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MEDICAL CHRONICLE.

 VOL. VI.]

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[No. 3.

ORIGINAL COMMUNICATIONS.

ARTICLE V.—*Poisoning by Hyoscyamus Niger, producing a Scarlatinal eruption.* By ROBERT CRAIK, M.D., House Surgeon to the Montreal General Hospital, and Demonstrator of Anatomy in the University of McGill College.

I offer no apology for presenting the following case to the readers of the *Chronicle*, as any fact which can tend to throw additional light on the action of the *Solanaceæ* must be considered as worthy of being placed upon record. It is now largely admitted that one of the *solanaceæ*—belladonna—has the power of warding off that fatal scourge of families, scarlatina, and this prophylactic power would seem to be in some way connected with the production of a rash upon the skin, which that drug is known sometimes to produce. Stramonium is also known to have occasionally produced a similar eruption, but I have failed to discover any notice of such an eruption from the action of hyoscyamus. A case is mentioned in the 22d number of the *American Journal* (new series) in which three drachms of the tincture of hyoscyamus was said to have produced an eruption resembling *urticaria*, accompanied by great swelling of the upper part of the body; but as the tincture was prescribed for a pain in the abdomen, we may, I think, fairly attribute the *urticaria* to gastric irritation arising from some article of food, many of which are notorious for its production.

In July, 1857, I was called in great haste to see a child, two and a-half years of age, who had swallowed some herbs which had been taken from the yard of the Montreal General Hospital. The father of the little girl described her as being "out of her senses," and very much excited. Having observed a number of plants of hyoscyamus growing in

the hospital yard, I suspected the nature of the poison at once. I sent the father home with a ten-grain dose of sulphate of zinc, with directions to administer it immediately on his arrival. I followed in about ten minutes, and found that the child had vomited slightly, the vomited matters consisting entirely of hyoscyamus seeds and capsules. The plant from which they had been taken was shewn me, and proved to be a large one not quite ripe, and having the whole of the capsules stripped from the upper part and probably swallowed by the child, so that nearly an ounce of capsules and seeds must have been taken.

The symptoms were so peculiar and so well marked that poisoning by some one of the colanaceæ* might have been diagnosed without any other evidence. There was the flushed and excited countenance, the restless and violent tossing, amounting almost to convulsions, the momentary listening to imaginary sounds, and the eager clutching at visionary phantasms; while the brilliant eye, widely dilated pupil, hurried pulse, and laboured respiration, filled up the pitiful but interesting picture.

One other symptom I must not omit, for it was among the most marked of all, and certainly not the least interesting. It was a bright scarlet redness of the whole surface, exactly resembling that of scarlatina. It was not a mere flushing of the surface, produced by the unusual exertion, but a well-defined papillary eruption, disappearing on firm pressure, but returning immediately when the pressure was removed. The mucous membrane partook to some extent of the same appearance as in scarlatina, though the strawberry tongue was of course not so well marked.

Another dose of sulphate of zinc having been administered without satisfactorily emptying the stomach, a teaspoonful of mustard was given, followed by copious draughts of warm water, which soon had the desired effect, very large quantities of the poisonous substances being evacuated. After recommending strong green tea as a drink, and applying cold to the head, I left her, promising to call again in two hours.

On my return I found the delirium and other symptoms still active, though not so violent as before, with occasional intervals of drowsiness. The eruption and the ocular delusions were as vivid as before.

I continued to visit her at intervals of a few hours during the night and following day, for the purpose of watching the decadence of the eruption, and I found that it, together with the ocular spectra, continued for about twelve hours from the time of taking the poison. Both then

* That is to say, one of the "mydriastic" members of this family, for they only are referred to in the present article.

ceased gradually, and the child sank into a troubled sleep, interrupted by startings, twitchings of the muscles, &c., which did not entirely cease for upwards of twenty-four hours. The dilatation of the pupil continued for several days.

I watched the child carefully for some time for the purpose of noting whether any attempt at desquamation would take place. On the fourth day numerous vesicles appeared on various parts of the body, resembling those of varicella. After remaining out for about two days they dried up, leaving scales which peeled off along with portions of the surrounding cuticle. The thick epidermis of the hands and feet, however, showed no sign of desquamation. There was hoarseness and considerable irritation of the fauces for some days, probably partly due to the local action of the mustard, which we had some difficulty in compelling the child to swallow. In ten days the child was as well as ever.

In thinking over the foregoing case, the following reflections have suggested themselves,—1st, there is undoubtedly a considerable analogy between the actions upon the system of these solanacæ and of the poison of scarlatina, and although the resemblance fails in many particulars, yet it is almost as well marked as that between the operation of vaccine virus and of small pox; 2d, as there is no doubt of the prophylactic power of vaccinia, so we may fairly hope that the use of these solanacæ may exert at least some influence in warding off or in modifying that terrible scourge—scarlatina; 3d, the case now narrated goes far to prove that hyoscyamus would prove quite as effectual as a preventative of scarlatina as belladonna, and on account of its mildness as compared with the latter, its use would not be attended with the same risk. It may be a question, however, whether the dose of hyoscyamus would not require to be so much larger than that of belladonna as to render its use quite as hazardous. This objection would seem to be strengthened by the great similarity which exists in the composition of the active principles of the three most prominent members of the family of solanacæ, a similarity so strong as to give rise to the opinion entertained until lately that they are identical. The question, however, can only be settled by actual experiment and observation.

In concluding this hasty and imperfect sketch, I would remark that no effort should be spared on the part of any member of our profession in contributing, however feebly, to the discovery of a prevention of scarlatina, nor should any motive of timidity deter from making public any fact which might further the end in view. By the discovery of Jenner one dreaded disease has been stripped of most of its terrors; let us therefore strive and hope that another enemy to our race equally fatal may be in like manner subdued.

REVIEWS.

ART. V.—*Contributions to Operative Surgery and Surgical Pathology.*

By J. M. CARNOCHAN, Professor of Surgery in the New York Medical College, Surgeon in Chief to the State Emigrant's Hospital, etc. With illustrations drawn from nature. p. p. 32. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson & Son. Price 75 cents.

This is the first fasciculus of a series of contributions to Operative Surgery, to be issued quarterly until the number ten is attained. The author, Dr. Carnochan, is justly celebrated as a surgeon in the United States, and is rapidly acquiring a European reputation. He is still young, and, if his life be spared, he will probably, in a few years, be the first operative surgeon on the Continent of America.

The present number contains:—Case of Amputation of the Lower Jaw—Remarks on Amputation of the Lower Jaw, and Elephantiasis Arabum successfully treated by ligature of the Femoral Artery, with cases.

The case of entire removal of the lower jaw is one of special interest, as it is the first carefully recorded case of the kind in the annals of Surgery. Perry, in *Med. Chir. Transactions*, vol. xxi. p. 290, certainly relates having removed the whole of the lower jaw in a case of necrosis, but his operation differs from Dr. Carnochan's in the circumstance that the bone was removed at three different times, instead of at one sitting. He first removed the front of the bone by making an incision from one masseter muscle to the other, dividing it on each side with the saw and nippers. On the next day the right ascending branch, which had dropped a little, was removed without difficulty; and three weeks after, the left, which adhered rather more firmly. Dr. Carnochan removed the bone for necrosis, ensuing on typhus fever in an emigrant aged 43. The details are as follow:—The patient being seated in a chair, and the assistants properly arranged, an incision was first made, commencing opposite the left condyle, passing downwards towards the angle of the jaw, merging at about two lines in front of the posterior border of the ramus, extending thence along the base of the jaw, and terminating by a slight curve on the mesial line, half an inch below the free margin of the lower lip. The bone was now partially laid bare, by dissecting upwards the tissues of the cheek, and by reflecting downwards, for a short distance, the lower edge of the incision. The tissues forming the floor of the mouth, and situated upon the inner surface of the body of the bone, were separated from their attachments, from a point near the mesial line.

as far back as the angle of the jaw. The attachments of the buccinator were next divided. The facial artery, the sub-mental and the sub-lingual, already cut, were then secured by ligature. It was now seen that the bone was partially separated at the symphysis, and that the necrosis was complete from that point to the anterior portion of the ramus. The ramus itself was found diseased; the periosteum, externally, was inflamed, and in some parts easily detached. The tongue was now grasped and held forwards, while the attachments of the genio-hyo-glossi muscles were divided. A double ligature was passed through the anterior part of the root of the tongue, and entrusted to an assistant, in order to prevent its retraction upon the superior orifice of the larynx. A fatal case, from the falling backwards of the tongue, occurred a few years ago, in the practice of an eminent surgeon; and a similar misfortune should always be guarded against when the muscular attachments of the tongue to the posterior part of the bone behind the symphysis are divided, a slight force exercised upon the left half of the body of the jaw, broke the connection at the symphysis and at the angle, and this part was easily removed. The next step consisted in the removal of the left ramus. The external surface of the branch of the jaw, and of the temporo-maxillary articulation were exposed, by dissecting the masseter upwards, as far as the zygomatic arch. Seizing the ramus in order to pull the coronoid process downwards, below the zygoma, it was found that the temporal muscle was rigidly and permanently retracted. This circumstance presented an unexpected difficulty, which was increased by the unusual development of this apophysis, and by the retraction also of the pterygoid muscles. Passing the fore-finger along the inner aspect of the ramus, the situation of the internal and external carotids was sought for and recognized. The insertion of the pterygoideus internus was then felt and cut, grazing the bone in doing so; the lingual nerve, here in close proximity, being carefully avoided. Passing still higher up, the orifice of the dental canal, indicated by an osseous projection could be felt; and the instrument, still guided by the finger, divided the dental artery and nerve.

The knife was thus made to separate the tissues attached to the inner face of the bone, as high up as a point situated about a line below the sigmoid notch, between the condyle and the coronoid process. On a level with this point, at the posterior margin of the ramus, the transverse facial, internal maxillary, and temporal arteries form a kind of tripod, the two last-named branches of which should not be divided, if possible. It now became necessary to detach the tendon of the temporal muscle. As the coronoid process could not be depressed, I proceeded cautiously, by dividing the lower attachments of the tendon, by means of blunt curved

scissors; and by using them and a probe-pointed bistoury, alternately—keeping close to the bone—a considerable portion of the tendon was divided. Deeming it not prudent to use freely a sharp-cutting instrument, deep in the temporal fossa, where the coronoid process was situated, I made use of a pair of bone scissors, curved flatwise; and, by passing the blades of this instrument over the process, as far as its position would permit, the temporal muscle was detached; a small portion of the apex of the coronoid process being cut through. The ramus, now moveable, could be made use of as a lever to aid in the disarticulation of the bone.

In order to effect safely the disarticulation of the condyle, I began by penetrating into the joint; cutting the ligaments from *before backwards*, and from *without inwards*. The articulation was thus opened sufficiently to allow the condyle to be completely luxated. Blunt-pointed scissors were now used to cut carefully the internal part of the capsule and the maxillary insertion of the external pterygoid muscle; and, by a slow movement of rotation of the ramus upon its axis, the condyle was detached, and the operation was completed on this side. By proceeding to disarticulate by the method here described, injury to the temporal artery, as well as to the internal maxillary, was avoided.

To effect the removal of the other half of the lower jaw, the same incision was made on the opposite side, so as to meet the first on the mesial line. The dissection was also similar; and by disarticulating the second condyle in the same manner as had been observed for the first, I was successful again in avoiding lesion of the temporal and internal maxillary arteries.

The object I had in view, in shaping the external incisions in such a way that an inverted V should be formed in front of the insertion of the genio-hyo-glossi muscles, was to leave a portion of integument so fashioned, that the suture-pins could be passed through the integument, and, at the same time, through the root of the tongue, at the point where its muscles had been detached from the inner surface of the jaw. The several tissues becoming thus incorporated in the resulting cicatrix, served to form a new bridle, somewhat analogous to the natural muscular attachments of the tongue to the genial processes.

The amount of blood lost was inconsiderable. The arteries divided, besides those mentioned, were the transverse facial, the anterior masseteric, the anterior parotidean, &c.; and these were secured as soon as divided. The bone being disarticulated, the flaps were adjusted, and the lips of the incision united, by eighteen points of twisted suture. The tongue was retained forwards after the dressing, by attaching the ends of the ligature already passed through its base on each side, to a bandage

passed vertically around the head. Forty-eight hours after the operation, the first dressing was removed: union by first intention had taken place, and eight of the suture-pins were taken out. In ninety-six hours the wound was again examined: union was found to be entirely completed, and the remaining pins were removed. On the seventh day, it was thought safe to remove the ligature from the tongue. On the tenth day, the arterial ligatures came away; and on the fourteenth day, the patient was pronounced cured, not having an untoward symptom since the performance of the operation.

The operation occupied fifty-five minutes, the patient having been allowed intervals of repose to recruit."

CLINICAL LECTURE.

On Lateral Curvature of the Spine. BY HOLMES COOTE, ESQ., F.R.C.S.,
Assistant-Surgeon to St. Bartholomew's and the Royal Orthopædic
Hospitals, &c.

GENTLEMEN,—I wish to-day to bring under your notice a few facts and some orthopædic apparatus that I have on the table; which you should all begin to understand for yourselves, as orthopædic surgery is becoming a very essential portion of even general practice.

And I think, as a contrast, I cannot do better than to begin by giving you the impression of Sir Benjamin Brodie, as delivered just twelve years ago to the pupils of St. George's Hospital, in these words, or to this effect: that, "when he first became engaged in a considerable private practice, and cases of curvature of the spine were presented to his observation, he was in doubt as to their nature and treatment; that in fact he knew nothing of them from his own experience; that in this respect his education had been imperfect, and that he had learned nothing of them from his teachers." This declaration, so astounding but true, seemed to Dr. James Wilson to cast such an unjust reflection on the teachers in the Windmill-street School of Medicine, that this gentleman favoured the Profession at that time also with an epitome of the opinions of his father, the late James Wilson, who, on the subject of orthopædic surgery, was the chief authority of that day. It is well you should keep in mind that this was only ten or twelve years ago that the late James Wilson's experience was appealed to! Now let us see what he stated.

Speaking of Weakness of the Spinal Muscles, he says: The pathological importance of muscular agency in disease receives its full illustration

in the cure of a crooked back, which may be often effected by the healthy exercise of its own muscles; my father, ingenious and humane, never failed to enforce this simple anatomical truth, and many young growing girls were by him raised from horizontal boards, or released from the 'casing iron,' and placing a light weight on their heads, and desiring such girls to poise it as they walked, he thus practically taught the tonic power of the double supporting muscles, which preserve the equilibrium of the spine. His chief model for his young clients of fashion in the West-end of London was the Irish girl, laden yet erect, on her way to market."

Now, gentlemen, this is all wrong. This poor Irish girl, with fine arch to her foot and sinewy "tendo-Achilles" springing along, has much to answer for in orthopædic surgery. If a weakly patient suffering from club-foot and distortion of the articulation at the ankle, elongation of the ligaments, and atrophy of the muscles, were to consult one of you, should you say, "Take off all mechanical support and casing irons, place a weight on your back, and walk on the club-foot," &c., &c., because a healthy Irish girl, with an astragalus like the dome of St. Paul's for strength, is able to do so. Yet this was the state of surgery ten or a dozen years since! Or take spinal cases themselves, and in what respect do the spinal articulations between each of the vertebræ differ from those in the ankle or foot, except as being far more numerous and complex? Surgeons, it is true, have almost ceased to regard the articulation of the spine as a congeries or assemblage of joints, and a modern author, Gurlt, makes a sort of apology for including "lateral curvature" under the title "diseased joints;" in many lectures or books on surgery it is omitted, and in almost all it is slurred over in a most superficial manner. We have circumstances, then, of this kind to blame for the fact, that patients in the upper classes (where these diseases are very common) feeling an inability to attain the muscular development figuratively dwelt on by Mr. Wilson, while the lateral curvature remains stationary or gets worse, and, receiving no better advice from the Profession, have surrendered themselves to specialists or advertising "machinists." I believe that the frequency with which this disease occurs in London is not at all suspected—out of about 10,000 cases of every kind of deformity treated at our Orthopædic Hospital, according to Mr. Tamplin, there were 647 cases of 'simple lateral' curvature, and only 78 of a compound nature, general rachitis, contraction of sternum, &c. In Bethlem Hospital, according to Dr. Helps, female lunatics, when incurable, became all, sooner or later, deformed by the spinal curvature. 'The Cyclopædia of Practical Medicine' also gives a fearful account of the ravages of this disease in our

boarding-schools for young ladies; in one school containing forty girls it was found that not one girl who had been at the school for two years (and the majority had been as long) but was crooked. I know this to be all true, even at the present moment; happily a portion of this ill-health produced at school is in many cases only temporary, and vanishes after return home from it!

Now, what is the true nature of this disease termed "lateral curvature?"

Lateral curvature, when unaccompanied by rickets, commences generally about the age of ten or twelve years. The first object which attracts attention is a fullness or projection of the shoulder; the latter corresponding with the convexity of the distortion. Now, you will find in practice that should this convexity first be noticed in consequence of a fall or bruise it is apt to be at once pronounced a case of that very hypothetical injury, dislocation of the lower angle of the scapula over the border of the latissimus dorsi. Well, what next, as they say, do you find? As the deviation proceeds the ribs suffer displacement, become compressed and approximated, the height of the shoulder is unequal to that of the opposite shoulder, one hip also appears larger than the other, the chest becomes flattened on the side corresponding with the convexity and full and projecting on that of the concavity; we see these cases every day by the dozen.

It is unnecessary to observe that these changes in females cannot take place without constitutional disturbance; the patient suffers from lassitude and debility, from neuralgic pains in the side and back. In females the catamenia are irregular, there is palpitation of the heart, disturbed rest, constipated bowels, and impaired appetite.

Now, patients do not "grow out" of this, as popularly thought; it is a disease, in fact, the tendency of which is to get worse; the treatment is often difficult and uncertain in all its stages, but at the commencement much good may result from recognising it in time, and applying proper remedies. It is all very well to say the diseases is the result of this debility, lassitude and neuralgia, this palpitation of the heart, disturbed rest, impaired appetite, &c.; and that *sublata causa tollitur effectus*. I believe patients will not grow out of it by any medical treatments purely medical: you must use along with the medicines certain unmechanical appliances, and here it is where practitioners are at fault.

As the disease advances, in place of patients growing out of it, we find impression of the bodies of the vertebræ along the concavity of the curve, with diminished thickness or even complete absorption of the intervertebral substances. Is this a thing to be treated slightly? There is, moreover, a

twisting of the lower dorsal and upper lumbar regions ; the edges of the vertebræ even rest upon one another and become ankylosed together ; or a small plate of bone may extend from the vertebræ above to the vertebræ below ; the articulating surfaces also may become ankylosed or *even the convexity may become diseased, and the bodies of the vertebræ on the convexity still remain of a natural depth or even deeper than usual!* Those changes occur infinite in variety and degree ; the spinal column, in such cases, often presenting more curves than one. Now, if it be true, as cannot be doubted, that in the class of cases under consideration the first stage in the disease is a simple yielding of the ligaments without deformity, such as we witness in the knock-knee, &c., and that change of form in the vertebræ comes on afterwards as the result of compression, the importance of early mechanical treatment is obvious.

Mr. Coote then proceeded to explain the principles of mechanical treatment. He observed that the superincumbent weight of the head and upper extremities must be taken away by means of a crutch extending from a strong pelvic band to the axilla on the side of the concavity. But such support alone was insufficient to control the curve ; a pad attached to a steel bar, moved by means of a cog-wheel, must be steadily pressed, day and night, against the convexity of the spine, and continued so to act until the deformity has become removed, and the ligaments had acquired their normal length and strength. He showed how, in some cases of double curvature, a second pad, exciting counter-pressure, was required ; and he exhibited various kinds of instruments, of which some were in operation on patients. Finally, he begged his hearers to remember that the mere application of an instrument never could effect a cure ; it was *but the first step in the treatment.* *The pressure of the pads require constant supervision ; sometimes they needed to be raised, at other times depressed, or pressure was necessary from behind forwards.* Cases of failure were mostly due to want of steadiness in attending to these rules. Constitutional treatment was not to be disregarded, for the existence of this deformity implied a state of general weakness, and experience showed that medicines, unavailing while the spine was twisted and bent, regained their powers when, with restoration of the proper figure, the different viscera regained freedom and the performance of their normal functions.

THERAPEUTICAL RECORD.

Cure of Epilepsy.—A young girl fell down in the public streets of Paris in a strong epileptic fit. A crowd immediately collected round her, but for some

moments nobody could think of any means of assistance. A sergeant de ville coming up, and seeing what was the matter, asked a bystander to lend him a black silk neckcloth; having obtained it, he covered the girl's face with the silk, and in the course of a few seconds she began to recover. The convulsions ceased, consciousness returned, and in a short time she got up and walked quietly home, having first thanked the officer for his kindness. A medical man who happened to be present towards the termination of the scene, complimented the sergeant de ville, and said to him, "You have taught me a new mode of treatment."—*London Standard*. This is not a new mode of treatment, but a fact known to many for the last half-century.

Cupping Blistered Surfaces.—MM. Piorry and Favre have been recently making some successful experiments by leaving a blister on only for a few hours, and then applying cupping-glasses over it. In this way all mischievous effects of the blister may be avoided, and yet abundance of serum produced. The results will hereafter be published, thus much only being now stated to secure the priority of the practice.—*Amer. Drug. Circ.*

Florogene in Intermittent Fever.—Some of the physicians at Cincinnati report very flattering success from the employment of florogene, the active principle the animals he has reason to believe were rabid, and others perhaps not so.—*Id.*

Iodine in Snake-bite and Bites of Rabid Animals.—Dr. Brainard of Chicago, has for years used and pretty clearly demonstrated the value of iodine as an application to snake-bite. Dr. Massey commenced early in 1853 to treat wounds made by rabid animals with tincture of iodine. He applies it to the wound every five minutes for an hour, then an emollient poultice, and the iodine every hour for the next ten hours, then every four hours for the next twenty-four, and changes the poultice every twelve hours until the wound heals. He has employed this treatment with success in a number of cases. Some of the apple tree bark.—*Id.*

Foul Ulcers of the Legs.—A woman at St. Mary's Hospital, whose entire leg has been in a state of ulceration for years, with islands of skin here and there, has had it effectually healed up by Mr. Coulson, by wrapping a piece of linen around it wet with a lotion of the sulphate of soda and a bandage over all. Mr. Coulson thinks the bandaging and rest have proved as serviceable as anything else used.

Cholera.—Dr. Black of Chesterfield announces that Arsenias Potassæ is a specific for cholera in all its stages, and cites his ample experience even in cases in which the various other and active medications have been vainly tried. From 6 to 15 drops of Fowler's solution are given in cold water every 10 or 15 minutes, until vomiting and purging cease, when smaller doses and at longer intervals are repeated until reaction.

Antidote to Strychnine.—Dr. A. F. Joseph of Cummins ville, sends us the following note: "Being called to a case in which a person had taken an overdose of strychnine by mistake, and who was suffering most intensely from its effects. I administered sweet milk in copious draughts. The patient recovered speedily."—*Med. Reporter*.

PERISCOPE.

On the Treatment of Nervous Headache--Gulstonian Lectures, delivered before the Royal College of Physicians. By JOHN ARDINGTON SYMONDS, M. D.

I hasten now to the consideration of the treatment of nervous headache, that kind of which I have adopted the popular appellation, and which I have described as consisting of a painful affection of the nerves of the brain. And first, as to the removal or alleviation of the immediate attack. It is rare for us to succeed in cutting short an attack, that is, stopping it in mid career, or at the very onset; but we are not without means of greatly abating its violence.

The case is one for a skilful use of anodynes; and I know of no form of pain which offers wider scope for the exercise of ingenuity in the combination of these remedies, and in the mode of administering them, as well as of patience in varying them, till the form and dose have been ascertained which suit the individuality of the case. I need not say that nothing marks the sagacious physician more surely than his faculty of quickly discerning the speciality of the patient submitted to him, so that he may see how the operation of a general therapeutical law must be limited in its application to a particular instance. But in the sufferer from headache it is all but impossible to living the particular susceptibility of anodynes. And the physician who might very quickly perceive how far his patient's special organism might be likely to tolerate strong antiphlogistic or actively stimulating treatment, might be quite at fault in guessing whether a headache would be relieved or increased by a dose of opium.

The difficulty in administering opiates for the relief of headache is partly explained by what ensues after taking them for mitigation of pain in other organs. We do not doubt our ability to quell the pain, of gastrodynia, enterodynia, or toothache, at least for a time, by an adequate dose of opium; but we know the reproach which is often thrown upon us by the patient, who with an aching head and sick stomach, assures us that he has only exchanged one kind of misery for another. This effect of opiates is worthy of a moment's discussion, and not only because it is a headache, and therefore within our subject, but also because it is obviously related with the sedative treatment of headache in general.

After a dose of opium sufficient to induce sleep for several hours, the patient may feel upon waking a frontal headache, dull or sharp, accompanied with nausea and vomiting. It closely resembles what is called "a sick headache," and it may last for several hours. It is somewhat

like what is complained of after intoxication, excepting that in the latter instance thirst is more prominent. Though there is probably more or less of cerebral congestion consequent on narcotism, the pain can scarcely depend upon that state. We have seen how any excitement of the brain, whether emotional or intellectual, is capable of inducing a painful state of the nerves of the brain. Therefore it is not surprising that any thing which so seriously interferes with the sensory ganglia as to compel them to sleep for a certain time, should occasion pain, when the soporific effect has passed off. That there may be some sympathetic influence from the abdominal organs, which have also been tampered with, is very possible, since in some persons the disagreeable consequences are averted by combining an aperient, especially a mercurial dose, with the opiate. But this does not always answer; and I believe that the disagreeable and painful symptoms result from the action of the opiate on the nervous centres. Some persons are so constituted that within an hour or two after taking the narcotic, instead of being made to sleep, they suffer the same symptoms of distress, with the addition in some instances of extreme faintness.

It is a problem yet to be solved why narcotics should affect persons so differently. Few constitutional infirmities demand our pity more than the incapability of taking opium without detriment. With many no inconvenience whatever ensues. The paroxysm of pain has been subdued, sleep induced, and no discomfort of any kind is experienced. But seeing that such is the fact, however explained, we cannot be surprised that it should be difficult to administer narcotics for the alleviation of headache.

In many persons the attacks are too frequent to admit of such frequent recourse to doses of sufficient strength for the reduction of the pain. In others they occur in the day time, and though capable of causing great discomfort, they hardly warrant a withdrawal from the avocations of the day, in order that the subjects of them may submit to anodyne operation. But when the case is either severe enough to lay the patient aside, or when it comes on in the latter part of the day, there is no reason why the opiate should not be resorted to. My belief is, that we are over-cautious in the use of these remedies for nervous headache. From an exaggerated fear of inducing congestion, we resort to the feebler agents, which are seldom found to be of much avail, and discourage the patient for the trial of more efficient medicine. I confess that for acute pain, I place very little confidence in henbane, hemlock, lettuce, and hops. If the attack is to be met by narcotics, we should try first one or two grains of opium, or an equivalent of morphia combined or not with calomel or blue pill. In some persons the opium acts more kindly in

conjunction with camphor; in others, with a saline draught. But if opium or its alkaloid cannot be resorted to, there are other efficient anodynes which may be appealed to; such are aconite, belladonna, and cannabis indica. Of these, aconite has been in my hands that which may be most relied on: the difficulty is really in its power. There must be enough, but it is more easy to pass from what is sufficient to what is excessive, and therefore dangerous, than in the case of any other narcotic. A little too much opium, we know the worst of. Even with belladonna it is only temporary delirium, or blindness that we have to dread; but a very slight excess of aconite puts the patient in peril by the depression of the heart's action,

It may not be amiss to relate an example of the caution requisite in the use of this powerful drug. For a lady who had for many years suffered intensely from attacks of headache, I prescribed the alcoholic extract. The remarkable relief which she derived from this medicine made her anxious to have it always at hand. The dose to which she had become accustomed was half a grain in a pill, and she was allowed to repeat the dose once after two hours if the pain persisted. She took a supply of such pills with her into the country, and she was in the habit of resorting to them as occasion required, with great benefit. But one day, when she was engaged to a dinner party, at some distance, she was attacked with her usual headache a few hours before the time of going out. She hoped to be enabled, by the use of the pills, to keep her engagement. Not finding so much relief as usual, she took a second pill, and was much better; but just before stepping into her carriage she determined to make quite sure of a pleasant evening, and therefore swallowed a third pill. Before she could arrive at her friend's house, she was taken frightfully ill; the carriage was stopped at a cottage by the road-side, and for many hours she was in great danger, with all the symptoms of aconite poisoning.

I usually direct a certain dose of Fleming's tincture (from one to two minims), to be repeated after two or three hours if needful; or one eighth or one sixth of Morson's alcoholic extract. In some cases the effect is marvellous. The instances, however, in which I have seen most good result from aconite have been those in which there has been a more chronic species of pain—a constant soreness or disposition to ache. In these a small dose administered thrice daily has been found very salutary, whether combined with tonics or taken singly.

In these cases, again I have known very great comfort ensue from the use at bedtime of a combination of salines, nervines, and ether. Thus in one of my patients whose brain seems to be always on the verge of

aching, such a mixture is always at hand rarely fails to avert a threatened fit of pain, though it would be inadequate to the suppression of it when fully formed.

Chloroform inhaled will relieve or remove a headache ; but its effect is too transient to be of much avail. I have given it by the stomach in pure form, or as it exists in chloric ether, and sometimes with immediate dissipation of the pain ; but the direct anodyne operation is uncertain, and I have sometimes doubted whether the good effects might not be due quite as much to the rubefacient action on the mucous membrane of the stomach, as to the narcotic influence on the sensorium.

The external use of anodynes might be oftener appealed to than it is. When discussing sympathy in relation to the production of pain, I adverted briefly to impressions of temperature on the scalp, and indirectly to anodyne applications, and I expressed a strong opinion that the media of communication are the vascular nerves. I know not in what other way to explain the relief afforded to an aching brain by the application of a pad, soaked in a mixture of warm water and laudanum, to the forehead and temples. This measure is preferable to the employment of stimulating liniments, which, besides the inconvenience attending their use, may do harm by exciting the capillary circulation of the scalp, and by sympathy, that of the interior.

In some cases great alleviation is derived from the use of sinapisms or other rubefacients applied to the spine ; but it will be generally found when this is the case, that a certain amount of vascular disorder is added to the nervous pain, either as an effect of this, or as the concomitant result of a common cause. But when the pain is more purely nervous, and occurs in a person of high neurotic sensibility, the irritation of the cutaneous nerves may add to the distress instead of lessen it.

But, in addition to the decided narcotics, we have a useful class of agents conveniently grouped under the term nervines. Thus, there are, in the first place, the dietetic nervines tea and coffee, which are invaluable in the minor degrees of nervous headache, especially when it has been the result of fatigue, either mental or bodily. There is, however, some danger in their use, for they not only dispel the pain in question, but they also recruit the nervous power in the brain so thoroughly as to tempt the patient to return too quickly to the very exertions which have done the mischief. But I am not acquainted with any agent which equals these substances in the power of removing the headache, without leaving inconvenient results. And as their physiological operation is so purely cerebral, restoring the intellectual faculties, and ministering to the sensation of personal well being, as well as lessening any sad emotions,

we have here an additional presumption, were any required, that this headache is seated in the nerves which are immediately related with the molecular action of the brain.

The medicinal nervines are also of use, and chiefly valerian, camphor, castor, and the fetid gum^s. Of these, valerian is at once the most efficient, and the most easily taken, whether as an infusion, or in the form of volatile tincture. But these substances are less beneficial as remedies for an attack of pain than as correctives of the neurotic sensibility which gives rise to them.

This latter treatment may be said to be prophylactic to the attacks, and curative of the diathesis, and it is of far greater importance than that which merely contemplates the removal of the present pain. It is superfluous for me to talk to this assembly of the methods of correcting this diathesis by air, diet, and exercise, or by removing those faults in the digestive organs, or in the uterine system, which have induced it. Nor shall I discuss all the various tonic and other medicines conducive to this end which have been recommended. I shall confine myself to those of which I have had most experience, and which have best prospered in my hands.

There are two which stand far in advance of the rest—quinine and arsenic. Iron will do much when there is an obvious deficiency of the red corpuscles of the blood, in conjunction with the diathesis in question, but its value is not so specific as that of the remedies which I have named.

The *modus operandi* of quinine in the cure of ague and of nervous pain, is not without mystery. Were it only a remedy for the cure of that remarkable series of phenomena comprehended under the name "intermittent fever," a comparatively simple hypothesis might present an adequate key. One might begin with presuming that the malarious poison in the blood induces a certain change in the fluid, analogous to the process of fermentation, and that after the eliminative action of the skin, the blood returns to its former condition, with retention of enough of the poison for producing in a definite period a like process, the very poison being, in all probability, capable of multiplication in the blood; for were it not so, how could the disease remain for months after removal from the malarious source? Admitting such a theory of the disease, it would not be difficult to append to it the hypothesis, that quinine destroys the poison, or prevents it from developing that change in the composition of the blood which eventuates in periodical fever. But quinine is as certain a remedy to the neuralgia which follows a catarrhal attack, or that which is the consequence to a slight blow on the head; cases in which there is no reason for presuming a chemical vitiation of the blood. If the former

hypothesis would fit the facts or the philosophy of ague, it will not account for the cure of neuralgia.

The operation of this substance, indeed, is so unequivocally exerted on the functions of nervous substance, and with no direct proof of its affecting the composition of the blood, that one would be rather tempted to frame an hypothesis which should bring the cure of ague within the scope of a neurotic process.

In an admirably reasoned argument by Mr. Paget, in a lecture on the rhythmical action of the heart, strong grounds were offered by that eminent physiologist for the belief that rhythmical actions depend on processes of molecular growth, occupying definite periods of time. If this be true of physiological phenomena, is it not likely to be applicable to pathology? In those neurotic affections of periodical recurrence, neuralgia, asthma, epilepsy, etc., may it not be that a portion of the nervous substance in some central part suffers an error of growth, which occupies a certain period, perturbs the natural function of the part for a certain time, and ceases, till a new growth has been developed, and runs its course in like manner. I have a patient who every day is subject to the following attack, and has been so for the last eleven years, without one day's intermission. At 4 P. M. she is seized with clonic spasms of the left arm and the left side of the neck, which last for three hours, and then subside. No mental impression, no opiates, no tonics, no baths, no diet, no change of air, no galvanic currents no chloroform inhalation, nor whatever the wit of any doctor has hitherto devised, has succeeded in preventing the attack. Once by chloroform inhalation I succeeded in cutting short the paroxysm; but the remedy was worse than the disease. The only remedy which has lessened the violence and duration of the fits is quinine in large doses taken every day. Great hopes were built on arsenic; but the mucous membranes were intolerant of this agent.

Now the periodicity of such an attack is perhaps no greater mystery than the periodical evolution of nerve force in the nerves of the heart, if we presume the growth in an abnormal form, of a portion of the nervous centre related with the motor nerves in the subject of this singular excitement. Tendency to recurrence of like action is a well marked attribute of nervous substance, and implies the ready establishment of new forms of growth and action; and it lies at the root of habit in sensation, motion, and thought. Whether in health or in disease, new changes of life and action in the nervous system easily become permanent. Were it not so, what would become of progress and education?—A morbid habit is the continuation of a casual abnormal action. A strong impression is made on the nerves of the heart, and the rhythm of the pulsation

is changed: from that time the change may continue. The nervous structure retains its new mode of growth and action: it is an excess of a thought; and from that time forth, so long as its life endures—in other words, as long as memory is intact—the molecule grows in the same form, undergoing an everlasting series of births and deaths, but maintaining its identity by its perfect similarity of reproduction. And so, as I have said, a new phase of being and action may be impressed on a portion of the nerve centres connected with sensation and motion, and may become permanent. When this occurs easily—when new modes of action are more easily impressed on some than on other individuals, such persons have a neurotic diathesis, a liability to nervous disorder.

A morbid habit is the perpetuation of what should be a temporary state and action; and it argues a diseased tendency to assume so readily a new condition.

A medicine which breaks the habit may be a substance that nips the new growth, compelling the part to return to its former development. It is like a new element introduced into a soil, destructive of particular organisms. Such may be the operation of quinine, arsenic, zinc, copper, and the vegetable nervines.

I am not so ambitious as to endeavour to construct a new theory of intermittent fever, but I strongly surmise that in the progress of discovery there will be another reaction from the modern excess of humoralism towards a modified and improved neurological pathology, and that new forms of molecular growth in nervous tissues, evolving abnormalities of nerve force, or new forms of nutrition in secretory tissues, will be discovered, deriving, perhaps, their pabulum from altered blood, but which altered blood will be only one of the series of changes.

Allowing, however, that intermittent fever consists mainly in toxæmia, it is not difficult to understand how in the districts where the poison is rife, there have been noticed in different seasons alternations of that disorder with purely neurotic affections. What, after all, is blood disease? Is it a mere chemical change, such as is effected in an inorganic fluid by the introduction of a new element? Chemical change there may be, but there must be far more of a change in the growth and life of those organic cells which form so large a part of the fluid. A poison which may at one time act on sanguineous cells, and interfere with or modify elimination, so as to produce the phenomena of fever, may at another time have a modification which affects vesicular neurine, and occasions neuralgia and strange spasms. Those who are familiar with the history of epidemics must be well aware how interchangeable are fevers and diseases. Wild manical dances have followed close upon black pestilences, neuralgia upon agues, etc.

Whether tonic medicines, which act chemically, are restorative or catalytic, it is probable they must enter into and take part in the cell-life, whether of the blood or the tissues.

Modern researches, especially those of M. Briquet, into the physiological operation of quinine, go to prove that its special influence is exerted on the nervous system, and that in large doses it depresses rather than excites the principal functions of that system. It is therefore conceivable that if a new form of life has been produced in that system by the operation of a malarious poison, or by any other cause, such an agent as quinine may alter and destroy it. At a certain hour in the day nerves begin to ache, and the pain continues for several hours, and then subsides. There must be either in the periphery or in the central termination of those nerves, some new development of nerve life. Large doses of quinine are swallowed, and the pain appears with diminished force, and in time departs.

Without pursuing any further speculation on the *modus operandi* of these medicines, which are at once tonic, anti periodic, and anti-neuralgic, I now proceed to observe that quinine appears to me to be of all remedies that which is most extensively and constantly serviceable in headaches, whether strictly nervous, or neuralgic. It at one time helps to remove that irritable condition of the nerves, which makes them take offence at any thing unusual in the degree or kind of cerebral action, or at what is occurring in distant organs, and at another in distant organs, and at another time it proves subversive of that very condition of nerves in which the paroxysm of pain consists. It would be less frequently productive of disappointment were it given more liberally and more unflinchingly. Small doses will not avail. And we must be prepared to set aside, or to pacify the fears of our patients, who from the peculiar sensations in the auditory nerves are beset with phantoms of plethora and apoplexy.

If the case has been of recent origin, three grains of quinine thrice daily will usually be a sufficient dose. But if it has been of long standing we must double this quantity, in some instances ten grain doses must be administered thrice in the day.

Many substances may be advantageously combined with the quinine in order to render it more agreeable to the stomach, especially sedatives, such as extract of hemlock as being more convenient, and less disturbing to the stomach. When the liquid form is used we may add hydrocyanic acid if needful.

Other combined substances may be auxiliary to the specific influence of the quinine, as in the well known formula of quinine, compound galbanum pill, and hemlock.

Every one to whom I am speaking is familiar with that peculiar affection of the hearing which is complained of by those who take quinine in large doses. It is often, as I have hinted, so troublesome as to deter the patient from persevering with the remedy, especially when, as is common with those who suffer headache, there is an impression on the mind that the vessels of the head are disposed to fullness. It may be a reason for moderating, but not for withdrawing, the remedy.

We have seen when considering the probable seat of the pain in headache, that the ganglionic nerves which accompany the blood vessels, and are distributed over the membranes and the substance of the encephalon, are the nerves affected. Now if one thing be more distinctly proved by observation than any other, as to the action of quinine, it is that this substance lowers the frequency of the heart's pulsations. This must be effected through the nerves which determine the rate and rhythm of those pulsations, and which are ganglionic. There is here, therefore, an analogical reason for expecting that quinine may exert a special influence on those nerves which accompany the cerebral vessels.

Next in importance to quinine, as a remedy for headache, comes arsenic. It is not surprising in endeavoring to account for its medicinal action, whether, as a remedy for ague or for neuralgia, we should think of its poisonous power, and therefore presume it to be catalytic, or destructive to some *materia morbi*. Whether its action is so purely catalytic, or whether it consists in disturbing and overcoming abnormal forms of growth in the tissues, is difficult to determine. But while we know that in the normal state of the body it produces only two appreciable effects on the mucous membranes, the skin, and the nervous system, we need not look further for the wonderful control which it exercises over diseases of the skin, and over obstinate neuralgic affections. The very extent of its power is an inconvenience in the employment of this substance.

The form of headache in which I have found it most efficacious, has been not so much that which springs from an excessive irritability of the cerebral nerves, as that which comes in distinct paroxysms, and at regular intervals. These are cases in which, after the termination of a paroxysm, the nervous matter grows gradually again into that form which eventuates in a paroxysm. This growth is destroyed by the arsenic. If the hypothesis of a toxic agent be preferred, an agent requiring a certain time for its elaboration, and then for its destruction in the paroxysm which it has induced, we may say that the arsenic has in some way prevented the formation of the agent, perhaps by a quasi-chemical process.

In the administration of this medicine I have preserved small doses—

three or four minims, largely diluted, taken thrice daily, and continued for periods of time varying from two to four months.

A long interval separates the degree of value possessed by these two remedies for headache, from that which belongs to any other agents. Still there are other remedies, not without importance, to which we may be driven by the idiosyncrasies of our patients. According to my own experience, the first in the class is zinc. The oxide and the sulphate have to be given for a long time before they produce any decided effect, but, the patience of the physician and of the sufferer will generally be rewarded, especially if a steady and well graduated augmentation of the dose be enforced, as the stomach becomes more tolerant of it. To eke out the time, to gain temporary advantages satisfactory to the feelings, and confirmatory to the confidence of the patients, until the more permanent good has been effected, it is well to combine the zinc with some neurotic cordial. Camphor avails in one, galbanum or castor in another, or musk sumbul, and the rest of these singular nervines. But none of these combinations can compete in convenience and efficacy with that invaluable salt the valerianate of zinc. Many years before this substance was introduced, I had been in the habit of prescribing a well known combination of oxide of zinc, extract of valerian, and extract of hyoscyamus, with a degree of benefit which had often far exceeded my expectations. And I remember the eager interest with which I first observed in one of the foreign journals the announcement of the new combination of zinc and valerianic acid.

If I may venture on such a remark, I should say that, judging from the prescriptions which I have met with, this medicine is usually given in doses far too small. My own knowledge of the larger doses was, in the first instance, accidental. For a lady suffering a singular laryngeal spasm after influenza, I had prescribed a grain of valerianate of zinc in a powder (as she was unable to swallow a pill), to be taken every three hours. Six grains had been directed to be distributed into six powders, but the dispenser had sent six powders, each containing six grains. In the morning I found that the powders had been taken with marvellous benefit, and no distress to the stomach. I need not say that this accidental lesson was not lost upon me, and that I have since prescribed the medicine in bolder doses than previously.

Iron may perhaps be classed next to zinc in value. Some practitioners would place it higher. When neurotic susceptibility is conjoined with poverty of coloring matter in the blood, its value can scarcely be over praised. But even without this conjunction there are cases in which ferruginous preparations have great efficacy; but we are oftener checked

in the use of this metal when we administer it in other diseases, by complaints of the pain or distress which it excites in the head, than by any other symptoms attendant upon its use. Still every practitioner must have remarked its signal utility in cases of headache with great debility, especially when the constitution has been worn down by previous disease. The carbonate has been used more frequently than any form for the cure of strictly neuralgic headache. It is difficult to find a reason for the preference which many have given to this preparation, unless it be, that as it is very partially soluble, and is therefore given in large doses, it enters the system in very minute quantities at a time. Perhaps, as it is applied to so extensive a surface in the gradual travel of its large quantity through the tube, more may eventually enter the blood than when a small dose of more soluble salt has been taken.

Of copper I have very little experience as a remedy for cephalalgia. I have used it in the form of ammoniacret, as in epilepsy, but with no very decided results. Were I pressed for a new agent, or a new combination in some very refractory case, I should try small doses of the sulphate of copper, in combination with quinine as in Sir Henry Hallford's favourite combination for epilepsy.

Nickel was first brought before the notice of the profession by Dr. Simpson. He one day introduced me to a gentleman who had been a sufferer in an unusual degree, and for a long time from headache, and in whom sulphate of nickel had been of more avail than other remedies, but I did not learn what those other remedies had been. I have since then employed it in several cases, and I think always with some benefit; the dose has been a grain thrice daily.

It is highly probable that all the metals have more or less control over those new forms of neurotic life in which nervous diseases consist, and we may yet add some shafts to our quiver, tipped with selenium, cerium, and cadmium, to which Dr. Simpson has directed the attention of the profession.

When speaking of quinine, I ought to have remarked that beberine in larger doses, has seemed to me to act in a manner very similar to that of quinine.—*Virginia Medical Journal*.

II. *Observations on Scarlatina.* By PROFESSOR TROUSSEAU.

The following are some of the most interesting points in M. Trousseau's clinical lectures upon scarlatina :

Scarlatina varies in form, appearance, and intensity, to an extent witnessed in no other exanthem. Variola is always variola, whether benign,

distinct, or confluent; and to be recognized constantly by its characteristics. Measles observes always pretty much the same course, its diagnosis being simple, and its complications capable of being provided for. In scarlatina there is nothing fixed or regular, and its concomitant or consecutive accidents are foreseen with extreme difficulty. Years may pass without a single death resulting from the disease, when an epidemic may arrive which will commit greater ravages than cholera or typhus. Nothing of this kind is observed in variola or rubeola. There occur indeed from time to time, epidemics that are more fatal than others; but in the most innocent of these there are always found in bad cases of variola; while even in those which are most destructive, slight cases are met with. Scarlatina takes on a character of benignity or malignity according to the genius of the prevailing epidemic.

The eruption appears in some patients four or five hours after the fever of invasion has set in, and does so very rarely after the first day. The cases in which the eruption is said to appear only on the third day must be quite exceptional, and are mostly to be explained by the defective examination of the practitioner and friends. It is generally on the face that we seek for the first manifestation of an eruption, and it is there we find it in rubeola or variola; but in scarlatina we should search for the earliest traces on the trunk, the belly, and bend of the thigh. It may be found there thirty-six hours before it exhibits itself upon the face and neck, and hence a cause of error in the date of its appearance.

The fever of invasion is very acute, and accompanied by a rapidity of pulse met with in no other exanthem. Before many hours have passed the patient complains of the throat; and if care be not taken this affection of the throat may be mistaken for a simple angina, and the treatment adopted for it may be highly injurious in scarlatina. When the malignant form of scarlatina prevails, while the pulse in the adult rises to 130° or 160° on the first day, nervous phenomena appear, such as excessive agitation, utter insomnia, and subdelirium. Such symptoms as these are met with in very few inflammatory affections of the throat, and are very seldom observed at the onset of other pyrexia: so that from the very first the scarlatina exhibits all its malignity:—this malignity of the first day being such that individuals may succumb before twenty-four hours have elapsed. In cases like this, the young practitioner may be taken off his guard, and may be led into giving a too favorable prognosis. Suspecting the advent of scarlatina and being present at its onset, he may promise a speedy subsidence of the violent fever on the appearance of the eruption. All prognostications in this disease must be made with the greatest reserve.

The duration of the eruption is very uncertain, bearing, in this respect no analogy to that of variola and rubeola. Commencing on the first day, it may still be very vivid on the twelfth or fourteenth, although generally it becomes paler towards the eighth or ninth. In simple cases it lasts five or six days only. It is by no means so uniform and constant in character as represented in books. When severe and confluent it has the appearance of a tincture applied to the whole surface, but in the more simple cases it consists in a multitude of minute, round, red points completely separated from each other, and differing entirely from the spots in measles. The peculiar red rash of scarlatina is also accompanied by a miliary eruption, which, even when not visible to the naked eye, feels to the touch like shagreen. It consists in minute vesicles, which in thirty-six or forty-eight hours become filled with a lactescent fluid, and is very seldom absent in confluent scarlatina. If we examine a scarlatina eruption with a magnifying glass, we may be easily convinced it is not of one uniform color as in erysipelas, but consists in elevations that resemble an excessively close eozema.

It is the tongue, however, which presents the most specific appearance in scarlatina, and is, perhaps, as special as is the eruption in variola. The first day there is nothing peculiar about it, but the next, if the patient has been sick, it is of a deep green or yellow color, the point and edges being of an excessively bright red. When there has been no vomiting, it is of a milky white at its posterior part. Towards the third day the redness still further increases, and from the fourth to the fifth all the pasty appearance disappears. The tongue, now of a scarlet red, is swollen, painful, covered with projecting papillae, and peels by friction. Towards the seventh or eighth day it becomes smoother, but preserves its redness. By the ninth day the epithelium becomes evidently produced, but the tongue scarcely recovers its normal appearance before the twelfth day.

M. Trousseau protests against the doctrine usually laid down, that when the eruption is vivid and comes out well, the patient runs less risk of suffering from the various morbid phenomena. On the contrary he declares it to be a law in scarlatina as in the variola that the gravity of the cases is in direct proportion to the intensity of the eruption. In distinct variola life is in as little danger as in scarlatina with slight eruption; and the issue of a confluent variola is surrounded by as many perils as in that of a confluent scarlatina, in which the entire skin is of a vivid red. The more intense the eruption, the more serious are the symptoms, and the more guarded should be the prognosis.

The sore throat of scarlatina forms one of the most difficult subjects of

pathology. It is easy enough to describe its ordinary appearances, whether in the grave or the simple form, but there is sometimes a form met with of the most formidable character, which sets all provision at defiance. The patient may have seemed to be going on very well, the fever having abated, and the rash disappearing, so that the most favorable prognosis has been delivered, when towards the eighth or tenth day of the disease there appear swelling at the angle of the jaw, neck, and sometimes face, abundant stinking sanious discharge from the nares, sudden enlargement of the tonsils, great frequency and smallness of the pulse, delirium, coma, coldness of the surface—the patient gently expiring at the end of three or four hours. The nature of this affection is quite obscure, although it is probably referable to diphtheritic complication. In this form, where the angina comes on at the eighth or ninth day, M. Trousseau does not remember a single instance of recovery: while even in the gravest form of angina, commencing with the disease, and reaching its maximum form, from the fifth to the eighth day, it is scarcely ever fatal.

Desquamation commences where the eruption ceases; as for example at the cervical region on the sixth day, and on the trunk on the seventh, and it lasts about fifteen days upon the arms and legs. Its characters are best marked on the hands and feet, and it is useful to bear this in mind. On the trunk, the squamæ may vary in size from two to three millimetres to one or two centimetres in diameter; but on the legs and arms where the epidermis is thicker, they may attain four or five centimetres. They are detached in large plates, as after erysipelas and phlegmon, the desquamation never taking the fine furfuraceous appearance as in measles. To see the latter we must look closely, or even detach the minute exfoliation by friction with the sleeve of a black coat. In scarlatina the squamæ are far more manifest, and cannot be mistaken.

Speaking of the accidents which may attend this period of the disease, M. Trousseau first alludes to the affections of the nervous system. The patient having entered into full convalescence, he suddenly becomes seized with vomiting as at the commencement, great agitation, and extraordinary frequency of pulse, death being preceded by convulsive or comatose symptoms. This terrible state of things may come on when you are quite at ease as to the issue of the disease; and that without any consecutive anasarca, albuminuria, hæmaturia, or other circumstance having happened to explain this fearful state to which children as well as adults are liable—so careful, should we be in prognosis in an affection like scarlatina, which cannot be regarded as cured until long after all morbid manifestations have ceased, death in the course of a few hours being still

even possible during convalescence. These nervous accidents coming on during the desquamatory period, are a hundred times more dangerous than those met with at the commencement.

Anasarca is especially observed in the medium form of the disease, and affects not only children who have been exposed to cold or other imprudence, but those who have been watched over with the most anxious care. So rapid is the infiltration in some cases, that within twenty-four hours the swelling may occupy the entire body, and attain a size not met with in chronic diseases, affections of the heart, or nephritis. In other cases it is limited to the face and extremities. Although it is true that children usually recover from this anasarca by the aid of hygienic measures alone, it is no less so that on some occasions they die. Pain in the head and confusion of vision are complained of, and then convulsions are imminent. These may sometimes be warded off by seating the child with his head erect and his legs hanging over the bed, and administering a smart purgative. Generally, however, the attack of eclampsia is not to be prevented, and death may soon follow, not indeed the first time, although that is not very rare, but after several attacks following each other at short intervals.

Hæmaturia is an extremely common occurrence, but it is generally overlooked. When the blood is discharged pure, or only slightly changed by the acids of the urine, giving a blackish color to the fluid, no mistake may be made; but when it is emitted in small quantity, and the urine is only of a rose color, it will be probably overlooked. It may be detected by the precipitation of globules after long standing, and by the enormous quantity of albumen the urine contains. This is the albumen of the blood, and is not precipitated white, as in Bright's disease, but of a deep brownish color.

Among the less known complications of scarlatina may be mentioned pleurisy and pericarditis. What is very remarkable, is that a pleurisy coming on at the decline of the disease takes on at once a malignant aspect, not only in the fact of the abundance of the secretion that follows, but by the rapidity with which it assumes the purulent form--by the eighth or tenth day from the commencement of the effusion. Suppuration does not take place quite so rapidly in the pericardium, which too, is implicated seldomer and at a later period than the pleura. It is to be remembered that rheumatism is of extreme frequency during the convalescence of scarlatina, which will explain why pleurisy and pericarditis are by no means uncommon. It is a curious fact that the rheumatism, notwithstanding the essentially malignant character of the exanthematous pyrexia, is of no great gravity, and may be cured without therapeutical

intervention. Still, occasionally here, as in puerperal fever, we sometimes observe the most terrible form of rheumatism, which may be termed the suppurative form.

Bearing in mind the tendency of the exanthemata to run a fixed course, if scarlatina exhibits no serious accident, the less we do, the better we shall treat it. All practitioners are agreed that the antiphlogistic treatment, as bleeding, active purging, and starvation, is more likely to prove injurious than useful; and even when really inflammatory affections supervene in the course of the affection, such as local phlegmasia affecting the tonsils, the lymphatic glands, or the cellular tissue, antiphlegistics still fail, probably on account of the septic character of the disease. All admit, however, that mild laxatives, producing two or three stools a day, are of use in moderating the violence of the febrile action.

During the acute period of the disease, when the patients die, they seem to succumb to the great modifications exerted on the nervous system. These may be manifested by the extraordinary heat of skin (produced, according to Bernard's experiments, through altered action of the splanchnic nerves), excessive vomiting or diarrhoea, delirium, coma, vigil, or convulsions. In such cases, experience has amply confirmed the utility of the employment of cold affusions, as recommended by Currie. To put this bold treatment into practice, however, the practitioner must have arrived at such a point as to be able to make light of public prejudices and patients' fears. The treatment is not applicable to mild cases, for which mere expectation suffices, but only when the disease threatens to prove fatal, so that of three children thus treated, we may still lose two. For a long time past I have employed these affusions, first in my private practice, and then at the hospital; for I have never yet done anything in my life without having first tried it at my own risk and peril. I declare to you that I have never had recourse to them without deriving some benefit; and, so far from the affusions having ever done mischief, even when they have not saved the patient, they have moderated the accidents and retarded the issue.

In acting thus in private practice I certainly ran great risks, and I have often been ill recompensed for fulfilling my duty with this rigor. Still I have done it, and I continue the practice now that I have no more to fear, and I am getting old, and my position is established, and I can assume a responsibility that alarms me no longer.

As, however, the incurring such responsibility may entail a destruction of prospects that a young practitioner fears to risk, he may still, to a certain extent, follow out the treatment he knows to be best, while seeming to fall in with the public prejudices. Thus we may employ cold affusions

in reality, although the friends of the patient believe them to be warm. Scarlatina, especially when malignant, is the disease of all others in which the temperature rises highest—to 41° C. in the axilla, for example. In case of affusions we apply lotions, at a temperature of 25°, which is an extremely cold temperature for a scarlatina patient, seeing that a difference of 15 or 16° exists between the surface of the body and the water applied to it. The patient being placed naked on the sacking, you pass a sponge, wetted in water at this temperature (which the friends regard as hot), very rapidly over the whole surface, and then, without drying the body, return him to bed and cover him up. An hour after, the skin is found less arid, its heat less mordant, while there is a diminution in the frequency of the pulse. The other nervous symptoms also abate. After a very limited period, as two or three hours, the same group of symptoms appear, sometimes just as before. We must then repeat the lotions or the affusions, and so go on two, three or four times a day, during five or six days in succession. As to the eruption itself, it is almost invariably found to be more vivid after the application; so that the friends, witnesses to the amelioration of the symptoms produced, urge the repetition of the lotions as long as peril continues.

Together with the affusions some internal remedies may be employed, foremost among which is carbonate ammonia, given in quantities of from 30 to 50 grains per diem. Of musk, 3 to 6 grains are sufficient, though as many as 15 may have to be prescribed.

In the great majority of cases of scarlatina maligna there is nothing to be done for the throat itself, M. Trousseau having tried all the various means that have been recommended without benefit. Of all these he attaches the most importance to the careful application of hydrochloric acid. As to the form of angina which comes on about the ninth or tenth day, and is attended with diphtheritic complication, all local measures are useless, our chief aim being to keep up the powers by stimuli, food, and quinine.

The anasarca, when not extensive, is best treated by rest in bed, tepid drinks, and moderate diet. When the urine is bloody, acid drinks, *uva ursi*, mixed with syrup of turpentine, digitalis and gentle laxatives, speedily produce relief. When the hemorrhage is considerable, sulphuric acid and tincture of rhatany should be employed. When the anasarca is very extensive, and rapidly produced, convulsions usually occur, and death often follows. In this case we should give active purgatives, and keep the patient with his head erect, and his legs hanging down. Scarification, or large blisters, may also be applied to the legs. When the convulsion comes on, utusk, with a small proportion of belladonna, should

be given. Another means M. Trousseau has frequently found the advantage of during the last twenty years, is compression of the carotids. When the convulsion especially affects one side, the compression should be especially made on the opposite carotid ; while, when the convulsion is nearly equilateral, it should be made, first on one carotid, and then on the other ; or, if it does not produce too much obstruction of respiration, on both at the same time. The compression should be continued for fifteen or twenty minutes on each artery, and as its maintenance is irksome, we should have the aid of an assistant, or instruct the friends in its performance. As soon as the acute accidents have disappeared, the eclampsia and the hæmaturia, which usually precede or accompany the anasarca, having passed away, we should give gentle diuretics, especially nitrate of potash and digitalis, giving at the same time, as recommended by Graves, iodide of potassium in large doses. But the anasarca and albuminuria of scarlatina, which are usually cured in two or three weeks in certain cases only form the first stage of Bright's disease ; and we must always distrust a case when we find the albuminuria continuing after the acute symptoms have subsided. With respect to the pleural and pericardial complications which are met with at or about the same time as the scarlatinal anasarca, they are best treated by blistering and puncture of pleura or pericardium. But it will be always found that, at the end of ten or twenty days, the effusion is converted into a lactescent or purulent collection. By means of iodine injections we may be still enabled to cure this dangerous complication in children, but we shall strive in vain to relieve it in the adult.—*Gaz. des Hôp.*

Anchylosis of the Stapedio-Vestibular Articulation, (the base of the Stapes and the Fenestra Ovalis) associated with Rheumatism and Gout ; with an Account of 136 Dissections of the Disease. Read before the Royal Medical and Chirurgical Society. By Mr. Toynbee of London.

THE author commences his paper by showing that there is a distinct joint between the circumference of the base of the stapes and the inner surface of the fenestra ovalis, and that this stapedio-vestibular joint (perhaps more constantly used than any other in the human body) is very subject to be affected with rheumatic gout (rheumatic arthritis), producing in various stages of its progress various degrees of deafness. For the better elucidation of the nature and treatment of rheumatic arthritis in the stapedio-vestibular articulation, the author commences by making some general observations upon the subject of rheumatism and gout, the results of

which may be thus briefly stated. He considers the poisons of gout and rheumatism to be thus far identical in their nature, that they both consist of an excess of the nitrogenous element of the blood, and that this nitrogenous element in the case of rheumatism is fibrine, and in that of gout albumen. The view that the element in the blood causing rheumatism is fibrine in excess, is supported by the following facts :

1. That this fibrine is found in so great excess in the blood of rheumatic patients, that Lehmann asserts that of all diseases the fibrine is in general increased in the largest proportion in acute articular rheumatism and pneumonia.

2. That this excess of fibrine also manifests itself by the excess of urates eliminated from the blood in patients with the so-called rheumatic diathesis.

3. That attacks of acute rheumatism come on contemporaneously with the inability of the system to use the excess of fibrine in the blood, and to eliminate the excrementitious urates.

4. The attack of rheumatism is produced by any cause which prevents the conversion of the fibrine of the blood into the fibrinous elements of muscles and other fibrous organs, and the due elimination of the urates.

5. In cases of acute rheumatism, the excess of fibrine in the blood finds an outlet in fibrinous effusions, while in chronic rheumatism it finds an outlet in hypertrophy of the fibrous structures.

6. All curative measures for rheumatism do good in proportion as they cause the excess of fibrine to be eliminated in the form of urates or consumed in the process of assimilation.

7. All preventive measures in rheumatism consist in the use of dietetic or other hygienic rules, whereby the entrance of an excess of fibrine into the blood is prevented, or when it is introduced that it may be assimilated and the effete matter eliminated as urates.

That the nitrogenous element in the blood which causes gout is albumen in excess, is indicated by the following facts :

1. Whether known to us as globuline, gelatine, chardine, gluten, &c., the textures containing albumen are those implicated in gout. These textures may be divided into four classes: as the blood cells containing globulin, cellular, mucus, and purely serous membranes containing gelatine, the cartilages containing chardine, and the cartilage of bone, gluten.

2. That globulin, the coagulable matter of the blood cells, is more abundant in plethoric gout, and that one source of the increased quantity of uric acid in the blood of some gouty patients may be ascribed to the increased quantity of globulin in the blood.

3. The food inducing an attack of gout is usually peculiarly rich in albumen.

The analogies and differences between gout and rheumatism are thus presented in a tabular view :

GOUT.

Causes :

1. *Predisposing*—An excess of the nitrogenous element of the blood probably albumen, from the use of too highly nitrogenous, or from mal-assimilated food.
2. *Exciting*—The sudden addition to the blood of so large a quantity of albumen, that it can be no longer assimilated, and becomes a poison ; or any circumstance, as fatigue, which prevents this assimilation, and consequently the elimination of the urates. The effort to rid the system of all poison constitutes the attack of gout.

Seat—Vesicular tissue.

1. *Cellular tissue*—As bone, cartilage, or cellular membrane.
2. *Mucous membrane*—As the lungs, liver, stomach, kidney, etc.
3. *Serous membranes*—As pleura, peritoneum, arachnoid, synovial membranes, etc.

RHEUMATISM.

Causes :

1. *Predisposing*—An excess of the nitrogenous element of the blood, probably fibrine, from the use of too highly nitrogenous, or from mal-assimilated blood.
2. *Exciting*—The sudden addition in the blood of a large quantity of this element, or any circumstance, as the application of cold, which prevents the assimilation of the element, and the elimination of the urates. The violent effort made to rid the system of the poison constitutes an attack of acute rheumatism.

Seat.—Fibrous tissue :

1. *Muscular fibre*.
2. *Hard fibrous tissues*—As tendons, aponeuroses, fibrous visceral envelopes, as the fibrous layer of dura mater, pericardium, synovial, and other serous membranes.

The author then shows that in the disease properly called rheumatic gout, both fibrous and vesicular, otherwise named fibrinous structures, are affected, and he is thus led to consider the diseases of the stapedi-vestibular articulation, in which both fibrous and vesicular structures are affected, as constituting what is called ordinarily rheumatic arthritis, or rheumatic gout. The author then proceeds thus to describe and classify

the 136 dissections laid before the society, of rheumatic gout causing ankylosis in the stapedio-vestibular articulation.

In 49 cases there was simple expansion of the articulating border of the base of the stapes; in 20 there was expansion of the articular border of the base of the stapes, with calcareous whiteness; in 25 there was expansion of the whole of the base, and effused bone connecting it to the vestibule; in 21 there was osseous matter effused between the stapes and the fenestra ovalis, producing simple ankylosis; in 12 there was osseous matter effused around the fenestra ovalis. In addition to the above 136 specimens of bony ankylosis, the author alludes to 53 dissections of membranous ankylosis, the particulars of which had been previously laid before the society; in the latter cases the ligaments of the stapedio-vestibular articulation had become more rigid than natural. The author states that rigidity of the ligaments, which is the usual morbid condition in cases of deafness in advancing years, may, as a general rule, be diminished.

In speaking of the diagnosis, the author states that there is usually what is called the uric-acid diathesis. Frequently the patient has had an attack of rheumatism, gout, or rheumatic gout, but the only symptom from the ear is gradually increasing dullness of hearing, usually worse during a cold, the adapting power of the ear being the first to be diminished. There is usually an absence of the distressing noises present in debility of the nervous apparatus of the ear. The mucous membrane of the fauces and nose is congested and tumefied, the membranous meatus auditorius is also red and often tumefied. The osseous walls frequently present rounded bulgings. The membrana tympani is often opaque and dull on its surface. Respecting the prognosis.—If the ligaments only are affected, as they are in the earlier stages of the disease; or if the circumference of the base of the stapes be merely slightly expanded, considerable benefit may be obtained by persevering treatment. This treatment consists in the use of general remedies, whereby the poison of rheumatism and gout is removed from the blood, and in the local application of counter-irritants. In the latter stages of the disease, when bony ankylosis has taken place, no benefit can be attained farther than the removal of the symptoms arising from congestion. The paper concludes with a recital of cases illustrative of the disease, with details of the pathological condition found in some upon dissection.—*Virginia Medical Journal*.

The Dignity of the Medical Profession. By T. H. CHIVERS, M.D., of Decatur, Ga.

From the most remote times, in fact from the *Berashith* of the pre-Adamite Sultans, (the word Sultan having been derived from the Hebrew *Sauletaun*, which signifies the *wide-ruling*,) the medical profession has been held in the highest estimation by all classes of persons. In the most ancient times the physician was the only *true* man—the only Theologian—Theology and Medicine being the same thing—embalmed as they were in the sweet spices of Antiquity. We are told in the *Sacred Oracles* that God is a physician. “*I, Jehovah, am thy healer.*” It is, therefore, obvious that the only *perfect* image of God is the *true* physician.

According to Josephus, Philo and Solinus, the Egyptian High Priests, were the only true physicians, from which arose the succeeding sect, the *Therapeutæ*, or *Essenes*, which is the English translation of the Egyptian word which signifies *Surgeon, Healer, and Curate*, vulgarly called *Doctor*.

The learned Jesuit, Nicolaus Serarius, contends that they were Ascetics, derived from the Recabites, mentioned in the thirty-fifth chapter of Jeremiah. Eusebius informs us that the monastic life was derived from this sect. In Matthew, xi: 23; we are informed that Jesus himself belonged to the sect of the *Essenes*, the *Therapeutæ*, *Healers*, or *Doctors*—hence he is called, in the New Testament, “*The Healer of us all.*” The ancient Druids were of the same order, calling the mistletoe by the same comprehensive name.

According to Mosheim, the great Church historian, they had their origin in Egypt, therefore, existed before the coming of Christ—proving that the dignity of the physician is of the very greatest antiquity, hallowed, glorified, and made immortal by Christ, having crowned himself with the same consecrated name—the most beautiful ever uttered under Heaven. *Bind it about thy neck, write it upon the tablet of thy heart, that CHRIST WAS CALLED A PHYSICIAN.*

The greatest library that the world ever knew was that at Alexandria in Egypt, made out of the learning of the *High Priests, Therapeutæ, or Physicians*—the great professors in the most ancient university in that city. Here were stored away the most valuable manuscripts of Papyri—the *Codices Alexandrini*. Here were the first Bishops. In those days the professions of Medicine and Divinity were both combined in one person, indissoluble, inseparable.

The *Therapeutæ* or *Essenes*, as their name signifies, were *Professors of the art of healing*, whose professions embalmed their names in the

sweet conserve of the most reverent sanctity—hence they were called *divines*—the people all believing that their power of healing was a *direct gift from Heaven*.

These physicians, on this account, were all called *Apostles*—as St. Paul was a long time afterwards—that is the *Prime Doctor*—the *Physician* or *learned Man* as the word *Doctor* signifies.

This is the reason why the *Apostolici* and the *Apotactici* were considered synonymous. Eusebius calls the Apotactical Therapeutics, Apotactical. They were also called *worshippers*, of whom Philo wrote the life—hence they were called *Apostolical men*. Christ describes his apostles as *members* of this *sacred order* of physicians: “*They are not of the world, even as I am not of the world.*”

All diseases, at this early morning of medical knowledge, were attributed *not to natural*, but *supernatural* causes—hence the cure of these same diseases was at the same time, not attributed to *natural* but *supernatural* powers. When a man became afflicted with a fever, he was said to be “*possessed with a demon*,” which could only be expelled out of his body by *Leucomancy* or *White Magic*—driving off the *Necromancy* or *Black Magic*—by which the person had become afflicted. The *White Magic* consisted of *prayers*, *fastings*, and *baptisms*, the only medicines then considered capable of casting the *Devil* out of the body of a man. This is the origin of the word *charm*, which is synonymous with “*sacred writings*,” or *God's-sp ill*, now called *gospel*. From this it is very easy to see, that the ancient physicians were not only “*holy men*,” but, as Eusebius in the seventeenth chapter of the second book of his history informs us, *the original writers of the first gospels*.

Mosheim says, that Philo the Jew, who belonged to the *Therapeuta*, *Essenes*, or *Doctors of the Eclectic Philosophy*, informs us, that their doctrines were in a “*flourishing state during the life time of our Saviour on earth*.” Lactantius, also, informs us, that the *Eclectic Philosophy* of the *Essenes*, was the same as Christianity—proving that the ancient physicians were really *Apostles*, or *Prime Doctors*. The word *Essene* is the Egyptian, as that of *Therapeut* is the Greek, for physician—the word *Ecclésiastic* signifying the same thing, that is, being called out to the holy service and honor of God—the *Eclectics* being those who had gathered together as is recorded in *Philippians*, iv., 8: *Whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report—if there were any virtue, and if there were any praise.*” This shows that the ancient physicians were held in the highest repute of any people in the world. The following passage in *Matthew*

v., 3 : is the very language of the Therapeutæ: "*Blessed are the poor in spirit, for theirs is the kingdom of Heaven.*" The same thing was taught by the poet Meander in the following language: "*We ought to consider the poor as especially belonging to the gods.*"

In proof of what I have already said, namely, that the *Essenes, Physicians, or Doctors*, were the most learned, respectable and noble body of people that the world ever knew, I would refer you to the *sayings* in the *New Testament*, evidently derived from them—the authors of the *Egyptian Scriptures*—one of which may be found in John, xiv., 2: "*In my Father's house are many mansions,*" or MONASTERIES.

In Corinthians, xv., 29 : may be found the following passage: "*Else what shall we do, which are baptised for the dead, if the dead rise not at all? Why are they baptised for the dead?*"

Here is a palpable reference to some ceremony which had taken place antecedent to the time of the writer, *the ceremony of the "baptism for the dead."* This was undoubtedly the ceremony of the *Egyptian Therapeutæ*, as any body, who is acquainted with the religious rites of the Egyptians, *must* know. The offerings of the dead were most assuredly Egyptian.

The pass-word of the vigilant *Euchrates*, or monks of ancient times, was, "*watch and pray,*" which was the religion of the *Therapeutæ, or Physicians*. That passage in which John is described as "*preaching in the wilderness,*" proves *most positively*, that he was one of this order. So of the wonderful "*fasting*" of the old woman Anna.

There is, in the following passage, proof positive that there existed, during the time of the Apostles, those *Prime Doctors* of whom I have been speaking—namely, *Eclecticists*, from whose *sacred writings* the Scribes were then in the habit of making extracts—those *divine sayings* which could not have been written by any others than the *Egyptian High Priests, Essenes, Therapeutæ, or Physicians*. "*Every Scribe instructed in the Kingdom of God is like unto a man that is a household, which bringeth forth out of his treasure, things new and old.*" Qui profert de Thesauris suis nova et vetera.

This proves that there were *sacred writings* anterior to the time of the Scribes—that is, the *Arcana Imperia* of the *Therapeutæ or Physicians*—showing at the same time that the *Alexandria Doctors* were the authors of the most beautiful doctrines that ever adorned the renovated world. Beausobre informs us, that at the head of the scriptures stand two gospels, *that according to the Hebrews*, and that *according to the EGYPTIANS*—which settles the matter at once.

That this gospel according to the *Egyptians*, was the writing of the

Theraputs or *Physicians*, can be proven by the *esse* of the doctrine itself.

“*The setting forth in order*,” mentioned in the scriptures, shows that the Scribes were engaged in the work of *Feclecticism*. This is most certainly the origin of the *Gnomologue*, as is proved by what St. Paul says about “*the form of sound words, the doctrine, &c. &c.*”

The word Nazarene is precisely of the same import as *Essene* and *Therapeut*. This is the reason why it is said in Scripture, that Christ “*should be called a Nazarene*”—because the doctrine which he taught was *precisely, in essence*, that of the *Essenes, Theraputs, or Physicians*.

The fact is, in Egypt the kings were all priests, and the priests were all *Essenes, Theraputs, or Physicians*. The same may be said of the ancient Greeks. Thus Anius was *King* of Delos and *Priest* of Apollo. That they all belonged to the *sacred order* of the *Theraputs, or Physicians* is proven by their holy office—that is, that they should all be *upright in mind, pure in heart, perfect (apheleis) in body*.

These are the people who strewed the *agnus castus* under their beds, that they might live a life of chastity.

Æsculapius was the *god of medicine*, whose Phœnician origin shows that he belonged to the *sacred order* of the *Theraputs, or the Society of Healers*.

It was believed that he was so skilful in medicine that he would not only cure the sick, but raise the dead. It is also stated that his skill was so great that Pluto cited him, before the Tribunal of Jupiter, under the complaint that his power was about to render his empire totally desolate, when Jupiter, in his wrath, slew him with a thunderbolt. After his death he received divine honors.

Marinus, a scholar of the philosopher Proclus, in the life of his master, says, “I might relate very many Theurgic operations of this blessed man; one, out of innumerable, I shall mention, and it is wonderful to hear. *Asclipigena*, daughter of *Archiades* and *Plutarcha*, and wife of *Theagenes*, to whom we are much indebted, when she was yet but a young maiden, and lived with her parents, was seized with a grievous distemper, incurable by all the physicians. All help from them failing, as in other cases, so now in this also, her father applied to the sheet-anchor; that is, to the philosopher, as his good Saviour, earnestly entreating him to pray for his daughter, whose condition was not unknown to him. He, therefore, taking with him *Pericles of Lydia*, who was a philosopher and worthy of that name, went to the Temple of *Æsculapius*, intending to pray for the sick young woman to the God; for the City of Athens was, at that time, blessed in him, and still enjoyed the undemolished Temple

of the SAVIOUR. But, while he was praying, according to the ancient form, a sudden change appeared in the maiden, and she immediately became convalescent, for the SAVIOUR, as being God, immediately healed her."

Here, the attentive student will have perceived that *Æsculapius* was called by the same title as the Messiah—THE SAVIOUR—proving that the Mes-iah not only endorsed the dignity of that *Sacred Order*, but "magnified the office" of the physician. This shows that Physicians, in ancient times, were held in such high estimation that they were called SAVIOURS. Sir John Marsham, as Bryant, in his *Annotations*, informs us, had a coin of the Thasians, on which was the inscription (*Hercleous soterus*) of "HERCULES THE SAVIOUR."

The Orphic hymn, in speaking of Hercules, says, "Bringing all lenitives of our diseases—this constituting his twelve immortal labors—one for every month in the year—for is not his name synonymous with that of the Sun? Was he not the Sun himself?"

Parkhurst, in his Hebrew Lexicon, shows us that the Hebrew word "*mauzem*," which signifies PROTECTORS, is from the root "*oz*," *strength, vigor, &c.*

The Messiah was called THE SAVIOUR OF THE WORLD, because he was its physician—"The healer of us all"—being the express IMAGE of his Father, who in the majesty of his greatness exclaimed, "I, JEHOVAH, AM THY HEALER."

Pythagoras, the Samian Seer, was called *divine*—"The Son of God"—because of the "*beauty of holiness*" which shone forth out of his soul in the brightest light of a life of purity in his active wisdom among men—teaching them that *temperance* and a *pure diet* were the best safeguards against all diseases.

Christ was a divine physician—the most perfect analysis of the synthesis of God—curing most of the diseases of the sin-sick soul by *psychological* laws. The use of physical agents, with him, was only a *formula* whereby to dignify the profession of the Physician. The sanative powers which he possessed, were the result of a clairvoyant intuition into the relations subsisting between the *psyche*, the *soma*, and the *pneuma*—that is, the *soul*, the *body*, and the *spirit*. In the cure of mental diseases it was necessary for him to have understood this *tripartite* nature of man—which he did—in his normal as well as abnormal conditions. As the relations subsisting between the *psyche*, and the *pneuma*, which constitute the *inner man*, are manifested *internally*, the agents which he used were, of course, *spiritual*.

This will unfold to us not only in what estimation the Physician was

held in the most ancient times, but reveal to us the sacred dignity of his calling—which should inspire every one engaged in the study of the profession with a tireless emulation.

It is, therefore, obvious that the profession of medicine is the crowning glory of all the sciences.—*Oglethorpe Medical and Surgical Journal*.

Report on the Progress of Infantile Pathology and Therapeutics; prepared for the *New York Journal of Medicine*. By A. JACOBI, M.D., Physician to the Children's Department of the German (Canal-street) Dispensary of the City of New York.

I.—DIGESTIVE ORGANS.

1. *New operation for hare-lip* (*London Lancet*, Am. ed., 1858, p. 413).—Allen Duke operated on four children, whose ages varied from six weeks to five months, in the following manner: "the edges pared, not in the usual way, but by an oblique incision from before backwards, slightly concave, and the reflecting bands of mucous membrane, freely divided, are to be brought neatly together by two or more sutures, each armed by two curved needles, which are to be introduced immediately under the skin, carried completely through the remaining thickness of the lip, and firmly tied *internally*. To facilitate the removal of the two upper ones, the ends of the sutures should be brought out at the angle of the mouth, and secured externally by adhesive plaster, strips of which are to be applied the more firmly to bring and retain in contact the skin. The sutures may be safely removed in the course of a few days. Should there be a fissure of the jaw, and any portion unnaturally project, it should not, as is usually recommended, be entirely cut off, but partially severed, the edges pared on both sides, and neatly adjusted by sutures, in order to fill up the vacancy, and preserve the natural rotundity of the forepart of the jaw, previously to operating on the soft parts."

2. *Death by suffocation after the operation for hare-lip*.—Professor Busch, in his book on "Surgical Operations" (1854), directed the attention of the profession to the fact, that infants, accustomed to breathe while the mouth is closed, through the large abnormal opening, keep the mouth closed also after the operation is performed, and are subject sometimes to fits of suffocation. Such a case is reported by Prof. Gurlt (*Monatsschrift für Geburtskunde und Frauenkrankheiten*, 1858, No. 5, p. 353), which resulted in the death of a boy of one year of age. Dr. Gurlt has seen similar cases.

3. *Atrophia*.—Dr. Küttner, of Dresden, publishes (*Journal für Kind.*, 1858, March and April, p. 184), some valuable remarks on what he

prefers to call dystrophia of infants. Genuine dystrophy, pædo-dystrophia, pædatrophia, is the low state of nutrition and the general exhaustion, which are caused by insufficiency of food, either as to quantity—simple dystrophy—or as to quality—dyspeptic dystrophy. This genuine dystrophy differs much from the cases of emaciation and exhaustion which are merely symptomatic, and the secondary consequences of some local affection of the digestive or respiratory organs, or of syphilitic or tuberculous, etc. dyscrasies; in dyspeptic dystrophy the author recommends, as a tonic and stomachic, eight to ten drops of Malaga, Hungarian, or port wine, to be taken three or four times a day.

4. *Atrophia in consequence of chronic intestinal diseases; atrophia enterica.*—Dr. Lederer, of Vienna, (*Wiener Medicinische Wochenschrift*, 1858, No. 17, p. 276), recommends the cautious use of opium in almost all the symptoms of enteric atrophy, particularly where pain and sleeplessness are injuring the strength and recovery of the patients. Sometimes warm poultices, applied to the abdomen, and warm baths, have the same favorable effect. Diarrhœa requires the use of nit. arg., nux vom., and tann. ac. The best food for small children is breast milk, raw beef is digestible only in the beginning of the disease; carrots are more injurious than wholesome. Baths with milk, beef tea, also the embrocation of liquid fats have a good effect.

5. *Tenia solium.*—Dr. Paasch, of Berlin, publishes (*Journ. für Kind.*, 1858, March and April, p. 207), the case of a child 21 months old, who suffered for six days from the symptoms of what seemed to be a severe intestinal catarrh, which were prescribed for. On the following morning a complete tenia, head and all, was removed with the feces.

6. *Temporary paralysis of the cæcum.*—Prof. Clar, of Gratz, (*Jahrbuch für Kinderheilkunde und Physische Erziehung*, 1857, ii., p. 79), publishes an article, from which he draws the following conclusions:—First, a frequent cause of typhilitis and perityphilitis is the temporary paralysis of the cæcum and vermiform process. Second, therefore, a cure before the beginning of inflammation, is of the highest importance. Third, the treatment ought to be resolvent and evacuating, also subsequently stimulating the intestinal function, always having regard to the imminent danger from inflammation. Fourth, injections are important prophylactics against, and remedies for, the temporary paralysis of the cæcum, since they reach the diseased part in a quick and safe manner, and without any danger to the organism. In general, Prof. Clar warmly recommends injections in diseases of children, in order to produce effects as well on the diseased intestines, as on the intestinal contents, and on other suffering parts of the organism.

7.—*Perforation of the vermiform process.*—A. Mertens, (*Journ. für Kind.*, 1858, March and April, p. 161), publishes four cases of this disease, all of them resulting in the death of the patients. They occurred in males of 9, 18, 4, and 5 years of age. The cæcum took little or no part in the disease, just the reverse of what Copland reports to have occurred in his cases, (*Dict. of Pract. Med. Art. cæcum*). The majority of cases reported in the medical journals occur in young persons. The usual result of foreign bodies lodging in the vermiform process, is death, in consequence of a very dangerous reaction following, which fact proves by itself, that the process has a function of its own. The author is inclined to attribute to it a function analogous to that of the pancreas; it is said to complete the cæcal digestion in a similar manner, as the pancreas completes the duodenal one. He believes that he has found, on the cæcal part, bundles of circular fibres constituting as it were an orbicular muscle. A case of perforation of the vermiform process, produced by impacted feces, is reported also by Prof. Clar. (*Jahrbuch für Kinderheilkunde und Erziehung*, 1857, ii., p. 86). The patient was a boy of five years of age.

8. *Proposed modification of the operation for imperforate anus* (*Edinb. Med. Jour.*, March, 1858, p. 807).—Dr. Hermann Friedberg (*Chirurgische Klinik*, 1855, i., p. 165–224) recommends the method of Amussat, viz.: bringing down the gut when an opening has been made in it, and stitching it to the outlet in the perineum. The advantages are that there is a mucous membrane lining the whole tract of the canal; that the evacuations are more easily accomplished; that the natural tendencies in canals, not so provided, to gradually contract, is prevented; that the irritation and danger arising from the contact of effete matter with tissues not intended for such contact is also obviated. Redfern Davies thinks success more probable by often repeated, almost imperceptible, tractions upon the gut, than by trying to bring it down at once. Such is the modification he recommends. The idea has been taken from a case operated upon in a similar way and successfully, which has been described in the *Lancet*, 1846.

9. *Ascites Congenitus* (*Monatsschrift für Geburtskunde und Frauenkrankheiten*, 1858, xi. 3, p. 161).—R. Virchow reports the case of an infant, born with ascites and hereditary peritonitis. The mother, about 30 years of age, had six children, the first of whom is about 12 years old, and healthy; but the last three died pretty soon after birth, and had, each of them, the abdomen swelled by dropsical accumulation.

10. *Swallowing needles.*—Dr. Edgren, (*Jour. für Kind.*, March and April, 1858, p. 168) reports two cases of children swallowing needles

without unfortunate consequences. A boy, 3 years old, swallowed a needle, $2\frac{1}{2}$ or 3 inches in length, which a month later penetrated the skin, near the sternum, from beneath the pectoral muscle. A boy of 4 years of age, swallowed a large pin with a big head, the head going down first. On the third day after there was pain in the right side, about the region of the pylorus and duodenum. On the eighth day the head was removed from the anus, only an inch of the pin being in connection with it.

II.—UROPOIETIC AND SEXUAL ORGANS.

1. *Stones in the bladder in Hungary, (Allgemeine Wiener Medicinische Zeitung, 1858, No. 13).*—Of 135 cases of stone in the bladder, treated by Prof. Balassa, of Pesth, twenty-one occurred in persons under 7 years; thirty-two from 8 to 15 years. Besides, forty-nine children have been treated for the same disease in the children's hospital of Pesth, during the years 1843–1855. Children in early life and with coarse diet are most subject to stone; this fact Prof. Balassa explains by inadequate food, children, after having been weaned, being nourished with herbs, potatoes, etc., which contains a large quantity of carbon. Thus, carbon forms the principal part of urinary calculi in Hungary. The majority of Balassa's consisted of oxalic salts. Of twenty stones having a nucleus differing from the mass, the nucleus was of oxalates in twelve, of uric matter in eight, wherefrom the conclusion may be drawn, that oxalates and urates give the impulse to the formation of stone, phosphates only increasing its bulk. The sound produced by the probe is of some diagnostic importance; the sound being sharper with oxalic stones, which are harder; duller with phosphoric stones, which are less hard and dense.

2. *A cystiform expansion of the right ovary, by extravasated blood, in a stillborn child of seven months was reported by B. Schultze (Monatsschrift für Geburtskunde und Frauenkrankheiten, 1858, xi. 3, p. 170).* The tissue of the ovary was torn and broken, in some parts scarcely perceptible, by blood both fluid and coagulated, and fibrous coagulations.

III.—ACUTE EXANTHEMS.

1. *Acute exantheas combined with traumatic injuries.*—It is but natural that acute exantheas, when following, or combined with acute inflammatory, and febrile diseases, should be of a highly dangerous character. But merely local inflammations also, which have been produced by local influences, apparently of no importance, seem to give a bad prognosis, when followed by an acute exanthem. Some cases, which elucidate this assertion, have been published by Dr. Pasch, (*Journ. für Kind.*, March and April, 1858, p. 208.)

2. *Variola in new-born infants* (*Zeitschrift der Gesellschaft der Aerzte zu Wien*, 1857, No. 13).—A female child (premature) was born on the 25th of Feb. 1857, with variola vera, forty-six pustules being found when the child died, thirty hours after birth. The mother was a healthy primipara, 28 years of age. While in the hospital, she was for a short time in a room with patients affected with variola; two pustules of variola made their appearance on her, while she was under the endemic influence. Eight days after her being wholly recovered she was sent to the lying-in hospital where she was confined. She remained in good health afterwards.

A case similar to this, which is reported by Dr. Wallman, has been under the observation of Prof. Hebra. The mother was confined while suffering from variola. The child affected with pustules of variola in different stages of development was stillborn.

[Variola in newborn children being a very rare occurrence, we communicate to the profession the following case, which Dr. Michaelis, of Attorney st., kindly allowed us to publish. We have to add that this is the only case which Dr. Michaelis, who is engaged in a very extensive obstetrical practice in this city, ever saw. We take the following particulars from a letter of Dr. Michaelis: "Mrs. H. . . ., of 104 Attorney st., primipara, gave birth on the 12th of May, to a male child, who lived only a few moments and was covered with variola, most extensively so on his face and thorax. There was nothing abnormal about the confinement, except an uncommon painfulness of the back. The pustules of variola appeared to be in the sixth or seventh day of their development. The mother was not, nor had she been during her pregnancy, suffering from variola or varioloid, or, as far as could be learned from varicella, but there is one interesting characteristic fact in the history of her pregnancy. When in her fourth month, she was present at the death of a child, who died from variola. For full four weeks she felt exceedingly sick, suffering from repeated chills, and was continually afterwards afraid of having variola. Her pregnancy took a favorable course.—A. J.]

3. *New instrument for vaccination* (*London Lancet*, Am. ed., 1858, p. 459).—This is the invention of Mr. Borham, London, and is a small instrument, convex above and concave below, so as to adapt itself to the configuration of the child's arm, where, by pressing it, a ridge of skin is formed, into which the lancets can be made to penetrate by means of a cogwheel. There are sets of lancets which are grooved at the points, so as to retain the virus more completely.

4. *Coincidence of variola and vaccina* (M. E. GUYRAC, in *Journal de Médecine de Bordeaux*, March, 1858; *Gas. Hebdom. de Méd et de Chir.*;

1858, No. 15).—The facts, as elucidated by a large number of citations are the following: Where variola sprung up, after vaccina had begun its course, vaccine has been either completely kept back or interrupted even as long as the course of variola lasted, or has taken a slower development. Thus there is a decided influence of variola on the invasion and development of vaccina; there is also an influence on the form of the pustules, which may undergo great modifications, viz.: 1. A diminution, or even a complete absence of the variola; 2. A diminution or absence of the subjacent induration and tumefaction; 3. An imperfect development of the pustules as to color, and size; 4. In some cases a suppuration analogous to the one in discrete variola. Notwithstanding such modifications, the fluid contained in the pustules was apt to transmit the contagion. Vaccine, too, may modify variola, the more so the nearer it is to its regular termination. 1. Inoculation of variola, performed after the ninth or eleventh day of vaccination, is not successful. If performed on the fourth, fifth, or seventh day, it sometimes produces pustules, which do not contain, however, fluid matter, and are prone to desiccate on the seventh or even fifth day. 2. James Boyce observed, that the pustules of variola, inoculated after vaccination, are very much like vaccine pustules. 3. Variola occurring after vaccination, always took a mild course, even when in the neighborhood or the same house, there was confluent variola. 4. Cases of variola have been observed to begin with a high fever and dangerous general symptoms, which diminished as soon as vaccine began its course. 5. Variola after vaccination has no secondary fever, no swelling of the face, no ptyalism. 6. Its duration has been brought down to eight, six, five, even four, days.

5. *Prophylactic treatment of scarlatina* (*Gaz. Hebd. de Méd. et de Chir.*, 1858, No. 18).—Raoul Leroy (d'Etiolles) asserts the efficiency of belladonna as a prophylactic against scarlatina; being convinced by his experience and experiments that wherever it is unable to keep the disease entirely out of the way, it at all events, renders each individual case milder and safer. Leroy puts no confidence whatever in some remedies recommended for the same purpose formerly; as, for instance, sulphurous or nitrous fumigations, lemonades of mineral acids, purgatives, calomel, sulph. aur., etc. As to *inoculation*, he feels satisfied that it is not deserving of any confidence, nor the recommendations of Miguel, Noirot, Petit-Radel, and Home.

6. *Recidive measles*.—Drs. von Düben, Malmsten, Bottiger, and Levin, of Stockholm (*Journ. für Kind.*, 1858, March and April, p. p. 172) report about ten cases of measles occurring twice in the same children, the intervals between the first and second times being from four or five days.

to some months. Dr. Malmsten saw measles in a man who was positive about having suffered from the same exanthem twice before.* The same writer reports to have inoculated measles in his two sons, the exanthem making its appearance on the fourth day after the inoculation being performed.

7. *Relation between scarlatina and morbilli.*—Dr. R. Küttner, of Dresden (*Journ. für Kind.*, 1858, March and April, p. 180), does not consider both of these exanthematic diseases to be so different from each other as Schoenlein thought they were, when he counted morbilli amongst the catarrhal, and scarlatina amongst the erysipelatous families of diseases. He at first points out such cases, which show the exact symptoms of neither scarlatina nor morbilli, and are often described under the denomination of rubeola (see *N. Y. Journ. of Med.*, May, 1858, p. 420). Then he refers to some facts laid down in Medical literature, the number of which he augments by a singular case observed by himself proving that the same contagion produces either scarlatina or morbilli in different individuals. How this could be done he does not venture to say; but it does not seem to be impossible for the organism to alter a contagium penetrating the whole system. A severe cold, for instance, produces rheumatism in one, catarrh in another individual.

IV.—CIRCULATORY ORGANS.

Sanguineous cavernous tumour above the root of the nose in a new-born infant (*Zeitschrift der Gesellschaft der Aerzte zu Wien*, 1858, No. 14).—Drs. Valenta and Wallmann report a case of erectile tumor, angioma, which rose from the pia mater, and being developed by the dura mater, penetrated through a fissure between the frontal, ethmoid, and nasal bones. An erectile tumor of the pia mater, on the surface of the left hemisphere, has been described by Rokitauský (*Handbuch der Pathologischen Anatomie*, ii., p. 735.; but in general such cases are very rare. Cases of encephalocele on the same place where our erectile tumor was found, have sometimes been reported. Wallmann relates a case of hydro-meningocele in the same locality, which he found in an idiotic female of fifty years of age.

* The reviewer remembers well the case of a child, about two-and-half years old, whom he saw suffering from measles two different times in the course of a year. Moreover, he was told, that some months before he first saw the child it suffered from a like attack.—*New York Journal of Medicine*.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

LUSUS NATURÆ.—A living curiosity has been recently on exhibition in our city, and will be shewn, we believe, in the principal cities of the United States and of this Province. It has been visited by several physicians both here and in Quebec, who have all concurred in considering it as one of the most extraordinary objects they have ever beheld. In the advertisement it is described as a child with one head, two bodies, three arms, and four legs; but while strictly speaking the statement as to the number of extremities is correct, it would, in the mind of a scientific observer, create a wrong impression in saying there were two bodies, for the second "body" appears really to be little more than the inferior half of the abdomen and subjacent pelvis, attached to the upper and outer angle of which is the third arm, and depending from which are the two additional legs. Indeed one who had not seen this wonderful creature, might pretty accurately understand its peculiarities by supposing there was before him a perfect female infant, beautiful in features and in symmetry, to whose right hip was connected the lower half of a second child with the members above specified, which are somewhat rudimentary. There are not two navels. Defecation and urination are performed by both "bodies," and at separate times. The generative system is double, and apparently complete in both. The intestinal tract in the appendix body is but a diverticulum, and not united to a second stomach. The child is remarkably healthy and good-natured. Digestion proceeds healthily, and when seen by us there was every probability of life being continued under equal chances with those of any other baby of the same age. We abstain from further remarks, as we have been led to expect a more accurate account from the pen of a gentleman who manifested a deep interest in this as in other subjects connected with his profession.

PRIZES OF THE MASS. MED. SOCIETY.—The Mass. Medical Society is authorised, by a donation from one of its members, to offer the sum of *one hundred dollars* for the best dissertation adjudged worthy of a prize on the following theme, viz.: "To what affections of the lungs does bronchitis give origin?" The above is open to physicians of every

country. The latest article on the relations of bronchitis to other diseases of the lungs was written by Dr. W. T. Gairdner, of Edinburgh, in 1850. A review of the paper can be found in the *British and Foreign Medico-Chirurgical Review* for April, 1852. Each dissertation should be designated by a motto, and accompanied by an envelope, superscribed with the motto, and containing the writer's name and address. The sealed packet, accompanying the successful dissertation, will be broken, and the author's name announced at the annual meeting of the Society in May, 1859.

Dissertations for the above prize must be sent (post paid) to the Corresponding Secretary, Dr. Benj. E. Cotting, Roxbury, Mass, on or before April 15th, 1859.

DEATH OF SIR PHILIP CRAMPTON, BART., SURGEON-GENERAL TO THE FORCES IN IRELAND.—It is our painful duty to record the death of (if not the ablest) certainly one of the first surgeons that the sister kingdom has ever produced. We allude to Sir Philip Crampton, who died at his residence, Merrion square, Dublin, 10th instant, in the eighty-second year of his age, having been born on the 7th of June 1777. At a very early age he embraced the military branch of medicine, serving as an Assistant-Surgeon in the disturbed times prior to 1798, and being present with a force which repulsed the landing of the French on the west coast of Ireland. Towards the close of that year he was nominated Surgeon to the Meath Hospital (one of the infirmaries of Dublin). This event determined him to relinquish the military for civil practice, and he accordingly settled in Dublin late in the autumn of 1790. He commenced business in a house in Dawson street, where he established himself as a teacher of anatomy, having a dissecting-room and medical-school fitted up in the rear of the premises. Here, in a loft over his stable, he first began to lecture, and his style of teaching, combined with his perfect knowledge of the subjects which he taught, soon obtained for him a large class of pupils, whilst his fame as a surgeon became equally established by his practice in the wards and by his skill as an operator in the theatre of the hospital. Combined with these professional qualifications he was possessed of a pleasantness of manner and a winning way, which, in the sick room, were irresistible, and he soon became a general favourite with the public. It was not, however, in mere conversation, or in the relation of anecdote, that Sir Philip Crampton excelled; his intellectual capacity was equally conspicuous upon whatever subject came before him. To a powerful mind, well cultivated and well stored in early youth, he daily added up to the latest period of his existence. His bodily powers equal-

led his mental capabilities, and there were not many who, in athletic pursuits, or in the hunting field, could show the way to Philip Crampton. Handsome in person, gifted in mind, with an off-hand, open, and manly bearing, there were few who were his equals. Such was the man of whom we now speak.

“As a surgeon he was ready in resources and original in idea, seldom meeting a difficulty that he did not surmount. As a physician he was peculiarly happy in the selection of remedial measures, not merely looking upon the malady in question as disease *per se*, but rather regarding the individual in his every relation to life, and often prescribing to an end far remote from the then predominating symptoms. As a man of science he was generally able; but to zoology and comparative anatomy he paid particular attention, regarding them as subservient to the one great end,—the preservation of human life. He was a patron of everything that could promote this object. He assisted in the foundation of the Royal Zoological Society of Ireland, and by his influence he obtained a grant of the ground in the Phoenix Park, on which the Zoological Gardens have been established. His public appointments were numerous. He was nominated Surgeon-General to the Forces in Ireland by the Duke of Richmond, on the death of Mr. Stewart, and subsequently appointed Surgeon in Ordinary to Her Majesty. He was consultant to the majority of the hospitals in Dublin. He was also a member of the Senate of the University of London, although we believe he never took his seat. He was a member of the senate of Queen’s University, and thrice President of the Royal College of Surgeons in Ireland. Sir Philip Crampton was raised to the baronetage in 1839, and is succeeded in the title by his eldest son, John Fiennes Crampton, our Ambassador to the Court of Russia.—*Lancet*.”

MEDICAL NEWS.

The *Boston Transcript* says the following by Dr. Oliver N. Holmes, is the finest simile ever written: “The mind of a bigot is like the pupil of the eye—the more light you throw upon it the more it contracts.”—“Had I three ears, I’d hear thee!” A little girl lately was seen in Guy’s Hospital, who had no fewer than four aurial appendages. The two superfluous ones were situated on the sides of the neck, somewhat lower than the angle of the jaw, and were well developed as far as regards their external contour and the possession of fibro cartilage.—REMARKABLE ESCAPE: A cannon ball cut the gold watch-chain at the back of his (Brigadier Russell of India) neck as cleanly as if it had been a pair of nippers, and did him no further injury, except inflicting a shock to his nervous system.—It is said that there are about 50,000 blind persons in France,

of whom about 5000 are children — Upon opening the vault of a rich manufacturer, named Oppelt at Rudenberg, 15 years after his burial, the lid of the coffin was found forced open, and his skeleton in a sitting position in a corner of the vault, painfully telling that there had been after burial a restoration to consciousness. — Dr. L. G. Robinson, of Detroit, one of the editors of the *Medical Independent*, a periodical published in that city, has lately deceased, and is justly lamented both in and out of the profession. — Dr. Godfrey, of the Savannah Medical College, reports several cases of delirium tremens successfully treated by *Cannabis Indica*. — Mr. James Buchanan, who died lately at Edinburgh, left £10,000 to the Royal Infirmary at Glasgow, his native city. In addition to this bequest, he left from £150,000 to £200,000 for the endowment of an industrial school foundation at Glasgow. — The Paris courts value a young lady's teeth at 8,000 francs. An English governess was recently knocked down by a carriage, and lost by the accident all her teeth. She brought on an action of damages, and the tribunal awarded that amount. — To the Scythian delicacy of horse-flesh the Parisians now add the Roman dainty of snails. 12,000 baskets of snails a-day barely suffice this newly-acquired taste of the Emperor's subjects. — The next "Fiske fund prize" is for the best essay on "the effects of the use of alcoholic liquors in tuberculous diseases or in constitutions predisposed to such disease." To be shown by facts presented so far as may be in statistical form. The dissertations should be sent free of cost to the secretary of the Fiske Fund trustees, Providence, R. I., on or before May 1, 1859. — The springs of Luneberg yield 55 millions of pounds of salt per annum. The mines of Cracow, which supplied a great part of the world with salt for upwards of 12 centuries, are 850 feet deep, and extend nearly 2 miles in length. — It is calculated that last year Paris, or rather its people, eat 6000 baskets of oysters per diem, that is 78,000 of these mollusca, it now consumes but 50,000 or 4000 baskets. — Nothing is said to be more hurtful during hot weather than the use of water whose temperature approaches nearly to that of the atmosphere. Fresh and cold water may be considered during the hot season as one of the necessaries of health. — Professor Owen, London, has just been elected Fullerian Professor of the Royal Institution. The salary is about £100 per annum; the duties the delivery of 12 lectures annually. The chair is usually held for 3 years. — HORSE FLESH AS FOOD: It is said that the practice of eating horse flesh has of late years increased considerably in the north of Germany and Denmark. It is said that in the city of Hanover alone, in the course of Whitsun week, about 2000 lbs. of horse-flesh were consumed. The number of horses slaughtered for eating in that city is between 200 and 300 a-year. — The following epitaph is on a tombstone, at Pittstown, Rensselaer county, New York: Ruth Sprague, daughter of Gibson and Elizabeth Sprague, died Jan. 1st, 1846, aged 9 years, 4 months, and 5 days. She was stolen from the grave by Thomas L. Shaw, and dissected by Dr. Roger B. Wilson, of Hoosic, N. Y., from which her mutilated remains were obtained, and deposited here.

Her body dissected by fiendish men,
Her bones anatomized;
Her soul, we trust, has risen to God,
Where few physicians rise,