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THE MEDICAL CHRONICLE.

VOL III.]

DECEMBER, 1855.

[No. 7.

ORIGINAL COMMUNICATIONS.

ART. XVIII.—*Clinical Selections.* By WM. WRIGHT M.D., L.R.C.S.E.,
Professor of Materia Medica, McGill University, &c.

V. *Stone in the Bladder: Lithotomy.*

CASE.

Antoine Gaudreau, *æt* 33, a *habitant* from St. Cesaire came to town on the 29th September, 1855, to be operated upon for stone. He was admitted during the evening of the same day, into the Montreal General Hospital, and placed in my charge.

Fifteen years ago, last spring, he was three days without urinating, his abdomen became much swollen as well as painful, especially about its lowermost part, and he was very feverish; a catheter was introduced into the bladder and drew off a large quantity of urine, after which he speedily got well; this attack of retention was ascribed to "inflammation," induced by a wetting caught while making maple sugar. During the three following years his health was excellent, and unbroken by ailment of any kind. When, however, they expired, for no known cause, he suffered from difficult micturition, and other symptoms referable to his bladder; he found he had to "force" more to expell his urine, and the stream often stopped suddenly as it was being voided, during these interruptions he fancied he felt something roll forward below the pubis, and by altering his position he could manage to renew the stream: he was also annoyed with pain at the point of the penis, and along the urethra, which he relieved by stretching the prepuce. For relief from these symptoms of vesical calculus, he consulted a surgeon in St Hyacinthe, who confidently asserted they proceeded from a gonorrhœa, notwithstanding the virtuous protestations of the patient to the contrary; medicines were accordingly exhibited and unexpectedly benefit followed their use. He now enjoyed another triennial period of repose from sufferings, upon the conclusion of which they recurred, and have ever since continued.

His urine was never examined, and he can give no information of its character, further than that it has been sanguineous: the blood was commonly liquid, though occasionally clots devoid of definite shape were perceived; it usually passed out after the urine, but sometimes it preceded the latter, as if in the former effusion, the whole had not escaped; he thinks it is about nine years since the first hæmaturia appeared, it subsequently supervened in paroxysms which seldom lasted two or three days, and were isolated by bloodless periods varying in length from two to six months, and it generally happened after he had been over-worked.

He has often experienced dull pain in the loins, particularly when fatigued, and has sometimes felt in the same region, a sensation which he likened to a worm eating the part. These perceptions were followed by uneasiness in the groin, but were not accompanied by retraction of the testicles.

The symptoms of stone were never so acute as to prevent him from engaging in his daily avocations, nor at any time sufficiently aggravated to constitute a "fit of the stone." He has been exempt from supra-pubic pain, but has felt now and then a sort of motion in the pelvis, as if a loose body were rolling about in its cavity. Last spring while working more than ordinary, a severe paroxysm of the pains and hæmorrhage set in, and since then the difficulty of voiding urine has increased.

About the month of August a new malady began. He then had to take to bed on account of an inflammatory attack in the left testicle; this affection was not provoked by injury or other obvious cause, it produced severe symptoms locally and systemically, the gland attained the size of a turkey's egg, and it continued swollen for three weeks. Barely, however, was he eight days well when the opposite testicle took on morbid action, which in its progress differed from the anterior orchitis, chiefly in producing greater swelling, less induration and milder pain.

30th September.—Upon examination all the common symptoms of stone were identified as present, and on passing the sound into the bladder a rub was felt, and a loud click heard, leaving no room for doubt as to the truth of the diagnosis. There were no indications of disease of the kidneys nor bladder; he appeared to be a strong man of good constitution, and his habits had been regular. The right testicle was as big as a lemon, composed of two tumors; superior one hard, irregular in form and consisting of the enlarged organ, the other inferior, soft, fluctuating and depending upon fluid in the tunica vaginalis—the swellings were painful and tender, the scrotum was of a livid red color, and in one spot seemed to be pointing. It was considered advisable to cure this hydrosarcocele before performing any operation. During the night the

lower tumor burst, and there escaped through the rent several ounces of offensive, greenish tinted pus. In the poultices that were continued for the next 36 hours, a further quantity of a similar fluid came away. After that time mercurial dressing was applied and maintained until the 5th October, when they were considered to be no longer necessitated. After admission he was given the following mixture:—℞. Potas Iodid, Camphor, aa ℥iv, ant tart gr ii, sacch alb, pulv acac aa q.s, aquæ ℥viii, It emulsio Sig, a tablespoonful three times a-day. Under this treatment the superior swelling was rapidly reduced and upon the 6th, the testicle being very little larger than normal, and in no way inconvenient, it was decided to perform lithotomy.

The urine was examined upon the 3rd October, and found to be of a light yellow color, transparent, and free from mucus or sediment. Its quantity had been materially augmented from the first use of the mixture. Both chemical and microscopical analyses failed to discover any urinary diatheses—a few red blood corpuscles were seen, but they were due to slight urethral bleeding, consequent on previous use of the sound shortly before micturition.

6th October. OPERATION.—The patient, already prepared by purging with ol ricini, avoiding urination for some hours previously, &c., having been brought into the operating theatre a large sized staff, well grooved *mesianly*, was introduced into the bladder. Being then placed upon the table, the soles of the feet and palms of the hands were ligatured together, the breech brought close to the edge, the back, neck and head raised on an inclined plane of pillows; chloroform was next administered by Dr. R. P. Howard, the staff given in charge of Dr. Campbell, and the care of the extremities consigned to Drs. Fraser and Scott. The lateral operation was then begun. An incision was made, beginning about 15 lines above the anus, and ending at the level of the inferior commissure of this orifice; proceeding from the raphè it was directed straight midway between the anus and tuberosity of the ischium, it extended through the skin and subcutaneous tissue; by a few light touches of the knife, the wound was deepened so as to be somewhat triangular, these severed some condensed cellular tissue, a few horizontal muscular fibres and a minute artery, parallel with the latter (*transversus perinei*): the staff was next felt by the tip of the left index finger carried through the centre of the wound, obliquely upwards as far back as practicable, the same knife was guided along it, and by a slight nick through the urethra, was made to enter the groove of the staff, and it was then slid along this channel until stopped by the ending of the latter; during this stage the finger was placed over the rectum, and the

knife was slightly lateralized with its edge inclined to the left ischium, division having been effected the knife was carefully withdrawn, scratching the staff as it was disengaged. The left fore finger was now introduced through the wound; while within the posterior part this was dilated, and upon entering the bladder the stone was felt. The staff was withdrawn; a pair of forceps was introduced and the stone seized, when caught the finger was removed and a gush of urine followed. In attempting its extraction it was so very friable that the outer shell cracked, and only a part came away. The forceps being re-introduced some little difficulty was experienced in removing the remainder, because being of small size it sank low down into the bas-fond of the bladder, and the organ itself became spasmodically contracted; at length, with the aid of a finger in the rectum, it was grasped and extracted. Some debris resulting from the fracture were scooped out and washed away. A large elastic catheter was put into the bladder through the wound, and retained in situ by tapes; the patient carried to his bed; ʒi tr Hyoscyami given, hot stupes directed to the abdomen, and gum water prescribed as a drink. Very little blood was lost. Consciousness and sensation were not abolished by the anæsthetic. The stone weighed one drachm and two scruples; it was the size of a red plum, and consisted of a central nucleus of a dark fawn color, smooth, dense and uniform, and of an enveloping crust, 3 or 4 lines thick, whitish, granular and easily comminuted. Its section presented a surface of the appearance represented in the following woodcut.



Upon inspection it will be seen that the nucleolus is a minute filament enclosed within a distinctly ovoidal formation, about which latter is a remarkable encrustation produced by the coalescence together of several fragments of an angular or crystalline form; and over this other strata, three of which are sufficiently obvious, are deposited in a more or less circular manner. Chemical examination proved that the calculus was composed centrally of oxalate of lime, and peripherally of ammonia-co-magnesian phosphate; these are distinguished in the drawing

which marks by its dark shading the oxalic, and by its lightly streaked circumference the phosphatic portion. $\frac{1}{4}$ p.m.. Has had no symptoms of shock, nor abdominal pain, scarcely any bleeding, urine escapes through the catheter and by its side; he attempted to make water a short time ago, and found a few drops escaped per urethram. 9 p.m. Considerable heat of skin, tongue slightly furred, pulse 120: complains of pain in the wound and along the urethra. R Tr Hyoseyanu ʒi, Vin ipecac m xx, in aqua statim sumend.

October 7.—Passed a tranquil night, and a few hours in sleep: pyrexia diminished. No bleeding since last visit, no sign of urinary infiltration, but little urine dribbles away, the greater part is expelled voluntarily, at intervals, through the wound, the pain from its passage over the raw surface is lessening. Pulse of former frequency. R Pulv Ipecac Comp gr. iii, pulv Jacobi ver gr. ij, ft pulv sexta quaque hora sumend. 5½ p.m. Pulse reduced, feels much better. Removed catheter.

October 8th, noon.—Slept soundly last night. Pulse 108, skin cool. Surface of the wound coated with a buff glazing, no surrounding redness nor oedema; rather more urine expelled by the urethra than by wound, and none escapes involuntarily. 5½ p.m., doing well.

October 9, noon.—Bowels opened naturally last evening for the first time since operation. Progressing favorably. Pulse 99. 5½ p.m., sides of wound distinctly coated with lymph, and from their proximity by collapse temporary adhesion exists. States that the stream of urine via urethra causes no pain, and has none of the features peculiar to stricture.

October 10, noon.—Traces of suppuration about depending part of wound, quantity of urine passed through it gradually decreasing. Has no complaint. 5 p.m. To the right testicle, which has been slowly mending, no application has been made since period last specified, the gland is not painful and is softer; to expedite its recovery, equal parts of iodine oint and simple cerate were directed to be rubbed over it night and morning.

October 11.—Progress favourable—much of the wound closed, the portion still patulous is granulating.

October 12.—No urine passed by wound to-day.

October 13.—Wound scarcely one third its original length, looking healthy and apparently no longer a perforation. Ungt Calamin as a dressing.

October 15.—The only visible sign of the operation is a superficial ulcer of a linear shape slightly excavated, and not more than a few lines in

depth at its most dependent part. Says "he has nothing the matter with him."

After this date his recovery continued most satisfactory; the healing process advanced steadily and surely, it was occasionally encouraged by an application of sol arg nit no xx; his general health grew daily better, at one time there seemed to be a tendency to diarrhoea but it was easily suppressed; his spirits simultaneously became more lively, and his face wore a cheerful look instead of the anxious cast that had previously brooded over it; the testicle had re-acquired its normality by the 18th, after which no further medicines were given. On the 24th October, he returned home, discharged from hospital cured.

OBSERVATIONS.

The small size of the stone, and the long duration of the symptoms, are deserving of especial notice. When taken together, they show a singularly slow rate in the progress of morbid action. The foundation of the calculus had been certainly laid twelve years, this being the interval since the first symptoms of vesical disorder supervened; and possibly it may be antedated three more years, to coincide with the attack of urinary retention. Latterly, however, only six years were actually passed with symptoms of stone, for after they had first occurred, they disappeared after lasting for three years, and did not return until three years afterwards. The retardation in growth was probably owing to the patient having been in good health, so good, indeed, that he never ceased from his rural avocations, until about six weeks before coming to the city; to the urine being in a relatively normal state: to the mucous lining of the urinary passages, or receptacles, not assuming diseased action; and to the chemical nature of the nucleus, for oxalic calculi are notoriously dwarfish in volume. The phosphatic superaddition would appear to have been of no lengthened existence, for its deposition and accretion usually ensue with great rapidity, the exact proportion of their increment to the time over which it is extended is unknown, but they are admitted to enlarge more rapidly than lithic acid calculi, and the latter, it is said, generally grow between one and two drachms in a year. Furthermore, the soft friable state of this covering incline to favor the supposition of its quick formation. Connected with this property a strange peculiarity was noted. Sounding elicited so loud and clear a click, that those by whom it was heard believed that the stone was remarkably hard, but this resonance was deceptive, for the shell was so frangible that it crumbled away under the touch of the fingers.

Uninterrupted persistence of the symptoms for several years, as above, is no proof that the stone was enlarging progressively, for the mere pre-

sence of a stone is no assurance that it will continue to augment, inasmuch as its growth is mainly dependent upon the agency of extraneous circumstances the reverse of those previously mentioned as present in the case under observation. The existence of a vesical calculus will not necessarily produce a morbid state of urine, for with the formation of the former the latter may have been exhausted, and its original cause have ceased to be operative. No more will a stone, by inevitable consequence, induce bladder disease nor provoke general derangement of health. And thus the symptoms may be simply of a physical kind, as existed in the above case, and such as would be produced by any other ovoid moveable body in the same place. This doctrine is in perfect accordance with the opinion given by Delpech, that a calculus having attained a certain size may cease to increase, and the bladder become accustomed to its presence, so that very little pain is suffered. Dr. Crosse, in his valuable treatise on urinary calculus, mentions a case as equally suggestive of these views as Gaudreau's. It was that of a patient who, 20 years before his death, was assured by his surgeon, after sounding, that he had a stone: he refused the operation and at the end of that number of years died, when a stone was found in his bladder which weighed only vj and ai , and was composed of almost pure lithic acid. Now by the rate of increase before stated, very many years must have been passed by the stone in a stationary state.

From a statistical examination of the results of lithotomy, undertaken with the object of ascertaining the relative frequency of a few of the chief circumstances connected with calculi of less weight than two drachms, I find that,—1stly, of 704 calculi weighed, 245, or more than one-third the total number, were less than two drachms.—2ndly, of stones under two drachms in weight, no close relation can be established between them and the ages of the patients in whom they occurred. Stones, each ʒi and ʒi , have occurred in a boy of 4 and a man of 52: stones, each 10 grs., in a man of 60 and a child of 3. Nevertheless it may be roughly stated that the majority of light stones are peculiar to the ages of juvenility and adolescence. No instance has been discovered of a stone weighing less than two scruples extracted from a person over the age of puberty, while generally grain weight stones are confined to the earlier years of life. To the last statement, one remarkable exception has been met with, in which a calculus of ten grains was taken away from a person who had reached his 60th year.—3rdly, Of 100 cases of death after lithotomy, which have been tabulated, 19, or nearly one-fifth, were after extraction of stones weighing less than two drachms.—4thly, Of 100 cases of recoveries after lithotomy and extrac-

tion of stones less in weight than two drachms, the average duration of the cure was 36 days and a few hours. Of these the most rapid cure was in 9 days; it occurred in a child of 6, and the stone weighed 3ss.; the longest recovery was 193 days, and the stone weighed ʒi. and ʒi.; the subject was a man aged 52.—5thly, Rapidity of recovery bore no relation to the actual size of the calculus. After a stone only of three grains was extracted from a boy of 7, the cure was not complete till 37 days after the operation; after a stone of 6 grains, a patient of 3 years was not well till the 62nd day. Again, from the removal of two stones, each ʒi. and ʒi., one individual recovered in 16 days, the other not till after 193 days. Two, each 3ss., one recovered in 9 days, the other 58.—6thly, Of 1000 calculi submitted to chemical analysis, between one-seventh and one-eighth of the gross number were composed of oxalate of lime. Very nearly one-fourth of the entire number was composed of earthy phosphates, either the triphosphates solely, or a union of this with phosphate of lime. And with the subtraction of one-third, which were products of lithiasis, the remainder contained oxalate of lime variously mixed with lithic acid, lithate of ammonia, earthy phosphates, and phosphate of lime.

Craig Street, Nov. 1855.

XIX.—*A case of Lithotomy terminating successfully: stone of large size.*

By ROBERT GODFREY, M.D. Montreal.

Gentlemen,—Knowing that the most of the readers of your valuable monthly are interested in medical statistics, I send you the following case:—

T—, æt. 19, of a thin, emaciated, mummy appearance, consulted me for what he called a disease of the kidney, from which he had been suffering for many years. He gave me such a clear account of his symptoms, and seemed so well read on everything relating to renal affections, I was led to suppose that he was suffering from renal calculi. I ordered tinct. hyoseyamus and liq. potassæ, which gave him great relief. Some time after, I was told he was suffering from one of his “bad turns,” and was requested to visit him. When I saw him, he was suffering from what is clearly described by some of the old writers as a fit of the stone. I introduced a metallic catheter, (not having a sound at hand,) the end of which came in contact with a stone, which appeared to be encysted in the fundus of the bladder, and of large size. I

explained to the young man, and his parents, the necessity of an operation, to which they readily consented.

I continued the liquor potassa and hyoscyamus for a few days; gave a few aperients, composed of hyd. chlorid and pulvis rhei; consulted with some of my medical friends, who agreed with me in the immediate propriety of removing the calculus by the lateral operation. We appointed an hour; I invited as many students as the room would conveniently hold, placed the patient on the table, applied the bandages to the hands and feet, and with the much esteemed and valuable assistance of the medical men present, after putting the patient under the influence of chloroform, proceeded with the operation. On introducing the forceps, I seized the stone in the region of the bladder indicated by the sound, and, after careful lateral motion and traction, succeeded in extracting whole a calculus about the size and shape of a sheep's kidney, weighing three ounces, less fourteen grains; externally composed of oxalate of lime, covered with small transparent octahedral crystals over four-fifths of its surface, which portion of the stone was encysted, the remaining fifth, or free surface, appeared to have been worn perfectly smooth by the action of the opposite wall of the bladder.

After the operation, the ligatures were removed and the patient placed in bed. There was no catheter introduced into the wound, through which the urine flowed for a few days, after which it resumed its old channel, and in a fortnight he was convalescent.

Since the operation, his health has rapidly improved. He has become stout, and has a ruddy complexion. He is so altered in appearance that his former friends would scarcely know him.

Montreal, 18 November, 1855.

ART. XX.—*Administration of Chloroform.* By DR. STEANE, Lachine.

The object of this communication is to recommend a method for ensuring some safety in the administration of chloroform. In the view of most practitioners, the great danger to be avoided, is an over-dose of the chloroform, and suffocation from deficient ingress of atmospheric air to the lungs; and its present mode of administration does not well ensure against this; for, unlike other medicines of powerful efficacy, we cannot give a quantity of it to the patient, and say it is the particular dose, and hardly be able to depend on it sufficiently and safely; for it must be breathed, and therefore mixed with an irregular quantity of atmospheric air, losing much of the vapor during expiration and nearly

rendering less certain the amount of it inhaled. To avoid this, the method I have always performed is to give it by times, and thereby we are enabled to watch its effects; and if I were desired to administer a stimulant to bring on intoxication, if the favor was withheld from the person himself, I would give it in this way, namely, in doses, at short intervals, giving time to watch its effects, and thereby enabling us to observe its stages. Then if I would do this in the effect of a stimulant conveyed into the stomach, I would feel more compelled to do so in the case of one conveyed into the lungs, when the suspension of their function cannot take place without serious consequence, as it would, if atmospheric air were altogether excluded during the inhalation, independent of the chloroform influence in occasioning deadly narcosis in an over-dose. I have been in the habit of using an inhaler of morocco leather like a funnel with opening sufficient to admit the atmospheric air, this forms a mask over the mouth and nose. In surgical cases, for an adult, I place a tea-spoonful of the chloroform on a piece of lint, changing it for a fresh dose on a fresh piece of lint, on each reapplication of the inhaler, and I make the patient breathe first for three minutes regardless of the loss produced by expiration. Intervals for one minute, reapplying it again a second time for two minutes, followed again with the minute's interval, and after this, alternating its application and intermission each minute till insensibility ensue. For children I give half a teaspoonful, and conduct the process in the same way. In midwifery cases, I never put less than two teaspoonsful, on the lint to begin with, and I apply the mask shortly before the commencement of a pain, stopping when the pain is going on, resuming the continued inspiration of teaspoonful doses with the minute's intermission to the very last stage, when the head is pressing on the Perineum and when the agony is most acute. On the withdrawal of the mask, on each occasion, it will be seen that I never reapply it without a fresh dose of chloroform on a fresh piece of lint. In this way then, a full amount of chloroform and a full amount of air, are at the same time admitted, during the period of their being inhaled, and any danger is watched by the probationary period, giving sufficient time for watching dangerous symptoms. The full amount of chloroform vapor taken, which is supposed to be 7 or 8 per cent, to atmospheric air will be duly administered; and the full narcotic effect will never take place till within the lapse of a few of the re-applications, (the continuous or even attempted administration of the medicine never producing effect till about ten minutes), the insensibility occurring, therefore, at such a period in the revolution of the application, as will give due announcement of anything like danger. In this communication I have not dwelt on the disadvantages of other means of

administering chloroform as the handkerchief and the different valvular apparatus that have been used, nor have I described the danger of exhibiting it uninterruptedly and continuously, either in large or small doses, but I have recommended a method where the most inexpert cannot fail, and where the most experienced can do no more than give the medicine with safety and efficacy, relying on no menial or merited dexterity gained either by intuition, or by frequent repetition of the process in accomplishing the object desired. In practising the old method of giving the vapor, I must confess, that, I never did so without feeling great hesitation and even fear, and I did it always with a kind of kill or cure understanding, never feeling satisfied when I had given enough, and on the other hand, always dreading that I had given too much before I was aware, regarding it, in fact, as unsafe as the operation itself. Now I feel conscious, and assured, that I am on different but sure and secure ground, acting cautiously and efficiently accomplishing my purpose and nothing else, as I have not the slightest dread of danger, for I can always see this before it comes on, and am always able, therefore, to arrest it before it does so. Should this communication be the means of directing the profession to a more reasonable and suitable method of giving a dangerous medicine; which from its form of administration (merely by inhalation), can be regulated by no fixed dose. I shall feel contented, and I by no means say, that it is destitute of improvement, for acting on the principles that I have suggested, namely, that of giving the medicine by times; it may be amended and allows us such a way as more mature experience may point out, and, thereby, be given with as much perfection and certainty as a full dose of opium, or any other narcotic, and not be disappointed in the result.

IXI.—*New way of making Oleum morrhue cum quina* by K. C. a member of the Pharmaceutical Association.

Gentlemen,—I beg leave to make known through your valuable magazine, a method of preparing Cod Liver Oil with Quinine, so simple and efficacious, that I am confident it will supersede any other process at present in use.

This new and elegant preparation may be easily made without impairing, in the least degree either the colour, odour, translucency, or efficacy of the oil, by dissolving the *pure dry* quina in a very small portion of oil of almonds, (about 8 grs. of quina to 2 drms. of the oil,) with the aid of heat and then mixing the solution with the desired quantity of oleum Jecoris Asselli. The advantages of this plan are so self-evident

that I will take up no more of your valuable space but subscribe myself, your obedient servant.

K. C.

A member of the Montreal Pharmaceutical Association.

[We have tried the above simple method and have found it answer admirably. The preparation is made in a few minutes; we found the ordinary disulph of quina answer just as well as the quina itself.—*Eds. MED. CH.*]

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXX.—*Yellow Fever, considered in its Historical, Pathological, Etiological and Therapeutical Relations*; including a sketch of the Disease as it has occurred in Philadelphia from 1699 to 1854. With an examination of the connections between it and the Fevers known under the same name in other parts of temperate as well as in tropical regions. By R. LA ROCHE, M.D., Member of the American Philosophical Society; of the American Medical Association; Fellow of the College of Physicians, Philadelphia; Corresponding Member of the Imperial Academy of Medicine, and Foreign Associate of the Medical Society of Emulation of Paris; of the Academy of Sciences of Turin, Copenhagen, Stockholm, Nancy and New Orleans; of the Medical Societies of Naples, Marseilles, Lyons, &c. Two vols. Pp. 615--813. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

Well may the subject of yellow fever engage the earnest attention of American physicians. Long the scourge of the south, carrying off from her fair cities, at each visitation, thousands of active and useful citizens; bringing mourning and bereavement to thousands of others, and producing terror in nearly all, well may the lover of his country and his kind ask the questions, what is this dread disease? What are the circumstances which favor its appearance, development and extension in a locality? What the laws regulating its transmission from place to place? and what the best means to be adopted in order to check its ravages?

Within the last century a vast number of works have appeared on yellow fever from the pens of English, French, American, Spanish, Italian, and German writers. The bibliography of the subject prefixed to

the first volume of Dr. La Roche's work, occupies forty-six pages; thus showing the vast amount of labor and investigation which it has received, when the titles of the works and the names of those who have written them occupy so much space. Like the history of other epidemics, which from time to time scourge the nations, that of yellow fever exhibits much circumstantiality and minuteness of detail regarding its rise and progress, its distinguishing symptoms, and the phenomena by which it is accompanied; but its pathology has evaded the keenest searchers, and remained hidden to the most profound and persevering investigators; whilst, the diversity of treatment adopted and recommended by authorities, is very good evidence of the uncertainty which exists as to its true nature.

Dr. La Roche's beautifully written volumes contain a historical summary of all the epidemics of yellow fever that have occurred in Philadelphia from 1699 to the present time, and embodies, at the same time, all the main facts relating to the disease, that have been placed on record. "A work of this particular kind has not yet been undertaken—so far, at least, as the author has been able to learn; but it cannot fail to prove useful; for the professional reader who limits his researches, as is but too often done, to the descriptions of the more recent epidemics, or to a few monographs on the disease generally, loses the recollection, or fails to become acquainted with the events of former days, and thereby misses the opportunity of comparing together the circumstances under which the several visitations have occurred, as well as the character the disease presented, and the treatment it required, and of reaping all the advantages naturally accruing from examinations of the sort."

Yellow fever, *fièvre jaune* of French writers, *typhus icteroides* of Sauvages and Cullen, *hæmagastric pestilence* of Copland, usually prevails in tropical climates. It has made its appearance, however, in latitudes as high as that of Philadelphia and Boston, and manifested a virulency not one whit less than it exhibits in hot latitudes. Its legitimate extension is between the 22nd and 23rd degrees south of the equator, to the 42nd degree north on the Atlantic coast; to the 35th degree on the western waters of America, and to the 8.56° degree on the Pacific. Taking into consideration those points in Europe where it has at some time prevailed epidemically, its extremest eastern longitudinal boundary will be the 2nd degree east of Greenwich. On the American continent it stretches longitudinally from the 60th to the 97th degree of west longitude. "Its true area includes the Caribbean and other islands called the West Indies and Bahamas; the contiguous coast of Columbia and Guatimala and the extensive shores of the Mexican Gulf, sweeping from Cape Ca-

toche on the west to Cape Sable on the east, and running thence along the coast of America to Wilmington, (N. C.), Norfolk, Baltimore, Philadelphia, New York, Boston, and intermediate towns, in some of which places it is an occasional, not annual, or even frequent visitor," (p. 119.) It appears to be influenced by elevation as well as by temperature. Major Tulloch considers it proved beyond a doubt that yellow fever never prevails at an elevation greater than 2,590 feet above the level of the sea; but, according to Humboldt, it has been found in Mexico at an elevation of 3,243⁷ feet. In the United States, its altitudinal limits vary in different localities from 400 to 600 feet. "Supposing, therefore, the fever to have really prevailed on the Eucero farm—the limits assigned to it by Humboldt—we may assume this as the altitudinal point, beyond which, whatever be the high temperature and the fever proclivities of the country generally, individuals are secure against an incursion of the disease. They may carry it, but it will never originate, and certainly never be propagated there," (p. 118.)

Yellow fever, although it sometimes seizes persons suddenly whilst they are sleeping, walking about, or attending to their daily avocations, is usually ushered in by premonitory symptoms, such as, a feeling of *malaise*; lassitude; disinclination to exertion; depression of spirits; giddiness; pains in different parts of the body; flatulence; depraved appetite; costiveness, &c. Our author has divided it into two species "marked by two opposite conditions of the system." The one attended by a state of hyperæmia, the other by a state of asthenia. The former a *inflammatory* species, he subdivides into the *intense*, the *mild*, and the *ephemeral*: the latter, or *congestive*, into the *aggravated*, the *adynamic*, the *walking*, and the *apoplectic*. The *intense grade* of the inflammatory species is usually ushered in by a chill more or less marked. This is followed by a strong reaction—the pulse becomes frequent and beats with great force; the skin is hot and the face flushed, the eyes injected, and severe pains are felt in different parts of the body. The stomach soon becomes irritable; there is a feeling of heat and constriction at the præcordia, and the patient sometimes complains when pressure is made on this region. Nausea succeeded by retching and vomiting sets in, usually at from 12 to 24 hours after the attack, and continues throughout the disease. The matter ejected from the stomach in this stage consists of the ingesta, mixed with a glairy fluid, and sometimes with bile. The bowels are costive and do not readily respond to the action of purgatives. The urine is scanty and high colored. There is great bodily restlessness, with mental anxiety and agitation. The intellect is confused. These symptoms continue for a few hours to two or more days, and is followed by a state of remission, the "metaposis or stadium without fever." In this stage all the foregoing

symptoms abate or entirely disappear; the patient represents himself as being almost entirely well, and anxious friends, who know not the treacherous nature of the calm, with relieved minds rejoice in his apparent recovery. This delusive lull lasts but a few hours, and then merges into the stage of prostration. The pulse now becomes either slower than natural, or else frequent and irregular. The tongue, at first, is either clean with a slight coating, or covered with a thick brown fur; later, it is sometimes dry and fissured, with sordes of the mouth, gums, lips and nostrils. The pain and anxiety at the *præcordia* increase and is usually accompanied by hiccup. Thirst is intense, and the stomach rejects immediately everything taken into it. Vomiting is forcible, the contents of the stomach being thrown to some distance. The matter ejected consists now of a colourless liquid, which is extremely acid, with brown or black particles floating in it. Jaundice which appears at the commencement of this stage, gradually extends from the eyes and forehead to other parts of the body: the yellow, at the same time, becomes more intense until it assumes a mahogany or bronze colour. In some patients the mind remains unclouded, whilst in others delirium supervenes. The urine is very scanty and of a black colour: frequently it is completely suppressed. The discharges from the bowels, in some cases, consist of a black offensive substance, having the appearance and consistence of tar. "As the case advances, hemorrhages take place from all the natural outlets, the blood being dark and dissolved; and death preceded by intolerance of light, petechiæ, meteorism, singultus, eructations of offensive gas, subsultus tendinum, convulsions or coma, closes the scene." Although death is not inevitable, recovery seldom takes place in this grade. When the patient recovers, the amendment occurs before the black vomit sets in.

The *mild grade* is ushered in by symptoms similar to those which initiate the foregoing, differing from them, however, in regard to intensity. The stage of excitement lasts from a few hours to two or three days. It is marked by exacerbations and abatement of the fever, something that is not observed in the intense grade. The excitement is followed by the remission, which, instead of being a delusive calm, is frequently the commencement of convalescence. The change in the course of the disease is usually attended by some critical discharge. In other cases, however, this state of metaposis proves delusive, and is succeeded by many of the symptoms enumerated as constituting the closing stages of the preceding grade. In some cases they assume a character of great malignance, and if not arrested by art, or the recuperative efforts of nature, carry off the patient in the manner mentioned. In others, they

stop short of the black vomit, and the patient is gradually restored to health by the intervention of art. In others again, though, in very small number, the patient is saved even after the supervention of that and other unusually fatal symptoms."

The *ephemeral grade* presents all the phenomena exhibited by the other grades, but in a very mild form. It continues from one to five days, and is easily controlled by remedial measures.

The *congestive species* is a far more formidable form of the disease than the inflammatory. Very few of those attacked recover. The skill of the physician and the vis-medicatrix of nature are completely at fault. This species appears to pass at once into the third stage of the inflammatory. The *aggravated grade* is accompanied from the first by great prostration. There is weight and pain in the head; giddiness, stupor, a great inclination to sleep and loss of memory. Sometimes there is delirium. The face is livid, with an expression either of stolid indifference, or one of distress. There is a dull pain in the loins and extremities, and, in some cases paralysis of the lower limbs. The skin is cold; sometimes drenched with sweat, at others dry and oily to the touch. The pulse is weak and compressible; it differs as regards frequency; sometimes it is intermittent and occasionally cannot be detected at the wrist. There is a sense of weight and oppression at the præcordia; distension of the epigastrium with pain on pressure. Irritability of the stomach rapidly supervenes. Clay-coloured, pea green, black or bloody gelatinous scanty motions take place from the bowels. The tongue is either natural, or covered with patches of fur, the edges and tip being red. There are also present, "orthopnœa, sore throat, deep and uninterrupted sighs, hemorrhages of dissolved blood from some one or more of the natural outlets, a yellow or bronze colour of the skin, suppression of urine, extreme restlessness, and monotonous wailing, and other symptoms denoting the utmost danger or the approach of death."

The *adynamic or typhoid grade*, occurs in persons of enfeebled and broken down constitutions, and is marked by hemorrhages from leech-bites, &c.; gangrene of blistered surfaces, venous infiltrations beneath the skin or in the structure of muscles.

In the *walking grade*, the patient denies feeling ill. He seldom remains in bed, but walks either about his room, or in the street, attending to his business. His skin, however, is of a mahogany color, and if his pulse be felt, it will be found very feeble, and sometimes entirely absent. While he is apparently occupied in matters of recreation or business, or shortly after being so employed, black vomit supervenes, and death speedily results.

In the *apoplectic grade*, the patient is sometimes instantly struck down with stupor or coma, convulsions follow, and death soon ensues. In other cases it progresses more gradually. The patient is suddenly seized with giddiness. There is a dull pain and sense of fulness in the head, weakness of the loins and lower limbs, and the skin is cold and clammy. He lies motionless, with a gloomy expression and dilated pupils; he gradually sinks into a state of complete coma; his eye becomes fixed and glassy; involuntary discharges and hemorrhages set in, and death quickly closes the scene.

In 220 pages, Dr. La Roche discusses very fully everything connected with the symptoms referable to the circulatory system; skin; digestive organs; excretory organs and nervous system. The remainder of the first volume is taken up with remarks on the pathological anatomy of the disease; critical days and critical efforts; type; complications; duration; convalescence and relapse; prognosis; incubation; mortality; pathology and diagnosis. In the second volume he examines the etiology of yellow fever; the facts and arguments for and against its contagious character; the nature of the yellow fever poison; infection; treatment and prophylaxis.

Dr. La Roche has here produced a work which does the highest honor to his talents and industry; one which we predict will always be a standard authority and work of reference on yellow fever.

XXXI.—*On some Diseases of Women admitting of Surgical Treatment.*

By ISAAC BAKER BROWN, F.R.C.S., (by exam.,) Surgeon-Accoucheur to St. Mary's Hospital, Vice-President of the Medical Society of London; Fellow of the Epidemiological Society; Corresponding Fellow of the Obstetric Society, Berlin, &c. &c. Illustrated by colored plates and wood engravings. Pp. 288. London: John Churchill, New Burlington Street. From the Author.

We heartily agree with Mr. Baker Brown, that there is no part of surgery so open to improvement, or on which our great surgical authorities have said so little, as "that which relates to those accidents and diseases incident to the female sex, which admit of no relief except from the surgeon." Accidents and diseases, moreover, which render the life of the unfortunate patient miserable in the extreme; which frequently make her an object of disgust to herself, and, as too often happens, to those whose affection and esteem she cherishes more than aught else on

earth. It will be freely conceded that conditions entailing such deplorable and painful sequences, are highly deserving the attentive study and consideration of all in the profession; all particularly, who have any sympathy whatever for poor afflicted woman, and who would rejoice to see her rescued by surgical art from a state which makes life a curse and death a blessing.

Mr. Brown has, in the volume under review, introduced some new operations, one or two of which we will bring before the notice of our readers. They have been very successful in the practice of the originator, and will, we have no doubt, be equally so in the hands of other surgeons.

The first chapter treats of ruptured perinæum, which, with illustrative cases, occupies sixty-six pages of the work. Many eminent surgical and obstetric writers have dismissed this important accident in a few lines, recommending the limbs to be tied together immediately after the rupture takes place and cleanliness enforced; and, should the fissure be extensive and remain unhealed, to pain the edges and bring the parts together by means of the quilled or interrupted suture. Some, however, do not notice it at all; whilst others speak of the severer forms, merely to express their unfavorable opinion of surgical interference. Our author recognizes four varieties of lacerated perinæum:—1. That in which the perinæum is torn to the extent of an inch or less from the fourchette. This degree of injury is of no great moment, is little marked when the parts return to their quiescent or normal state, and requires no special treatment. 2. Where the perinæum is torn between the constrictor vagina and sphincter ani, those muscles remaining intact. This is actually a perforation of the perinæum, and, in some rare cases, has given passage to the child. Where the laceration occupies the entire length of the perinæum, but does not penetrate the sphincter ani: and 4. Where it extends so as to divide the sphincter ani, and even the recto-vaginal septum, (p. 6.) Of the four varieties, the last is the one which has long been one of the opprobria of surgery, the treatment of the others being comparatively simple. It is the variety, also, which causes the greatest misery, and most urgently demands relief. The sphincters being torn and their function absent, the unfortunate patient loses all control over the fæces and intestinal gases. She is consequently obliged, although otherwise in perfect mental and bodily vigor, to forego the pleasures of society, and remain confined to her room. The fæces when hard may be retained, but when fluid they escape involuntarily; indeed, one of the patients on whom Mr. Brown operated successfully, was obliged, when she could not control the dejections, to remain as long as seventeen and ten hours at a time on the night stool.

The operation recommended and practised by our author is the following:—The patient should be placed in the position for lithotomy, the knees well bent back upon the abdomen, and all hair closely shaved off about the parts. The sides of the fissure should be held by an assistant, so as to insure sufficient tension for the operator; a clean incision is now to be made about an inch external to the edges of and equal to the fissure in length, and sufficiently deep to reflect inwards the mucous membrane, and so to lay bare the surface as far as another incision on the inner margin. The denudation of the opposite side of the fissure is then to be practised in a similar manner, and the mucous membrane from any intermediate portion of the recto-vaginal septum to be also pared away. So soon as this stage of the operation is completed, the sphincter ani is to be divided on both sides, about a quarter of an inch in front of its attachment to the os coccygis, by an incision carried outwards and backwards an inch or two, into the ischio-rectal fossa. The degree of relaxation to be sought must be regulated by the extent and character of the laceration. In every case, muscular traction must be destroyed, for so long as it exists it will oppose the union of the parts. The sphincter having been divided, the thighs are to be approximated, and quill sutures introduced. The left denuded surfaces and tissues external to it being firmly grasped between the forefinger and thumb of the left hand, a strong needle, curved and fixed in a handle, carrying a double thread, is plunged, with the right hand, through the skin and subjacent tissue an inch external to the pared surface, and thrust downwards and inwards beneath it, until its point reappears on the edge of that surface; it is then introduced at the corresponding margin of the denuded space of the opposite side, and made to traverse beneath it in a direction upwards and outwards until it escapes at a point equidistant from the external margin with that at which it entered on the left side. Each of the three sutures is to be introduced in the same way, the one nearest the rectum first. Having firmly secured the three sutures upon the pieces of elastic bougie, which are commonly used instead of quills, the sides of the fissure become approximated—the denuded surfaces in apposition. It is advisable to pass three or four interrupted sutures. If this be carefully done, union of the skin will speedily take place, and that of the deeper parts be materially facilitated. Lastly, the parts having been well cleansed by sponging with cold water, a piece of lint steeped in cold water is applied, and over it a napkin kept in situ by a T bandage.

The after treatment consists in the enforcement of perfect quietude, strict cleanliness, and the application of cold water dressing. Immediately after the operation, two grams of opium should be administered

to be followed by one grain repeated every fourth or sixth hour, and subsequently it is to be given in stated doses, for two three weeks after the parts have united, sufficient to keep the bowels constipated. If nothing occurs to contra-indicate it, generous diet is to be allowed from the first day. The urine must be drawn off by the catheter every four or six hours, and care must be taken in withdrawing the instrument, that any urine does not escape into the vagina, where it will be almost certain to produce mischief by creating so much irritation as to prevent the opposed surfaces from uniting. "The deep sutures should be removed on the third or fourth day in hospital patients; in private cases on the fifth or sixth. On the sixth or seventh day the external sutures may be taken away." Mr. Brown recommends the operation to be performed immediately after parturition. Objections, however, have been raised against operative procedure under the circumstances. It has been contended, very properly, we think, that everything having a tendency to increase inflammatory and suppurative action about the vagina at an early stage after delivery, ought to be avoided. We would dread vaginitis, with extension of the inflammation to the uterus, which, at this period, is so susceptible to morbid actions. Mr. B., however, states explicitly that this dread is ill-founded, as he has performed the operation at different times immediately after child-birth, and it has not been attended by the slightest adverse circumstance. He contends, moreover, that "by immediate operation, the otherwise necessary denudation of surface is avoided; only the sutures have to be introduced, and the sphincter divided; the torn edges are thus placed in contact, and only that amount of inflammation necessary to union required; whilst the accurate apposition of surfaces guards against the noxious irritation from secretions," (p. 39.)

The chapters on "prolapse of the Vagina," and on that disgusting and inveterate condition "Vesico-vaginal Fistula," are very important, and worthy the attention of the operative Surgeon. The work altogether is eminently practical, and evidently written by one who has bestowed much serious thought on questions bearing on the Surgery of those accidents and diseases which are incident to the female sex.

Mr. Dawson, Great St. James Street, will receive orders for the work.

XXXII.—*A Dictionary of terms used in Medicine and the Collateral Sciences.* By RICHARD D. HOBLYN, A. M., Oxon. A new American from the last London Edition. Revised, with numerous additions by Isaac Hays, M. D., Editor of the American Journal of the Medical Sciences. Pp. 522. 1855. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

The last London Edition, of which the one before us is a re-print, being the sixth issued, is sufficient proof of the estimation in which this admirable little Dictionary is held by the profession of Great Britain. "Believing that its re-publication in this country would be useful," says Dr. Hays, "the Editor consented to revise and adapt it to the wants of the American practitioner. With this view he has added, not only the terms recently introduced, but also the names of our native medicinal plants,—the formulæ for the officinal preparations, &c.,—and has made the work conform with the latest edition of the Pharmacopœia of the United States. The aim of the Editor has been to render the work more complete, not by incorporating in it obsolete words, but by adding such as modern investigations and doctrines have introduced, so that the student should be afforded an explanation of all the terms at present in use." In looking over the work, we find that Dr. Hays' additions are numerous, and greatly enhance the value of the American edition. The student and practitioner will find it an excellent companion to consult when at a loss to understand the meaning of any term.

XXXIII.—*Chloroform; its Properties and Safety in Child Birth.* By EDWARD WILLIAM MURPHY, A. M., M. D., Professor of Midwifery, University College; Obstetric Physician, University College Hospital; formerly Assistant Physician, Dublin Lying-In Hospital; late President Medical Society of London, &c., &c. Pp. 72. 1855. London: Walton and Maberly.

Dr. Murphy is well known as a consistent advocate for the employment of chloroform during the progress of labor. Shortly after Dr. Simpson published his "account of a new Anæsthetic as a substitute for sulphuric ether," he was induced to administer it in a case of painful labour caused by great pelvic deformity. So satisfactory were the results of this first trial, he gave it subsequently in cases where surgical interference was necessary. When the violent and senseless agitation was raised against chloroform Dr. Murphy manfully stood up in its defence, and he now has the satisfaction of witnessing the conversion of many of

those who most strongly opposed its use in midwifery. "The profession are beginning to open their eyes to the truth. They know the great responsibility which would be incurred, by allowing chloroform to be administered to the highest personage in the realm, *if there was the slightest risk*, hence they may conclude that its use is, at least, a proper subject for enquiry. They are prepared to admit that if its safety can be proved, it should be recognised as a means of relieving the sufferings of the parturient female," (p. 7.) In the London Hospitals chloroform has been administered to 9000 cases, in nine of which death resulted from the effects of the anæsthetic. In most of the nine, however, disease of the heart existed, "so as to render it doubtful, in some instances, which was the true cause of death, chloroform or the disease." When we consider that in surgical operation the full effect of chloroform is desiderated, whilst in midwifery it is not necessary to push it further than the stage in which, while consciousness is retained, there is merely diminished sensation and impaired motive power, it will be obvious that it can scarcely produce untoward results in the latter. Dr. Murphy has some excellent remarks on the influence of chloroform on the parturient woman; the mode of administering it; the quantity to be administered, &c., &c.

Those of our readers engaged in large midwifery practice, would do well to peruse this excellent *brochure* on the use of chloroform in child-birth.

CLINICAL LECTURE.

(From *London Medical Circular*.)

Diseases of the knee-joint; foreign bodies in the bronchi; and fractures in children. By WILLIAM LAWRENCE, Esq., F.R.S., Lecturer on Surgery St. Bartholomew's Hospital.

GENTLEMEN,—I have got for your inspection the knee-joint of the boy upon whom amputation was performed on Saturday. The case is that of James——, aged thirteen years, a strong boy, who was admitted on the 4th of October, with disease of the left knee. There was general enlargement of the joint; it was bent at a right angle; the patella was moveable; fluctuation was felt under the joint, and an abscess distended the joint backwards and outwards; two or three sinuses were discharging freely; the boy was free from pain, but there was slight tenderness below the patella. Thirteen months ago the knee began to swell and became slightly painful; there was no attributable cause for this, and he

was under the care of a surgeon for some time, and was also treated in this hospital, where he got better. He subsequently went to Margate, and all along never suffered much pain. The history, as now detailed would lead one to expect the case to be scrofulous disease of the knee-joint: there is an absence of pain, and the disease has commenced in the bones. From the inflammation occurring without pain, and the absence of other acute symptoms, the disease takes the name of white swelling, commencing in the articular heads of the tibia and condyles of the femur, without any external redness; the boy cannot be said to have suffered much in health. On examining the dissected joint, we find the internal condyle is closely united to the internal part of the head of the tibia, so there is no cavity there; the external head of the tibia is inflamed, reddened and thickened; the synovial membrane of the joint is thickened, pulpy, and reddened; and the surrounding parts of the joint may be said to be diseased. It was looked upon, upwards of a year ago, as a case of synovitis. The articular cartilage of the patella is entirely gone.* The bones are usually found much softened in these cases, as you may perceive how the knee goes completely through the bone,—a condition very different from its healthy state. A singular circumstance here shows itself, that we were not aware of; it is a recent fracture of the femur, one or two inches above the joint; it cannot have been of long duration, as there is very little progress made at the process of repair, the periosteum is partially separated with recent effusion of blood. This was quite unknown before the examination of the limb after amputation, and it must have happened without the boy's friends being aware of it; the section through the bone shows it very well. This fracture cannot be of long duration, because the age at which this patient was, allows of union in a short time. Two years ago I had an opportunity of seeing a fracture of the femur in a child who died on the thirtieth day after the accident, a week before that, the fracture was sufficiently united to permit of the child's moving about, as it appeared to be consolidated. On examining the case after death, it was found perfectly consolidated, —as firm, in fact, as any other part of the bone; perfect union had occurred in about three weeks.

Here nothing was to be done but to remove the limb; possibly with care a cure might have been accomplished by ankylosis, with the limb bent at an angle,—an affair of a long time. The child's health was not much affected. The patient's friends wanted the limb off, and my colleagues and myself were in favour of amputation. In performing the operation, there was a healthy state of the soft parts in the ham, and sufficient material was obtained in the posterior flap of a soft cushion. The incision for this went through an abscess, and a portion of this was in the anterior flap; and I thought it best to remove it by slicing it off, so as to remove the pyogenic membrane, as it is called, now-a-days,—the membrane that secretes the pus; the integuments were then brought together by stitches and adhesive plaster. To-day the child is going on well.

*There is a vascular projection from its surface, which might, under favorable circumstances in apposition with the bones, lead to ankylosis.

I have here the narrative of a case of a child, still in the hospital, who swallowed a damson-stone, which became lodged in the bronchus, and which fortunately escaped out of the trachea afterwards. He came in with urgent symptoms of suffocation from this cause, but is now free from danger, and is restored to health, owing to the decision of Mr. Morris my house-surgeon, who performed the operation of tracheotomy, and has conducted the case with great judgment and care, as he does all his cases. This boy, Henry Stevens, aged five years, is in Queen's ward; the case is reported as one of a lad with a plum-stone in the left bronchus, tracheotomy, and recovery by ejection of the stone. The stone was not taken out at the time of the operation; no doubt it was firmly fixed in the bronchus. The Report states: "On September 23rd he swallowed a new, ordinary-sized plum or damson-stone. On the 24th, having had his breakfast, he was instantly seized with a violent paroxysm of coughing, with symptoms of asphyxia." Mr. Morris found the child livid and struggling violently; he lost no time, and immediately performed tracheotomy; the face recovered its colour and the pulse its fulness. There was intensity of breathing on the right side of the chest; none at all on the left. The operation was done at 8-45 a.m. At noon the canula was removed, and the opening was allowed to remain free by sutures. No breathing was present in the left side of the chest; it was quiet, whilst the right moved naturally, from respiration, which was satisfactory, so far, considering all things. He had taken some beef tea. At 1.30 a violent paroxysm of coughing came on, which ejected the foreign body, which proved to be a plum-stone, through the opening in the trachea. On the 25th the child was feverish. On auscultation small sibilant rœchi were heard in the upper part of the left side of the chest anteriorly. Ordered ten minims of antimony wine every four hours.

26th.—Pulse full; tongue less furred; bowels open; skin warm and perspiring; face congested; breathing composed, with some slight rœchi.

27th.—Much better in many respects. Now (October 8th) the opening is not yet closed in the trachea; it will do so in the natural way.

If you compare the size of this stone with the rima glottidis in a child five years of age, you will find it to be very much longer. It is a difficult matter to get it in; the way it does get in is during inspiration, by the whole weight of the atmosphere pushing it in. Now how does it get out? The effort at inspiration loosening it, it can easily pass out of the larger opening in the trachea. There is a disposition for foreign bodies to enter the right bronchus, because it goes on straight in what appears to be a continuation of the trachea; but here it happened to be in the left. The left is larger than the right, more suddenly turns off, and passes under the arch of the aorta. What was done here,—making an opening into the trachea, and keeping the case quiet, was what was just proper: by no means should an effort be made to dislodge the foreign body. Some years ago I saw a boy suffering from an attack of difficult breathing, from swallowing a small nail, which was supposed to be in his trachea: sometimes he breathed quite easily, at other times he had attacks of most difficult breathing. On considering all things, I thought

it better not to make an opening into the trachea, because the foreign body might be expectorated without. Some weeks after, a violent attack of coughing came on and ejected a small tack through the glottis, and the child got well.

There was a remarkable case of a foreign body getting in the trachea, which occurred several years ago, because it attracted some notice. A gentleman was playing with his children with a half-sovereign, which by some accident entered his trachea. He had no dangerous symptoms, but an opening was made into the trachea, and the foreign body was not removed; it was clear, however, it was in the trachea, and there remained. He was a person of a very mechanical turn of mind, and in fact a great engineer; he determined to turn himself quite upside down, to see if the coin would roll out. An inclined plane was made, to raise him up gradually; and on doing this, luckily out rolled the half-sovereign from his mouth. This is a hint that may be worth remembering; at all events, it may be worth trying. He got off better than another patient, a publican, who swallowed a sixpence. In consultation with Sir Astley Cooper, I saw him; he had severe attacks of difficult breathing, and I made an opening into his trachea: a probe passed upward produced violent irritation, downwards not so much; no foreign body could be found. The wound nearly healed up. His friends were aware the mischief was not removed; they therefore called in the late Mr. Aston Key. He concluded the sixpence had gone into the right bronchus; had forceps made for introducing and getting it out; he did not get the sixpence, but the patient died from bleeding; and on the post-mortem the sixpence, as was conjectured, was found in the right bronchus.

There have been two cases of fracture of the thigh in infants in this hospital, which will throw some light on the prognosis, and also on the treatment, as to which is the most advantageous. Parents are extremely anxious in these cases, and think peculiar difficulties and danger are likely to occur in setting them, more so than those advanced in years. The present cases show that that view of danger is by no means a correct one.

Applying bandages and splints in these young subjects is objectionable, if it can be avoided, particularly from their becoming sodden with urine, and thus producing irritation. The first case is Emma Walker, aged two years, brought into the hospital on the 24th of August, run over by a cab, fracturing both thigh bones, the right at its middle, with displacement and bruising of the soft parts, and the left about the same situation without displacement, and no bruising. She was placed on her back in bed, with the legs raised on a pillow, and gen'ly fastened together. On the 25th she had a rather restless night, but is quieter now; the left thigh is in a good position, but the right is much displaced. The child was now put on her side with one thigh over the other, with some cotton-wool between both, and kept together by a roller. She remained this way a fortnight, when she began to move her left leg. Changing the little patient daily, and dusting the parts with flour, prevented anything occurring. In three weeks she was much better, and in four she was put on the floor, and could walk with assistance; and in a few days more she got quite cured. No splints nor bandages were employed, but she got

quite well at as little inconvenience as could be expected. A splint might sometimes be put on one thigh, but it is different when both bones are fractured. Now, I have frequently observed that children will keep the limb very quiet as long as it is in a state to produce pain, and if the limb is supported on a pillow, so as to keep it quiet and easy, it will remain so. As soon as the child herself begins to move, there cannot be any danger in allowing this movement. This child would have been exposed to great discomfort if splints and bandages had been used, which would have retarded the union of the bones; but otherwise, she got well without any trouble or inconvenience.

About the time an infant thirteen months old was admitted (August 27th)—rather a weakly child, of mixed blood, of the East India race, not a mulatto, who falling off a bed on to the floor, fractured the right femur about its middle, but with no displacement. She was placed on the affected side, and a cradle over her. She went on well for two weeks, when she had a troublesome cough; she began to move her limb about; the fracture had united, but not firmly; in a few days after it did, and she was discharged on the 21st September, quite cured.

These cases were in a great measure indebted, as in the tracheotomy case, to the judicious care of Mr. Morris, the house-surgeon. People think generally that the process of setting is a thing of great pain; so they are probably disappointed when they find it is such an easy matter, and not attended with suffering to the patient.

THERAPEUTICAL RECORD.

(From *Vogel's Medical and Surgical Journal*.)

Burns.—Dr. Stillman (*N. Y. Journal of Med.*) calls attention to the liquid caoutchouc as an impermeable coating to the skin, and preferable to collodion owing to its greater elasticity and blandness. This substance flows from the tree in the form of a milky fluid, and it can be kept in this state by the addition of a small proportion of free ammonia. It allows entire freedom of motion, and is believed by Dr. Stillman to be very valuable as an application in burns and erysipelas.

Dysentery.—Dr. Wilmot (*N. W. Med. & Surg. Journal*) recommends injections of creasote in dysentery, as controlling by its sedative influence, the irritability of bowel in that distressing affection. He uses one drachm of creasote to twelve ounces of starch.

Hepatic Colic.—Trousseau's prescription for bilious colic is, (*Ann de Ther.*) as follows. Symp, ℥ij; orange flower water, horden water, aa ℥ij; sulph. æther, ℥j. It should be carefully mixed and taken in spoonful doses every half hour. The extract of belladonna, or the chloroform liniment applied externally, aid in relieving the pain.

Juvenile.—Dr. Gieseler of Gottingen (*Zeitschrift für Ration. Med.*) proposes the use of albumen as a cholagogue, and for these reasons. This

substance is, according to Bernard, only assimilable through the function of the liver, and it is natural to suppose it a natural stimulant of that organ, just as salines stimulate the functions of the kidneys. Experience would seem to demonstrate the correctness of this ingenious theory, and the author alludes to the prescriptions of a Spanish physician who cured Mr. White, author of "*Treatment of Pregnant and Parturient Women*," by ordering him to take while fasting, two raw eggs, both yolk and white, in a glass of water, and to repeat the dose, with one egg every four hours. He found the remedy effectual, and afterwards administered it to his patients. The idea is ingenious and plausible, whilst the remedy is harmless.—*Dublin Quart. Journal*,

Neuralgia.—M. Bolicau reports the great relief to neuralgic paroxysms, derived from the administration of muriate of morphia in a strong infusion of coffee. He prescribes 1-7th grain to an adult, and it may be repeated if the paroxysm is violent.—*Gaz. Hop. Med. P. & G.*

Neuralgia—Superficial.—M. Delieux (*Ann. de Ther.*) applies a blister immediately to superficial neuralgia, and dresses with the following ointment. R. Extr. belladonna, grs. xv; adeps prepar. ʒj. The pain will succumb under the influence of the narcotic.

Phthisis—The Sugar Vapor Cure.—Dr. Washington, Nashville Journal of Medicine, attributes the curative virtues of the boiling cane juice to the vapour or steam which arises from it. He says: "The warm vapor, upon its inhalation, penetrates through, and is a local application to all parts of the inflamed lung, soothing and curing the inflammation excited around every tubercle, being, in fact, equivalent to the water-dressing recommended by all surgeons, while the volatile aroma, after serving to refresh the olfactories, not being of any further use, goes about its business." In confirmation of this view, Dr. Washington quotes the fact that hatters are cured of colds and pains in the chest, whenever they are employed over the kettles. He also states that the same is true of workmen employed in the manufacture of copperas, who are exposed to vapor from boiling water, and he cites one remarkable instance of a man with strong consumptive tendencies, who was restored to health and vigor, after working at this employment. Dr. Washington, however, is inclined to believe that the patient is, to some extent, indebted to the wholesome nourishment afforded by the cane-juice;—to use his own expressions, "drinking the hot, worm-destroyer; scurvy-curing, teeth-whitening, *dextro-gyrate* cane-juice, furnishes the best quality of food for the formation of healthy chyle."

Uterine Hemorrhage.—Dr. Schreler of Hamburg (*Monats fur Geb.*) has for 13 years used the muriated tincture of iron, as a styptic in uterine hemorrhage, prior to delivery. He injects 50 drops in three or four ounces of water. It has also been employed in placenta prævia when the os is sufficiently dilated. A sponge tent the size of the os, steeped in the tincture should be passed up as high as possible. The same application will be found efficient in hemorrhage from cancer uteri.

PERISCOPE.

ENGLISH.

Successful Operation on an United Fractured Rib. By Paul F. Eve, M.D.—On the 11th of last November, I operated before the Class of our University upon Mr. Wm. Briant, of Bledsoe county, East Tennessee, who some two years before had received an injury by a fall, having at the time a heavy burden on this shoulder. The result was a fracture of one or more ribs; and he came to our college clinic on account of a continual discharge of pus from sinuses situated over the eighth rib of the left side, a little anterior to its middle.

The patient with this exception enjoyed good health, was a stout, active, laborious man, and possessed an excellent constitution. A probe introduced into the sinuses having detected denuded bone, it was proposed to convert the issues into one by an incision which would also expose the true condition of the diseased parts. No loose portion was found, but the fractured extremities of the ribs were enveloped in an abscess, and removed with stout forceps; the wound was dressed, leaving a tent made of patent-lint at the bottom, with adhesive plasters.

The broken ends of the ribs were twisted off with strong forceps, instead of employing cutting instruments for this purpose.

A few days after the operation, the patient returned home with injunctions to wear the tent deep in the wound, so that it might act as a seton for several months between the broken ends of the bone.

The 10th of June, 1855, seven months after he left Nashville, Mr. B. wrote me, that "the side you operated upon last November is sound and well, and I enjoy fine health and can work and attend to my business as heretofore." Two months later, in August last, my colleague, Prof. Watson, examined the case, found it as represented by the patient himself, and pronounced it perfectly healed.

It is probable a seton between the fractured ends of the ribs might have produced the same happy result.

Since writing the above, a very similar case has presented itself for treatment.—*Nashville Journal of Medicine and Surgery.*

Umbilical Hemorrhage in Infants.—Dr. Stephen Smith, in the July number of his Journal, has an excellent and full article on this subject. He gives a tabular statement of *seventy-nine cases*, out of which only *nine* recovered. In reference to the *treatment*, he sums up as follows.

1. That mild but active cathartics and anti-hemorrhagic remedies, are of the first importance.

2. That compression and styptics are useful for the temporary arrest of the hemorrhage, but are rarely of permanent benefit.

3. That cauterization is injurious, except in connection with compression.

4. That ligature of the umbilicus, *en masse*, with two needles transfixing it at right angles, offers the best chance of arresting the hemorrhage.—*Med. Counsellor and Nash. Journal.*

Remedy for Hemorrhoids.—Imperial Academy of Medicine.—Session of September 11th, 1855.—M. Robinet read, in the name of the Committee on new and secret remedies, a report on a method of treating hemorrhoids proposed by M. Alègre. This treatment consists in the use of Cayenne pepper, *capsicum annuum*, either in powder or extracts. In powder they prescribe it in from 50 centi-grammes to a gramme and even to three grammes. (From 7 to 42 grains.) The method proposed by M. Alègre having appeared to the members of the Committee to deserve examination, experiments to the number of fifty have been instituted by some of their number, with much success. One of the most remarkable instances of success occurred in the person of one of the Committee, who has had much reason to congratulate himself on having tried this remedy.

Nevertheless, as the facts which have come to the knowledge of the Committee have not appeared to them to be sufficiently numerous to enable them to come a final conclusion, and in consideration of the difficulty of experimenting on a sufficiently extensive scale in the hospitals, where it is only occasionally that a patient is found suffering from hemorrhoids alone, the Committee were of opinion that it was proper for them to make an appeal to the medical profession, to invite them to try this remedy upon any case which may occur in their practice.

M. Gerdy thought the report did not give sufficient details. The Committee did not state the proportion of cures. They speak of fifty experiments. If the fifty cases were all cured, the result was superb! The remedy would be the very *cinchona* of hemorrhoids. But he must be permitted to have his doubts. A heroic remedy is not found every day; we know only of two, cinchona and mercury, after four thousand years of observation.

M. Robinet remarked that the Committee had not thought it necessary to give, case by case, the results of their observation. All they thought it important to say was, that the results they had observed were sufficiently satisfactory to induce them to multiply their experiments.

M. Piory, after going into an explanation of the structure and different anatomical conditions of hemorrhoids, concluded by saying, that we cannot consider this malady as always the same, and consequently it should not always be met by the same remedy.

M. Jobert said that he had tried the remedy recommended in the report, and that almost all the patients to whom he had administered it had experienced considerable and almost immediate relief.

The conclusions of the report being put to vote, were adopted.

On the Use of Chlorate of Potash in Mercurial Stomatitis.—From the experiments of M. Herpin, of Geneva, from those of M. Blache (*Gazette Hobbomadaire*, vol. ii., No. 8, page 147), as well as from some well-detailed facts that M. Demarquay has just reported, it would appear that chlorate of potash, given internally, arrests, with rapidity and certainty, the effects of mercurial stomatitis. This effect has been established in

patients in whom the mercurial intoxication supervened on the exhibition of mercury for syphilis, puerperal peritonitis, and ophthalmia.

The chlorate is administered in a mucilaginous mixture, the dose commencing with half a drachm, which is frequently sufficient to remove the symptoms. But it has been given to the extent of four scruples, two and a half drachms, half an ounce, and upwards.

As this medicine, notwithstanding its remarkable efficacy, is by no means a specific, we must not neglect to combine with it local astringents and caustics, which, even alone, possess so powerful an action in mercurial ptyalism.

M. Gustin, intern in pharmacy, wishing, for the sake of experiment, to submit himself to the action of chlorate of potash, took two drachms at nine o'clock in the evening. On awaking, a sort of constriction, with slight nausea, was perceived in the mouth; the gums were a little rough to the touch. Although the saliva was not sensibly lessened, it appeared to him to be more watery than usual. This observer has also proved that the chlorate of potash is, in great part, eliminated by the urinary secretion.—*Bulletin Général de Thérapeutique, and Gazette Hebdomadaire.*

Local Application of Copaiba in cases of Bleorrhagia and Bleorrhœa—Professor Marchal, of Strasbourg, in a note to the *Jour. de Médecine et de Chirurgie*, gives the result of several years' experience in the employment of copaiba, applied topically. At first he injected the liquid copaiba into the urethra of males and females affected with bleorrhagia; his success was various, the remedy sometimes effecting a rapid cure, and again failing altogether. To obtain more constant results he determined to make a trial of the copaiba diluted with gumm arabic, in the proportion of five parts of the former to eight of the latter, and to this add 100 parts of distilled water. Injections, with this liquid, succeeded perfectly in a female suffering a urethral bleorrhagia, the discharge ceasing in a very few days; the results were equally satisfactory in the male. To avoid the irritation sometimes caused by the syringe, he at first used a catheter through which to make the injections, but subsequently introduced a catheter smeared with the emulsion, not penetrating to the bladder, and allowed it to remain, properly secured, thus giving the urethra a copaiba bath. The success of this treatment has been constant, without internal medication; the cure being effected in from five to eight days. In the majority of cases this treatment was not commenced until the acute inflammatory symptoms had yielded to the proper means. The success of this treatment led M. Marchal to employ the same remedy in vaginal and uterine bleorrhagia, and also to leucorrhœa, by means of injections thrown into the vagina and uterus; also with tampons smeared with the liquid placed in the former, and with the same invariably good results. Injections thrown into the uterus, in these cases, have not been followed by the accidents sometimes supervening upon this practice.—*N. Y. Journal of Medicine.*

FRENCH.

Effets remarquable du Persulfure de fer dans l'Intoxication Saturnine ; par M. Sandras.—On se souvient que, il y a quelques années, MM. Sandras et Boucharlat proposèrent le persulfure de fer comme contre-poison du plomb, de cuivre, du sublimé corrosif et de l'arsenic ; et M. Sandras est parti de cette propriété utile du persulfure de fer pour faire de cet argent la base d'un traitement particulier de l'intoxication saturnine. Le traitement proposé par M. Sandras est loin, d'ailleurs, d'être exclusif, et si M. Sandras se propose principalement de maintenir dans le tube digestif un excès de persulfure de fer, destiné à conserver l'état insoluble toutes les parcelles saturnines excrétées par la foie jusqu'à excrétion définitive, il a aussi la précaution de nettoyer le malade en dedans et en dehors du poison qui existe en nature au contact des organes, à l'aide des bain savonneux et des purgatifs, et de remédier attentivement aux accidents consécutifs de l'intoxication. C'est sous forme de sirop que M. Sandras administre le persulfure de fer ; il fait avaler, matin et soir dès le premier ou le deuxième jour du traitement, une cuillerée à bouche d'un mélange de sirop et de persulfure de fer. Voici deux observations qui montrent que ce traitement ne mérite pas l'indifférence dont il a été l'objet jusqu'ici.

Obs. I.—S. (Etienne), âgé de 40 ans, d'une santé habituellement bonne se présenta pour la première fois, le 17 novembre, à la fabrique de Clichy, ou il travailla cinq jours à la sêruse, et treize au minium. Dès les premiers jours, il sentit diminuer son appétit toujours bon jusqu'alors, et le perdit complètement, après sept ou huit jours de travail. A la même époque, se succédèrent chez lui de la céphalalgie, des douleurs dans la continuité des membres accompagnées d'une faiblesse plus prononcée le matin. Après dix-sept jours de travail, S. . . fut arrêté au milieu de ces occupations par une syncope, qui l'obligea à les suspendre ; il fut ramené chez lui par ses camarades. La céphalalgie continuait, limitée à la région sus-orbitaire gauche, en même temps que les douleurs dans la continuité des membres supérieurs et inférieurs ; pas d'arthralgies ni les colliques. Le malade se purge avec l'aloés ; son état ne s'améliore pas, et, le 14 décembre, il entre dans le service de M. Sandras, salle Saint-François, no. 30.

“Le 15 décembre, perte d'appétit, céphalalgie frontale gauche, douleur dans la continuité des membres. Tent jannâtre ; odeur caractéristique de Phaleine, liséré violacé des gencives, collet des dents noir. Traitement : deux cuillerées de sirop de persulfure de fer. Bain savonneux. Le 16, l'appétit reparait un peu ; les douleurs des membres sont déjà moins fortes. Même traitement. Le 18, l'appétit est tout à fait revenu ; les douleurs des membres ne sont plus que très-faibles ; la céphalalgie persiste encore, mais moins intense ; elle augmente chaque nuit, vers deux heures du matin, pour disparaître huit ou neuf heures après. Même traitement. Le 20, les douleurs des membres ont disparu entièrement ; le malade a reconvré sa vigueur habituelle ; assez bonne coloration de la face, liséré des gencives en partie effacé ; il ne conserve plus qu'un peu de céphalalgie et quitte l'hôpital.”

Dans le second cas, les accident étaient plus intenses.

Obs. II.—“ D... (Jean-François), âgé de 57 ans, était occupé depuis deux mois à brasser la céruse dans la fabrique de Clichy, lorsqu'il perdit complètement l'appétit, et fut pris de nausées fréquentes, sans vomissements toutefois; vives douleurs épigastriques, coliques, maux de tête et battements de cœur. Il entra à la Charité, où il fut purgé avec l'huile de ricin et de croton, et prit quelques bains sulfureux. Deux jours après il quittait l'hôpital en assez bon état; mais à peine avait-il repris ses travaux, que, trois jours après, le 13 novembre, il entra dans le service de M. Sandras, (Salle Saint-François, no. 17). Perte d'appétit, douleurs vives à la région épigastrique, coliques violentes et constipation, céphalalgie frontale, éblouissement et affaiblissement de la vue. Douleurs presque continues, s'aggravant par intervalles dans les membres inférieurs, principalement à la partie interne des cuisses, et que le malade calme par la pression; douleurs analogues, mais moins intenses, dans les membres supérieurs. Affaiblissement général de la motilité; les jambes fléchissaient sous le poids du corps. L'état général dénote l'influence délétère des émanations plombiques: face pâle et amaigrie, jaunâtre; haleine, liséré et coloration des dents caractéristiques. Traitement: deux cuillerées de sirop de persulfure de fer; le soir, une pilule d'opium de 0.03.

“ Le 16, après trois jours, l'appétit reparait; le malade mange avec plaisir une portion d'aliments. On continue le persulfure. Le 19, trois jours plus tard, les douleurs gastriques et intestinales, presque continues au moment de l'entrée à l'hôpital, ne se montrent qu'à de rares intervalles et moins intenses. Peu de douleurs dans les membres. Les forces reviennent. Même traitement. Deux portions d'aliments. Le 25, le malade peut déjà se promener deux ou trois heures par jours; douleurs des membres et des articulations moins fréquentes et moins vives; depuis le 21, les douleurs des membres et les coliques, qui coïncident toujours, offrent une intermittence régulière à type tierce. Chaque jour, même dose de persulfure. Le 30, tous les accidents ont presque complètement disparu; la convalescence est assez avancée pour lui permettre de sortir et de reprendre ses travaux.”

On voit que ce traitement s'adresse surtout aux accidents chroniques de l'intoxication saturnine, à ces douleurs vagues dans diverses parties du corps, aux troubles de la motilité, de la nutrition, etc., qui témoignent certainement d'un empoisonnement plus profond que la colique saturnine, accidents qui, soit dit en passant, résistent beaucoup plus à nos moyens thérapeutiques que la colique, et laissent surtout une empreinte plus marquée sur la constitution que celle-ci.—*Bull. de thérap.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

INVITATION TO THE PROFESSION IN CANADA.

WE publish below a copy of a resolution unanimously adopted at a recent meeting of the American Medical Association, held in the city of Philadelphia: for the expression of courtesy it conveys, the profession in Canada owe an acknowledgement. It will be perceived that the invitation is a general one, extending to Physicians scattered indiscriminately through the towns and parishes of both sections of our province. The association in question is a body which holds annual sessions in successive years, in different states of the American Union. Its principal object is the direct cultivation and advancement of medical science. To the furtherance of which, reports upon pre-appointed subjects, drawn up by duly constituted committees, are submitted and read. The meetings usually extend over several days, and from the minutes of them we have seen from time to time, we have a favourable opinion of the valuable advantages that are open and set forth to the members. Another important service presented by such an institution, is the promotion of kind feelings and friendly dispositions between distant neighbours; and thus it becomes a means of establishing and cementing a social relationship, from which general happiness and individual benefit may be derived. Without prejudging the matter, we must confess, we have our doubts as to whether many Canadian Physicians will reciprocate the sentiments, and meet the good desires of their brethren in the States, for the spirit of fraternization is, if not dead, in a decidedly dormant state. Some years ago an association was properly organized of the medical men in Canada generally, upon nearly the same principles as the American; and it was agreed that it should meet at a specified time unanimously fixed upon: reports on medical topography, as well as other matters of a literary kind were to be prepared—but nothing came of it all—the association was born, lived, and died in the same hour, only leaving as its memorial a name to point a moral or adorn a tale. If then there be so much indifference about personal affairs at home, we fear that still less care will be shown in those emanating from our friends abroad, even though they have a general interest to every one indiscriminately. The meeting to which the profession in Canada has been invited, is to take place on the first Tuesday of May, 1856 in Detroit. Further particulars will be seen in the following extract from the "Penin";

sur Journal of Medicine and the Collateral Sciences," for November, 1855.

"The Constitution of the Association provides for the admission of members, as follows;— 1st by presenting their credentials as delegates from Medical Societies, Medical Schools and Hospitals: 2d, by the admission of delegates as "permanent members," on stipulated conditions; and 3d, by the introduction of "members by invitation," who may participate in the proceedings of the Association, during the session they are invited to attend. As the physicians of the Canadian Provinces would not be entitled to seats as delegates they are earnestly and affectionately invited to come as "members by invitation," without limitation as to number, to participate in the proceedings of the Association, and the hospitalities of the citizens of Detroit."

Detroit, Oct. 19, 1855. Z. PITCHER, Ch'm. Com. of Arr.

"At the recent meeting of the American Medical Association held in the city of Philadelphia, it was unanimously resolved, "That the Medical Profession of the British Provinces be invited to meet with A. M. Association, at its next sitting in the city of Detroit, the first Tuesday in May, 1856, under such regulations as the Committee of Arrangements should deem proper."

In view of this resolution, the Committee of Arrangements have issued the foregoing Circular. We would therefore respectfully request that the Medical Journals, and all newspapers circulating in the Provinces, who may receive a copy of the above circular, to publish the same, in order that the information be generally distributed.

Detroit, Oct. 20, 1855.

WM. BRODIE, M. D.

Sec. A. M. Association

COLLEGE PHYSICIANS AND SURGEONS, C. E.—SEMI-ANNUAL MEETING.

Quebec, 9th October, 1855.

The semi-annual meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada, was held this day, when were present:—Drs Fremont, Bontillier, Peltier, Von Iffland, Badeau, Brigham, Chamberlin, Johnston, Marmette, Bibaud, Boyer, Jones, Michaud, Boudreau, Sabourin, Munro, Robitaille, Marsden, Jackson, Sewell, Russell, Weillbrenner, Morrin and Landry.

Dr. Fremont, Vice-President for the District of Quebec, took the chair.

The minutes of the last semi-annual meeting, held in Montreal, on the

8th May last, were read and approved. The secretary informed the meeting that he had received from Messrs Lefievre and Angers, Lawyers, an account for law suit expenses, in an action brought against the College by Dr. Lachance, of Isle d'Orleans, against Widow Crepeau practising medicine without a license; and after some discussion it was decided that Dr. Landry should see Messrs Lefievre and Angers, and obtain from them a copy of the letter which authorised them in the name of the College to undertake the suit, and to report to the Board at its next meeting in Montreal.

This transaction brought before the Board, gave rise to discussion on the opportunity of instituting such actions in the name of the College, and by the College, after which it was

Proposed by Dr. Marsden, and seconded by Dr. Badeau—"That in all cases in which the College lends its name and authority to institute actions against unlicensed practitioners in medicine or surgery, that the costs be paid out of the funds of the College, in case of loss of action."

Dr. Bibaud proposed in amendment, seconded by Dr. Boyer,—“That the College shall not give to any one the authority for prosecuting in its name, but shall institute all prosecutions for the interest of the profession, if sufficient proofs of the utility and necessity of such prosecutions be furnished.”

This amendment passed and the main motion lost.

The Secretary informed the Board that Dr. Dubois, one of the Governors of the College for the District of Quebec, has never yet been present at any of the meetings of the Board, and had never given any excuse for his absence.

In consequence the meeting decided that Dr. Dubois has ceased to be Governor of the College, and on motion of Dr. Chamberlin seconded by Dr. Marsden, the meeting proceeded without delay to have a substitute.

Drs Michaud and Chamberlin acted as scrutineers and the votes by ballot were in favour of Dr. Ludger Tétu. Therefore the President declared Dr. Tétu duly elected as Governor for the time remaining between this and the triennial meeting.

The Secretary submitted to the Board the petition and documents of Mr. Hyacinth Cuniffe, licenciate of the Apothecaries Hall of Dublin. Amongst those documents is a letter from the Secretary of that Board, with the seal affixed to it, certifying that Mr. Cuniffe had obtained the diploma in 1827, but the diploma was not produced, as the petitioner says that it has been lost.

On motion of Dr. Marsden seconded by Dr. Chamberlin it was then resolved,—“That Mr. Cuniffe is entitled to an examination on medicine, surgery and midwifery.”

The President then formed the different committees for examination.

The following gentlemen, after satisfactory examination, received their licences—Messrs. Francis Hubert Larue, H. N. Casavant, Gedeon La Roche, and Francis X. Côté.

Messrs. John Burke and George Alexander Davidson, after examination upon chemistry, materia medica and pharmacy, were granted their licence as apothecaries.

The following gentlemen having passed their preliminary examination, were admitted to enter upon the study of medicine—Messrs Francis Pouliot, Alf. Simard, Benj. Goulet, Louis Duhamel, Pierre Pelletier, Adolphe Toupin, Mezeine Riviere, Magloire Charland.

The examinations being over, the President read the following notice of motion, and ordered its insertion in the minutes of this meeting.

The undersigned, two of the Governors of the College of physicians and surgeon, hereby give notice, that they shall move at the next triennial meeting, for the following alteration in the bye-laws of said College, to wit.—“That the second section of the Bye-laws, Rules and Regulations of the College of Physicians and Surgeons of Lower Canada, be so far amended or altered that the future triennial meeting shall be held at Richmond, or other central place instead of Three Rivers.

(Signed,) J. CHAMBERLIN, M. D.
HECTOR PELTIER, M. D.

Quebec, 9th October, 1855.

The President having declared that there was no other business before the chair, on motion of Dr. Peltier, a vote of thanks was given to the Principal, and other officers of the Laval University, for their courtesy in allowing the use of the rooms of the medical school, to the Governors of the College for the meeting of the Board. After which the Board adjourned.

J. E. J. LANDRY, M. D.,
Secretary for the district of Quebec.

Honor to the fallen brave.—The epidemic of yellow fever at Norfolk and Portsmouth has afforded opportunity for the display of heroism, which, if we except the case of the noble Thomson, who attended the Russians after the battle of the Alma, and a few others, is not equalled by any thing that has found place in the bloody records of the mere military exploits in the East. “Forty Physicians,” says our talented contemporary the Virginia Medical and Surgical Journal, “have fallen in the hopeless contest! Exhausted with fatigues and watchings; dispirited by their want of success; pressed down, with the weight of res-

possibility resting on them, they have sunk, easy victims to an enemy whose ravages they faithfully laboured to resist. Many of these men were residents of the infected cities, and though all was consternation around them, they flinched not at that trying hour; whilst others from all parts of our country ardently rushed to the scene of danger, and sacrificed their lives in the vain attempt to check the fearful pestilence. No pompous funeral accompanied our brethren to their silent grave, no music, sad and mournful, rings upon the ear. They lie quietly now, but they have not died in vain. Faithfully have they fulfilled the sacred duties of their calling, and their memories remain an imperishable legacy to the profession they have ennobled and adorned." The following are the names of the gallant band of men, who, undismayed by death in one of its most repulsive forms, remained at, or hastened to, the post of danger, and fell nobly in the discharge of their duty.

Sylvester,	Trugien,	Gooch,	Craycroft,
Constable,	Parker,	Howle,	Meirson,
Holson,	Lorett,	Gelbardt,	Handy,
Sylvester, Jr,	Walters,	Blow,	Cole,
Higgins,	Thompson,	Jackson,	Morse,
Briggs,	Feliess,	De Berare,	Riger,
Upshur,	Booth,	Obermuller,	Smith,
Tunstall,	Howe,	De Capry,	Marshall,
Selden,	Baché,	Hunter,	Craven,
Burns,	Dillard,	Schell,	Berry,

Microscopes.—Those of our readers requiring Microscopes, will be glad to learn that these instruments can be obtained as undermentioned from Messrs. Buffham & Sons, Millburn, Lake co, Illinois.

No. 1. Is an upright Microscope with Cast Iron Japanned Stand and all the fittings of brass which stands about thirteen inches high—with a magnifying power of from 350 to 400 Diameters or from 800 to 1000 Diameters for \$75. This is an instrument suited to the medical practitioner generally, and any object that has been observed by the best Microscopes can be satisfactorily with this;—in fact it is a perfect working tool.

No. 2. Is a large Achromatic Microscope mounted on solid brass tripod, with two pillars supporting the bar which carries the body; plane and concave mirrors, Diaphragm plate, and large stage; the body, stage and mirrors having a vertical motion so that the body may be set horizontally—with three separate systems of Achromatic powers ranging from 50, 180, 400 and 1000. This instrument stands about 18 inches in height, the body tube is 1 1-2 inches in diameter, and is altogether a superb instrument. Price, \$180.

BOOKS RECEIVED FOR REVIEW.

Lehmann's Physiological Chemistry, translated by Day, 2 vols, 1855. From Messrs. Blanchard & Lea, Philadelphia.

The Transactions of the American Medical Association, vol. 8, 1855. From Dr. C. Wister, Treasurer.

Hogg on the Microscope. Second edition. London: H. Ingram & Co. From the Author.

Canton's Surgical and Pathological Observations. London: Samuel Highley. From the Author.

Yearsley on Deafness Practically Illustrated, &c. Yearsley on a new mode of Treating Deafness. Yearsley on a new method of Treatment of Otorrhœa. London: John Churchill. From the Author.

Madge on the Diseases of the Fœtus in Utero. London: Henry Renshaw. From the Author.

Murphy on Chloroform. London: Walton & Maberly. From the Author.

Beasley's Prescription Book. 1855. From Messrs. Lindsay & Blakiston, Philadelphia.

Annual Report of the City Inspector of the City of New York for the year ending December 31, 1854.

HOSPITAL REPORTS.

QUARTERLY REPORT OF THE MONTREAL GENERAL HOSPITAL, ending
6th October, 1855.

Patients remaining from last Quarter,.....	69	Died during Quarter,.....	12
Admitted during present Qr..	215	Now in Hospital,.....	64
		Discharged,.....	208
	<u>284</u>		<u>284</u>

IN-DOOR PATIENTS.		OUT-DOOR PATIENTS.	
Males,.....	128	Males,.....	376
Females,.....	87	Females,.....	536
	<u>216</u>		<u>912</u>

DISEASES AND ACCIDENTS.

DISEASES, &c.	Admit.	Died.	DISEASES, &c.	Admit.	Died.
Abscessus	3		Fractura	5	
Albuminuria	1		Furunculus	1	
Ambustio	3		Gonorrhœa	2	
Anasarca	1		Hæmatocele	2	
Anæmia	2		Hemiplegia	1	
Aneurismus	1		Hydrocele	1	
Apoplexia	2	2	Hysteria	3	
Ascites	1	1	Icterus	2	
Salanitis	2		Inebritas	2	
Bronchitis	5		Luxatio	3	
Calculus Vesicae	1		Leucorrhœa	1	
Cancer	1		Morbus Cordis	1	1
Catarrh	1		" Coxæ	1	
Cephalalgia	1		Œdema	1	
Cholera (Canad)	1		Onychia	1	
Chorea	1		Ophthalmia	15	
Cirrhosis	1		Orchitis	1	
Colica	2	1	Paralysis	1	
Compressio Cerebri	1		Paraplegia	3	
Contusio	1		Paronychia	1	
Debilitas	3		Peritonitis	7	
Delirium Tremens	3	1	Phthisis	1	5
Diabetes	1		Psoa	1	
Diarrhœa	1		Purpura	1	
Dysenteria	4		Rheumatismus	20	
Dyspepsia	6		Sciatica	2	
Ephemera	4		Synovitis	2	
Erysipelas	1		Syphilis	15	
Febris Com. Cont.	2		Tuberculosis	1	1
" Intermit.	25		Tumor Cerebri	1	
" Remit.	1		" Mammæ	1	
" Typhoid	10		Ulcus	12	
" Typhus	3	2	Vulnus	5	
Fistula in ano	1				

Operations, &c.

Major Operations.—Ligature of Common Carotid; Lithotomy; Amputation of Thigh; Removal of Mamma; Removal of Encysted Tumors, 7; Plastic Operation for cure of Obstinate Ulcer, 1.—Total, 12.

Fractures.—Compound, 2; Simple, 3.—Total, 5.

Dislocations, 3.

Minor Operations.—Paracentesis Abdominis, 3; Radical cure of Hydrocele, 1; Phlebotomy, 17; Cupping, 44; Teeth extracted, 113; Abscesses opened, &c., 140.—Total, 318.

Attending Physicians—Drs Wright and Jones.

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

MEDICAL NEWS.

There is growing discontent among the Medical officers of the army. Neither seniority nor merit seems a guide. The Assistant Surgeons have held meetings, and intend to appeal to Lord Panmure.—Professor Alison of the University of Edinburgh has asked the Town Council to relieve him of his chair, owing to the state of his health. He will remain *Emeritus* Professor after his successor is appointed.—M. Valliex, the distinguished physician to La Pitié, at Paris, died on the 13th of July, aged 48 years.—Dr. M. Stillé of Philadelphia, who had just completed a work on medical jurisprudence died on 20th August, aged 33.—Dr. H. D. Buckley for 4 years past one of the editors of the *New York Medical Times*, has retired from the tripod.—The medical officers of the Turkish contingent thus complain—"We get our bare pay and no allowances. From the time of our arrival we have been under canvass; we have had to procure our fixed appointments at an enormous cost, to purchase horses, &c., at a ruinous rate; our servants alone cost £8 or £10 a-month, &c."—The sick and wounded in the Crimea have benefited much by the efforts made by M. Doyer for improving the cooking establishments. He has gained the good will of all parties.—Dr. O'Neal of Baltimore has recently obtained a verdict against a Mr. Jeffries to the amount of \$10,000, for a libel against his professional character. He had attended J., for fracture of both legs. After recovery, J. charged the Doctor with ignorance in not discovering, that the limbs were not fractured, and for dishonestly pretending that they were.—A writer in the *Lancet* proposes to fill the shaft of a stethoscope with water secured by plugs of cork, as a means of increasing the capacity of the instrument for the transmission of sound.—The union of the bones and epiphysis occurs in man at the age of 20; in the camel at 8; in the horse at 5; in ox at 4; in the lion at 4; in the dog at 2; in the cat at 1½; in the rabbit at 1 year, and in the guinea pig at 7 months.—The study of the *amount of life* has involved these three laws—1. That since life has operated upon the globe, the number of species has tended to diminish. 2. That in proportion as certain species disappear, the number of individuals in the others increases. 3. The more the influence of man makes itself felt, the more the superior species overpower the inferior species.—Dr. Stewart of the Calcutta Leper Asylum, is said to have been wonderfully successful in treating the very worst forms of leprosy, with a native suet called chaowl megre.—*A Cause of Health.*—A New York physician says, that the city is at present unusually healthy, "the dearthness of all kinds of provisions having operated to check over feeding."—*Medical Practitioners in Germany.* In Bavaria there is 1 to every 3340 inhabitants; in Wintemburg 1 to 3948; in Nassau 1 to 3579; in Brunswick 1 to 1474; in Prussia 1 to 2728; in Baden 1 to 2522.—Dr. Jamieson, whose work on cholera we noticed in our last number, died recently at the advanced age of 66.—The Emperor of the French has conferred the cross of officer of the legion of honour on M. St. Claire Deville, and that of simple member on M. Vohler, for their discovery of the new metal, aluminium.—21 physicians have died of yellow fever in Norfolk and Portsmouth, Va., up to 1st October, and 4 died elsewhere after taking the fever in the infected districts.—It is said the salary for the medical attendant to the Board of Health, London, will be £1000 a year, and the candidates are, Mr. J. Simon and Dr. Sutherland, invited home from the Crimea.—The Government are in great anxiety to get foreign surgeons for the Crimea for the Foreign Legion, and have appointed nearly all the Italians and Germans in practice in and near London.—Baron Liebig, the Chemist, who has been acting as a Commissioner at the Exposition in Paris, is now on a visit to Her Majesty and Prince Albert in England.—The Sultan lately conferred his order of *Medjidié* on several French surgeons, but refused to extend the honor to the medical officers of the English Hospital.—Dr. Radcliffe once jocularly pledged Dr. Case with—"Here, Brother Case, I drink to all the fools your patients." "Thank you," replied C., "let me have all the fools, and you may take the rest." The same Dr. C. had on his door this memorable sign, "Within this place—lives Dr. Case."—Nitric ether added to oils removes any rancidity they may possess, and prevents them becoming rancid.

University Polka.—This is the name of a new Polka, composed by Mr Patrick O'Leary, a medical student of McGill University. Competent judges have pronounced that it displays considerable musical talent, and is a creditable piece of composition. It is for sale at Herbert's.