main artery was to be observed in this case, depending, in all probability, upon the collateral circulation having been finally established in the lower part of the arm after the tying of the radial artery. The man bids fair to regain the use of the arm, which, although greatly debilitated, is clearly gaining strength.

It is scarcely possible to imagine a stronger case illustrating the danger of trusting to homœopathic remedies in wounded arteries. That the arnica may act as an astringent in the simple case of bleeding from minute vessels has been taught for ages, but if any individual in the present day should presume to trust to it in bleeding from a large blood vessel, it would argue a want of knowledge and indicate a rashness inconsistent with the safety of the patient.

In this instance the tincture of arnica was applied to the bandages and not to the wound; given internally in extremely minute doses, it was likewise valueless in so severe a case of hæmorrhage. The absurdity of these minute doses would be plain to any man who would condescend to think upon the subject. Ancient history and modern experience alike point to certain effects produced by a dose of the tincture of arnica. If, for example, a drachm dose of tincture of arnica be given and it produces certain effects, you can mathematically calculate the effects of 1.50th of a drop, which must amount almost to nothing; but says the

homœopathist, with a strong perversion of truth and common sense, the more minute the dose the more powerful the effects; if so, gentle reader, tremble for the effects when the dose amounts to *nil*, it then must be desperately powerful or absolute humbug. Let common sense decide.

X.—*Dysmenorrhœa and sterility, their pathology, treatment and cure.* By J. C. LEE, M.D., of London, Canada West, late Physician and Surgeon to the New York Dispensary; Fellow of the Academy of Medicine of New York, &c., &c.

Of all the affections to which the human female is liable, there is perhaps none which is more common or more harassing than this.

At the return of each monthly evacuation the subject of this malady experiences an intensity of pain very similar to, and scarcely exceeded by, the efforts of the womb at the time of labour. It has, therefore, very properly received the name of *dysmenorrhœa*, painful or difficult menstruation.

Indeed, with some individuals, the pain, on these occasions, is so severe, that a great part of their lives is rendered miserable; and hysteria, of the very worst description, is one of its common accompaniments. Doctor Waller, of St. Bartholomew's hospital, in his description of this affection, states that, "the evacuations, though regular in point of time, are nevertheless often very deficient in quantity. With some individuals there is almost no menstrual secretion at all, but in its stead shreds of a tough thick membrane are discharged, very much resembling fragments of the *tunica decidua* of pregnancy, in the discharge of which the uterus generally acts forcibly as in labour." To these symptoms we can liberally subscribe, having witnessed a large number of similar cases during an eight years' practice in the New York Dispensary. It is also worthy of remark, that though there is little or no menstrual flow, there is generally more or less blood discharged with the membranous expulsion. These membranous shreds are of very different sizes, varying from a mere shred of the size of a small straw to that of a fleshy apparently torn membrane, of the size of two or three fingers. They sometimes pass away almost entire, presenting much the same appearance as the deciduary membrane of a six weeks or two months impregnation.

When true conception has taken place, and is followed by a miscarriage within a month or six weeks, it is not at all uncommon for the membrane to pass away unruptured, containing the *fœtus* and *liquor amnii*.

Two such specimens we have now in our private museum.

In the Museum of McGill College, Montreal, there is also a very beautiful specimen of the same description.

But in dysmenorrhœa, this membrane is always ruptured, and the liquor amnii (if it ever was contained within it) has escaped.

That this membrane may be formed within the uterus, independently of sexual intercourse, the numerous cases presented to our notice are quite sufficient to prove; for in many instances the parties labouring under this disease, were so situated as to render it next to impossible for sexual intercourse to have taken place between the intervening paroxysms. On a careful examination these membranes will be found to be quite smooth on one side, while the other will present a rough and ragged appearance.

It is generally understood that conception cannot take place while the uterus is labouring under this difficulty. This, as a general rule, we believe to be true. Yet we do occasionally find a female who will inform us, that from the age of puberty to that of thirty or forty she has been a martyr to this malady; notwithstanding she has been married in early life, and has had numerous miscarriages, or perhaps she may present to our notice a living specimen or two of her ability to bear children. And yet her troubles are continued to the present time with as much severity as if conception had never taken place. Such cases could not have presented themselves to the notice of Dr. Denman, who appears to have paid much attention to this variety of dysmenorrhœa, for he asserts that "no woman in the habit of forming this membrane has been known to conceive whilst such habit exists."

To this opinion our experience would decidedly be opposed. But we would rather be inclined to agree with Dr. Waller, who states that, "where impregnation takes place, and especially if the female should proceed to the full term of utero gestation, a radical cure may, with some degree of confidence, be anticipated, the process of child-bearing effecting so complete a change of action in the vessels of the menstruating membrane, that they afterwards perform their office with regularity and without pain."

That conception under such circumstances is rare, no one acquainted with this disease will pretend to deny, but that it may and does sometimes occur during the existence of dysmenorrhœa, our own experience, together with many well authenticated cases, which might be quoted from others, is quite sufficient to prove.

Doctor Waller has therefore very justly observed that, "if conception could, with any degree of certainty, be calculated upon, there would be no objection, but on the contrary every thing to encourage a recommendation which has been considered by many as a likely method to obtain

a cure, viz. :—that the female should change her sexual condition. It happens, however, unfortunately, that women suffering under dysmenorrhœa attended with membranous formations, do not conceive so readily as those whose monthly secretion is properly and regularly performed. Still, exceptions to this general rule are sufficiently numerous to induce us to pause before pronouncing irregular menstruation to be an obstacle to marriage.”

Many of the symptoms of this form of disorder, especially the expulsion of membrane, accompanied with the bearing down pains, the discharge of blood, &c., so nearly resemble the symptoms of miscarriage, that this mistake might easily be made. Should there, however, be any cause for doubt on this subject, an examination per vaginam would at once settle the question; this, of course, should be done with all the delicacy and precaution which the nature of the case will admit of, and the simple touch of the finger is all that would be required.

By this means an experienced practitioner cannot easily be mistaken; for in all known cases of miscarriage, even at the very earliest stage, the os uteri, will be far more dilated than in any case of dysmenorrhœa which has ever come under our observation.

If a miscarriage has taken place, even within the first month of pregnancy, the os will be sufficiently dilated to admit the point of the finger.

This condition of the os we have never been able to detect, in a case of confirmed dysmenorrhœa, even immediately after the expulsion of the membrane, except where the female had previously conceived.

On the contrary, we have uniformly found a firm contraction of that organ, so much so, indeed, as to render the fissure between the lips almost imperceptible.

As a general rule, however, the os in this disease, especially where conception has never taken place, is hard and round, presenting a sensation to the finger, somewhat resembling the small end of a pear after it has been divested of its stem.

It would appear strange that the discharge of a membrane so nearly resembling the deciduary, should not produce a similar dilatation of the os and cervix; but such is not the case, for no sooner is the false membrane cast off than the os is again contracted to its original cartilaginous condition, and it is only in cases where a fœtus has actually been delivered that this change takes place.

Therefore there can be very little difficulty in making a correct diagnosis between a miscarriage and dysmenorrhœa. But great precaution should be observed on the part of the physician, should the patient be unmarried, not to pronounce that a miscarriage had taken place, unless

the fœtus should be actually detected, as such an opinion would be fatally injurious to her reputation.

Doctor E. J. Tilt, of the Farringdon General Dispensary, and the Paddington Free Dispensary for diseases of women and children, Eng., in his observations on dysmenorrhœa thus expresses himself,—“The frequent dependence of painful menstruation on sub-acute ovaritis, has been generally recognised, and is now admitted by Drs. Oldham, Rigley, Ashwell, Coley, and others too numerous to recount.

The action of sub-acute ovaritis, in the production of dysmenorrhœa, is two-fold.

First,—Sub-acute ovaritis, may of itself produce dysmenorrhœa, as a simple result of the process of morbid ovulation, and not by the agency of any appreciable inflammation of the womb or its neck, and without any appearance of false membrane in the catamenia. This is what we have seen and believe to be frequent. *Second*,—Ovaritis, as Dr. Oldham has well shown, often causes dysmenorrhœa by determining hypertrophy of the uterus, inflammation of its neck, and a diphtheritic exudation from its mucous surface.

We know that the ovaries, in virtue of their governing influence over the uterus, induce periodically a state of vascular turgescence in the walls of this organ, and it is not surprising to find that ovaritis frequently induces the exaggeration of this physiological state, on the inflammation of the inner surface of the womb and its neck; thereby transforming the thin transparent mucous membrane of the womb into a thick soft cribriform membrane, and producing the retention or painful excretion of the catamenia, which are mingled with pseudo deciduary membrane.”

The same views are entertained by Doctor Oldham, who states that, “the uterine decidua is formed under the influence of an action going on in the ovary, so that membranous dysmenorrhœa is not primarily an affection of the womb, but of the ovary.

In healthy menstruation, the congestion of the ovary, the engorgement of the womb, and the flux of blood, are all in harmony. But when the ovaries are unduly excited, as from the prevalence of one or more of the numerous ways in which sexual feeling may influence them, then the uterine glands sympathetically enlarge, the lining membrane of the womb becomes raised, and the body of the womb swells out.

This change in the mucous membrane goes on during the interval between the monthly periods, and when the flow begins, the new formation is cast off, and the uterus in the act of detaching and expelling it becomes the seat of very painful contractions.”

In describing the functional causes of sub-acute ovaritis, Dr. Tilt alludes to sexual intercourse.

“The excessive use of this stimulus, says he, is not unfrequently a cause of sub-acute ovaritis in newly married women, as the effect of the first impression, of a novel stimulus and its imprudent indulgence; but it is more especially the sequel of the culpable and inordinate exercise of intercourse as seen in women in every respect unfortunate.”

Walter and Renaultin state as the result of their experience, that “the ovaries of prostitutes are seldom without some morbid lesions,” and Dr. Oldham has lately confirmed their assertions by describing these lesions as those of ovaritis.

The privation of sexual stimulus, says Dr. Tilt, “is no doubt a cause of certain forms of sub-acute ovaritis; whether we consider its absolute privation in healthy women, whose feelings and passions are strong, or its sudden denial to those accustomed to its indulgence, as in young widows, whom *Hildenbrand* considers to be often attacked with this complaint; or as in *prostitutes* when placed in confinement. Marriage late in life is sometimes of itself a sufficient cause of sub-acute ovaritis.

It seems as if the ovaries having been debarred their proper stimulus when most needed, become so accustomed to the privation, that when this stimulus is at last presented to them, it produces a morbid impression.”

Many other predisposing causes of sub-acute ovaritis, as productive of dysmenorrhœa, might be quoted from Doctor Tilt’s valuable work; such, for instance, as exaggerated impulses of unsatisfied desires, which are widely excited by thoughts, books, pictures, conversation, music, and the fascinations of social intercourse. But let these suffice. That these are all capable of producing sub-acute ovaritis, no one will attempt to deny; but that that condition of the ovary is a necessary concomitant to dysmenorrhœa is a subject that will admit of some farther consideration. In this state of the ovary it would not appear strange that the patient should be afflicted with hysteria, but hysterical patients are by no means always subject to dysmenorrhœa.

It is a well known fact that sub-acute ovaritis, may exist independently of dysmenorrhœa; for in cases where one or both ovaries have been known to be in a state of sub-acute inflammation and enlargement so much so, indeed, as to render these quite perceptible to the external touch, menstruation has been performed with as much regularity, and as free from pain, or pseudo membranes, as if the ovaries had been in a perfect state of health.

We well recollect the case of a coloured woman in New York, who

was the subject of a *fibrous encysted tumor* of one or other ovaries, with which she had been afflicted for years. Being professionally called to the same house, she, though the patient of another, gave us voluntarily, a brief history of her case, by which we learned that she had been quite regular with her catamenia, during the whole course of her troubles with this disease. And her size at this time was almost beyond credence.

To speak within bounds, she would have measured more in circumference than a beer barrel, or perhaps as much as a hogshhead. She had not been able to stand, or turn herself in bed for years.

This is one instance at least (and many more might be quoted of the same character), where the mucous membrane and vessels of the uterus did not sympathize with the diseased ovaries.

(To be continued.)

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XVIII.—*The microscope and its revelations.* By WILLIAM B. CARPENTER, M.D., F.R.S., F.G.S., Examiner in Physiology and comparative Anatomy in the University of London; Professor of Medical Jurisprudence in University College; President of the Microscopical Society of London; &c. With an appendix containing the applications of the microscope to clinical medicine, &c. By Francis Gurney Smith, M.D., Professor of the Institutes of Medicine in the Medical Department of Pennsylvania College, &c. Illustrated by four hundred and thirty-four engravings on wood. Pp. 724. 1856. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson.

In a new country like Canada, where each person, no matter what his profession or calling may be, has to toil unremittingly for the mere necessaries of life; where there are few old and wealthy families, and where there are few richly endowed educational and scientific institutions, much time and attention cannot, necessarily, be devoted to the pursuit of purely scientific objects. Whilst this will be admitted on all hands, it will, we conceive, be as readily conceded, that the number is very small, particularly among professional men, who cannot find leisure moments either to make themselves acquainted with, or to prosecute inquiries into, some one of the numerous departments of natural science. The medical profession which, before all others, should cultivate in themselves and strive to develop in others, a taste for the study of nature

and her mysterious operations, or we ought rather to say, the evidences of the supreme wisdom of the great architect of the universe, manifested in the operations of nature, has hitherto exhibited great indifference in the matter. This, however, has not arisen so much from an inappreciation of the enlarging, and ennobling effects of such studies on the mind, as from inability, either to pursue them successfully themselves or direct others in their pursuit. Until very recently no complete course on natural history was within the reach of those who were obliged to complete their studies in the colleges of our own country. Hence, the knowledge of zoology, comparative anatomy and botany, was confined to the comparatively few who had completed their professional education in the old established schools of the mother country. Now, however, and it delights us highly to record it, this is no longer the case. Every student of medicine has an opportunity, without leaving Canada, of obtaining a thorough knowledge of the principles of natural science. McGill College has now a professorship of Natural History, filled by a gentleman, Prof. Dawson, who is not only thoroughly acquainted with his subject, but is so deeply imbued with a love of it that he is certain to awaken an interest for natural studies in the breasts of all who come within the reach of his influence. We attended a number of the lectures delivered last session, and nothing pleased us more than to observe the deep interest with which the medical students listened to the learned expositions and descriptions of the eloquent lecturer. For in this we saw a good augury for our country. Those young men, their collegiate studies completed, will scatter themselves throughout the Province, many, we hope all, carrying with them an undying love for the study of natural history. And who shall say that we will not soon witness pleasing results, in numerous and important additions to our present imperfect knowledge of the Fauna and Flora of Canada. "The harvest truly is great, but the laborers are few."

The microscope is an indispensable instrument to the student of medicine or the student of nature. It is one, however, which cannot be used with any degree of success unless it be thoroughly understood. The work of Dr. Carpenter is the most complete treatise on the microscope in the English language, and should be carefully studied by all who desire to become perfect in the use of this invaluable instrument of scientific research. "It has been the author's object throughout, to guide the possessor of a microscope to the *intelligent* study of natural history, that his individual tastes may lead him to follow out, and his particular circumstances may give him facilities for pursuing. And he has particularly aimed to show, under each head, how small is the

amount of reliable knowledge already acquired, compared with that which remains to be attained by the zealous and persevering student."

Dr. Carpenter has purposely omitted to notice, in the English edition, the application of the microscope to clinical investigations, in consequence of there being two excellent manuals published in England on this subject—those of Beale and Bennett. As these works are not readily accessible to the American and Canadian student, Dr. Smith has, by writing an appendix on "the microscope as a means of diagnosis," supplied what would otherwise be felt as a want on this side of the Atlantic.

Messrs. Blanchard & Lea have brought out the work in first-rate style. When we first took the book in our hand, we certainly thought, from its weight, that it was an English work. The paper is clear and good, the typographical execution excellent, and the wood cuts reflect the highest credit on American art.

XIX.—*Human Physiology*. By ROBLEY DUNGLISON, M.D., L.L.D., Professor of the Institutes of Medicine in Jefferson Medical College; Vice-President of the American Philosophical Society, &c. &c. With five hundred and thirty-two illustrations. Eighth edition, revised, modified and enlarged. In two volumes. Pp. 720—741. 1856. Philadelphia: Blanchard and Lea. Montreal: B. Dawson. Quebec: Middleton and Dawson.

There is no branch of Medical Science which is undergoing more rapid change than physiology. What was formerly, by reason of the meagreness of existing knowledge of the subject, a slight task to the student of medicine, has within the last few years become so extended that it forms one of the most difficult of his studies. Discovery has followed and is following so quickly after discovery, it demands constant and active attention to keep up with the results of the experiments performed by the numerous investigators into the tempting field of physiology. The extent and importance of the science of biology in the year 1856, may be correctly estimated by a careful perusal of Professor Dunglison's two large volumes. It is an able encyclopædia work—a perfect reflection of physiology as it is, displaying, on the part of the author, extensive research and great powers of discrimination. "On the whole subject of physiology proper, as it applies to the functions executed by the different organs, the present edition, the author flatters himself, will be found to contain the views of the most distinguished

physiologists of all periods. The contributions to the science of life have, of late years, been rich and varied; and to collate and weigh them, and to separate the most trustworthy and valued, has been a work of no little discriminating labor,—but to the author a labor of love, inasmuch as they are subjects which he has been long accustomed to investigate; and on which he has annually to treat before the class of Institutes of Medicine in the Jefferson Medical College. The rich collection of materials in the possession of his publishers has enabled him to increase greatly the list of his illustrations, and to substitute in many cases better; whilst new cuts have been added, so as to make the whole number five hundred and thirty-two, in place of four hundred and seventy-four, as in the last edition. The author need scarcely add, that no pains have been spared by him to make the work a complete expression of the science of the day.”

XX.—*Ueber Resectionen und Amputationen.* Von Dr. J. F. HEYFELDER ober chirurg des Russischen Armée in Finland, o. o. Professor der Medicin, Director des Universitäts, Krankenhauses, und der Chirurgischen Klinik, o. Mitglieds des Medicinal Comité's an der Universität Erlangen, &c., &c. Mit Anmerkungen, von Dr. OSCAR HEYFELDER, privat dozent an der Universität München, &c., &c. Breslau und Bonn: Für die Academie in Eduard Weber's Buchhandlung in Bonn.

The mere mention of a work by Professor Heyfelder, would, in Germany, be sufficient to ensure its rapid transference from the shelves of the publishers, to those of the members of the profession. Occupying, for many years, a professor's chair in the ancient and truly German University of Erlangen; director of its hospital and surgical *clinique*; and with a *renomée* as a surgeon and pathologist deservedly extended, Dr. H. has had unusual facilities for the elucidation of the subject of which the work before us treats. At the outbreak of the late war, he was invited by the Czar Nicholas to assume the duties of Surgeon General to the Russian army in Finland. Since that period, until the recent cessation of hostilities, he has had ample, alas! too ample opportunities for the prosecution of his investigations. He was present, in his official capacity, at the bombardment of Sveaborg, and the result of his experience *there* is furnished by his son in the form of annotations.

Of the work itself, although, as we might *a priori* expect, of the highest order of merit, it is needless (as it appears in a language foreign

to many of our readers) to say more at present, than that it well sustains the hard won reputation of its author. Upwards of 200 authorities are cited; it contains 260 large folio pages,—176 being devoted to resection, and 93 to amputations,—and is embellished with four engravings on stone. It has already been translated into Russian and Spanish, and we hope soon to have an opportunity of welcoming it in an English garb, a translation from the German, having, at the request of the author, been undertaken by Dr. Hingston of this city, who, during his residence in Europe, in 1851-2 and 3, had become intimately acquainted with the author. Dr. H. is well known to our readers as the writer of several communications of great interest and deserving merits, which have from time to time appeared in this journal; and we are glad to find that his literary attainments are highly appreciated in the mother country where he is also known as a contributor to the original department of the *Glasgow Medical Journal*, at least, so we judge from a handsomely eulogistic notice of one of his latest productions, which we had the pleasure of seeing a few weeks ago, in the *Glasgow Constitutional* newspaper. All these foreshadowings augur well, and we hope ere long they will be followed by an excellent translation designed to be a mark still more monumental of the Dr.'s talents and industry.

XXI.—*A practical treatise on the diseases of the testis, and on the spermatic cord and scrotum.* With numerous wood engravings. By T. B. CURLING, F.R.S., Surgeon to the London Hospital; Professor of surgery to the London Hospital Medical College, President of the Hunterian Society, London, &c. Second American, from the second revised and enlarged English edition. 1856. Pp. 419. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson.

Mr. Curling's work on the diseases of the testis and of the spermatic cord and scrotum has now been before the profession for upwards of twelve years, and during that period has been deservedly regarded as an authority on the subject. In the present edition "some new chapters have been added; many have been re-written or altered; and, it is hoped, that nearly all of them contain additional facts of practical interest and importance." The anatomical introduction has been omitted by the author in the English edition, in order to accommodate his numerous additions; but, "by a different typographical arrangement of the American edition, space has been found for this valuable section

without enlarging unduly the size of the work. And accordingly such portions of it have been retained, as had not been introduced by the author in various chapters throughout the volume."

XXII.—*Digestion and its derangements.* The principles of rational medicine applied to disorders of the alimentary canal. By THOMAS K. CHAMBERS, M.D., fellow of the College of Physicians, Physician to St. Mary's Hospital and Lecturer on the practice of medicine at St. Mary's Medical School, London; author of "Decennium Pathologicum," &c. New York: S. S. & W. Wood. Montreal: B. Dawson. Quebec: Middleton & Dawson.

What a wonderful organ is the stomach! Viewed in health, how it commands the admiration of the observer. Attacked with disease what messengers of sharp keen anguish it sends forth. How manifold are its bountiful blessings, and what sad wants are felt when they are lost. Who can consider its construction without being most deeply impressed with its displays of infinite skill, matchless perfection and incomparable wisdom.

Take but a single illustration. Within itself the stomach contains an innumerable multitude of little cells that densely stud its lining membrane; these consist of decimal depressions of this structure which do not average in diameter more than about 1-2000 of an inch, and do not descend to a lower level than the 1-8th or 1-6th of an inch below the surface. They are alike,—they express a complete unity of design, and portray an architecture wherein is an exquisite adaptation of similar means to a common end. Still each is in itself a microcosm; endowed with a perfect entity, an individual existence, and a regular function. And every cell, notwithstanding its diminitiveness, is yet in its own way as important an organ as the liver, being supplied with proper arteries, veins, lymphatics and nerves—still more tiny than itself, reposing in a bed of areolar membrane of the finest down, and holding connexions with contiguous parts in its vicinity. With this mechanism it is equalled to discharge a function as necessary to our well-being as that performed by the kidneys, depurating the mass of blood, abstracting secretory materials, and elaborating an essential juice for secretion. Still more astonishing,—these exiguous factors go on working for a life time, years upon years multiplied together, faithful to the original fiat which implanted vitality amidst their elements. Could it be believed by abstract reasoning that microscopical creatures, such as they, would

accomplish so much, indeed, that they could perform anything at all? Truth answers no, and has to learn her lesson of the fact from experience. And then she sees them at labor, struggling as it were against the most powerful opposition, and in the end always triumphant. Daily overwhelmed with accumulated food of every mixture, they set to work, attack and reduce it to a homogeneous like mass; exercising their local minds, with one hand they abstract invariably the elements of a uniform secretion, with unfailing precision, and by the other conform special proximate principles to particular transformations, equally constant and exact. Often called upon to contend against adverse circumstances, they overcome the impending obstruction by an endowment of endurance and resistance. This is well seen when wrestling, as they are often obliged, with errors of diet. Drenched at other moments in alcoholic stimulants, so combustible as to char the liver, these cells, even then, escape and witness their privileges in their exemption. Hourly subjected to vicissitudes of temperature—to depressions and elevations—the most extreme in variation, yet they know no harm; their watchful Archæus guards them, and the cause that applied through the skin subjugates the body, leaves it still in health, and retreats powerless from an attack on their defences.

If, now, our search went further into the histology of the stomach, how many more wonders besides these of the cells would be found, which are admitted to be known! And then when all had been told, the final discovery would advance that there yet remained behind greater marvels, which were hidden, and that both in the revealed and occult were buried profound designs far past our understanding. For human inquiry, with every aid, though prosecuted for centuries, reaches its culminating point in the humiliating conclusion that its perceptions are few and its attainments still less. Sufficient is disclosed to turn the student from the beauties of creation to the contemplation of her Omniscient Maker. Because

“Nature is but the name for an effect
Whose cause is God.”

While the deficiencies of knowledge find an alleviation in the hope, which carries the eye of faith to a far off land, and whispers to the heart, “now I know in part; but then shall I know even as also I am known.”

Wonderful as is the stomach in health, it is not less amazing in disease, and to all who would acquire a thorough knowledge of it in this latter state, we recommend to their notice the present volume of Dr. Chambers, from an examination of which we have derived both information and gratification. The morbid changes described are nume-

rous, forming a complete system of gastric affections; several are the more interesting from being but scantily treated by some previous writers, and entirely neglected by others, as, for instance, paralysed secretion mucous secretion, chronic excess of epithelium, changes in the mucus of the alimentary canal, changes in the water circulating through the mucous membrane, catarrh, muscular atony, defective absorption, intestinal struma, &c. The morbid states of the duodenum, colon, liver and stomach, affecting digestion, also receive attention. In conclusion, we would remark, the volume abounds with originality, as was indeed, to have been expected from a physician of such eminence as the late Dr. Chambers, who is not so much notorious for having had for years the largest practice in England, as for having been one of the most diligent cultivators of pathological medicine in the United Kingdom. Verily his "*decennium pathologicum*" is a monument *perennis auro*.

XXIII.—*New remedies*, with formulæ for their preparation and administration. By ROBLEY DUNGLISON, M.D., professor of Institutes of Medicine, &c., in the Jefferson Medical College of Philadelphia. Seventh edition, with numerous additions. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

The practitioner will find this an excellent collection of the additions recently made to pharmacology, of the actions, uses, doses, and modes of administration of medicines, either lately discovered or else known for some time but latterly employed in cases of disease that had never before been prescribed for. We cordially recommend it to his notice, assured it will be welcomed as an addendum to his literary stock, full of most valuable information for all practical purposes. It is a digest of the matter distributed over an immense range of home and foreign periodicals devoted to the culture and advancement of medical science. To those who desire to keep *au courant du jour* in practical therapeutics this work will prove a most useful aid. For this object each edition should be subscribed to as it appears, inasmuch as the latest contains an account of all novelties that have been written upon since the issue of its predecessor. These, from the extensiveness of the scope it includes, are necessarily numerous and entail an omission of the descriptions that are oldest, in order to preserve the volume from attaining too bulky a size. The chief medicines that have obtained a place for the first time in this—the seventh edition—are apial, cassien, carbazolic acid, cauterization, and catheterism of the larynx and trachea, cedron,

cerium, chlorid of bromine, chlorid of iron, chloride of sodium, emchonicine, cod liver oleine, eau de paghara, galvanic cautery, hydriodic ether, hyposulphite of sod (and s. lve.), innecton, iodide of sodium, nickel, permanganate of potass., phosphate of lime, pumpkin, quindia, rennet, saccharian carbonate of iron and manganese, santouin, tellurium, traumaticine. Some of them are not new medicines but are introduced because they have lately been put to new uses. The sources from which the information has been gathered are very numerous, and the labors of the compiler appear almost Herculean. Upon becoming acquainted with them, we are left to wonder how one man could have achieved so much—the more so, as it has been attained in the midst of a number of other engagements; for besides the more pressing duties of his professorship, and the cares of the Faculty of which he is Dean, Dr. D. keeps supplying the press with new editions of his works on *Materia Medica*, *Physiology*, *Practice of Medicine*, his *Dictionary*, &c. As a further illustration of the author's indefatigableness, we would observe, that even our beloved *Chronicle* has been ransacked, and several excerpts taken therefrom, with due acknowledgements. We have remarked quotations from the late Dr. Crawford's paper on "iodide in small pox"; Dr. Peltier's article on "lemo juice in rheumatism," and Dr. Fraser's communication on "strychnine in cholera." So that these gentlemen have acquired a far wider reputation than they could have originally apprehended when they first launched their trim little essays upon our spreading waters.

CLINICAL LECTURE.

On Amenorrhœa and Dysmenorrhœa. By M. ARAN, of the Hospital Saint Antoine.

(*Medical Circular, translated from Gazette des Hôpitaux.*)

There are two patients who furnish me an occasion of speaking to you of the disorders of menstruation, and the troublesome consequences which may follow them. The first patient, in No. 30 Salle Sainte-Thérèse, is nineteen years of age; she menstruated at sixteen: but since that time the menses have appeared only once. She has suffered since 1853, from pains in the loins and thighs, aggravated by walking. On the 24th July, she was brought to the Hospital, a prey to acute pains in the loins, coincident with the second appearance of the courses, which had been suddenly suppressed by a cold bath. At this time she presented signs of metritis, and uterine catarrh. These symptoms were attacked by various means, among which may be mentioned an intra-

uterine injection. She left the hospital before the menses had returned, which were not observed during the whole of this long interval. Since that time she has been subject to confusion in the head, ringing in the ears, to pains in the loins, the hypogastrum, and thighs. To these symptoms, which had at last increased so much as to be almost constant, others were now added: disorders of digestion, distention of the stomach, vomiting of alimentary matters some minutes after ingestion, &c. At no period, however, had she suffered from leucorrhœa, and an examination of the patient on entering the hospital, did not disclose anything more as regards the general features of the case. The uterus was discovered by the speculum and touch to be much depressed, the cervix elongated and imobile, the movement producing pain, the orifice unequal and open, and showing around it a slight degree of redness. To obviate the symptoms, of congestion towards the head, occasioned, no doubt, by the absence of the menses, recourse was had to venesection; and uterine catheterism was besides practised every other day. Success attended this method. In fact, after the third introduction of the uterine sound the menses re-appeared; but, though abundant, they continued only for two days. The confusion of thoughts, however, is still experienced, so also are the disorders connected with digestion, as well as the pains of the hypogastrum.

The second patient, aged twenty years, was admitted into the hospital the first time in 1854, and again, the second time, in the month of December last. She had always experienced very difficult menstruation, at each period expelling clots, followed by mitigation of the pains. At the period of her admission, there was a slight degree of depression of the uterus, with ante-flexion, and traces of uterine catarrh. The general state of the patient's health was satisfactory. With a view to quiet the hyperæsthesia of the uterus, intra-uterine injections with chloroform, and indeed with water holding sub-nitrate of bismuth in suspension, were had recourse to as well as applications of ice, leeches to the cervix and cold affusions. All the symptoms became mitigated, and the functions seemed to resume their regular course when all at once, towards the end of February, at the menstrual period, she was seized with acute pain in the abdomen, resembling colic, accompanied with such excessive sensibility that the weight of the bed-clothes became insupportable. It was now that there appeared in the hypogastrum a tumour, hard and painful, about the nature of which I at first hesitated to speak decidedly. On examining the uterus, however, I perceived that the volume of this last had not become changed, and my opinion now was that we had to do with a sanguineous tumour formed around the uterus, having its probable origin in difficult menstruation. This tumour diminished from day to day, so that by the 4th of April the treatment could be commenced. I introduced Simpson's instrument, at first with caution and reserve. The first day the patient wore it four hours, then nine. From this time we left the instrument *in situ* till the 3rd of May, when the appearance of the menses, which this time were without pain, obliged us to remove it. It has not since been used. The menses now became regular, and for three consecutive periods were

painless. But this patient having left the hospital and returned to her ordinary avocations gradually began to experience pains during menstrual intervals, while the menses began to be both irregular and infrequent. The 12th of December last she returned to the hospital with some symptoms of a chloro-anæmic kind—paleness of the face, occasional palpitation, &c., and dysmenorrhœa. She was put on the use of certain preparations of iron, cold douches were also prescribed, and uterine catheterism. The improvement was rapid, and this patient's health has ever since continued good; and such it was when I saw her quite recently.

Before beginning the history of the disorders of menstruation, that is of amenorrhœa and dysmenorrhœa, let us consider what menstruation itself is. It is not a simple hæmorrhage occurring regularly in women, produced by a mere simple congestion of the uterus. This congestion is more general and diffused, and is connected with a particular state of the ovary, and evolution of the ovum, a state analogous to that attending the production of eggs in birds. This fact has been placed beyond a doubt by the researches of Pouchet, Bischoff, Raciborski, Negrier, Gendrin, and others.

It has not been shown why a sanguineous excretion, continuing for a certain time, should be found in women only. In apes, indeed, there is to be seen a rudiment of menstruation, and in all mares tints of blood may sometimes be observed; but in the human species alone is this phenomena well marked, and disorders of its functions followed by every variety of symptoms.

In a work on menstruation, full of interest and originality, lately published, M. Raciborski, while endeavouring to show the great importance of ovulation, seems to us to have restricted too much the office of menstrual discharge. Did this hæmorrhage, in fact, constitute, in women, nothing more than a habit, its suppression might still be followed, in the economy, by numerous disorders. But the menstrual discharge is more than a habit, it is, a necessity; and of this we may be convinced by considering the disorders, so varied, which occur in amenorrhœic women at their first period, and when, as is popularly said, they have difficulty in becoming formed. These disorders plainly point to the efforts which nature makes to accomplish this evacuation.

Moreover, it must be admitted that the presence of the ovaries is of prime importance in the production of the menses. Experiments show that when the ovaries have been removed, or when they do not accomplish their function, the menstrual hæmorrhage immediately ceases; and every one knows the fact mentioned by Pott. And Robertson says he had ascertained in India, that menstruation does not take place in women who have undergone castration.

It follows from this that, when in a young woman the menses do not make their appearance at the time expected, this circumstance—should no disordered state of other functions exist—need not occupy undue attention, since it may happen that the ovaries themselves are wanting. Should there, however, on the contrary, arise at the menstrual period a disordered state of health, the physician must then interfere, and by

every means in his power endeavour to bring about the secretion. Serious difficulties may, in fact, arise. Without speaking of malformations of the vagina, its imperforation, &c., the uterus may be completely wanting—the ovaries being perfectly normal. But obstacles situated at the orifice of the uterus, in the vagina, or at the vulva, do not constitute, properly speaking, cases of amenorrhœa; for this, in strict propriety, consists in the absence of menstrual congestion, and sanguineous excretion.

At what period does menstruation take place? This period varies both in races and individuals. Robertson, in his "Researches on Menstruation in India" has shown that this secretion is not only influenced by climate, but by race; another reason for not bestowing any special attention, in girls, to amenorrhœa, or rather, to retarded menstruation, when this is unaccompanied with symptoms of disordered health.

In women who have menstruated, the menses may become suddenly suppressed, under the influences of causes either moral or physical; among which cold may be regarded as the chief. The amenorrhœa from suppression, does not always cause serious symptoms, for these may not extend beyond headache and unaccountable feelings for a few days, or for the month, till the menses again make their appearance. In other women, again, this suppression gives rise to violent pains in the loins, uterine pains like colic, true inflammation, often accompanied with nausea and vomiting. This suppression of the menses may yet have other consequences, as regards their ulterior appearance. It may be that from this time they may become irregular, or disappear for some months; and then local symptoms arise, aggravated at each menstrual period, although the menses do not appear; or the symptoms may be general, affecting the head with giddiness, with congestion on stooping, flushing of the face, with alternate paleness, frequent syncope, dyspepsia, distension of the stomach, and constipation: while again, in other instances, chloro-anemic symptoms, with strong caprice, make their invasion on the suppression of this hæmorrhage. Should the congestions continue, then it is we see supplementary hæmorrhage from the stomach, the bladder, or lungs; symptoms alarming, but nevertheless natural.

It is important to know that the first appearance of the menses is not always followed by their second appearance the succeeding month. Girls are seen menstruating nine or ten years of age, who then continue several months, or even years, before they menstruate a second time. There are others again who, without any discharge, have at each period pains in the kidneys and thighs, with cephalic congestion. It is probable that in this case an ovulation occurs, or that there is congestion of the uterus, but not of sufficient intensity to produce the hæmorrhage.

The treatment in girls, with a view to obviate such symptoms, should in general be confined to the use of external means, such as leeches to the groins and thighs, warm hip-baths, and dry cupping the breasts,—a means employed by Hippocrates, and again had recourse to in these days in America. Should the menses, after the use of such means, not re-appear, an exploration of the organs becomes indispensable, for the case may really be one of imperforation of the vulva, or of the vagina, or even of the cervix; and it is therefore important that the

existence of these, where they exist, should be known. In the case we speak of, the first thing to be done is to use the uterine sound, which is often all the treatment required. Electricity applied topically in the vagina for several days may be of great service, and so too may injections into the vagina of milk, containing a few drops of ammonia. When the patient is a woman whose courses had already appeared, but in whom the flux has been suppressed, what should our treatment be? If the suppression has been but a few minutes, it is often sufficient to place the patient in circumstances the reverse of these that have caused the evil—rest in bed, with warm cataplasms to the abdomen, and warm hip-baths. When, however, the suppression has already existed some hours, it would in general be idle to attempt procuring its re-appearance. By stimulating the uterus you would, for the most part, only hasten the appearance of symptoms of inflammation in that viscus. The best remedy in such cases is rest; the following period will repair the mischief. But should symptoms of inflammation occur, they must be met by suitable means, and even then, though you may completely succeed, your patient continues exhausted, and suffers more or less the whole month.

Should the menses be suspended for some months, and the amenorrhœa be connected with a dyspeptic, chloro-anæmic state, you must then direct your attention to obviate this general condition. When you fail with the local means above mentioned, there remains still another source—the introduction within the uterus of Smuson's instrument. But the use of uterine catheterism ought first to be insisted on, which has sufficed, as you have seen, in one of our patients.

Amenorrhœa is sometimes symptomatic of a chronic disease. In that case it is useless to try to restore the menses. Should, however, a patient suffering from a chronic pulmonary affection, for example, find her chest affection aggravated at the menstrual period, and hæmorrhagic efforts be sufficiently marked, we naturally ask whether some means might not be tried to bring back the flux. I must say that, though I have endeavoured to effect this by the use of sounds and stimulant injections, I have not once succeeded.

From the consideration of amenorrhœa, we naturally turn to that of dysmenorrhœa, in which the secretion takes place, indeed, but it is painful, incomplete and vitiated, and may be replaced in part by products of a particular nature. You must not confound with dysmenorrhœa those pains which precede the menses, sometimes twenty-four hours, and which disappear when the hæmorrhage is established. In dysmenorrhœa the pain commences with the excretion and continues more or less while it flows; it is the uterine pains resembling colic, with tearing in the loins and thighs, with faintness, prostration, sometimes with nausea and vomiting resembling those of peritonitis, that constitute dysmenorrhœa. Sometimes the pains, extremely acute before the uterine flux, abate when that appears, without, however, entirely subsiding; at other times they commence the moment the secretion begins. Of dysmenorrhœa there are several kinds. Some cases seem to be connected with excessive congestion of the uterus—the blood accumulating in the

substance of the uterus, occasioning extremely violent symptoms which cease only as the uterus discharges itself. Another kind is the mechanic, dependent on the little permeability of the passage through which the discharge takes place. There is a sort of spasm of the internal or external orifice of the uterus, so that the blood accumulates beyond and distends the cavity, forming a clot, which the patient expels with pains like those of labor; and this may take place several times during each menstruation. It is thus that blood, in place of being expelled, accumulates in the uterine cavity, and give origin to hematocele, of a particular kind, from reflux of blood into the peritoneum—an affection recently so well described by M. Beruntz. The third kind of dysmenorrhœa proceeds from the mucous membrane of the uterus itself, which becomes detached sometimes by insensible exfoliation, at other times in large shreds. There are even cases where the uterine membrane becomes completely thrown off, and comes away in the form of a triangular bag, tomentous exteriorly, and tinged with red blood; white and smooth internally, and containing mucosities and perforated by three openings corresponding to the three uterine orifices. The third variety is the membranous dysmenorrhœa, or that attended with exfoliation of the internal membrane of the uterus.

In the first kind, or congestive dysmenorrhœa, the pains and prostration are most marked the days or hours that precede the appearance of the courses. In the mechanic dysmenorrhœa, the pain less frequently precedes the menses, but are tolerable during their whole course. In the third kind, the menses may flow at first without pain, or at least without much pain; but, by and by, severe pains come on and mark the expulsion, or, if you will allow me the expression, the accouchement of the false membranes.

The treatment varies with the kind. In the congestive form, so frequent in women affected with chronic metritis the patient finds relief from general blood-letting, or from leeches applied to the cervix. By careful examination only of the patients and the fluids excreted will you be able to arrive at a knowledge of the other two forms. In the mechanic dysmenorrhœa, recourse should be had to catheterism; and this operation is often difficult on account of the smallness of the orifices. This operation alone may be sufficient to establish the flux. But as the physician is frequently not called till the sufferings have been of some duration, Dr. Bennet in such cases has recourse to chloroform. I prefer giving this medicine internally, in doses from thirty to fifty drops, or in enema in the same quantity. Chloroform has this advantage over opiates,—the relief it gives is instantaneous, but then its action is but of short duration; for which reason its use should be combined with that of opium—four, six, or eight grains in twenty-four hours, according to the severity of the symptoms, discontinuing its use the moment the severe symptoms subside. In certain cases you may introduce into the vagina pledgets covered with extract of belladonna, or lint soaked in laudanum, &c. Compresses, on which from thirty to forty drops of chloroform are sprinkled, applied to the hypogastrium, assist the action of the other remedies. This, however, is not all. During the intervals

between the menses, attention must be given to dilating the uterine cavity. The sound must be used and left some minutes *in situ*; or recourse may be had to Simpson's instrument, an extreme means which we are sometimes obliged to employ. We should return to catheterism at certain intervals, even after a cure. In one of my patients you have seen, in fact, the menses disappear some months after the treatment had been interrupted. Simpson recommends dividing the internal orifice, Oldham the external, in the last two kinds of dysmenorrhœa. But could we be certain in every case of arresting the hæmorrhage?

The mechanic form of dysmenorrhœa is mitigated by catheterism. Does the same good result follow in cases where there is exfoliation of the mucous membrane? Let us say that this last affection is extremely obstinate, and may be considered beyond the resources of art; at least we possess no established or efficacious method. Would it not be beneficial to use injections into the uterine cavity of a nature to modify the state of that cavity? Could we not endeavour to diminish the too intense congestion of the organ. A circumstance pointed out by Oldham, and which I believe to be true, is the frequent production of retroversion of the uterus, as a sequela of these kinds of dysmenorrhœa,—the chronic inflammations which they occasion giving rise to adhesions and thus to retroversion. If these facts are common, as this author says, and as I believe, it would be a new reason for active interference in the treatment of cases of this kind.

THERAPEUTICAL RECORD.

Diarthra and Dysentery.—Take of sweet gum bark (*lipudamber styraciflua*) in coarse powder, five ounces; sugar, 2 pounds; water, a sufficient quantity. Moisten the bark thoroughly with water, let it stand 24 hours in a close vessel, then transfer it to a percolator, and throw water gradually until a pint of filtered liquor is obtained. To this add the sugar in a bottle, and occasionally agitate until it is dissolved. Dose, one fluid ounce after each dejection.

Dysmenorrhœa.—Tinct. of veratrum viride. Begin two days before the expected period and give three drops every three hours, and increase each succeeding dose by one drop until nausea comes on, and then reduce the dose again to three or four drops.

Encuresis.—℞ ext. belladonnæ ext. hyoseyami aa, gr. xvi; sacch. alb ʒi; mist. camph ʒ iss. Take a teaspoonful at bed-time. In obstinate cases the dose may be repeated two or three times in the same night. One case where the disease had continued from early childhood to the age of 17, was permanently cured by a week's use of the above prescription.

Ascuides.—Rousseau recommends, as suppositories: 1. tannin, butter of cocoa, 1 part; melt the butter and mix the powder well in it. Then run it into proper moulds. 2. Biniod mercury, ʒ centig; butter of cocoa, ʒ gram. Melt, mix and mould as above. Also as injections.

1. calomel, 25 centigr.; linseed mucil, 125 gr. Mix and administer morning and evening. 2. Arsenical acid, 1 centigr.; distilled water, 4 gram. Dissolve it warm. The rectum is evacuated by a clyster. Then the medicines are introduced.

Summer complaints in children.—Dr. Bryan of Phil., says: give calomel gr. ij.; pulv. ipecac. eo gr. ij. viij. in the evening, followed next day, and for a week or more with a tablespoonful every 4 hours of the following. Cort. sassif. ʒj, cort aurant ʒi, aquæ Oj; macera. A flannel bandage around the abdomen, country air, and lance the gums.

Chronic diarrhœa.—℞ morph. sulph., gr. v; strychnia, gr. ij. Sulph. cupri, gr. viij. ext. gentian, grs. xl, m. ft. pil. xl, sig. One pill three times a day. We would recommend this pill to our readers as being a combination of ingredients very likely to be useful in the cases advised.

Hæmorrhoids.—We believe this to be an excellent application; ℞ carb. plum. pulv. ʒ ss. sulph. morph. gr. v, ungt. stramonii ʒj. ol. oliivæ q̄r s. ut ft. unguentum. To be used night and morning.

PERISCOPE.

Asphyxia, its Rationale and its Remedy. By MARSHALL HALL., M.D., F.R.S. The term Asphyxia, which ought to be exchanged for *Apnœa*, designates that condition of the animal system which results from the suspension of respiration.

Respiration involves two processes—the inhalation of oxygen, and the exhalation of carbonic acid.

The remedy for the suspension of respiration is, on every principle of common sense, the restoration of respiration. This view might be considered, irrespective of physiological inquiry and proof, as self-evident; but that proof is amply supplied by physiology.

Of the two functions suspended, it is certain, from physiological inquiry, that the retention of the carbonic acid is by far the more fatal, and that, in a word, asphyxia is the result of carbonic acid retained in the blood, which becomes, in its excess, a blood-poison.

If this view be correct, it is evident that restored respiration is to the blood-poison in asphyxia what the stomach-pump is to poison in the stomach; and that it is *the* special remedy, the *sine qua non*, in asphyxia.

But this blood-poison is formed with a rapidity proportionate to the circulation, which is, in its turn, proportionate to the temperature. To elevate the temperature, or to accelerate the circulation, *without* having first secured the return of respiration, is therefore *not to save*, but in reality *to destroy life!*

I now proceed to state the measures by which asphyxia may be remedied.

I revert to a proposition already made: as asphyxia is the result of suspended respiration, the one remedy for the condition so induced, is self-evidently and experimentally, the restoration of respiration.

But there is an impediment to artificial respiration never before pointed out. It is the obstruction of the glottis or the entrance into the windpipe, in the supine position, by the tongue falling backwards, and carrying with it the epiglottis—an event which can only be effectually remedied by adopting the *prone position*. That position is displayed by the subjoined figure.

In this position the tongue falls forward, drawing with it the epiglottis, and leaving the ingress into the windpipe *free*.

But even when the *way* is patent, there remains the question, how is respiration to be effected? The syringe or the bellows may not be at hand, and if they were, the violence used by them is apt to *tear* the delicate tissue of the lungs. The mode proposed by Leroy, of compressing the thorax by means of a bandage, and allowing its expansion by the resiliency of the costal cartilages, is proved by experiment to be futile, chiefly, no doubt, from its being attempted in the supine position, with the glottis obstructed.

The one effectual mode of proceeding is this: let the patient be placed in the prone position, the head and neck being preserved in their proper place. The tongue will fall forward, and leave the entrance into the windpipe free. But this is not all; the thorax and abdomen will be *compressed* with a force equal to the weight of the body, and *expiration* will take place. Let the body be now *turned* gently on the side, (through rather more than the quarter of a circle,) and the pressure on the thorax and abdomen will be removed, and *inspiration*—effectual *inspiration*—will take place! The expiration and inspiration are augmented by timeously applying and removing alternately pressure on the spine and ribs.

Nothing can be more beautiful than this life-giving—(if life *can* be given)—this breathing process.

In one series of experiments, twenty cubic inches of air were *expelled* on placing a corpse in the prone position, and ten cubic inches more by making pressure on the thorax and ribs, the *same* quantities being *inhaled* on removing that pressure, and on rotating the body on its side. But I must give the experiments in detail:—

A subject was laid on the table, and pressure made on the thorax and ribs, so as to imitate the procedure of Leroy. There was no result; a little gurgling was heard in the throat, but *no inspiration* followed. The tongue had fallen backwards, and closed the glottis or aperture into the windpipe! All inspiration was prevented.

Another subject was placed in the *prone* position. The tongue having fallen *forward*, and the glottis being free, there was the *expiration* of twenty cubic inches of air, a quantity increased by ten cubic inches more on making pressure along the posterior part of the thorax and on the ribs. On removing this pressure, and turning the body through a quarter of a circle or rather more, on the side, the whole of the thirty cubic inches of air were *inspired*!

These manœuvres being repeated, ample respiration was performed?

Nay, there may be a question whether such considerable acts of respiration may not be too much.

It is to be observed, however, that, in this mode of artificial respiration, *no force* is used; the lung therefore is not injured; and that, as the air in the trachea and bronchial tubes undergoes little or no change in quantity, the whole inspired air passes into the air-cells, where the function of respiration is alone performed.

It deserves to be noticed, that in the beginning of this experiment in the prone position, the head had been allowed to hang over the edge of the table: all respiration was frustrated. *Such is the importance of position.*

Reserving the full exposition of this method of *postural respiration*, this *theseopnœa*, (from *θεσις* position,) for another occasion, I will conclude by reducing these views into the simplest *Rules* for the treatment of asphyxia.

New Rules for the treatment of Asphyxia.

I. Send with all speed for medical aid, for articles of clothing, blankets, &c.

II. Treat the patient on the spot, in the open air, exposing the face and chest freely to the breeze, except in too cold weather.

I. To excite Respiration.

III. Place the patient gently on the face, (to allow any fluids to flow from the mouth).

IV. Then raise the patient into the sitting posture, and endeavour to excite respiration.

1. By snuff, hartshorn, &c., applied to the nostrils;
2. By irritating the throat by a feather or the finger;
3. By dashing hot and cold water *alternately* on the face and chest.

If there be no success, lose no time, but

II. To imitate Respiration,

V. Replace the patient on his face, his arms under his head, that the tongue may fall *forward*, and leave the entrance into the windpipe free, and that any fluids may flow out of the mouth; then

1. Turn the body gradually but completely on the *side*, and a little more, and then again on the face, alternately (to induce *inspiration* and *expiration*);

2. When replaced, apply pressure along the back and ribs, and then remove it (to induce further *expiration* and *inspiration*,) and proceed as before;

3. Let these measures be repeated gently, deliberately, but efficiently and perseveringly, *sixteen times* in the minute, *only*;

III. To induce Circulation and Warmth,

1. *Continuing* these measures, rub all the limbs and the trunk *upwards* with the warm hands, making *firm pressure* energetically;

2. Replace the wet clothes by such other covering, &c. as can be procured.

VI. *Omit the warm-bath until respiration be re-established.*

To recapitulate, I observe that —

1. If there be one fact more self-evident than another, it is that artificial respiration is the *sine qua non* in the treatment of asphyxia, apnœa, or suspended respiration.

2. If there be one fact more established in physiology than another, it is that within just limits, a *low* temperature conduces to the protraction of life, in cases of suspended respiration, and that a more elevated temperature destroys life. This is the result of the admirable, the incomparable, work of Edwards.

3. Now the *only* mode of inducing efficient *respiration* artificially, at all times and under all circumstances, by the hands alone, is that of the postural manœuvres described in this paper.

This measure *must* be adopted.

4. The *next* measure is, I have stated, to restore the *circulation and warmth* by means of pressure firmly and simultaneously applied *in the course of the veins, therefore upwards.*

5. And the measure *not to be adopted*, because it tends to extinguish life, is the *warm bath, without artificial respiration.*

This measure *must* be relinquished.

These conclusions are at once the conclusions of common sense and of physiological experiment. On these views human life may, nay, must, sometimes depend.

Regimen.—Dr. James Jackson in his letters to a young physician, advocates an exclusive vegetable diet, both as a remedy and a preventive measure in epilepsy and apoplexy. Although patients may rebel against the prescription, if made to embrace the remainder of their lives, they will generally become reconciled to it if recommended temporarily, so as to become more indifferent on the subject than they had anticipated. Exercise is enjoined, mental perturbation disapproved, and the patient advertised not to return to animal food so long as he has very good health without it. In phthisis and hemoptysis on the contrary, he recommends animal food, milk, and a farinaceous diet, to which should be added fruit, and other articles of a laxative character, in case of a tendency to habitual constipation. Exercise in the open air, he considers of all things the most important in these diseases, which should be carried as far as the vigor of the patient will permit. It should not be done rashly, but boldly. The great object is, to prevent the cachexy, if it has not appeared, or to overcome it when it has, by such measures as will tend to increase the general vigor of the system, trusting to the natural efforts to overcome the disease. With the body properly protected by suitable clothing the patient is advised to live pretty much out of doors. For the relief of hemoptysis he recommends a combination of sulphate of copper and opium. In an urgent case he gave one gram each of these remedies, and repeated the dose in twelve hours. During fifty years practice he had only met with two cases in which this hemorrhage proved fatal in phthisis.

The Verminous Diathesis.—A remarkable case of this diseased condition is related in an English journal. An unknown lady, supposed to be of high standing in society, made application at an infirmary for sulphurous fumigations. A physician was called in to witness the case. He was cautioned, on entering the room, not to tread on the worms, a quantity of which had fallen from the patient's body, and been swept together, that he might see them. On examining the forehead, which was reeking with perspiration, he saw little red points sticking out from the skin, at right angles, and whilst looking at them some seemed to retract themselves others were evidently getting longer, and became a quarter of an inch and more in length, and then fell to the floor, as others had done. Upon the face, ears and neck there was the same appearance of little pink, thread like worms, as thick as they could cluster, elongating themselves to get out of the skin, and then falling, as from the forehead, on the floor. Many of them seemed to give a sort of jump or jerk before they could escape, and fall from the person. From all parts of the person, on further examination, these worms were found sticking out, stretching themselves, and then with a furtive jump, escaping from the skin to the distance of six or eight inches. On attempting to wipe the skin with a handkerchief, they would break off, their bodies being very tender; while its gentle pressure upon the surface seemed to facilitate the escape of the worms. Some were a full inch in length, but for the most part they were from a quarter to three-quarters of an inch, looking like fine pink threads, with red heads and the tail part larger than the head. They lived but a few minutes after disengaging themselves from the skin. The lady had been troubled in this way for more than two years, and attributed her complaint to sleeping in the open air, near some stagnant water, having found, on waking, her mouth and nose were full of young gnats. As the fumigating baths dislodged the worms by thousands, and after several repetitions of it the lady ceased to make her appearance, it was presumed she was cured.

Vesico-Vaginal Fistula.—We had supposed that the improvements made in the operation for this affection by Sims, had left little chance or hope for further improvement; but Dr. Bozeman, of Alabama, has published in the first number of the Louisville Review, a very interesting article entitled, "Remarks on Vesico-Vaginal Fistula, with an account of a new mode of suture, and seven successful operations." He gives a plain and intelligible description of his method, accompanied by illustrations, and a minute report of seven cases, some of them complicated and difficult, which have put his improvements to a severe test. The principal difference between his plan of operating and that of Dr. Sims, consists in using a button instead of clamps, through which the wires are drawn and secured by shot. This button is a concave and oval disc, large enough to cover the whole wound after it has been scarified and drawn together by sutures, through which the wires are drawn so as to press it closely over the wound; thus not only aiding in the coaptation of the cut surfaces, but covering them over in such manner as to exclude from the urine, and the secretions of the vagina. He calls this the button-suture, in contradistinction to the clamp suture of Dr. Sims.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TULGI.

CIRCULARS OF MCGILL COLLEGE, 1856-57.

We have received copies of the general "Prospectus" and of "the Annual Announcement of the Faculty of Medicine" of this Institution, which was founded by bequest of the Hon. James McGill, in 1811, erected into a University by Royal Charter, in 1821, and reorganized by an amended charter in 1852. Both documents set forth the advantages the student may derive from an attendance upon her courses in a lucid and perspicuous manner. We notice a few changes in the Medical Department, the staff of professors has been altered by the death of the late Dr. Crawford and retirement of Dr. Bruneau. The chair of the former has devolved upon the incumbent of Medical Jurisprudence, who retains the two; Dr. Scott has succeeded to anatomy; and clinical surgery, left open at the time of publishing the Circular, has been since filled by the appointment thereto of Dr. McCallum. Another alteration has been in a reduction of the fees of the anatomical and chemical classes, the extra 15s. has been done away with. By this each course is now £3, except that of Medical Jurisprudence, Clinical Medicine and Clinical Surgery. Were we to signalize for special comment any of the particular advantages of this school, we should select her well stocked library and her practical resources as chief instances worthy of attentive consideration. The library contains 2400 volumes, and this large number is made up of valuable monographs, elementary works and hand books, on the various departments of medical science, and a complete collection of the best English periodicals. It is open to the student without cost, upon the deposit of a small sum, which is refunded upon the return of the book. The practical resources to which we allude are, independently of those connected with each branch, the facilities for prosecuting practical anatomy and obtaining clinical information. "Arrangements have been made," it is said, "by which a plentiful supply of subjects will be constantly procured;" while the students, in the dissecting room, are to have the services of both the Professor and Demonstrator of Anatomy. The faculty have the extensive opportunities at their disposal, afforded by the Montreal General Hospital and University Lying in Hospital, and these are open to students upon the payment of a small fee. The former averages daily from 60 to 80 in-door patients; with about 260 new admissions, and 830 out-door patients every quarter. The diseases and accidents occurring among so many, are, as may be supposed, varied, and afford an

instructive field for study. The latter averages about 140 accouchements per annum. The method of education in these infirmaries is one which cannot but be followed with the very best results to the pupils in attendance. Were there no other advantages possessed by the faculty than those entailed by these powerful auxiliaries, they are amply sufficient to challenge a comparison with the educational resources of the very few schools of medicine in America that can claim any entitlement to a character of respectability, much less to one of utility.

ALEXIS ST. MARTIN.

For some time back we have met in our American exchanges with notices of the advent, in certain cities of the Union, of this man, whose name is now inseparably connected with the history of inquiries into the physiology of digestion. In every instance it has been stated that Alexis was accompanied by Dr. Bunting of Montreal. As no gentleman of that name had, within our memory, practised medicine in this city, we could not but think that there was some error made, either in the name of the person, or otherwise. During the last month we have had an opportunity of satisfying our minds on one or two points connected with this matter. Dr. Bunting, in his peripatetic wanderings, visited Montreal, and exhibited Alexis. That Alexis is genuine—that he is the veritable subject of Dr. Beaumont's experiments, we have not the slightest doubt; and, were he rather more under the control of his exhibitor, or possessed of a more amiable disposition, the curious in these matters might have some pleasure in examining him. As it is, the mere circumstance of seeing him, as we did, stretched on a table; obtaining a passing glimpse of the fistulous opening with its valvular fold, as he saw fit to remove the handkerchief which he pressed over it the greater part of the time, is anything but profitable or satisfactory. True, Dr. Bunting introduced a glass tube through the opening, Alexis in the meantime making some disagreeable grimaces, and having turned him on his left side, a small quantity of a greyish white, gelatinous looking fluid, with one or two small curdy lumps, passed through the tube into a receiver. This fluid exhibited an acid reaction, was devoid of smell, but as to its taste we cannot speak, not feeling at the time any particular desire to test it. Dr. Bunting, as we suspected, does not belong to the profession of Montreal. From information derived from a friend of ours, who is acquainted with Dr. B.'s antecedents, we are safe in saying that scientific pursuits have not engaged much of his attention. Of this, fifteen minute's conversation would satisfy any well-informed physician. We are glad, therefore, that it is Dr. Bunting's intention to take

Alexis to Europe, for the purpose of submitting him to the examination of celebrated physiologists—men who are accustomed to experiment, and the results of whose experiments are worthy of confidence.

NO MEDICAL FACULTY IN TRINITY COLLEGE.

The Medical Faculty of Trinity College, Toronto, Canada West, have resigned their professorships. The reason as publicly stated in the daily prints of Canada West is, that the Faculty caused an advertisement to be inserted in the local papers, stating that students in medicine henceforth would not be compelled to subscribe to the thirty-nine articles of the Church of England, and that no religious test would be demanded of them. And it was furthermore asserted that pupils could, by following the course of instruction at Trinity, procure, if they pleased, their degrees at any other University. The Council of the College, naturally indignant at this open declaration of rebellion and independence of the Medical Faculty, called upon them to withdraw the obnoxious advertisement from its place of appearing, and to return to their former terms of connexion; but the Professors declining to yield, and the difference not being removeable in any other way, the latter were constrained to resign their various chairs, which, we believe, they have filled, during the few years they have lectured, in a distinguished and profitable manner.

A New Invention.—We have lately examined an artificial leg, the invention of Mr. Condell of Kemptville, which for strength, lightness, convenience, and good workmanship, we have not seen surpassed. The great advantages which Mr. Condell's artificial limb possesses are, that perfect flexibility is secured with control of motion, while its extreme lightness, weighing only 4 lbs., enables the wearer to use it without fatigue. The contrivance for controlling the movements of the joints and foot is very simple, consisting of one artificial muscle, which is attached to the knee joint, the heel and inferior surface of foot, by means of a spring. The shape of leg is an imitation of the natural, and the wearer can even rest upon it when the knee joint is flexed. We understand Mr. Condell manufactures artificial legs for amputations, both above and below the knee joint. The inventor deserves great credit, as we learn he had never seen an artificial limb before his first attempt at manufacture, and as he has received several orders in town we hope to have an opportunity shortly of seeing a practical proof of the excellence of what appears to us the nearest possible approach to a perfect substitute for a natural limb. We may add that Mr. Condell is a Canadian, and as such deserves every encouragement, at same time his charges appear very reasonable. An agency for receiving orders has been established in the city.

COLLEGE OF PHYSICIANS AND SURGEONS, L. C.

So far we have not been furnished with the minutes of the proceedings of the last Triennial meeting, nor with a copy of the Report then read. We endeavored to obtain both for insertion in the *Chronicle*, not only during August but also in the month previously. It appears our failures are owing to the books being with the Quebec Secretary, and this gentleman not yet having complied with Dr. Peltier's request to send up copies. By the politeness of the latter gentleman they have hitherto been furnished. Pending the arrival of these proceedings, which will be duly published on receipt, we give below the names of the newly elected officers:—

President.—Dr. J. C. Frémont.

Vice Presidents.—Drs. A. Von Hlland and A. Hall.

Governors. City of Montreal.—Drs. A. Hall, W. Sutherland, J. G. Bibaud, T. W. Jones, H. P. Peltier, P. A. C. Monro, L. Boyer, and W. Fraser.

District of Montreal.—Drs. S. S. Foster, Jos. Chamberlin, C. Sabourin, R. S. Weilbrenner, J. H. Brigham, C. Smallwood and M. Turcotte.

City of Quebec.—Drs. Jos. Morrin, J. E. Landry, J. A. Sewell, C. J. Frémont, O. Robitaille, W. Marsden, R. H. Russell, and A. Jackson.

District of Quebec.—Drs. E. Boudreau, A. T. Michaud, Jos. Marmette, M. P. De S. LaTerriere, A. Von Hlland, L. Tetu, Tib. Charest.

Three Rivers and District of St. Francis and Three Rivers.—Drs. L. H. Gauvreau, W. H. Fowler, J. B. Johnson, G. Badeau, W. A. M. Gilmour, M. S. Glines.

Secretaries.—Dr. H. Peltier, (Montreal) and Dr. J. E. Landry, (Quebec.)

Registrar and Treasurer.—Dr. T. W. Jones.

VIVE LA BAGATELLE.

Under the title of "*Dr. Bedford's book again*" we find the following piquant notice in the *American Medical Gazette*, which, in a small space, contains an immense amount of pith. We give it here so as to secure ourselves from being inflicted with another copy for review, as we were sufficiently nauseated with the first:—

"The *Charleston Journal* is out with a stereotyped puff of this miserable abortion, under its new name, having dropped its Frenchified title of "Obstetric Clinique," and taken a new one, which has less odor. The *North Western Medical Journal* announces that, as the book first appeared in Nelson's *Lancet* "it is a pity it was not left there!" a significant indication of Professor Davis's estimate. Look out for a FOURTH edition after this first rate notice.—*Vive la bagatelle.*"

New Appointment.—At a special meeting of the Governors of McGill College, held August 27th, Dr. D. C. MacCallum was appointed to the vacant chair of Clinical Surgery.

OBITUARY.

At Williamstown, Glengarry, C. W., on the 21st August, Dr. John George Bethune, eldest son of the late Norman Bethune, Esq., of this city, in the 32nd year of his age. The deceased was well known in this city, his birth place, by a large number of friends, to whom he was endeared by kindly dispositions of heart and warm social qualities. He was also possessed of undoubted talents of a very high order, and they were afforded many an exhibition in graceful literary compositions, to which he was much devoted, before he became numbered with the cares of practice. Our last tidings from him was a notice of a beloved cousin who was likewise a physician, and over whom the grave had also closed.

BOOKS RECEIVED FOR REVIEW.

Taylor's Medical Jurisprudence, 1856. Benaet on Uterine Pathology, 1856. From Messrs. Blanchard & Lea, Philadelphia.

MEDICAL NEWS.

The Society of Surgeons of Paris have decided absolutely, from a large mass of facts, that syphilis is not capable of being transmitted with the vaccine virus.—Dr. F. Owen (*Charleston Medical Journal*) gives a case in which he knew cesarean section had been performed for the third time on the same individual.—“If physic do not work, prepare for the kirk,” saith an old proverb.—The physicians of Alleghany, Michigan, have adopted a set of rules, one of which we would like to see tried in Montreal, viz., not to attend a patient unless the physician previously in attendance shall have been regularly discharged and satisfactorily compensated for his attendance.—During the quarter ending July 1st, there were vaccinated by the city physicians of Boston 1043 persons.—When Mr. N. asked a daughter of Hahnemann who lived in the same house with him, to give him some homoeopathic remedy against his illness, he was advised by her to drink tea, as the homoeopathic remedies were nothing but dirt.—Prof. Evé has gone to Europe to expend 6000 dollars, exclusively in purchases for the Museum of the Medical Department of the University of Nashville.—Miss Nightingale has been elected an honorary life Governor of the Royal Free Hospital London, in testimony of her highly distinguished services in the cause of suffering humanity during the late war.—The Astley Cooper prize for £300 has been awarded to Dr. B. W. Richardson, of London, for his essay “on the cause of coagulation of the blood.”—The Professorship of Anatomy in the New York Medical College, is vacant by the retirement of Dr. E. H. Parker.—The great majority of the civil surgeons attached to the hospitals in the East have returned to Great Britain. A small portion of the staff will remain at Reskior, till the whole of the troops have left Turkey.—Hair dyes containing silver are becoming a profitable article of sale in the States. Each bottle contains actually from 8 to 10 cents worth of the metal and sells for a dollar. Yet so large is the consumption, that one firm in Buffalo used last year 1100 ounces of silver coin in manufacturing the dye.—Dove's trial will cost not less than £2475 10s., and this is exclusive of the cost of the inquiry before the Coroner.—The Registrar General's (England) return says, the mortality in the Spring Quarter was at the annual rate of 23.85 per 1000 in the chief towns, and 18.78 in the small towns and country parishes. This is below the average.