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THE MEDICAL CHRONICLE.

VOL. I.]

MONTREAL, MAY, 1854.

[No. 12.

ORIGINAL COMMUNICATIONS.

ART. XXXIX.—*Scraps from my Note Book.* By S. C. SEWELL, M.D.,
Edin., Bytown.

1. *A remarkable case of Secondary Syphilis, proving its occasional contagiousness.*

As the question of the contagiousness of Secondary Syphilis is being discussed with much acrimony in Paris at present, and is beginning to engage the attention of the Profession elsewhere, I deem the publication of the following to be very opportune. The circumstances were these:—A young woman was seduced in 1840, and infected with Syphilis by her seducer. The primary disease was cured in five weeks, and no secondary symptoms made their appearance. In the middle of May, 1841, a male child was born. The father, a man of means, placed the child with Mrs. B., about the 20th June. On Mrs. B. remarking that the child was covered with an ill-looking eruption, the father, in explanation, said the child was born with it. Mrs. B. was a stout healthy looking woman, of thirty-five, of most respectable character, her husband was a mechanic, and she had taken this child to nurse because she had lost her own; she felt lonely, and she was offered a good price. I saw her first on the 7th July. The child, puny and emaciated, was covered with lepra syphilitica, and about three dozen of smaccolating pustules. On the lips were three ichorous ill-conditioned ulcers; the tongue was also ulcerated. The child was so afflicted when brought to Mrs. B. On Mrs. B.'s nipples, and surrounding breasts, were several ulcers, identical in character with those on the child's lips. I announced to Mrs. B. that I considered that the child had communicated the "*bad disorder*" to her. From enquiries now set on foot by Mrs. B., it turned out that the nurse who had suckled the child from its birth to the 20th June, had been infected in the same manner, in consequence of which, she had refused to nurse it any longer. The child died six or

seven weeks after I saw it, a mass of putridity. Mrs. B., of course, immediately ceased nursing the child, and soon after went into the Montreal General Hospital, where, with few intervals, she remained for two years. She had leprous, and gangrenous pustular eruptions, ulcers of the throat and nose, iritis and nodes. She left the Hospital a miserable victim of syphilitic pains and cachexia, her face disfigured by copper-coloured cicatrices, and her powers of industry gone. She lingered for three years, when death mercifully closed the scene. I do not believe that there is any similar case on record, but it proves that the syphilitic poison may be still so concentrated as to reach not only the second, but even the third incubation.

Closely allied to the above is the following instructive case. Mrs. M., in her first and second confinements, was delivered of still-born babes; she was attended by a midwife. I assisted at the birth of the third, which was also still-born, having evidently died several days before. Having cured the husband of chancres when a bachelor, and having treated him for secondary symptoms since his marriage, I explained to him that the death of his children was clearly owing to a syphilitic taint, and suggested the propriety of his being salivated, to which he readily consented, and took the iodide of mercury for the purpose. The next child was again born dead, which also occurred several days before birth. The mother was always conscious of the event. I now proposed salivation to the mother; as although she had had neither primary nor secondary syphilis, yet I could only attribute the death of the last fœtus to taint in her system. She took the iodide of mercury also. The result was most happy. The next child was born alive; he is now nearly six years old, as active, healthy and vigorous a boy as any in Montreal. In two years he was followed by another bouncing boy, who enjoys the same rude health. Up to the period of my leaving Montreal, I occasionally treated Mr. M. for tertiary disease, which I suppose was in reality mercurial.

In this case the following questions suggest themselves. Was the mother's system poisoned, although no symptoms manifested themselves externally? If not, why did not the salivation of the father alone suffice to prevent the death of the fœtus?

Mrs. M. has had no more children.

2. *New use of Iodide of Zinc.*

Its value in reducing enlargement of the tonsils is now pretty generally acknowledged by the profession, and I have used it in several cases with satisfactory results. I had a case of venereal ulceration of the throat which resisted the acid pernitrate of mercury. As an experiment I employed the iodide of zinc with immediate improvement, followed by a

speedy cure. Since that I have used it in several cases of venereal ulcers, both of the throat and nose, with like success. Since 1837, I have used chiefly the acid pernitrate of mercury, (Ricord's formula), in such cases, and am therefore competent to form a comparative estimate of their value, and I give the preference to iodide of zinc. To apply it, twist a little cotton wool round the point of a wooden skewer, and having dipt it in the caustic, apply it to the ulcer. One application usually suffices to destroy the morbid action, and it is to be followed up with metallic washes for the throat, and dilute citrine ointment for the nose.

3. *Quevenne's Metallic Iron.*

I have used it in six cases of extreme spæmia, and have found it the most active hæmatozer of all the forms in which iron is exhibited. In only one of these cases was I obliged to conjoin sulphate of manganese. I use Meigs' formula. Each pill contains two grains of iron made into a mass with honey and tragacanth.

ART. XL.—*Practical Remarks and Suggestions on Asiatic Cholera.* By WILLIAM MARSDEN, M.D., Governor of College of Physicians and Surgeons, Lower Canada.

The possibility of this country being again visited, during the coming season, by that democratic scourge of the human family—asiatic cholera, has induced me to throw together the following practical suggestions.

I shall, in the observations I am about to make, avoid any allusion to the debatable point, the contagiousness or non-contagiousness of cholera asphyxia, which is still a *rezata questio* among many of the most eminent members of the medical profession, both in this country and abroad, to the very serious detriment of public hygiene; but I will, in the recommendations I may make, cast all the doubts into the human balance of public safety.

My suggestions will be of an individual or private character, as well as of a public and general nature. They are the results of my own observation and experience, during five distinct invasions, of active professional occupation, in the midst of sickness and death, and have impressed me with the conviction that no case is entirely hopeless. The vulgar maxim, that "prevention is better than cure," is hardly so applicable to any other form of disease "that flesh is heir to," as cholera.

There are many persons, however, and among them medical men, who, from superficial observations, entertain the fallacious idea that cholera sometimes pounces upon its prey without any premonition of any

sort, and hurries away its victim in a few short hours. I deny this position, and fearlessly call for proof to the contrary. I maintain that no individual in robust health has ever been suddenly attacked with the worst forms of cholera, and carried off without some premonitory symptom. We may all of us have seen persons walling abroad one day, apparently in perfect health, and hear of their having been consigned to the silent tomb on the next. I have, myself, frequently heard of such cases, but I never knew of one. I have, on the contrary, invariably found, on diligent enquiry, that the self-deluded victim had not been quite as well as usual, or had indulged in some unaccustomed habit, and had been suffering under some species of functional derangement (most commonly "bowel complaint"), for some hours, and not unfrequently for some days, previous to the invasion of the fatal disease, and this, generally, under a false or assumed courage, the effects of fear, which they wished to hide from themselves, as well as from their friends. A more fatal delusion than this cannot possibly exist. I am firmly of Dr. Kirk's opinion,* "that diarrhœa in this country always precedes cholera asphyxia; that this diarrhœa is always a curable complaint, and consequently, that this formidable disease,—the ways of which were wrapped in mystery, and inspired us with no feelings but gloom and despair,—may be calmly viewed by the eye of philosophy and common sense, as a malady, the secrets of which open to us, and the controul of which we have in our hands." Among the best prophylactic means in individual cases, I would suggest: regular and active bodily and mental employment; good air and exercise out of doors, daily (if possible); cleanliness, sobriety and temperance in all things; good and wholesome food, and of the same description that the person is in the habit of using; even the continuance of old habits, that may in themselves be evil, when the disease has once made its appearance amongst us; avoiding such things only as experience has taught to be hurtful in each individual case; warm and comfortable clothing and bedding, and regular rest; the rigid avoidance of all quackery and quack medicines; and, early application to some honest and discreet physician, in the event of indisposition.

Among the public or general means of action that I would recommend, the first is, the organization of a board of health, which shall be furnished with absolute powers and ample means to carry out any plan of hygiene that may, by the exigencies of circumstances be demanded. The board not to be too numerous, and to be composed of gentlemen of education, experience, and decision of character, without regard to their po-

*Practical observations on cholera asphyxia, by James B. Kirk, M.D. Greenock, 1832, page 5.

lities, and to consist of laymen, clergymen and physicians in about equal proportions.

Reports to be made daily to the Board of Health, from which all orders shall emanate, but no reports to be published until the season is closed, or cholera has disappeared, if it should come. The reports and proceedings of the Board, however, to be open to all persons for inspection, that may desire to see them.

The city to be divided into wards of convenient size, and each ward to be placed under the control of a visiting physician, appointed for the purpose, who shall make a daily domiciliary visit to every house in his ward.

All patients to be prescribed for and attended at their own residences if possible: and if not, at an hospital, of which there shall be a small one, (with a dispensary attached,) in each ward; or one in the centre of two wards, if practicable.

The visiting physician shall, in his daily domiciliary visits, enquire personally into the state of health of every member of each household in his ward; and, if there be any one sick, shall insist upon the immediate attendance of the family physician, or any other that they may choose; or if they have no choice at all, to prescribe for them, or remove them forthwith to the hospital,

The hospital wards shall be small, and contain from two to four beds in each, and in no case more than six, and then only for the use of convalescents.

The influence of mental impressions upon the health, as especially fear, is too well known to require more than a passing remark, in order to justify the withholding of published reports.

The object in having a small hospital in each ward is firstly, that the patient may be at once placed under medical treatment, without the loss of valuable time which has frequently occasioned death; and secondly, that the public gaze may not be shocked, and terror spread by seeing an unfortunate fellow-creature transported from one extremity of the city to another, often writhing in the agonies of death.

The advantages of attending the sick and afflicted at their own houses are manifold, as, besides the saving of time, the patient's mind will be at ease by being surrounded by the kindly attentions of sympathizing friends.

The plan of having small hospital wards, in cases of cholera, is not new, but was first introduced (I think) at Guy's Hospital, London, and was found to answer the purpose intended admirably; the congregating of large numbers of patients together having been found to increase infection, as well as the virulence of the disease. The beneficial effects upon the minds of the patients in not seeing themselves surrounded by

multitudes of their fellow-creatures writhing in agony in various stages of disease were also most apparent.

These remarks have been thrown together hastily, and I have to apologise for their imperfections and want of details; yet, if their effect, either directly or indirectly, be to snatch one single valuable life from the fangs of the fell destroyer, I shall consider myself amply repaid.

Quebec, 1854.

P.S.—The suggestions of a local nature contained in the foregoing hasty remarks were designed for Quebec, but they may, with the general principles be applied to any other locality.

W. M.

ART. XLI.—*Case of Phlegmasia Dolens.* By J. S. CROOKSHANK, Surgeon, Barrie, C.W.

On the evening of the 3rd February last, I was called, in haste, to visit a married lady residing some twelve miles distant, who was reported to be seriously ill.

On arriving, I obtained the following history. Patient is aged 31, has had four children, about ten days ago was confined by her last labour which, I understood, was natural. On the fifth day after delivery, she was enabled to leave bed and attend slightly to her domestic duties, which she continued performing until the evening of the eighth day, when she was suddenly seized with a severe rigor. On the following morning, she complained of pain, and stiffness in the left thigh, groin, and leg. In the evening, immobility and pain were much augmented. There were also great tension of limb, but more particularly in thigh and groin. At this time, the immobility was so great as to render her incapable of moving or turning her limbs in the slightest degree. There were considerable constitutional disturbance, such as hot skin, urgent thirst, and severe headache. She also suffered from difficulty in micturition; and, for the last two years, she has been a martyr to chronic rheumatism. Her symptoms continued to increase, until the following evening when I saw her.

On examination, I found her limb was enormously increased in size, being more than a half larger than its fellow of opposite side. Swelling extended to leg and foot; the groin of same side felt hard, swollen and painful, on pressure being applied; tenderness also present over pubic region. Pulse 115, hard and wiry. Tongue dry and red at tip and edges, urgent thirst, severe headache, bowels constipated. One night

she was seized with rigor; lochial discharge ceased, but again returned last evening, and continued for a few hours. The swelling was of that peculiar white shining appearance, so ably delineated by Blundell, Burns, and others, who have had many opportunities of witnessing this curious and interesting affection; below the knee, and at the instep, it pitted slightly on pressure. Temperature of limb, above natural standard.

The following treatment was immediately adopted. Performed phlebotomy, made a large orifice in vein, and soon abstracted sixteen ounces of blood. To reduce arterial action still further, the following was administered:—

R—Antimon. potassæ tart. gr. iv.

Aq. destill. ℥ij.

Sig. a tea spoonful every second hour. Solve.

The first and second doses produced copious vomiting.

R—Chloridi hydrarg. gr. xvij.

Pulvis. opii gr. ij.

Divide into six powders; give one every second hour.

Spirit lotion was assiduously applied to limb during the night. I remained over night, and on following morning found that great amendment had occurred. Pulse 25, softer than on evening previous. Pain not so excruciating in limb. Slept some during night. Thirst not so pressing. Headache greatly relieved. Swelling of limb rather increased. Bowels have been freely acted upon. Directed limb to be well rubbed with tr. sapon et opii. A teaspoonfull of æther nitros spt. to be given every hour for the difficulty of voiding urine; the third dose produced desired effect.

Three days afterwards I again saw her. Swelling in limb has greatly decreased. Pain diminishing. Has slept for the last two nights well. Pulse 75. Tongue moist. Bowels rather confined. Great immobility of limb still continues; is capable, however, of slightly rotating it.

Directed the following embrocation to be rubbed upon limb. Camphor ʒvi.; ol. olivæ ℥iv. Dissolve camphor in the oil, and add pulv. opii ʒi. Recommended the limb to be bandaged from toes.

Four drachms of sod. pot. tart. to be taken every morning as a gentle aperient.

On the 22nd of same month, I heard that she was able to get out of bed with assistance, pain of limb entirely gone, great stiffness still remains, swelling continues gradually decreasing, and general health as good as usual.

March 24.—Saw her husband this morning, swelling still decreasing but slowly, can now move about her room without assistance, motion of

limb also improving, and bandaging has been laid aside, which, on being resumed for some time, she is confident will reduce her limb to former size.

30th.—Heard to-day that she is completely recovered.

ART. XLII.—*Case of inflammation and abscess of the breast, of seven months' duration, treated with the Iodide of Potassium and pressure.* By A. RUTTAN, M. D., Newburg, C. W.

Mrs. R. . . ., age 30, having been delivered of her third child, was attacked on the fifth day with severe inflammation of the left breast, which terminated in abscess. Her physician, as near as I could learn, applied the usual antiphlogistic remedies, which not proving successful, induced him to quit his patient, with a view of trying what nature would do towards effecting a cure. When she applied to me, which was seven months after her confinement, the whole of the left mamma was diseased, together with the glands in the axilla. The cellular tissue, fascia, and gland, were alike involved in the inflammatory action, and the latter, being much enlarged, had that peculiar nodulated and tumor-like feel, which is characteristic of inflammation of this organ. The integuments were much swollen, of a dark red or brown color, and excessively tender on pressure.

At the superior margin of the gland, was an orifice, which gave exit to the purulent discharge. By introducing the probe, I found that the gland was separated for the greatest part of its extent, from the pectoral muscle, and could pass the instrument downwards in any direction to the depth of six inches, and backwards into the axilla as far as the latissimus dorsi. During the first five or six months, she had, according to her own account, almost daily, cold chills, followed by heat and perspiration, with occasional sick fits, vomiting of bile, loss of appetite, and sometimes absolute loathing at food. When I saw her, she seldom perspired, but had repeated shivering fits, and so susceptible had the nervous system become, that cold chills, with severe local pain, followed by nausea, were produced, whenever the breast was exposed to the air of the room at an ordinary temperature.

Having seen an extract from the Southern Medical and Surgical Journal, as published in the February No. of the Medical Chronicle, upon "Mammary abscess, treated with Iodide of Potassium, by J. Y. Caruthers of Hendricksville, Alabama," I resolved to try the effects of the remedy on my patient. I gave her two grains of the iodide night and

morning, in the form of solution, and applied locally the Ung. Iodini, spread upon fine linen. In a few days, her appetite and general health improved, and in ten days, with the use of the remedy, the tenderness had so far diminished, that the application of pressure by means of a roller and compress, as tight as I could conveniently apply it, was attended with but little pain or uneasiness. In applying the bandage, I passed it alternately around the chest, and over the right shoulder, care being taken to direct the pressure from below upwards, and at the same time, maintain a large and firm compress in the axillæ, which I afterwards regulated according to circumstances. During the first twenty-four hours after applying the roller, six or eight ounces of pus escaped from the opening, and the swelling had so far subsided as to loosen the bandage. I re-applied it every other day, the discharge constantly diminishing, and in three weeks from the time I first saw her, the discharge had ceased, and the sinuses completely closed. I examined the breast a month afterwards, and there were no signs of its return. The gland had become nearly restored to its natural consistency and color, and says she feels perfectly well, experiencing only at times a slight uneasiness in the breast, which she imputes to atmospherical changes.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXXVI.—*A Treatise on Venereal diseases*, by A. Vidal (De Cassis,) Surgeon of the Venereal Hospital, of Paris; author of the *Traité de Pathologie externe et de Médecine Opératoire*, etc., etc. With colored plates. Translated and edited by George C. Blackman, M.D., Fellow of the Royal Medical and Chirurgical Society of London, &c. New York: S. S. & W. Wood. Montreal: B. Dawson. Pp. 499.

We regard the present work as the best general treatise that has ever been published on Syphilis, and are much mistaken if it does not soon become the authority of the day. Messrs. S. S. & W. Wood have done all in the power of art to render it attractive and useful, and they deserve much praise for the taste and workmanship it displays. The colored illustrations are the most beautiful and faithful things of the kind we have yet seen. Exclusive of an accurate digest of the literature of syphilis up to the time of compilation it contains an enunciation of the opinions and experience of the author, whose opportunities have been

most favorable. We shall now proceed to submit his principal views to the notice of our readers.

With Benjamin Bell he admits a double virus—a Blenorrhagic and Syphilitic—"or more properly speaking we apply two names to the same virus," according as to whether there be primarily caused in the part infected, suppurative inflammation (Blenorrhagia) or ulceration (Chancre,) both of which are liable to be succeeded by peculiar accidents and consequences of a general character. He denies that Chancre is preceded by a characteristic pustule—years may be fruitlessly passed in its search, and although he has watched he has never yet observed it; he has frequently had under constant observation cases where fresh chancres have been superadded to those under treatment but has never yet found them originating in a pustule. The *debut* has invariably been either in an ulcer or abscess. It therefore follows that the phenomena caused by Inoculation are not typical of those that result from contamination by impure connexion, because the first effects of inoculation are p. *pulæ*, vesicles and pustules. In appreciating this difference it should be remarked that there is a total dissimilarity in the circumstances of both cases; inoculation creates a new surface—a traumatic surface—which cannot be in the same condition as the normal surface on which pus is only deposited. To Inoculation as a test of Chancre there are many weighty objections. When positive it always causes a Chancre, whereas the same pus naturally introduced, sometimes produces a mucous tubercle, sometimes a vegetation, sometimes a chancre, p. 32.—certain chancres real and obvious have been proved to contain no inoculable matter—p. 34. Again there are others, the pus of which cannot always be inoculated as those of unnatural shape, caused by cicatrization or some other complication, the deep seated, the *chancres larvés*, and yet these are the very ones most in need of such a diagnostic. When a chancre is granulating, inoculation fails to produce any result. And lastly the distinction between primitive and consecutive cannot be established by inoculation—p. 208. The distinction of the Syphilitic from other kinds of Bubo by inoculation, is very fallacious—for this test is then only serviceable when pus has formed, and as suppuration may have only invaded the cellular tissue externally the pus there collected will not be inoculable for the virus is confined to the gland beneath. Even when the gland is penetrated and pus procured from it this may not be virulent, for two glands may be affected, one with the disease, and one with simple inflammation and the matter have been taken from the latter. Moreover, when reparation succeeds suppuration in the most virulent bubo, inoculation is utterly negative—p. 243. And lastly, it has been demonstrated that the most virulent pus produces no effect on certain persons who are insusceptible of any syphilitic infection.

He believes in the doctrine of Incubation, that is to say, that the virus may remain for some time a cause without effect, at least without any appreciable effect; it is substantiated by analogy and well observed facts. One instance, seen by himself, was that of a young man who had intercourse with a prostitute, a friend to whom he told his adventure so frightened him by telling him that she was diseased, that he immediately after applied to M. V. "For four days, during which I attended him, I observed nothing. On the fifth day a chancre appeared."

He dissents from those who maintain the opinion of the localization of chancre, there being no certain period wherein the effects of the virus are limited to the narrow sphere of the chancre, and a recently developed chancre which already secretes pus capable of inoculation, being at the same time able to produce that which is capable of absorption. M. Reynaud reports a case where two suspicious pustules on the penis were immediately cauterized, yet secondary accidents were not prevented, although after the cauterization the patient abstained from sexual intercourse. As there is no reason for denying the efficiency of the cauterization this instance must be admitted to be one remarkably illustrating the rapidity of absorption after infection, and the short time necessary for the contamination of the system. The diseased action in the part itself is not limited to the seat of ulceration, the textures around and beyond it are all implicated, although to outward appearance they look healthy. "I have sometimes excised almost an inch below chancres on the edge of the prepuce; I have found the skin, mucous membrane and cellular tissue, entirely sound, and yet the wound became transformed into a vast chancre."

He considers induration as a character of all chancres occurring in varying degrees and being variously seated in the different varieties, and therefore that it is not pathognomonic of the kind commonly styled Hunterian. He observes "I will not with Babington, assert that induration precedes ulceration; nor will I admit with others that induration is consecutive; I believe that both these conditions may occur simultaneously; whilst nature effects a diæresis, it also produces a synthesis, it condenses the tissues, or creates a fibroplastic tissue beneath and around the ulceration." Such views tend materially to simplify the relations of chancres to the constitutional affections. Induration is merely a result of the virus and not its agency, hence "*it does not produce the pox.*" It becomes, however, an important indication as when present it is to be inferred that "*general infection has already taken place.*" Hence it is a sign of confirmed Syphilis and may be the only one.

In extension of these principles he differs from those who hold that constitutional disease alone, or for the most part follows the (Hunterian) chancre as well as from those who conceive that induration is the start-

ing point of the general disorder. He maintains that every chancre liable to be followed by consecutive accidents, and these follow chancres but moderately indurated and the speedy cicatrization of those which were regarded as non-indurated.

A solution of continuity is not an absolutely necessary condition for virulent absorption. This may proceed equally well from an ulcer or a wound. Hence, the first manifestation of infection may be an enlarged lymphatic gland—a *Bubo d'emblee*—of which he has seen several instances and has stated two marked examples.

He corrects several erroneous ideas prevalent about Buboes, such as, the disease being confined to one gland unless the chancres be very large and restricted to the glands in the region nearest the chancre; that when the virus is once beyond the lymphatic vessel and gland it can be no longer inoculated or transmitted; that a Bubo can be sympathetic when no antecedent irritation or cause exists, and that a sympathetic bubo is syphilitic and not inflammatory. In describing the different buboes he evidently recognises three distinct classes. 1st. Produced by absorption of virus preceded or not by inflammation, ulceration, &c. 2d. To extension of irritation or inflammation and independent of Syphilis. 3d. From virus having acted on the whole system and then causing an enlargement of the glands, or, in other words establishing a consecutive bubo.

The question of the transmissibility of secondary accidents is highly important and has enlisted much controversy. Vidal maintains their transmissibility and clearly demonstrates it. He says, "without being inoculable, they can be transmitted only hereditarily." That is that they are not necessarily communicated like chancre by actual contact but like scrofula, pass as a heirloom from the parent to the child. The principle of infection, therefore, exists in the blood and secretions, and is not confined to the pus of a chancre. This is illustrated in the birth of pocky children, by mothers having neither chancre nor bubo, and in infants infecting their nurses, who in turn disease their families. Some secondary accidents seem directly contagious, thus he has succeeded in inoculating the pustule of ecthyma, and the tubercle of condyoma. In speaking of the transmission of secondary accidents, he explains the reputed failures by attributing them to an ignorance of the conditions required for inoculation and mode of production, for it is likely the secondary requires for due accomplishment certain conditions as well as the primary. Again, they may not be inoculable by incision but by friction, or endermically, or in some other way less understood.

Vidal's statement of the transmissibility of secondary symptoms is borne out by the experience of other authorities. Mr. L. Parker met with two cases—in one the wife contracted secondary from her husband without

ever having had any primary disease as she was constantly under Mr. P's observation, and the man was cured of his chancre before marriage and had no return afterwards. In the other, a gentleman after having been free from secondary symptoms for a year, married, when both he and his wife became affected with sore throat and eruption and lost their hair, and the latter aborted in the 6th month a blighted child. These must be analagous to the cases seen by Mr. Porter, which justified him in saying "that the semen of a diseased man deposited in the vagina of a healthy woman will, *by being absorbed*, contaminate that woman, without the necessary occurrence of a chancre, or any other sore secreting matter on either the man or the woman."

The doctrine of Syphilization is ably discussed in the present work. This practice is in imitation of Small Pox inoculation; founded on the same principle, and performed for the like object. It has been vested with prophylactic and curative powers. As a prophylactic, it is intended to saturate the systems of unaffected persons with syphilitic virus, so as to endow them with future immunity from contamination during impure intercourse. As a curative to procure the removal of ulcerations and other effects of Syphilis by inoculating those in existence with fresh virus; here also it is expected that protection will be secured against further infection. Experiments have been made which the projectors deemed conclusive proof of the truth of their views. The persons selected having been devotees to science, at the time free from disease, and patients laboring under Syphilis. A careful examination of the results however, shews them to be unentitled to consideration, and while further opportunities have not served to yield similar effects, they have tended to remove any importance which might have been attached to the original. Persons said to have been syphilised, *i. e.* incapable of further infection, have been again inoculated, and the so called cases are of questionable interpretation and not sufficiently numerous to admit of positive inference. M. Vidal believes that for a time a person may be syphilised, but that the effects are of short duration, and when they pass off he is again susceptible of contamination. He also thinks it possible that one part of the body may be syphilised while other parts remain unprotected. Thus in chancre on the prepuce, the penis imbrued with its pus has not become inoculated, while the thigh has borne a chancre at the spot touched by the first during the apposition of the penis and thigh. Under such circumstances perfect safety could only be obtained by inoculating all parts of the body at the same time.

The author's treatment of suppurating bubo deserves notice. Instead of a single free incision he has recourse to puncturation with a straight bistoury, or lancet. When the abscess is recent and limited to one gland he only punctures once, when more extensive and superficial he does so

several times at the same sitting, and again, if necessary, at a subsequent visit. Each puncture is of the extent of a centimetre. If only one be needed, it is made in the most fluctuating point, if several, they are effected about the circumference of the tumor, in a subcutaneous manner and in an oblique direction. Should all the pus not have drained away after a few days, compression is employed, and if the first apertures have closed they are re-opened or new ones added. The advantages of this method are stated to be that of easy and rapid application, less painful than others, productive of more speedy cures and not followed by deformity.

The opinions of Vidal, which we have set forth, are directly opposed to those of M. Ricord, and, in our opinion, justly so. Even Ricord himself has retracted some of his earlier statements, and evinced marked inconsistencies in his views, as published in his *Treatise* and *Letters*: most of the doctrines attributed to him are actually those of John Hunter, and his merit is often only that of a commentator and experimentalist. He has almost been idolized for having, as Gibert says, "extravagantly extolled Inoculation," though B. Bell, and others, employed it years before even America knew him. So open to censure has he laid himself, that even his friend M. Malgaigne has said, "M. Ricord, possessed of a theatre of observation, vast as could be wished, began by rejecting the observations of others; then, adopting a certain theory, he disregards those of his pupils, made under his own eyes, in his own service, and finally, I must say it, he takes no heed of his own when they conflict with his own preconceived views." M. R. denies both incubation and non-consecutive Syphilis. Until lately, he held that Syphilis was peculiar to man, and was not communicable to animals. He confessed, for a time, to Cullerier's notion of transplantation. He contends for the unity of the venereal virus, though, lately, he admits to having failed in proving the doctrine. He asserted that "all men were equal before chancre," that none were unimpregnable. He states that infection can only proceed from the matter of a chancre—that the virus can only enter the system by a chancre, and its infecting properties do not reach beyond the first gland above it, beyond which it can do no harm to others, as it no longer exists as a contagious agent: thus he discarded the transmissibility of secondary disease. He restricted constitutional infection to the true (Hunterian) indurated ulcer. He formerly spoke of his undeviating success with nit. silver, but recently acknowledges almost constant failures. The discovery of *chancre larve* has been taken from Hernandez, and improperly assigned to him. And lastly, "he has pretended by inoculation to distinguish affections apparently similar; to establish the difference between the primitive and consecutive accidents, to aid the cause of justice, and, in fine, to establish a classification, a system; further, still, he

maintains that by the same proceeding he has proved that Syphilis is confined to the human system." These erroneous notions of M. Ricord have become pretty generally diffused, not only from the currency of his own, but also from the writings of others who have received them unquestioned, and recchoed them unaltered. On this account, we are glad that a *new* book on Venereal has come out, and we advise every one to get up its information as soon as possible.

XXXVII.—*Homœopathy: its tenets and tendencies, theoretical, theological and therapeutical.* By James Y. Simpson, M.D., F.R.S.E., Professor of Midwifery, University of Edinburgh, and Physician Accoucheur to the Queen for Scotland, &c., &c. Pp. 304. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson.

Homœopathy fairly represented, a reply to Professor Simpson's "Homœopathy" misrepresented. By William Henderson, M.D., Professor of General Pathology in the University of Edinburgh. First American from the last Edinburgh edition. Pp. 302. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson.

While Homœopathy exhibited signs of active life in Canada, we hesitated not to grapple with and expose its gross absurdities; but now that premature decay is so plainly marked on its structure, even in its youth already evidencing a speedily approaching dissolution, we care not to occupy our pages with matter so uninteresting to our readers as a review of "infinitesimals," and the law, so called, of "similia similibus curantur." Four or five years ago homœopathy was, in Montreal, decidedly the favorite form of quackery. Many excellent and sensible persons, deceived by its speciousness and charmed by its apparent simplicity, wondered vastly that the regular profession did not at once appreciate its beauties—promptly throw ordinary "physic to the dogs," and exhibit in its stead certain sugar of milk globules, or drops of pure water, somewhat humorously styled "potencies." Those enamoured of the system were quite enthusiastic in its behalf, and labored hard to cause its general adoption. The wonderful virtues of chalk, sulphur, charcoal, &c., when administered in doses of a millionth, billionth, or trillionth part of a grain, were the favorite theme of the hahnemannist, while he spoke of *castor oil, blisters* and *leeches*, much in the style of one who loves to astonish his hearers by the description of some infernal machine to take men's lives away. Now, however, we seldom hear this form of quackery spoken of; and when it is mentioned, terms, not altogether of the most refined or complimentary character, are selected by the speaker to give expression to his opinion of it. So mote it be.

Dr. Simpson's work is the best *expose* of homœopathy that we have met with. Dr. Henderson's is an *attempted* reply to the scathing criticisms of Dr. S. To those of our readers who wish to acquaint themselves

with both sides of the question, we recommend the above volumes. The style in which the reprints have been brought out is highly creditable to the publishers, Messrs. Lindsay & Blakiston.

XXXVIII.—*On the subject of Priority in the Mediation of the Larynx and Trachea.* By Horace Green, M.D. p.p. 18.

“Honour to whom honour is due.”

Those members of the profession who have practiced cauterization of the interior of the larynx and trachea, and witnessed the beneficial effects of such practice, will feel interested in the determination of the question involved in the subject of the pamphlet before us. “To whom if not to the writer of the pamphlet,” we fancy we can hear them exclaim, “is the claim of priority to be awarded?” In this part of the American continent, physicians, certainly, have associated Dr. Horace Green’s name with the origination and earnest advocacy of topical medication in laryngeal affections. It would appear, however, that *in his own country* there are those who have made strenuous and unremitting efforts to transfer the honour of the discovery from American to European medicine. In striking contrast with this procedure, and which, at the same time, must overwhelm his unpatriotic opponents with confusion, stand the recorded acknowledgments of Dr. Horace Green’s claims, by distinguished European authorities. These Dr. Green has collected in his pamphlet, and, in the same place, satisfactorily substantiated that he was the first man to pass “a sponge probang loaded with solution of nitrate of silver” through the glottis and larynx into the trachea (Dr. John G. Adams to the contrary, notwithstanding), and to point out that such practice was devoid of all danger.

CLINICAL LECTURE.

Clinical Lecture on Diseases of the Anus and Rectum. By John Hamilton, Surgeon to the Richmond Surgical Hospital, Dublin.

(From Dublin Hospital Gazette.)

Abscess at the Anus.

Andrew Carberry, æt. 28, was always healthy till ten days before admission, when he got a shivering followed by thirst, and a few days after experienced uneasiness about the anus at the left side, where he could feel a hard flag; it was very sore and became painful, so that he could not sit down easily, the only position at all comfortable being the recumbent. The swelling gradually increased, extending forwards and becoming more prominent but less hard. For the two nights previous to his coming to the hospital it was exceedingly tender and painful, quite preventing sleep,

There is a considerable swelling at the left side of the anus, and ex-

tending far forwards to the perineum; it is prominent but diffused; the integuments of a dull red colour, extremely tender, fluctuation can be felt obscurely in the centre, but it is generally hard.

Defæcation does not cause any particular uneasiness, but he is easy in no position but lying down.

Jan. 9th—I opened the abscess from one end to the other; the walls were thick. Half an ounce of pus came away, less than might have been expected from the size of the swelling.

Jan. 25th—He was discharged, the abscess having gone on without any further trouble, contracting gradually to a small, superficial, healthy sore.

Abscesses are not unfrequently met with by the side of the anus; the quantity of loose, fatty, cellular tissue, the depending position, and the proximity to the rectum, all tend, perhaps to favour their formation. They are met with in the acute or subacute form, the latter much the more frequent. In the subacute, pain is felt at the side of the anus, amounting, at first, to little more than uneasiness; this pain is increased by coughing, but not so much by the effect of passing a motion, contrary to what we would expect. At this stage the anus and adjacent parts look natural, but in feeling, at the painful side, with the point of the finger pushed upwards, a hardness will be felt high up, tender on pressure. At length, the side of the anus becomes swollen, redder and harder than natural, and finally, the tumor gets softer in the centre, but without well-marked pointing, and fluctuation is evident. These changes are usually preceded by rigor, and accompanied by more or less fever, depression of spirits, loss of appetite, and increase of local suffering. The patient walks with pain and difficulty, and in sitting is careful not to lean on the affected side, but bears on the opposite buttock.

Sometimes the progress of the complaint is much more acute, and the internal pain, preceding any outward appearance, much more severe.

Abscesses about the anus are sometimes of considerable size, extending from the coccyx to the perineum. They are usually confined to one side; they will break of themselves if let alone, either into the rectum, or more commonly externally. The opening is generally too small, and though a greater portion of the matter escapes at first, yet, what is secreted afterwards only imperfectly gets out, the abscess is prevented from closing, and a fistula is the result.

Now, as to the contents of abscesses about the anus: in some you will find the pus thick and healthy, yellow, or slightly greenish; but they have the same peculiarity that abscesses next mucous membranes elsewhere have—at the side of the mouth, for instance, or in the ilio-cæcal region—viz., the odour is usually most offensive. The pus is certainly sometimes inodorous, but more generally has an odour correctly compared to that of garlic. The abscess also not unfrequently contains air.

In people of full gross habit, heavy feeders, and indolent, the abscess assumes a gangrenous character; it is most extensive, the integuments livid, the matter has a gangrenous fætor; the cellular tissue dark green and sloughy, and there is much foul air. This last is sometimes so excessive as to gush out with violence immediately the abscess is opened. Sir Philip Crampton told, in his lectures, a case of this kind, which he

opened at night, and where the puff of foul air was so violent and sudden that it blew out the candle held close to the anus by an assistant.

You will meet with abscesses by the side of the anus at any age, in children, adults, and old people; but in the first and last they are uncommon, the time when they most frequently occur being from 25 to 45. They may arise from many different causes; constipation of the bowels may act mechanically, the retained feces pressing on the mesenteric veins which receive the returning blood from the hemorrhoidal, cause a retardation of blood in the latter, and a congestion of all the veins about the lower end of the rectum; at length inflammation ensues, encouraged by the abundance of cellular tissue, and finally abscess. Diarrhœa is another cause, by the irritation and repeated excessive call to action of the rectum and sphincter, which irritation, being propagated to the cellular tissue about the anus, ends in abscess. The diarrhœa which occurs so constantly in phthisis may be one reason why these abscesses are so common in that disease, but they occur without any bowel attack quite as frequently, which may be explained, perhaps, in this way:—In phthisis, in proportion as the lungs become more diseased and less capable of disengaging the carbon from the blood, the liver takes on a vicarious action, becomes enlarged and fatty, with proportional turgescence of the portal system of veins and of the veins which enter into them, the inferior mesenteric and the hemorrhoidal, which last becoming congested, lead the way to the formation of abscess about the anus. Ulcers of the inside of the rectum, towards its extremity, no doubt cause the formation of abscesses, but not as unfrequently, I believe, as Sir B. Brodie conceives. I think, also, that M. Ribes is not right in saying that abscesses at the anus are most frequently caused by inflamed piles. They sometimes give rise to abscesses, but not frequently. Foreign bodies lodged at the lower end of the rectum, particularly such as are hard and sharp-pointed, by perforating the side of the bowel just in the *cul de sac* above the internal sphincter, cause an abscess, and so work their way out by the side of the anus. Authors give many instances where caries of the bones of the ischium and sacrum excite to the formation of matter either at the side or back of the anus; when this has broken, it terminates in a fistula, which will remain open for months or years, till the carious bone changes a diseased for healthy action, or if there is a piece of loose bone, till this is removed; the surgeon's principal duty in these fistulae connected with diseased bone, is carefully to search for any detached pieces, and remove them, any operative proceeding for their radical cure being out of the question as long as the caries lasts.

Now with respect to the treatment. In cases of phthisis, if the abscess is not very painful, it may, perhaps, be best left to nature to open. In certain instances the abscess below does seem to retard the progress of the fatal disease above. When there is much pain, a moderate sized opening may be made, soft poultices applied for a few days, and, as the discharge lessens, a small pledget of lint, smeared with white oxide of zinc ointment. In disease of the liver, the same rule of treatment applies; the discharge from the anal abscess acts as a kind of derivative from the more serious disease.

When it is merely a local affection, our object should be, if we see the

case so early that we have to treat it for the inflammation which precedes the formation of matter, to put it back, and prevent its terminating in abscess; and we are sometimes, though rarely, successful.

Mr. Newland, of Camden-street, brought me a young man who complained of pain at the right side of the anus, with such soreness on pressure that he could hardly bear to sit down; he suffered severely when he coughed. The anus and its margin appeared quite natural, but the point of the finger passing high up on the right side of the anus detected a hardness which was very tender on pressure. No pain at stool; but his nights were disturbed by uneasy sensations in the part. The pain was of a fortnight's standing. By leeching and mild purgatives, and friction with an ointment of mercurial ointment and extract of belladonna, the pain and tenderness, and finally the hardness, disappeared in less than a fortnight.

When, however, there are well-marked redness, swelling, and hardness, your efforts will generally fail; a few leeches to relieve pain, warm stupes and poultices, very gentle laxatives, and rest in the horizontal position, will alleviate. But little time should be lost in the use of these means; directly there are any signs of the presence of matter, an opening should be made, for when matter is once formed, from the soft nature of the structures by the side of the rectum, it is apt to spread upwards by the side of the bowel or round it, isolating the rectum, and forming a large cavity which may break into the bowel, and though attended with relief at first, finally end in a blind internal fistula, a troublesome complaint; or if the opening is tolerably large, after the pus is evacuated into the bowel, air, the secretions of the rectum, and faecal matter enter the sack of the abscess, irritate and inflame it, and, after much irritation and pain, burst externally. For these reasons, therefore, an opening should be made tolerably early. Petit, who has written well on this subject, had a particular way of opening abscesses by the side of the rectum and anus. He introduced his forefinger into the anus; on his finger he passed a bistoury, with the point rather blunt, so as not to wound the finger; then he forced the end of the bistoury through the walls of the rectum into the abscess, and cut outwards and towards the tuberosity of the ischium, dividing the sphincter and opening freely into the abscess. A very free exit was given to the pus, and the sphincter being divided, little chance remained of the case terminating in fistula. Though this proceeding of Petit's contained the true principle of the operation, viz., to make a free opening, yet it is unnecessarily severe and is liable to the objection of offering a cavity for the entrance of faecal and irritating matters, which must delay the healing of the part. Besides it is unnecessary: a sufficiently large opening can be made along the side of the anus externally; the simple rule being, that it really be sufficiently large; for if the abscess is merely opened with a lancet, the same thing happens as where the abscess opens of itself, the aperture is too small, and as the matter re-accumulates, only partially allows it to escape. It therefore burrows in every direction where the resistance to its progress is least, opens into the rectum, or at some part externally, and finally terminates in fistula; but if the abscess is freely opened with a bistoury, the matter escapes as soon as it is secreted, and the sore soon closes.

Mr. M. æt. of sedentary habits, complained of pain about the anus, increased by coughing, and as if something was in the anus, like the pricking of a straw. The left side, verging towards the perincum, was rather harder than natural the hardness deep-seated, and pressure directed upwards caused pain and made him shrink. He had only felt it for four or five days. The bowels were regular, and he had had no rigor; I, therefore, thought it worth while to try and put the threatened abscess back. Leeches, warm poultices, rest in the recumbent position, and gentle aperients were tried and failed. Three days afterwards the case had made such progress that the right side of the anus was red, soft, and ductuating; but this last feel not extensive, it could be covered with the point of the finger: there was great tenderness.

I made a free opening with a sharp bistoury, and let out about an ounce of thickish matter, of a faint green colour and garlic odour. Three days after he was well.

A medical friend complained of some pain at the posterior side of the anus, chiefly on coughing; none on going to stool. I felt a slight induration, deep-seated and very tender, evidently the precursor of abscess. Two applications of leeches, cold lead lotion, and frequent poulticing did not put the abscess back.

On the sixth day, finding the swelling of the posterior and lateral sides of the anus very distinct, I made a deep incision with a straight sharp bistoury and enlarged it with a probe-pointed one. A large quantity of healthy-looking pus was let out. On the tenth day he was well.

I relate these two cases, because they afford good examples of the rapidity with which abscesses in this situation heal up after large openings, contrasted with their tedious progress where they have been left to open of themselves, or have been opened by small incisions; under which circumstances, the termination in fistula is the usual result.

Free openings are more necessary where the abscess is a gangrenous one, not only to let out the pus and dead cellular tissue, but to save the skin and arrest the spread of the disease. For, unless this is done, the skin over the gangrened cellular tissue mortifies extensively, adding greatly to the present danger, and to the future tediousness of the case, and discomfort of the patient. Great attention should be paid to draw out the dead portions of cellular tissue, as they become loose, or remove semi-detached portions with the scissors. The foul discharge should be carefully expressed with a sponge, and the part frequently fomented with chamomile decoction, and afterwards linseed meal poultices applied. I think poultices and fomentations are greatly to be preferred to what are called warm dressings, ointments of elemi mixed with turpentine, or yellow resin ointment, which were used by the old surgeons, as by some of the modern, on the mistaken principle, I believe, of stimulating the part to separation of the sloughs; while they fail in this object, they certainly add to the pain and irritation of the disease. Bark, quinine, and sulphuric acid are of use, and the patient will require to be supported by wine and good diet; for, though these gangrenous abscesses generally occur in people of full, gross habit of body, there yet attends them great vital prostration. A vigilant delirium is a frequent symptom, and requires full opiates, which are useful besides for a looseness of the bowels, which is another troublesome symptom often accompanying this form of anal abscess.

THERAPEUTICAL RECORD.
(From Nashville Medical Journal.)

Strychnia in Prolapsus Ani.—M. Duchaussey, in the Archives Générales de Médecine, recommends strychnia endermically applied near the region of the sphincter ani for prolapsus of the rectum. A blister is first raised, and to the denuded surface one sixth of a grain of the sulphate of this preparation is then applied, increasing the quantity daily up to one half of a grain.

New Immovable Apparatus for Fractures.—Dr. Williams, of Cincinnati, protects the surface with bandages or otherwise; lays down the many tailed bandages, wetting each strip, sprinkling over them plaster of Paris prepared as for stucco work, and which are now to be instantly applied to the limb. This apparatus immediately dries and becomes hard.

Anodyne Ointment for Sciatica.—At a recent meeting of the Academy of Sciences in Paris, M. Poggiale recommends very highly the following ointment for sciatic neuralgia:

Take—Ext. Belladonna,	5. parts.
Hydrochlorate of Morphia,	0.4. “
Simple Ointment,	.16 “
Lard macerated with stramonium leaves,	0.16. “
Essence of Lavender,	a few drops.

Tannate of Quinine in night-sweats of Phthisis.—In the Union Médicale for April last, M. Delicoux mentions several cases in which tannate of quinine arrested the night-sweats in pulmonary consumption. He gives in powder from seven to fifteen grains in three or four dozes during the afternoon and evening, so that the last may be taken three or four hours before sleep. He says that though this preparation may be inferior to pure tannin; it is superior to disulphate of quinine; it moreover combines the action of a tonic and antiperiodic.

Chloroform in Hooping-Cough.—This is recommended by the distinguished Dr. Fleetwood Churchill. He has used both chloroform and sulphuric ether with decided action upon the paroxysms of this affection. As young children resist the application, it is chiefly adapted to patients above 14 years of age. The mode of administration is to pour about thirty drops in the palm of the hand, and inhale just at the moment of the irritation about to excite the cough.

Pityriasis Capitis.—Mr. J. Wenzar, of Salisbury, in a note to the editor of the Lancet says, I have found a most efficacious remedy for this vexatious disease in the use of the following:—take of fresh sulphuret of potash one drachm, of distilled water three ounces, mix and make a lotion, to be used daily.

Gangrene of the Lung.—Prof. Skoda, of Vienna, reports four cases of gangrene of the lung, treated by inhalations of the vapor of Spts. Turpentine, of which three recovered.—*Virg. Med. & Surg. Jour.*

Strangury from Blisters. Dr. Anderson, of Alabama, believes that strangury can uniformly be prevented by “smearing the plaster with oil of Turpentine” before applying it.—*Id.*

Chloroform in Colic.—Dr. Aran, of Paris, has found chloroform in doses of from ten to twenty drops a most excellent remedy in colic, particularly in lead colic. He asserts that 150 drops may be safely administered in twenty-four hours, as chloroform is quickly eliminated from the system.—*lb.*

Colchicum in the Cerebral Symptoms of Scarlatina.—Drs. Babington and Hughes, after long experience, are convinced that when the brain symptoms, which are so generally fatal, supervene during the convalescence of children from scarlet fever, there is no remedy more efficacious than colchicum—*lb.*

PERISCOPE.

Quinine in Cholera Infantum. By J. U. Heckerman, M.D., Tiffin County, Ohio.—In the May number of the Western Journal of Medicine and Surgery, I have noticed an article by G. W. Booth, on the use of Quinia in Cholera Infantum, in which the writer states that, in many instances, the article named, has, in his hands, proven superior to every other therapeutic agent.

To this statement of Dr. Booth's I wish, through the pages of the *Lancet*, to add my testimony in regard to the utility of the mentioned drug, in Cholera Infantum and kindred diseases. I first commenced the use of quinine in hyperemic affections of the alimentary canal in children, simply as a tonic, after well marked symptoms of debility had appeared, and found it not only to answer the immediate end for which it was prescribed, but in most instances (when given in any thing like a decided dose,) to act like a charm, in permanently arresting the morbid discharges, which hitherto had either resisted the control of the more ordinary remedies, or returned after having been thereby checked. I am now in the habit of prescribing quinine, in connexion with other remedies, in almost every case of cholera infantum to which I am called; and so far from having occasion to change my course, I can say that since its adoption, (1851,) I have not only not lost a single patient, but have stripped the disease of its terrors, and cut off, what is often, under the usual plan of treatment, a protracted and serious disorder.

Indeed, if, in the treatment of these diseases, I were to be robbed of every therapeutic agent, and then permitted to select a single one, I should, without hesitation, choose the article that forms the subject of this paper.

The preparation of quinine which I prefer, is the sulphate given in solution with Acid. Sulph. dilut. to which I may or may not, add small portions of aa Tinct. Opii and Ipecac, directing therewith Calomel, in from ss. gr. to gr. ii doses, tris per diem. Under the above plan of treatment, the average duration of the disease, in my hands, is from two to four days. It may be suggested that the main agent in the cures occurring in my practice, are to be found in the Opii, Calomel, Ipecac, &c. but I feel satisfied that my success is unequivocally greater since I began

in connexion with these, the use of quinine, not as a tonic merely, but as the remedy with which I aim at immediately crushing the within-lurking cause of the malady, and would invite any who may be disposed to doubt the correctness of these observations, to give the article an impartial trial before passing conclusive judgment in the case.

Not only in such cases as are self-evidently cholera infantum, but in all cases of infantile diarrhœa, in which I have reason to suspect a slightly inflamed, or congested condition of the mucous coat of the prima via, do I, with slight variations, follow the above prescriptions. I would not be understood, by the Profession, as advancing the idea of a specific, but merely as calling attention to the fact, that the foregoing sulphate acts upon the diseased mucous membrane of the stomach and bowels, in a manner similar to the action of other sulphates upon different portions of mucous tissue when in a like condition; and as expressing my conviction, that in the treatment of the above diseases, the course in connexion therewith is incomparably superior to the ordinary one detailed in most published treatises upon the subject. — *Western Lancet.*

On the Febrifuge Properties of the Olive (Olea Europæa L). By Daniel Hanbury.—In a letter which I have recently received from my friend Mr. Sidney H. Maltass of Smyrna, he draws attention to the value of the leaves of the olive (*Olea Europæa*, L.) as a febrifuge. The passage is so interesting that I shall make no apology for quoting it at length:—

• • • • I may here tell you of a discovery I made in 1843, which has proved valuable. I was in the island of Mytelene, and at a time when fever and ague of the worst description were raging in the island,—in fact, it was so bad that death ensued frequently after a week or ten days. The small quantity of quinine at the druggist's was soon exhausted, and I could procure none to administer to patients. Knowing that biberine and salicine were often used for fever and ague, I turned over in my mind all the bitters I could think of which might prove effectual. Many were poisonous, and I rejected them, then thought of olive leaves, and after some trials made on myself, I commenced administering doses of a decoction of the leaves, say two handfuls boiled in a quart of water till evaporation had reduced it to a pint. This I gave in doses of a wine-glassful every three or four hours. Obstinate cases of fever gave way before it; and for many years I have found it more effectual than quinine.

“I have recommended it to our medical men, and although at first they ridiculed the idea, they all use it now. It is a most valuable remedy for the poor in an olive-growing country.”

This discovery is the more interesting since it corroborates some observations upon the same subject made in France many years previously.

So early as in the year 1811, M. Cazals, of Adge, pointed out the good effects he had observed produced by the administration of olive leaves in cases of intermittent fever, and a chemical examination of them (as suggested by M. Cazals) was soon afterwards made by M. Ferrat.

Favorable results also attended some similar trials made in France by Dr. Bidot, and in Spain by Drs. Beguin and Faure.

In 1828 a more elaborate investigation of the subject was published by Dr. E. Pallas. He states that olive leaves are sometimes employed as a febrifuge by the physicians of Spain, and that during the war in that country in 1808 to 1818, the French *Officiers de Sante* frequently prescribed them as a substitute for cinchona bark. In several cases of intermittent fever in the military hospital at Pampeluna, Dr. Pallas observed marked beneficial effects from the use of the bark of the olive administered in the form of an alcoholic extract.

Dr. Pallas analysed the leaves as well as the young bark, and found them to contain, among other less important constituents, a crystallizable substance designated by him *Vauqueline*, and a bitter principle, to which latter he ascribes most of the febrifuge properties of the plant. As the young bark contained more of these matters than either the leaves or the old bark, he concluded that it was the preferable part for medicinal use.

Vauqueline, according to this author, is a colourless, inodorous solid, having a slightly sweet taste. It crystallizes in micaceous plates, or sometimes in stellate prismatic crystals, which are very soluble in water at all temperatures. It scarcely dissolves in cold alcohol, though readily in boiling alcohol, from which it precipitates as the solution cools. Its aqueous solution imparts a faint blue to reddened litmus paper. Young olive bark afforded Dr. Pallas nearly two per cent of *Vauqueline*.

Of the pharmaceutical preparations of olive bark, the more useful appear to be a tincture and an alcoholic extract. The tincture is recommended to be made by digesting one part of the young bark in eight parts of spirit of wine of sp. gr. .867. It may be administered as *Tinctura cinchonæ*. The dose of the extract is half a drachm diffused through a little water.

The varied and independent testimonies in favour of the febrifuge properties of the olive, seem to render it deserving of a more extended investigation, both as to its medicinal and its chemical properties. The *Vauqueline* of Pallas should be re-examined, and its connexion with the crystallizable principles obtainable from allied plants should be studied.

That some therapeutic value does really attach to the bark and leaves of the olive, is supported by the fact that both the lilac (*Syringa vulgaris*, L.), plants of the same natural order, are reputed to possess febrifuge properties, and employed on that account in some parts of the continent.
—*London Pharmaceutical Jour.*

On the Treatment of Diabetes Mellitus by Rennet.—In the *Edinburgh Monthly Journal of Medical Science* for March, Dr. H. Fearnside relates a successful case of diabetes. Mrs. H., a tall, spare woman, aged fifty-five years, had suffered from bad health for some time, without being able to indicate the existence of any special ailment. She had lost strength and flesh, and for months before coming under treatment, her debility had increased so much, that it was with difficulty that she attended to her ordinary domestic duties. For a considerable time she had remarked that the quantity of urine passed was excessive, and she

had been harassed by constant thirst. When Dr. F. saw her, the expression of her countenance was haggard and anxious; the skin hot and dry; the pulse quick; the tongue was loaded with a yellow fur; she complained of inodorous eructations, heartburn, and flatulence; the bowels were confined; the thirst inordinate. There was great muscular weakness, and severe pains in the back and limbs. The quantity of urine passed in twenty-four hours was five quarts; it was acid, specific gravity 1,046, and gave evidence, on the application of the potash and copper tests, of containing sugar. After the use of some gentle aperient medicine, the diluted mineral and hydrocyanic acids were prescribed, and, with more or less regularity, were taken for some months; the diet was strictly limited to butcher-meat, fish, eggs, milk, and bran bread. Fresh vegetables, as cabbage, were taken occasionally. Brandy and water were allowed as a beverage. A dose of rennet was taken after each meal. A fortnight after the adoption of this plan, the patient became so conscious of its good effects, that notwithstanding the vigorous exercise of self-denial which it required, no further exhortations were needed to ensure its steady employment. The digestion improved, the thirst subsided; the quantity of urine passed in twenty-four hours fell from five quarts to two quarts, and eventually to three pints, and its specific gravity descended in three months from 1,046 to 1,020. It has now for some months been free from sugar, although the patient has cautiously and gradually returned to her ordinary mode of life. She has recovered, in a considerable degree, her strength, but remains spare and thin.

Raising Leeches in France.—[The Paris correspondent of the New York Daily Times furnishes the following interesting information respecting a successful mode of propagating and raising the leech in France.]

The raising and propagation of leeches has for many years been a necessity in France, for the supply furnished by her marshes gave out thirty years ago. Out of her abundance she used to export; and now she is forced to make up her deficiency from abroad. Other countries have in their turn been exhausted—Italy, Germany and Spain; and of late certain districts of Asia, have been laid under contribution. Still, all over the world, the yield has been seriously diminished, and prices have risen to such a point that the poor cannot pay them; and the hospitals even are alarmed. The Academy of Medicine has voted prizes to persons who would discover methods of propagation; and lately a sum was placed in the hands of the Prefect of the Seine, to make experiments with a model leechery in the suburbs. A. M. Borne has just sent to the Academy an account of his establishment at Rambouillet, where he seems to have met with extraordinary success in encouraging the reproduction of his "pupils", as he calls them. They are fed three times a year; they bury themselves in the earth late in the autumn, and pass the winter in a state of torpor. They mate early in the Spring—on St. Valentine's day, probably—and lay their cocoons in May to hatch in September. The young ones are fed upon the "less substantial blood of calves." They are extremely voracious, and in two years

weigh ten times their primitive volume. M. Borne has built conveniences for the reception of the cocoons, and for their artificial incubation. By care and tenderness he has succeeded thus far in preventing any epidemic or sudden mortality in his reservoirs. The leech is very apt to be carried off by sudden disorders, and history mentions the loss of a colony of 18,000 in one winter, of the destruction of 60,000 by a hard frost, and of the consumption of 200,000 in Soloque, by a flock of wild geese. M. Borne has taken extraordinary precautions against any invasion of the sort. In the middle of his ponds is a light-house, or look-out, where a man is constantly stationed, armed with guns and other means of defence; the edges of the ponds are guarded in such a way as to keep out all aquatic enemies, such as water-rats, moles and frogs; traps are set for the trochètes, glossiphonies, hydrohiles and dytiques, which nourish a traditional animosity toward all leeches. Marauders and poachers are also keenly watched. In short, M. Borne hopes soon to be in a position to furnish France a supply sufficient to render any further importation useless; and later he expects even to be able to export for his own account.—*Boston Med. and Surg. Journal.*

Verbena Hastata (Tall Blue Vervain,) and *V. Urticifolia*, (Common Vervain.) By Silas Hubbard, M. D. Having become well satisfied that the roots of the above named plants possess valuable medical virtues with which the medical profession are not generally acquainted, I am induced to offer a few suggestions in regard to them, trusting that should the experience of others verify the conclusions I have drawn from my own, I shall thereby add something to the general stock of useful knowledge.

These two varieties of vervain possess essentially the same properties. They principally grow on the road-sides, in the vicinity of towns and villages. The *verbena urticifolia* grows more abundantly, and has a more luxuriant root than the other variety, and is the kind I generally use—I will, therefore confine myself to it. The root, when fresh, has a peculiar characteristic odor, and a nauseous and very bitter taste. The latter part of September and the first of October, is the best time to collect the root. I sometimes give it in the form of tincture, but usually in infusion. I prefer to merely pour boiling water on it and let it cool forth, because, by simmering or boiling it, some of its qualities are dissipated. The complaints for which I have prescribed it with the most benefit, are the various types of intermittent. I am convinced, by my own experience, that it is fully as efficacious as the best cinchona bark in curing these complaints. To cure an intermittent, administer the infusion of the dried root of the strength of 1 oz. to a pint of water; dose fʒss every four hours during the apyrexia, and it can be administered with good effect, and without any injurious tendency, even during the paroxysm; given in this way, or with brandy, wine or dilute alcohol, the patient rarely suffers a second attack. Its use ought to be continued for some time after the cure to prevent a relapse. It is not necessary to precede its use with a cathartic or an emetic, as physicians frequently do in giving quinine or bark, because, together with its tonic effect, it also promotes the secretions and acts as an alterative. When the

patient is bilious, or his stomach foul, it manifests emetic qualities, and thus cures these complaints by its combined effects. I have frequently given it in remittent fevers of various grades, and in many instances it seemed to cut short the disease. It can be given with advantage even during the fever, I have given it in the various forms mentioned, with good results in jaundice depending on torpor of the liver, and also simple obstructions of the biliary ducts. In its febrifuge powers it seems to resemble quinine more than any other substance, and in fevers I have often used it as a substitute for that article. It is not so apt to irritate the stomach and bowels, neither is it liable to aggravate a fever when given during the paroxysm, as quinine sometimes does. It slightly promotes diaphoresis, and never checks the cutaneous exhalations, as quinine and many other bitter medicines occasionally do. It never creates faintness and nervous prostration, as quinine does when given in large and frequent doses. It answers as a good tonic during convalescence from the fevers I have mentioned; also typhus and typhoid fevers, and is very effectual in preventing relapses. While the cold infusion acts as a good general tonic, it is also an excellent remedy for *anorexia* consequent on *intemperance*, and also for simple debility, indigestion, and dyspepsia.—*Buffalo Medical Journal*.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

To Subscribers.—The present number completes the first volume of the *Medical Chronicle*. When the proprietors, twelve months ago, determined on publishing a medical journal, they did so with a full consciousness that it was, pecuniarily considered, a hazardous undertaking. As there was no medium of communication for the large body of well-educated practitioners of this important Province, at that time in existence, they were willing even to incur a loss, if it were absolutely necessary, so that the profession might have a periodical devoted to its interests, and in which the members might record whatever of interest and importance occurred in their practice. They could not but believe, however, that there were a sufficient number of medical men in Canada to maintain a journal, imbued with the progressive spirit of the day, who would rally around them, and by contributions of pen and purse, guarantee the entire success of the undertaking. In this, they are happy to say, they have not been mistaken. The original department of the *Chronicle* has been well sustained, and many of the communications have been extensively copied into the journals of the United States and Great Britain, thus evidencing the appreciation in which they have been held abroad. The subscription list is a large one, and when all shall have paid, the possibility of loss will be entirely obviated.

In fulfilment of the promise made in their first issue, the proprietors intend to enlarge and otherwise improve the second volume. They have been induced to this step, from an earnest desire that Canada should possess a journal worthy in every way of the talents and respectability of the medical profession within its limits; and from a firm conviction that there is *esprit de corps* enough among the practitioners of the Province to prevent them sustaining any loss by it. While, therefore, they would tender their thanks to those who have hitherto given them countenance and support, they would express the hope that their friends will interest themselves in obtaining new subscribers to the forthcoming volume. And, in conclusion, they would urge upon those who have not sent in the amount of their subscription for the current year, to do so immediately, as they fully intend to send their journal only to those who pay for it. They are certain that many who have not up to the present discharged their obligations to the Journal, with whose names they are familiar, must have omitted doing so merely through carelessness.

New Appointment.—Dr. Joseph Workman has been appointed Superintendent of the Provincial Lunatic Asylum, Toronto.

Small Pox.—We perceive by our exchanges, that small pox has prevailed, and is now prevailing, to a very great extent in different parts of the United States. The almost complete immunity, from the disease, of communities, among whom a wise legislation has made vaccination compulsory, sufficiently indicates the true course to be adopted, if a thorough exemption from this loathsome affection be desired. Dr. Stewart, of New York, has estimated the number of cases of small pox, which have occurred in that city during the last five months, at 5,980; of these, 598 have died. The Toronto Globe has the following extract from a private letter, dated Detroit, April 14, 1854:—"The small pox is raging with fearful destruction among the Indians near Saginaw, Grand River, and Lake Superior. It has rapidly spread, also, among the farmers. At Lansing, the seat of Government, it is very violent. Over 90 cases have occurred on subjects who had been previously inoculated. The heads of the State Departments have left the town. Some thirty clerks in the Departments have been attacked. It seems to have gained an unconquerable form."

State of New York Lunatic Asylum.—We have received the eleventh annual report of the managers of this institution. It appears that the present buildings are not sufficiently large to accommodate the number of applicants for admission. Sixty lunatics were refused during the last year. The erection of another asylum was recommended by Governor

Seymour, in his annual message, January, 1853; "The number admitted during the year was 424; giving a total of 849 under treatment in the course of the year. Of this number, 169 were discharged recovered, 20 much improved, 45 improved, 129 unimproved, and 39 have died; leaving 449 remaining at the end of the year." Among the causes of derangement, there are placed under the head of "Spiritual Rappings," 14.

Address to Graduates.—Dr. Breckinridge's address to the graduates of the Kentucky School of Medicine, is one well worthy of publication. His remarks, on the science and art of medicine, are excellent, and will, we have no doubt, be fully appreciated, not only by the graduates for whom they were penned, but also by all who have the opportunity of reading them.

Elliott's Dentifrice.—Dr. Elliott's reputation as a skilful and accomplished dentist, is so well known, that any Dentifrice made from his own prescription is sure to receive extensive patronage. The present is both an efficient and an elegant compound, and is prepared with great care by Messrs. S. J. Lyman & Co.

COMMUNICATIONS ON CHOLERA.—Some of our subscribers have expressed a wish to be informed upon the best opinions concerning the nature and treatment of Cholera. The subject it is feared ere long will prove an all engrossing one. We shall be very happy to publish the experience of gentlemen who have contended against this dreaded pestilence, and we direct attention to the article in the present number. Writers will please keep in view *practical utility* in their contributions, and eschew all debatable matter as to its nature.

To Correspondents.—*Dr Spafford*—have acted as wished. *Dr. Fournier*—will see request complied with. *Dr. Sauvè*—is right in his surmises, and we long for the backwoods reminiscences.

BOOKS RECEIVED FOR REVIEW.

Henderson's Homœopathy fairly represented, not misrepresented: From Messrs. Lindsay & Blakiston, Philadelphia. Green on the subject of Priority in the Medication of the Larynx and Trachea: From the Author. Dr. Breckinridge's Address: From the Author. West on the Diseases of Infancy and Childhood. Second American, from the second and enlarged London Edition, 1854. Messrs. Blanchard & Lea: Philadelphia.

ADDITIONAL EXCHANGES.

Georgia Blister and Critic. Edited by H. A. Ramsay, M.D. Vol. 1. No. 2.

Dr. Ramsay has the reputation of being a spirited writer, and judging from the title he has selected for his journal we expect to meet articles more than ordinarily spicy in his editorial columns.

New York Medical Gazette. Edited by D. Meredith, Reese, M. D., L. L. D.

We place this Journal, with pleasure, on our list of Exchanges.

Annales de la Tempérance. Nos. 1 & 2.

This Journal is published monthly, under the auspices of the Roman Catholic Central Temperance Committee, for the Diocese of Montreal. All publications having for their object the dissemination of temperance principles, have our best wishes for their success.

Monthly Return of Sick in the Marine and Emigrant Hospital, Quebec, from the 4th February to 3d March, 1854, inclusive.

	Men.	Women.	Children.	Total.
Remained,	40	17	2	59
Since admitted,	28	13	"	41
	68	30	2	100
Discharged,	40	19	"	59
Died,	"	1	"	1
Remaining,	28	10	2	40
Fever,		72	Ulcers,	3
Inflammation of Lungs,	6	Contusions,	2	
Inflammation of liver,	2	Burns and Scalds,	1	
Rheumatism,	2	Pregnancy,	2	
Dropsy,	2	Febricula,	3	
Diseases of skin,	1	Abortus,	1	
Syphilis,	7	Hameralopsia,	1	
Abscess,	1	Epilepsia,	1	

C. E. LEMIEUX, House Surgeon.

HOSPITAL REPORTS.

MONTREAL GENERAL HOSPITAL.

1. *Functional Cardiac Disease with Spanæmia.*

Ellen H...., admitted on 14th February, under care of Dr. R. P. Howard, complains of shortness of breath when walking, dizziness, and occasional faintness, with painful palpitation in the cardiac region, symptoms which have steadily increased the last few months, and have obliged her to abandon the situation of house-maid. Face, and mucous membrane of mouth pale; tongue clean, moist and somewhat indented by teeth; bowels inclined to costiveness, menstruation regular but very scanty.

Heart's action habitually increased, and easily excited by least emo-

tion or exercise; systolic murmur of maximum intensity at cardiac base, traceable up aorta; venous murmur in neck; cardiac dulness normal.

Diagnosis.—Functional cardiac disease with spasmia. She was ordered mist. ferri comp. et decoct. aloes comp., three times a-day, which she took until 15th March, when she wished to return to her place, promising to continue the medicine for some time. The murmur was now audible only during excitement produced by walking rapidly up and down the ward. The palpitation and vertigo had ceased; there was much more color in the cheeks and lips, and the catamenial flow was more abundant, on the single occasion of its occurrence in hospital.

REMARKS.—The above case illustrates a group of symptoms which frequently accompany impoverished blood, and exhibits the efficacy of iron in their removal.

2. *Subacute Rheumatism, with Mitral Disease.*

Sarah J. . . ., aged 19, servant, admitted 10th March, under care of Dr. Howard, for severe pains in ankles and knees. States that her health had been good until about last Christmas, when she began to suffer severely from pains in various joints, not accompanied by much fever, nor obliging her to take to bed, although incapacitating her for her household duties. An experienced physician, who saw her about this period, and examined her heart, stated that there was nothing abnormal about it. Some time after the accession of the rheumatic symptoms, a distressing palpitation of the heart supervened, and these have continued ever since in spite of treatment.

Face pale, and lips rather anæmic, digestive system tolerably healthy. Pulse quick, but of normal frequency; no heat of skin, nor swelling or tenderness of articulations.

Hand detects purring tremor over left ventricle, with an impulse slightly increased, but rather quick, than forcible. Cardiac dulness normal. There is a loud systolic murmur heard at left apex, which becomes faint at cardiac base, and inaudible over aortic arch, and in left vertebral groove.

Diagnosis.—Articular rheumatism, mitral regurgitation, and anæmia. Annexed treatment was prescribed, viz.:—Mist. ferri comp. cum decoct. aloes co., three times a-day, and colchicum, potash and hyoscyamus in the intervals. Tinct. iodine to the joints. On the 19th, the articular pains were much relieved, but they did not entirely disappear until about the 1st April and were occasionally trying enough. Since then she has been free of the rheumatism, her colour has deepened, and her strength and flesh improved, and the only inconvenience she complained of when leaving the Hospital on the 24th April, was a pain below and about the cardiac region, for which a belladonna plaster was prescribed. The physical signs of mitral disease had not altered.

† *REMARKS.*—It is important to note the supervention of endocardial disease in a case of chronic apyrexial rheumatism, which is, to say the least, not a frequent occurrence. The administration of iron at the same time as the colchicum proved a valuable modification of the ordinary modes of treating such cases.

3. *Acute Articular Rheumatism.*

Mary G—ætat 30—stout and of full habit—was attacked with acute

rheumatic pains in right shoulder, elbow and wrist, on the 2nd February. Cannot assign any cause for the attack, which is her first. Has not been consciously exposed to cold. On the 27th she was given as an out-door patient colchicum, potash and hyoscyamus, to take during the day, and a powder of nitre, ipecac, and opium at night. The affected joints to be painted with tinct. of iodine. On the 28th she was admitted under Dr. H., and the same treatment was continued until the 9th March, when, being quite free of pain, sulphate quinine was ordered instead, and she was discharged in a few days quite well.

REMARKS.—The colchicum and alkalies acted very promptly in the preceding case, for the detailed notes, record very great relief to the pains on the 1st March, *i. e.*, on the 3rd day of treatment. The skin perspired freely and there was no cardiac complication.

MEDICAL NEWS.

There are 3,157 medical officers in the Poor Law Unions of England and Wales, salaries amounting to £165,349. For this annual sum they take charge of the sick poor of a population of 17,235,099 scattered over an area of 34,473,438 acres. There is one salary as high as £270; the population is 17,141, the average 37,980. There are two salaries as low as £2; the population in each case is but about 400.—The stamp duties on university degrees for the year 1853 produced the sum of £8,535. At Durham and the London and Queen's Universities, no duties are payable.—Dr. L. F. Fisher has been elected Mayor of Camden, N. J.—Dr. S. Cony was elected Mayor of Augusta, Me., on the third trial. "We believe," says the Boston Medical Journal, "that six Physicians have been elected Mayors within an area of 400 miles since January last. There is a good time coming surely."—Several cases of hydrophobia have proved fatal within a few days in New Jersey.—Dr. Spear, of Melonville, Florida, has raised 20,000 lemons from 250 trees. He is the largest lemon grower in the United States.—The jury of inquest on the body of Dr. Gardiner came to the conclusion that his death was caused by taking a large dose of strychnine.—The following notice, from one of the medical officers, was read at a meeting of the guardians of the poor of Greenwich: "Received from the Guardians of the Greenwich Union, the paltry sum of £20, for thirteen weeks extra service as house-to-house visitor, sanitary inspection, and for medicines supplied to the sick poor of Deptford, by which I find my services as a professional man are valued at the same rate as a journeyman mechanic."—Mr. Layard, the celebrated traveller, has astonished Prof. Owen and the homologists by stating in a lecture that in digging out a bas relief of a lion hunt he observed a claw in the tail, a peculiar feature he maintains of the Asiatic breed of lions.—There have been over three hundred cases of small pox and varioloid in Boston since December last; and of that number about thirty have died.—A man in Paris, by inflating a number of bladders with pure hydrogen gas and attaching them to his body, has recently attained an extraordinary pace, equal to 30 or 40 miles an hour. His leaps were five or six yards a time.—Professor Mott, of New York, has been elected an honorary member of the Medico Chirurgical Society of London.—The census of 1850 gives to Tennessee 1,523 physicians, 1,081 clergymen, and 725 lawyers.—A newly appointed Professor of Theory and Practice in a Western Medical School, more familiar with politics than physics, started on a pilgrimage to the east. At Buffalo he called on one of the magnates of the profession. In the course of the conversation the *novus et* Professor inquired as follows: "Can you tell me, Sir, what there is about this matter of physical diagnosis? Is it really, now, worth knowing?" The host indicated very politely that it was, perhaps, very desirable that *teachers* should have some knowledge of it; whereupon the newly elected one said "that if it was really worth while, he would go down to New York for a fortnight and acquire it. For his part he hadn't much faith in it." [Buffalo Journal].—There are 1293 Physicians in the State of Georgia, or about one to every 706 inhabitants.—Dr. Crisp exhibited a dog without a spleen to the London Medical Society. Dr. H. A. Ramsay, Editor Georgia Blisters and Critic, lately examined a man who had none.—Abernethy when canvassing for the office of assistant at St. Bartholomew's, called on a fat grocer at Smithfield. "I suppose, Sir, you want my vote and interest at this very serious and very momentous epoch of your life." "No I don't," said Abernethy, "I want a pen'north of figs, come look sharp and wrap 'em up."