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CANADA

MEDICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

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*Remarks on the late case of Accidental Poisoning at Quebec.* By A. HALL, M.D.; Professor of Midwifery, McGill University; Honorary Fellow of the Obstetrical Society of London, &c., &c.

Accidental poisoning by apothecaries is fortunately a matter of rare occurrence in Canada, and this the result generally of the care with which their establishments are usually conducted. To this fact, so far as the city of Montreal is concerned, I cheerfully bear witness; but to suppose apothecaries generally immaculate, as regards their incapacity of perpetrating a mistake, is to suppose an absurdity. *Humanum est errare.* The frailty of human nature is proverbial; and when an unintentional error has been committed, Christian charity should throw its veil over the transaction. The lamentable accident which occurred at the close of the last month in Quebec, and the difficulty which apparently existed in determining the nature of the poison, which was undoubtedly taken, have suggested the following observations which are here given, not by way of fault-finding, but for the simple purpose of elucidating the truth, if possible. It is admitted that obscurity hangs over the whole case, but I do not believe it altogether unsusceptible of a proper analysis.

On the 28th December, three young gentlemen, Messrs Murney, Rankin, and Scott, left Russell's Hotel, at Quebec, to pay a morning visit, after having spent the preceding evening at a social party. It was suggested to call at Sturton's (Apothecaries) shop to get a tonic. This order—one apparently well understood as to its composition and intended effect—was prepared by young Mr. Sturton, the apothecary in charge, and should have contained tincture of cardamoms, tincture of cinchona, with tincture of ginger, and a little aromatic spirits of ammonia and syrup. Messrs. Rankin and Scott took the draught as presented to them;

that of Mr. Murney had a seidlitz-powder incorporated. In the course of half an hour they all *felt peculiar sensations at the ends of their fingers*. The parties shortly separated, Mr. Murney going to the office of the Board of Works, where he soon afterwards "fell down." He shortly recovered and walked to Russell's Hotel, where the additional symptoms developed themselves, ending in his death.

At the inquest, it was stated in evidence by Drs. Marsden and Russell that the death was occasioned by an admixture of the tincture of *digitalis* with the given draught. It is possible that in the following remarks I may be mistaken, but I apprehend that I will be able to shew that the cause of death was not *digitalis*, but *aconite*, and this from the recognized *influence* of those two potential agents upon the system.

We have, in the first place, to inquire into the symptoms as elicited by the three cases, and especially by the case of Mr. Murney.

In the course of half an hour Mr. M. felt "extraordinary sensations at the ends of the fingers." At the office of the Board of Works "he fell down" (a convulsion?)—"a rising in his stomach" (*quere nausea*), and "great pain." Mr. Russell states that he complained of numbness of the limbs and difficulty in respiration, and that he could not lie down. He complained of a prickly sensation, as if he had pins sticking in his face."

Dr. Marsden deposed, that after his treatment for extreme nervous depression, and the repeated declaration of Mr. Murney that "he was dying," he was attacked by three consecutive fits of a convulsive character, after the last of which he died.

The post mortem examination revealed "a remarkably fluid state of the blood, which was of a dark color; with the exception of slight enlargement of the heart, there was no other morbid appearance worthy of notice. The stomach was intensely inflamed. The throat and gullet exhibited no traces of morbid action excepting at the junction of the stomach, not even what I have repeatedly seen in the throat and gullet of persons addicted to the use of ardent spirits. There can be no doubt that death was occasioned by a vegetable poison of the narcotico-acid class, and *no analysis could enlighten the jury.*"

Such then were the symptoms and post mortem appearances as observed in the case of the deceased Mr. Murney, and as recorded in the proceedings of inquest as copied and reported in the *Montreal Herald* of dates Jan. 4th, 6th, and 7th.

Let us now examine the symptoms as they declared themselves in the cases of Mr. Rankin and Mr. Scott. Mr. Rankin states that in "about half an hour he began to feel extraordinary sensations at the ends of

his fingers." Mr. Scott said that he felt the same, and I think that Mr. Murney said the same. "I was very ill, feeling a numbness at the ends of my fingers, and on the scalp of my head, and the same sensation in my feet—I also felt very sick at my stomach, and I vomited the potion I had got at Mr. Sturton's." "The feeling was of a death-like nature, but without acute pain." "I became insensible; I fainted"—"Remained in a stupid condition until about 6 o'clock." "Inclination to sleep" after leaving Mr. Murney's room.

Mr. Scott's evidence as regards symptoms was of like character.

After this detail of the most prominent symptoms as gleaned from the report of the case, I proceed to examine the symptoms characteristic of poisoning by digitalis and aconite, Drs. Marsden and Russell having declared themselves in favor of the idea, that the tincture of digitalis had been unfortunately added to the mixture in place of the tincture of cardamons, or one of the other tinctures usually employed in such beverages.

The grand phenomena of poisoning by foxglove (*digitalis*) according to Pereira, when given in fatal doses, are the following: "vomiting, purging, and griping pain in the bowels; slow, feeble and irregular pulse; great faintness, and cold sweats; discolored vision at first, giddiness, extreme debility; afterwards insensibility and convulsions with dilated insensible pupils"\* Again, in accordance with another author, *digitalis* in poisonous doses produces the following principal phenomena: "cramps in the limbs, convulsions, lethargy, dilated pupils, swelling of the tongue and lips, discharge of viscid saliva, vomiting, suppression of urine, a slow, infrequent, irregular, and intermitting pulse; and finally death by coma."†

Such then are the prominent symptoms of poisoning by *digitalis*. Let us now see what the same eminent authorities declare to be the chief characteristics of poisoning by *aconite*.

"When the root or its tincture is swallowed, the most marked symptoms are numbness and tingling of the parts about the mouth and throat, and of the extremities, vomiting, contracted pupil, and failure of the circulation. The heart appears to be weakened or paralyzed, and a state approaching to asphyxia is produced. Convulsion or spasm is not constantly present, and when it does take place is probably a secondary effect arising from the incipient asphyxia. In neither of the cases which I have above detailed did stupor occur. Yet in some recorded cases it did happen."

\* Pereira's *Materia Medica*, vol. 2, fol. 461.

† Stillé's *Therapeutics*, vol. 2, fol. 330.

Such are again Pereira's remarks, and let us now see furthermore what Stillé says, and in this matter he quotes from Fleming's thesis in which the symptoms are detailed in accordance with four different degrees of doses\*—among the most prominent of which are nausea, numbness, tingling, feeling of distention of the lips and tongue, tingling at the tips of the fingers and lips, muscular weakness with indisposition for exertion either mental or corporeal, diminution of force and frequency in both pulse and respiration, lethargy; the patient feeling as if dying from loss of blood; countenance becomes pale and sunken and the prostration increases, "consciousness usually remains." But in extreme cases the patient becomes blind, deaf, and speechless; muscular tremors or convulsions supervene, and death takes place by syncope.

Dr. Geoghegan † published an interesting case of poisoning by the root of the aconite, in the Dublin Journal of the Medical Sciences, in which the unfortunate man, who had partaken of greens in which the root of aconite was intentionally mixed by his wife, complained of a "sensation of swelling of the face," a general feeling of numbness and cramping of the skin, followed by "restlessness, dimness of vision, and stupor amounting to insensibility." About an hour after the meal he was found by a neighbor speechless, frothing at the nose and mouth, hands and jaws clenched, appearing occasionally as if dead (syncope) and again reviving,"—"vomiting" came on with "slight purging."

I do not think it necessary to multiply authorities to demonstrate that the symptoms of poisoning by digitalis and aconite are quite specific in each case, and so characteristic as to render it a matter of surprise that the two drugs should be confounded. In poisoning by digitalis, the peculiar symptoms of numbness of the extremities, or pricking, or tingling, are entirely absent, as well are those of the same peculiar character in the face, head, and throat. And when these facts are coupled with the declaration of Mr. Sturton, jun., himself, ‡ as well as that of Mr. Sturton, sen., in regard to the height of the tincture of digitalis § in the bottle which contained it, I think there can be little doubt but that aconite, not digitalis, was the cause of death.

\* Stillé's Therapeutics, vol. 2, p. 355.

† Dublin Journal of Medical Science, vol. 19, p. 404.

‡ "Young Sturton did not think digitalis was the cause of his error; he thought it might be aconite." *Evidence of Dr. Marsden*. It appears there was a small bottle of tr. aconite on the counter, but whether Fleming's tincture or not, does not appear. In all probability it was not Fleming's tincture, as the symptoms would have developed themselves sooner.

§ "I am quite satisfied that no tincture has gone out of that bottle for the last three months, and this opinion is deduced from the appearance of the film at the margin of the liquid in the bottle."—*Evidence of S. Sturton*.

There is one point, however, in the evidence given at the inquest, as detailed in the report of it in the *Montreal Herald* which demands a passing remark, and which strikes me as most singular, if the report be accurate. Mr. Sturton, sen., stated, "Digitalis is often given in doses of half an ounce, and one ounce, to remove the consequences of continued intoxication." I presume that the witness here alluded to the comparatively recent employment of that medicine in delirium tremens, as originally suggested by Mr. Jones, Surgeon of the Jersey General Hospital. It is impossible that Dr. Marsden could have been ignorant of that fact, or that Dr. Russell could have been also who sustained the opinion of Dr. Marsden. The report says that "Dr. Marsden expressed dissent from the opinion given by Mr. Sturton respecting the properties of digitalis. It was, he said, a most deadly poison." And in reply to the question, "Have you read in medical authors of doses of one ounce of tincture of digitalis being given?" Dr. Russell is reported to have answered, "I have read and heard of enormous doses of poisonous drugs being recklessly administered, and that such treatment has produced the death of the patients in some instances. A judicial investigation has condemned such practice; and I hope they will always do so, for the practice is unjustifiable."

Against this sweeping denunciation I thoroughly demur. It is true that two or three instances of decease have succeeded the exhibition of large doses of digitalis in delirium tremens cases, but it is very questionable, indeed, if the cause alleged did not savor much of the *post hoc ergo propter hoc* style of reasoning. Were such reasoning of value, we should have to discard the greater part of our most valuable remedial agents. How many deaths have occurred, traceable distinctly to the employment of chloroform; and yet is there an agent more commonly employed or more generally esteemed? I have myself repeatedly administered the tincture of digitalis in doses of four and six drachms in cases of delirium tremens, and have as frequently witnessed its tranquillizing influence after opium had most signally failed.

One of the most remarkable answers during the whole enquiry, is that reported as having been given by Dr. Russell to the question by a juror: "Have you a knowledge of any other drug likely to produce such symptoms as those experienced? *Ans.* The narcotico-acid poisons often produce symptoms at first sight very much alike. They are generally vegetable. The two principal are aconite and hyoseyamus. *Strychnine is a narcotico-acid poison, but not in such common use as digitalis, aconite and hyoseyamus.*"

I am persuaded that it will be news to all writers on the materia

medica *in future* to have to class strychnine among the narcotico-acrid poisons. It is a most powerful irritant poison or cerebro-spinant, and it does not possess one atom of narcotic power.

I think, in conclusion, it will be conceded that the train of symptoms, as revealed in the three cases, points to aconite as the poison really ingested. I think it unnecessary to recapitulate all the negative signs (*quoad* this case,) by which poisoning by digitalis would, of necessity, have been characterized.

Montreal, Jan. 23th, 1865.

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*Case of Artificial Anus, the result of a gun-shot wound.* By HERBERT S. TEW, M.D., Assistant House Surgeon and Apothecary to the Montreal General Hospital.

Duncan Cameron, aged 34 years, of medium height, a muscular well proportioned man, was admitted into Hospital on the 27th December, under the care of Dr. Fenwick, suffering from the results of a gun-shot wound. It appears that on the 28th November previous, while on their return from deer hunting, he and his companions sat down to rest. Cameron was sitting on the ground, resting on his left arm, which bent his body over to the right side, which was uppermost; he was about four yards from one of his companions, who had his gun resting across his knees. While in this position, the gun accidentally exploded, and the contents entered Cameron's right side about  $3\frac{1}{2}$  inches above the crest of the ilium, carrying before it the points of the two lower ribs, passing through the ascending colon. Following a course upwards and backwards, it passed out of the back to the right of the spinal column, on a line with the spinous process of the last dorsal vertebra. The gun (an old musket) was loaded with three balls, or slugs. There are two distinct points of entrance, the upper opening has cicatrized, the lower, which opened into the bowel, is still patent, though daily lessening in size. The point of exit is seven inches from the point of entrance, and there exists an ulcer about the size of the palm of the hand, rather deep and excavated, but which is granulating and healthy in appearance, although the discharge of pus is considerable which is exciting a baneful influence on his constitution. There is a small spicula of bone bare,—a portion of one of the ribs,—but which is firmly attached, and is keeping up the irritation and discharge. At the time of the accident there was very trifling hemorrhage; nor did he suffer subsequently from fever nor symptoms of peritoneal inflammation. The margin of the wound in the intestine has united to the edge of the external orifice by adhesive inflammation; air, fluid contents,

and fecal matter escape through the aperture, requiring constant washing. At the time of admission, his general health was highly favorable, and has continued to improve under tonics and nourishment. It was not deemed advisable to interfere with the process of nature to effect a cure, attention alone being paid to the general health of the patient, and the daily administration of an enema, to empty the lower portion of the intestine and prevent atrophy from disuse; the artificial opening meanwhile being closed by a pad and bandage, which favors the passage *per viam naturalis*.

This case presents many points of interest, which are worthy of record. At the time of his admission, the opening into the intestine was circular, and about two inches in diameter. Five weeks had elapsed since the injury, during the whole of which time the lower portion of the intestine had never been acted upon. At times the aperture was perfectly empty, and the mucous lining of the intestine could be seen. There was no spur, as is described by authors, as existing in these cases: a portion of the calibre of the gut only had been removed. Moreover time had not sufficiently elapsed for the formation of a spur by cicatrization and alteration of the textures. It is somewhat remarkable that peritonitis did not supervene, and we may reasonably suppose that the peritoneal cavity was not opened at the time of the accident, nor indeed subsequently. The caput coli lies behind the peritoneum, and frequently so does the ascending colon. From the position of the wound, we would almost expect that injury to the lower free margin of the liver had occurred. Such however could not have been the case. Most probably the liver was protected, being shoved up out of the way of injury, as the body was inclined to the right side. Altogether, the case is unique and worthy of record from its rarity, and the singularly fortunate results as regards the poor man. Cases of spontaneous cure are given by Mr. Erichsen; and one, having a similar result, occurred in the practice of a physician in the neighborhood of Montreal, but which is not of record.

The opening at this date, February 3, is about the size of a pea, still leading into the bowel. For the last few days the patient has been able to evacuate the bowel without the use of an enema. Very little feculent matter passes through the false opening.

Montreal, General Hospital, February, 1865.

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*Case of Protracted Utero-Gestation.* By JAMES A. GRANT, M.D.,  
F.R.C.S.E., M.R.C.P.L., &c. Physician Protestant General  
Hospital, Ottawa.

On the 4th Dec., 1864, I was called upon to visit Mrs. C., æt. twenty-four years, and about to be delivered of her second child. Labor, which



was natural, terminated in about four hours. Almost immediately on the removal of the placenta, which was detached and expelled after the lapse of half an hour, without any difficulty, violent hemorrhage supervened, and, notwithstanding every exertion, continued more or less, for several hours, attended by the well-marked indications of excessive depletion. Gradually the uterus contracted more firmly, and at the expiration of two days the patient appeared to suffer little from the loss of blood she had sustained. According to the calculations of Mrs. C., who was most careful in noting down the particulars of her case, the catamenial discharge was arrested Jany. 20, 1864. Quickening first felt 4th June. The first experienced *motion of the fœtus* "occurs when pregnancy is advanced half way:" Dr. Tyler Smith. "Takes place at the sixteenth week:" Dr. Churchill and Dr. Denman. "It takes place between the sixteenth and eighteenth week:" Dr. Ramsbotham. A much wider range is taken by Dr. Montgomery, who says, "Experience has shown that it happens from the tenth to the twenty-fifth week." On this point we observe that authors do not agree precisely, but the great balance of opinion favors the belief that at the fourth or fourth and a half month, the movements of the child are sufficiently strong to make itself felt, and that anterior to this its movements are so feeble as not to be perceptible by the mother. On this point Dr. Churchill, p. 109, quotes from Dr. Montgomery: "the writer can speak with certainty, having now in several instances, by applying the hand to the abdomen, distinctly felt motions of the fœtus in utero, while the mother had no perception of them." This want of perception has continued even to the completion of the full term of utero-gestation. "Cases occur where no sensation is perceived by the mother," Dr. Churchill, p. 109. Not alone on this point do physiologists and obstetricians differ; but the whole subject of *utero-gestation* is one in which there is considerable diversity of opinion. In the investigation of any such case, information may be obtained on three points, viz., the time of last menstruation, the time of quickening, and the period of delivery, which can be relied upon; but as to the first two in the great majority of cases, extra reliance cannot be placed on the *ipse dixit* of the woman, who, unknowingly, may have miscalculated the reckonings by which she is guided, as to the particular time when these functional alterations may have taken place. Nature seldom deviates from her established laws, still exceptional cases are occasionally met with. Any such, proceeding beyond the natural period of utero-gestation, being of special interest in a medico-legal point of view, should not escape observation.

The Renée and Gardner peerage cases are striking examples of the

disagreement which has already existed among medical men on this subject. Dr. Tyler Smith, p. 229, says, "In a practical point of view we may consider that the average duration of pregnancy is about 288 days from the date of the last catamenia, or about 274 or 275 days from the time of coitus, when this can be ascertained." Many remarkable cases are on record in which the period of utero-gestation has been abbreviated without destroying the life of the child, from causes not natural, and of the prolongation of that period, many equally interesting, are stated by authors of the highest standing. As examples of early viability I would cite the case of "Fortunio Liceti, said to have been born at four and a half months, and to have lived to eighty years, also that of Dr. Rodman of Paisley, of a child born between the fourth and fifth month, length 13 inches, weight 1lb. 13 ounces, avoird. At nine months this child was alive and doing well." Dr. Guy's Forensic Medicine, ps. 125, 136. Of protracted utero-gestation, the following remarkable cases are abridged from Beck's Medical Jurisprudence by Dr. Dewees, p. 135. "Bartholin says a young woman declared herself to have been seduced, she was strictly guarded after this, and was delivered, sixteen months after of a living child." Foderé, vol. ii, p. 183.

"In 1638 a woman was delivered of a child one year and thirteen days after the death of her husband. She suffered with severe labor pains one month previously. The child's head was without fontanelles. The Faculty of Leipsic declared it to be legitimate." Valentine's Pandects, vol. i, p. 142.

"A man died on the 2nd of December, 1687, after being eight days *in extremis*; 16th of October following, his wife was delivered of a son. The Faculty of Geissen declared it to be legitimate." Ibid.

In the case of Mrs. C., following the usual method of reckoning, midway between the last monthly period and the next time at which the catamenia should have returned, the period of utero-gestation is fully 305 days, and from the date of the last catamenia 320 days. If then the data of Mrs. C. are correct, which I have no reason to doubt, the infant was in utero according to the shortest calculation 25 days beyond the usual 40 weeks; or taking the full extension of time as computed by Dr. Tyler Smith, 40 days beyond the natural period. Not alone in the human family, but in every class of the mammalia, there is a common and general period for the termination of utero-gestation, and yet we meet with occasional deviations from the usual course of nature. As to the functions of the human body, how variable both in time and degree are menstruation and child-bearing. Thus from a combination of circumstances we are led to believe, with the balance of authority both

ancient and modern, that there may be a possibility of the extension of the normal period of utero-gestation.

Ottawa, January, 1865.

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## REVIEWS AND NOTICES OF BOOKS.

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*Elements of Materia Medica, containing the Chemistry and Natural History of Drugs, their effects, doses, and adulterations; with observations on all the new remedies recently introduced into practice, and on the preparations of the British Pharmacopœia.* By Dr. WILLIAM FRAZER, Lecturer on Materia Medica to the Carmichael School of Medicine, &c., &c. Second Edition, 8vo. pp. 453. London: John Churchill & Son; Dublin: Fannin & Co.; Edinburgh: Maclachlan, Stewart & Co. 1864.

Owing to the numerous changes which have occurred in materia medica during the past few years this may be considered a new work as its pages have been re-written. The preface to the first edition has been omitted. This is to be regretted, as the preface to a work forms a species of record which indicates the date of its first appearance. However, as this edition may be considered in every respect a new work, the author has most likely thought proper to commence *de novo*.

The plan adopted by our author is based upon the natural history of substances under consideration. This the author prefers, and perhaps with reason, to the grouping according to special therapeutic action, which classification is followed by many writers on materia medica. This arrangement is certainly admirable in many respects, as thereby are grouped together substances closely allied in their chemical and botanical characteristics, and as a natural sequence, related in their medicinal properties. The author observes:

“As this book is intended for every day use by the practising physician, who requires condensed and reliable information about the properties and doses of the remedies that he employs, I have endeavored as far as possible to restrict it within moderate limits, and, to increase its usefulness, have included notices of all those substances which, though not official, appear to possess the slightest claim upon our attention. It would be easy to augment the list to almost any extent; it has proved more difficult to form a fair selection of those articles that seem deserving of our investigation. I trust that the student in medicine will find in these pages a satisfactory guide in acquiring a knowledge of therapeutics;

much of his success in life will depend on a proper application of the resources of materia medica to the treatment of disease; and after long personal study of this special branch, I may be permitted to offer him a few words of advice: never condescend to employ routine or trivial prescriptions, nor use any remedy without being able to give a satisfactory reason why you have ordered it; above all, never employ any substance without endeavoring to understand its properties fully, and the ordinary effects it may be expected to produce. Therapeutics, regarded in its proper position, is one of the most practical departments of our art; it should never be applied to purposes of quackery, or to dishonest attempts at acquiring a reputation through the ignorance and credulity of our fellow-beings."

The work is divided into three parts, and concludes with a supplementary list. In the first part are described chemical materia medica, where are given succinctly all inorganic substances.

Under Part II are described vegetable materia medica; and Part III is devoted to the consideration of animal materia medica. At the end of the volume is to be found a table of weights and measures in conformity with the recent edition of the British Pharmacopœia; also tables of weights and measures of the British Pharmacopœia with their French metrical equivalents; also weights and measures of the American Pharmacopœia. These tables are of great use for reference. We have found them especially so, while perusing French works and papers. Another most valuable addition to this work is a posological table, in which will be found the quantities given, as a dose, intended for adults. Dr. Frazer conveys in his volume in short and concise, yet clear language, all that is really necessary to know on the subject of materia medica,—and in this is constituted the real value of the book. It is no voluminous nor laboured work, like those of Pereira, Stillé, and others, but a work suitable for reference by both student and practitioner. It is got up with the usual care of English publishing houses, the typographical execution and paper being of superior excellence. Dawson Brothers, Great St. James St., are prepared to import it for such persons as are desirous of obtaining a copy.

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We beg most sincerely to thank Dr. William Frazer, Lecturer on Materia Medica, in the Carmichael School of Medicine, Dublin, Ireland, for the great interest he has taken in the Canada Medical Journal, for his kindness in forwarding us many of the new works issued in the Irish Capital, and for effecting an exchange for us with the Dublin Quarterly Journal of Medical Science.

*A Treatise on Gonorrhœa and Syphilis.* By SILAS DURKEE, M.D., Consulting Surgeon to the Boston City Hospital, &c., &c., &c. Second Edition, revised and enlarged. With eight colored engravings. Philadelphia: Lindsay & Blakiston. 1864. Royal 8vo. pp. 467.

The subject of diseases of venereal origin, is one of deep interest, and is at the present day engaging the earnest attention of the whole profession. Many theories have been advanced, and views have changed within the last few years; but still this class of disease is regarded as the "opprobrium of Surgery"—an opinion first propounded by the late Dr. Abraham Collis, and shared in by all writers on this subject, since his day. Some years since, the author of this work obtained the Boylston prize, Harvard University, for an essay—subject, "the Constitutional treatment of Syphilis:" that essay formed the basis of the present work, and is a proof of the benefit which may accrue by holding out inducements to men to study any particular class of disease, and give the results of their labor to the world. Some of the most able monographs in the English language have been written as competitive essays.

The work before us is divided into thirty-nine chapters. The opening chapter is on blennorrhagia. We take exception to a remark which occurs on the very first page, wherein the author states that "at the present day the more enlightened members of the profession agree in the opinion that gonorrhœa is *not a venereal affection.*" The italics are ours. A little further on he states that gonorrhœa is the result of "impure sexual congress." We freely admit that gonorrhœa is not syphilis; but that it is a venereal affection or the consequence of the act of venery, is undeniable.

Dr. Durkee is adverse to the employment of the abortive treatment for gonorrhœa. At pages 34 and 35 he states:

"The abortive treatment has the sanction of the most eminent surgeons. The most important element in it consists in the use of strong nitrate of silver injections. Every practitioner must see that this mode of assailing the disease in its hidden retreat is attended with risk, especially if a solution of ten grains to the ounce be employed. It is, as it were, attacking the enemy by storm. The syringe, charged with the potent liquid, cannot, at any rate, be wielded by the patient with entire safety; nor can the danger attending its use be essentially diminished if the instrument is handled in the most adroit and cautious manner by the surgeon; for, from the very nature of things, even he cannot regulate the precise degree of local impression produced by the fluid. In this particular it will obey

no man's wishes. The instant it is forced from its confinement it glides like a swift torrent along the urethra; and its work, whether for good or evil, is accomplished instantaneously."

"The intense pain which always follows the application of the strong injection is a serious drawback upon its use. Another objection is, that in many instances it not only fails to benefit the complaint, but creates an aphthous condition of the mucous membrane, or sloughing ulcerations, which prove exceedingly troublesome, and are often more difficult to cure than an ordinary gonorrhœa. From the moment the use of the syringe is commenced, an exacerbation of the urethral inflammation is liable to ensue; the discharge also increases, and in some instances the testes suddenly enlarge to three or four times their normal size. Some patients, not of a sanguineous temperament, will tolerate stimulating, and even somewhat caustic injections with impunity—perhaps with advantage; but if in any given instance a peculiar susceptibility should exist, the fact cannot be known until the remedy has been tried. In such a case, although the lesion may occupy but a mere point before the injection is introduced, it may immediately afterwards, and as a direct consequence, extend indefinitely to the sound portions of the canal. The spontaneous tendency of the disorder is to spread along the mucous membrane, and even to penetrate the deeper tissues; and any auxiliary impulse from the hands of the patient or physician might augment the mischief. If the surgeon can have entire control over the patient, and be certain that his directions will be carried out to the letter,—as, for instance, where the case is admitted within the walls of a well-regulated hospital at a seasonable time,—then the abortive treatment may be entitled to all the confidence, praise, and success which its advocates claim for it; but, for ordinary private practice, too many objections lie in the way of its adoption."

We cannot agree with the views here advanced. We have, during the past twenty years, practised the abortive treatment in suitable cases, and with such satisfactory results that we feel no desire to abandon such line of practice. It is certainly preferable to the nauseous specifics copaiba and cubeb, which appear to us very frequently to do more harm than good. Certainly we pity an unfortunate patient if obliged to resort to these remedies, as their use is often followed by dyspeptic symptoms which will last for months after all trace of the gonorrhœa has disappeared. We have treated several hundred cases by the abortive plan, and certainly never saw it occasion an aphthous condition of the mucous lining, nor sloughing ulcerations. We always, as a matter of course, select our cases, and never attempt to use the injection during the persistence of acute inflammation; and we have used injections more than once of the strength of twenty-five grains to the ounce.

There is a chapter on gleet, which contains many valuable hints, which will repay a careful perusal.

“The most common seat of blennorrhœa is the vicinity of the membranous or prostatic portion of the urethra; the lesion, however is sometimes situated in, or near, the fossa navicularis, as an acute urethritis. It is generally easy to determine when it is seated at the latter point; for if it be, moderate squeezing of the glans penis will force the matter out at the orifice of the urethra; whereas this cannot be so readily done if the discharge proceeds from a portion of the canal farther back. Sometimes the locality may be ascertained by pressing the integument along the urethra. The patient will complain of being hurt when the diseased spot is reached.

“Occasionally, a preternatural redness and turgescence of the lips of the urethra remain after the discharge has ceased. This deviation from the healthy appearance is, of itself, an affair of little moment. It is, however indicative of a more profound abnormal condition, which may still be lurking in the mucous lining of the canal in Cowper’s glands, or in the prostate, either or all of which parts may have been, at some period of the disease concerned in the production of the morbid secretion, and may still be the seat of subacute inflammation; and so long as this continues is liable to a relapse from the most trivial excess or imprudence.”

“Of all local remedies, blisters stand at the head of the list for the cure of all cases of gleet not dependent on stricture or otherwise complicated. They may be applied along the whole length of the penis, except two or three lines towards the preputial orifice. As soon as vesication has taken place, the organ may be lubricated with equal parts of lime water and olive oil, or the benzoated zinc ointment, and wrapped in a linen rag. Of late I have used cantharidal collodion in preference to blistering cerate. The collodion may be applied by means of a camel’s hair pencil. After the evaporation of the ether, which takes place in a few seconds, the parts may be protected with linen rag. The vesicating substance should be applied at bed time. If the surgeon propose to blister the perineal integument, he will find the collodion much more convenient than any other substance. It is better adapted to the uneven surface than plaster, does not stain the linen like tincture of iodine, and acts more powerfully and rapidly than the latter.”

In chapter four to twelve inclusive are discussed *seriatim* the various conditions which not unfrequently follow or accompany an attack of gonorrhœa, such as orchitis, epididymitis, herpes, eczema, irritable bladder excoriations, urethral pains, spermatorrhœa, &c.; gonorrhœal ophthalmia, and ophthalmia neonatorum, have each a chapter. There is a chap-

ter on gonorrhoeal rheumatism, one on vegetations; and the subject of blennorrhagia in the female is under separate consideration. In this chapter are fully considered the claims of the speculum vaginae as a means of aiding our diagnosis. Recamier of France was the first to restore this useful instrument to the profession, though not his invention, as a tube for examining by the eye the condition of the uterus, has been in use by surgeons for over two thousand years.

“It not only gives clearness and precision in diagnosis, but it can be employed as a surgical guide to render more facile the application of caustics or escharotics, in the use of which caution and exactness of manipulation are necessary. The speculum may, without impropriety, be regarded as suited to a numerous class of females who require medical and surgical treatment, and who are always anxious to be cured in the shortest time possible.

“With the instrumentalities now at his command, the intelligent practitioner asks only for a few days to accomplish a cure of maladies, which, while the speculum was ignored, were subjected to a tedious and oftentimes random treatment of many weeks or months.

“Professor Bennett, speaking of inflammation of the vagina and vulva, says that he considers the secretion of a great quantity of pure pus from the vaginal mucous membrane as all but pathognomonic of blennorrhagic inflammation. ‘An important fact in connection with vaginitis,’ says he, ‘to which I have already drawn attention, is, that it seldom exists for any great length of time as a primary disease, whether purely inflammatory or blennorrhagic, without extending to the mucous membrane of the cervix. Hence it is, that blennorrhagia, a disease in which the inflammation no doubt commences in the vagina and vulva, the cervix is nearly always, after a short time, found to be congested and inflamed, and eventually, if the disease is not cured, ulcerated. Like those who have preceded me, I am unable to point out any absolute means of distinguishing between simple inflammation of the vagina and blennorrhagic inflammation, although I am convinced that a difference does exist. This indeed, is proved by the fact that simple inflammation of the vulva and vagina does not, as a general rule, communicate blennorrhagia to the male, although I admit fully that an occasional exception may take place. My dispensary patients are nearly all married or single women, amongst whom I seldom meet with syphilitic disease, and in the higher ranks of life it is still more rare, not existing in one uterine case out of fifty for which I am consulted. Nearly all these females in both classes of the community are suffering from vaginitis, as described above, in a more or less acute form, when they apply for advice; and yet although they have



generally lived with their husbands up to the time they consult me, the wife has nearly always a tale of sorrow to record; her husband is wild, dissipated, keeps bad company, sleeps out at night, and, generally speaking, has confessed to her that he has exposed himself to contagion.' "

The remainder of the work is devoted to the consideration of syphilis. Under each head are considered chancre,—the different forms met with,—bubo, secondary syphilis, syphilodermata, ulcerations of the mucous surfaces, syphilitic affections of the nostrils and nasal fossæ either secondary or tertiary; iritis, tertiary syphilis, the organs and tissues involved; and the concluding chapter is on infantile syphilis. There is incorporated with the work a formula of remedies: and throughout in every chapter will be found many important and valuable prescriptions which the author has used with benefit. There are eight colored lithographs, but which are not good, as they do not serve to illustrate the condition intended.

The author has shown great industry in the preparation of this work, and deserves great credit, as he has produced an eminently practical volume. The publishers have done their part to perfection. The paper is excellent, and the type clear and distinct. Coming from the house it does, Messrs. Lindsay & Blakiston, it would surprise us were it otherwise, as their publications are always most carefully got out. Messrs. Dawson Bros. have several copies of the work on hand.

*The Book of Prescriptions.* Containing 3000 prescriptions collected from the practice of the most eminent Physicians and Surgeons, English, French, and American, comprising also a compendious history of the materia medica; lists of the doses of all officinal or established preparations, and an index of diseases and remedies. By HENRY BEASLEY, author of "the Druggists' Receipt Book," and "the Medical Formulary." Philadelphia, 1865: Lindsay and Blakiston, pp. 562.

This work has been issued with a view of supplying a want long felt; the present edition having been increased by the careful selection of 100 additional prescriptions from English and foreign authors.

In it may be found, under the head of each remedy, the manner in which that remedy may most advantageously be prescribed or combined with other medicines in the treatment of disease.

There is a short description of each medicine and a list of the doses of the several preparations which will be found most useful.

In the matter of doses the reader will find considerable variety; the

prescriptions are not all of merit, nevertheless it is a most valuable addition to the library of the practitioner, in fact, a book which will be found of use if left for constant reference on his table, not that he need be tied down to the practice of others. As a general rule the phases of disease differ widely in each case; many things have to be taken into account, and the successful practitioner is he who exercises much judgment in the selection of his drugs, and is capable of giving a reason for a lopting any spread line of treatment—one who does not servilely follow the teachings of any man with regard to medication. The work contains opening chapters on signs and abbreviations occurring in prescriptions, also a list of Latin words and phrases frequently met with in prescriptions; this part of the work is more adapted to the use of the druggist's clerk, as we must suppose that the educated physician is fully aware of the terms in use in prescribing, although we may here remark that it is better to write all directions in plain English.

The work contains a comprehensive index of diseases and the remedies adapted for each, which is very carefully prepared and of great value. It is a handsome volume; well got up; printed on excellent paper, and the typographical execution superior. It is to be had of Dawson Bros., Great St. James Street.

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## PERISCOPIIC DEPARTMENT.

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### Surgery.

#### CLINICAL OBSERVATIONS ON LITHOTOMY.

BY HOLMES COOTE, ESQ., F.R.C.S.

GENTLEMEN,—The anatomy of the perineum has been made unnecessarily complicated by the arbitrary subdivision of the fasciæ into numerous layers, which do not exist in nature. We meet successfully with the skin; subcutaneous tissue and superficial fasciæ; the muscular fasciæ; the layer of muscles—namely, erector penis, accelerator urine, &c.; the interosseous membrane or ligamentum triangulare. Beyond this lies the pelvic fasciæ. Remember these two points; first, the triangular ligament does not extend below the urethra; secondly, the vessels of the perineum are very irregular in their course and distribution. The distance between the neck of the bladder and the surface of the perineum depends on the thickness of the subcutaneous strata, varying from two to four inches. The neck of the bladder lies about an inch behind the

symphysis pubis, in which spot it is held firmly by its ligaments. It is a fault with many surgeons to cut too much backwards when the knife leaves the groove of the staff and runs between the bladder and rectum. The operation is always an anxious one, because the greater part is performed on structures which are out of sight; but, when difficulties arise, they almost invariably proceed from the fact that the surgeon has missed making a proper opening for the extraction of the stone. In this hospital, where high antiquity gives a traditional interest to its rules, it has never been in my remembrance the custom to draw off the urine just before the operation, and to distend the bladder by the injection of warm water. Such a proceeding is unnecessary and tedious, and is apt to disturb parts. But the rectum is always carefully emptied by means of an injection, and the patient is enjoined to hold his water as much as possible. The position of the patient is that commonly adopted elsewhere.

I do not recommend that the first incision be very deep. When the skin has been divided to the proper extent, the fat and subcutaneous tissue will readily yield to any amount of pressure. By adhering to this rule you often avoid wounding arteries of considerable size, or even a part of the bulb. The point of the forefinger of the left hand should then feel for the staff as it lies under the pubes, and the knife should be made to enter the groove by being pushed obliquely upwards, inwards, and backwards, so as to pass if possible *behind* the bulb and its arteries, being introduced about the middle of the external wound.

The membranous part of the urethra is that usually first opened, and some urine often escapes; but do not hurry the withdrawal of the staff. Press the knife onwards, followed by the left hand, until you can get the forefinger well into the prostate, when in most instances you can dilate to a sufficient extent. I believe the more we dilate and the less we cut the better. In a case which I had the opportunity of examining, the membranous part of the urethra was opened, the prostate partially divided, and the neck of the bladder had the smallest possible incision. In the choice of instruments, every surgeon has his own fancy. I commonly complete the operation with an ordinary knife; but in cases of very deep perineum a beaked knife is to be preferred, and in this case it is perhaps better that, as he presses the instrument through the prostate, the surgeon should depress the handle of the staff with his left hand. The stone is removed either by the forceps or the scoop. It may sometimes be turned out by the finger. There is no need of alarm should a moderate amount of hemorrhage ensue; indeed patients in whom this occurs seem often to make the most rapid recovery. Death from hemorrhage is extremely rare. Do not introduce a gutta-percha tube into the bladder.

through the wound. If the incisions are properly made, the urine will flow through the wound without difficulty. The patient should be put on his left side, a layer of mackintosh under the buttock; the feet should be tied together, the thighs slightly flexed. The diet should be nutritious, and an opiate should be given at night-time if necessary. Cases for the most part do very well, unless there should be disease of internal organs, and more especially if the kidneys be affected.

It has been asserted that in the London hospitals the mortality from lithotomy is 1 in  $4\frac{1}{2}$ . Whether such a statement be true or not in the aggregate, it is hard to say. There may be incompetent operators or ill-ventilated or badly-arranged buildings. In St. Bartholomew's Hospital the mortality is about 1 in 10, nearly the same as in the days of Cheselden. I have had six consecutively successful cases, and others of my colleagues could give an equally favorable return.

I directed your attention to the case of a young man in Pitcairn ward, who is convalescent from the lateral operation performed nearly three weeks ago. You may remember that he suffered severe pain in micturition, and was liable to epileptic fits in rapid succession. The stone, when extracted, was found to be composed of oxalate of lime; it was as black and as nodulated, and in size the counterpart of a mulberry. Since the operation the lad has had but one slight epileptic seizure, and that during sleep. He is now so far recovered that I can scarcely persuade him to remain in bed.

As in the male, so in the female, I should say, dilate, but do not divide more than is absolutely necessary. Those who have not tried will scarcely believe the extent to which the female urethra, the homotype of the membranous and prostatic portions of the urethra in the male, will yield to slow distention.—*London Lancet*.

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## Medicine.

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### INSUFFLATION AS A REMEDY IN INTUSSUSCEPTION.

BY DAVID GREIG, M.D., F.R.C.S.E., Dundee.

Intussusception, or invagination of a part of the intestinal canal, is by no means a very rare accident in early life, and is in general one of the most fatal of infantile diseases. There are few practitioners who have not met with cases of this kind in the course of their professional duties. Many of these cases have been diagnosed during life, and the diagnosis confirmed after death; many, I have no doubt, have died without a

correct diagnosis having ever been made; in some, a correct diagnosis has been made, and nature has effected a cure without any interference; and in a few cases, the physician, after having made a correct diagnosis, has been able to render active and all-important service. The causes of intussusception are unknown, but in all probability the most frequent is spasmodic contraction of a portion of the bowel, and relaxation of the adjoining part.

Intussusception occurs much more frequently in early life than at any other period. Cases of intussusception are usually divided into non-inflammatory and inflammatory, and may occur in any part of the intestinal canal. The former, or non-inflammatory, no doubt frequently takes place during life as a temporary derangement, and is frequently met with in the small intestines when post-mortem examinations are being made, where their presence was never suspected, and which gave rise to no symptoms or uneasiness during life. The greater part of three hundred children, examined by M. Louis, who had died at the Salpêtrière Hospital in Paris, had two or more invaginations of the bowels, without any inflammation, or any signs that these had been injurious during life, leading M. Louis to the conclusion, "that an intussusception may be formed and destroyed again by the mere action of the intestine;" an opinion confirmed by Dr. Baillie, who, in his work on Morbid Anatomy, says,—“In opening bodies, particularly of infants, an intussusception is not unfrequently found, which had been attended by no mischief; the parts appear perfectly free from inflammation, and they would probably have been easily disentangled from each other by their natural peristaltic motion.” Even in my own experience I have very frequently met with cases of this kind, and one case in particular which came under my notice in the Crimea, in which I found no fewer than twenty invaginations in the small bowel. This was in the case of a strong robust soldier, who was seized with cholera one morning while on parade, and died within four hours. The nature of the disease in this case may account for the invaginations.

These appearances are interesting in a pathological point of view, but what we have to deal with at present is the true inflammatory intussusception, which has always been recognized as a very fatal complaint.

Every intussusception consists of three parts, the external part or covering, which is formed by that portion of the bowel into which the other has slipped, and the middle and internal, which consist of the invaginated part doubled upon itself. It is these two latter which are acted upon by the first, compressed, constricted, strangulated; and, as a matter of course, inflammation and sloughing ensue. Cases are recorded

where inflammatory intussusception has taken place in the small bowel; these are, however, not very frequent. By far the greatest number take place at the ilio-cæcal valve, and are caused by the slipping of the lower portion of the ilium through the valve and into the cæcum. By the peristaltic action of the cæcum and colon, more and more of the small bowel is dragged through the valve, whose spasmodic action will prevent any returning; and when, owing to the mesentery, etc., no more can be dragged through, the cæcum is taken into the colon also, and this is generally the state of matters when such a case is examined after death. The peculiar anatomical characters of this part of the bowel are what we should expect to favor the formation of an intussusception, and to retain one when formed. That the great majority of intussusceptions are into the larger bowel, is a practical fact well worth bearing in mind, because an intussusception below the ileo-cæcal valve is much more amenable to treatment than one above it. This intussusception generally occurs in healthy children; its presence is shown by a regular series of well-marked and almost unmistakable symptoms. The case, as might be expected, runs a rapid course, and death generally takes place on the third or fourth day.

Much has been written about this serious complaint, but by far the most complete and practical paper on this subject, is one by Mr. Gorham, in the third volume of Guy's Hospital Reports, which I would beg leave to recommend to the perusal of all my medical brethren who wish information on this subject. In that paper, Mr. Gorham not only gives a very good description of the disease, but was, I believe, the first in this country who used insufflation as a remedy for it, having taken the hint from some successful cases of the kind recorded in the American Journal of Medical Science. That nature does succeed sometimes in restoring the bowel to its natural condition, there is every reason to believe; but it is not by any means a frequent occurrence. Dr. West well remarks of the cases recorded in medical journals, "I have observed only one instance in which the symptoms of intussusception having existed in a marked degree, at length spontaneously ceased, and were followed by the restoration of the infant to perfect health."

The diagnosis, symptoms, and treatment of such cases will be best illustrated by the narrative of five cases which came under my observation singularly enough, all within a very short period; in consequence, my attention became specially directed to the nature of this disease.

*Case I.*—M. S. G., a stout, healthy female child, six months old, always enjoyed good health, never having had a day's sickness; never had any food except breast milk; never troubled with diarrhœa or bowel

complaint. Was in her usual good health on Monday, 13th October, 1862, up to six o'clock in the evening, when, without any obvious cause, she suddenly became fretful, kicking with her feet, bending the body backwards, and screaming. In about ten minutes she became very sick and vomited severely. The skin became cold and clammy, the countenance pale, and the lips livid. In a little while she revived, but soon became restless and as sick as before. She seemed to have great pain in the abdomen, which came on in paroxysms, and to increase in intensity until she vomited, when she would seem relieved a little, or at least so faint and sick as not to scream. When given the breast, she would take it readily; but as the sickness and vomiting, with a paroxysm of pain, immediately came on, she latterly refused it. Immediately when she was seized a spoonful of castor oil was given, and hot fomentations were applied to the abdomen. The castor oil was soon ejected from the stomach, as was also a small purgative powder which was given. A warm-water enema was attempted to be administered, but the bowel seemed to be in such a state of spasm that none could be thrown up. About 8 p. m., tenesmus came on, and she passed a little fluid blood, which continued to come with every paroxysm of pain during the night. The abdomen was soft, slightly tympanitic, and not painful on pressure, except during a paroxysm of pain, when pressure seemed to increase it. On deep pressure being made over the abdomen, under the umbilicus, a very distinct hard tumor was felt, a little to the right of the mesial line. Seeing that the case was a serious one, and as the little patient was a near relation of my own, I asked my friend, Dr. Pirie, to take charge of the case. He attempted to give another enema, but with no better success, owing to the very peculiar spasmodic state in which the bowel was. On the morning of the 14th, as the child was no better, and as Dr. Pirie suspected an intussusception, he requested Dr. Nimmo to see the case along with him. In consultation it was decided that it was a case of intussusception of the bowel. The sickness still continued, but not so severe as on the previous day. The infant took the breast readily, and after taking it would lie still for a few minutes; pain would then seem to come on with sickness, and the milk would be ejected from the stomach with great violence, after which the child would seem exhausted and lie still for some time. It seemed to have great thirst, and took cold water greedily, which, however, was soon ejected. The pulse was about 130, small. Injections were again administered, but with the same result as formerly. As everything had been tried, and nothing had done any good, and as it was evident the child was fast sinking, it was proposed to use the air injection which is mentioned in Dr. West's work on Diseases of Children, as having been

used with success by Mr. Gorham. Fortunately, Dr. Nimmo had in his library the volume of Guy's Hospital Reports, which contained Mr. Gorham's paper on the subject, and after each of us had perused that paper, it was resolved to give the remedy a trial, as a last resource, and in truth with no very great hopes of benefit.

The nozzle of a small pair of bellows was introduced into the anus, and air injected to a considerable extent. Contrary to our expectation the air passed readily into the bowel, and seemed to give the child great relief. After the injection it lay very quiet, as if asleep, and evidently quite free from pain. In about twenty minutes from the time the air injection was administered, a slight rumbling noise was heard in the child's abdomen, followed by a crack so loud and distinct as to alarm the attendants in the room, who thought something had burst in the child's bowels. The child, however, continued as if asleep and free from pain, and in about half an hour a large feculent fluid stool, slightly mixed with blood and mucus, was passed without pain. During the night the child rested pretty well, had no return of vomiting, took the breast as usual, and in two days was quite well.

*Case II.*—W. C., a fine, healthy, male child, nine months old, never having had a day's sickness, was taken ill on Friday, the 7th August, 1863. He was quite well in the morning, and his bowels were freely moved about 5 a.m. At 12 noon, without any warning, he was suddenly seized with very severe sickness and vomiting; he became deadly pale, and his skin was covered with a cold clammy sweat. In a short time he recovered from this state; he became warm, and his countenance resumed its natural appearance. He was, however, restless, and seemed to have thirst, but immediately on getting a drink of milk he fell into the same faint state, and the milk was ejected from the stomach with violence, the child, before the vomiting, evidently suffering great pain. Even a spoonful of cold water was not retained above a few minutes. The child continued in much the same state until I saw it at 11.30 p. m. At that time it seemed to be suffering from paroxysms of pain, which seemed to come on about every twenty minutes, and the sickness and vomiting continued almost as bad as at first. The skin was warm and moist, the countenance pale, pulse 120, thirst very great, and everything liquid was taken with great eagerness; it even took the breast with as great a relish as it did when in health. Immediately after anything was taken into the stomach, it would lie quiet for a few minutes; it would then become restless, and this restlessness would increase, until, during one of the paroxysms of pain, everything would be ejected from the stomach; and this was repeated again and again. The abdomen was flaccid and soft; but a dis-



tinct, hard swelling, or tumor, could be felt under, and to the right of the umbilicus, which seemed to be somewhat tender on pressure. A spoonful of castor oil had been given in the afternoon, but was immediately vomited. The bowels had not been moved, but there was some tenesmus, and before I had been long beside the patient, about a spoonful of slime and florid blood passed from the bowel. I had not the slightest doubt that the case was one of intussusception, and proceeded to administer a warm-water enema; but the same peculiar spasmodic state of the bowel, which was mentioned as existing in the former case, was again found here. In order to overcome this, I tried to plug the injection pipe into the anus with lint; but it was of no use, the injection seemed to give the child great pain; very little of the water would go up the rectum, and the little that I did succeed in throwing up, remained a very short time, and only brought away more blood. Nothing came from the bowels but fluid blood and frothy mucus, in which were found shreds of mucous membrane. This state of matters continued until two o'clock on Saturday afternoon, when I resolved to try the insufflation of the bowel.

Having got the tube of an ordinary elastic enema fitted on to the pipe of a small pair of bellows, I threw a considerable quantity of air into the rectum. It passed very readily into the bowel, there was no straining or attempt to expel it, and it seemed to give the child great relief. It had taken some milk from the breast shortly before this, and although the sickness was coming on as usual with a paroxysm of pain, the insufflation seemed to relieve the pain, and the milk was not vomited. I waited for an hour, and as the sickness was again threatening to come on, and fearing I had not thrown in enough air, I administered another insufflation, and continued the process until the belly showed signs of considerable distention, and the child seemed to be somewhat uneasy in consequence. At this time I also administered a teaspoonful of castor oil, and was pleased to see the stomach retain that also; and from this time there was no more vomiting. After this the child fell asleep, and slept for about half an hour, awoke, was inclined to be amused, but still seemed uneasy. Warm fomentations were applied to the belly, which seemed to give relief. From this time the child seemed free from pain, and for the most part slept until about five o'clock, when a copious stool was passed, fluid in consistence, and mixed with some blood: from this time the child was quite well, took the breast with eagerness, retained what it took, bowels became regular, and it soon made up in flesh what it had lost during its short but severe illness.

*Case III.*—J. C., aged 10½ months, a healthy female child, never had

a day's sickness, had never been troubled with diarrhœa or any irritation of the bowels, was in her usual good health on the forenoon of the 30th October, 1863. In the afternoon, when out airing under the care of her nurse, she became somewhat sick, vomited a little and seemed very uneasy. When brought home, at 5 p.m., she seemed in great pain, crying and kicking violently. Her mother, thinking a pin pricking her might be the cause of this, undressed her, and finding no cause, gave her a teaspoonful of castor oil. Very soon after this the child became restless, faint, sick, and vomited. After the vomiting she seemed relieved, but soon a paroxysm of pain would come on again, terminating in sickness and vomiting or retching. When I saw her at 8 p.m., her pulse was 100, skin warm and moist; the bowels had not been moved since morning; would not take the breast; every now and then a paroxysm of pain came on, when the child cried and kicked violently. The abdomen was soft, but a very distinct hardness could be felt in the right iliac region when pressure was made over that part. Warm fomentations were ordered to be applied to the abdomen, and when I visited her at 10 p.m., she seemed somewhat easier. During the night the paroxysms of pain came on at longer intervals, and the child slept between them. On the 31st, at 8 a.m., a little fluid blood passed from the bowel, and this continued during the course of the day when the paroxysms of pain came on. There was not much tenesmus; what passed from the bowel was pure blood in small quantity, and unmixed with mucus. At 3 p.m. an injection of air and warm water was administered very slowly. The irritation of the bowel was not so great as I expected, and a considerable quantity of water and air was injected. The greater part of this came away in about ten minutes, bringing some blood and mucus along with it. It was noticed that the air seemed to remain in the bowel; the child seemed much easier, took some milk, and soon fell asleep. Early next morning the bowels moved freely, and before I saw the child in the forenoon, they had moved three times. Next day the child seemed quite well.

*Case IV.*—D. W., a fine, healthy male child, aged 4 months, who never had had a day's sickness, became somewhat suddenly ill about noon on Thursday the 12th November, 1863. About 8.30 a.m., the bowels were moved naturally, and the child seemed quite in its usual good health. About midday, it seemed very uneasy, began to cry and kick violently with its feet, as if suffering from pain in the belly. Some food was given, which it took readily, but which was immediately ejected from the stomach. The nurse, thinking that the food had not agreed with it, in about half an hour gave it some milk, which was also very soon vomited.

Some castor oil was given, which the nurse thought remained on the stomach, and was not vomited. The child slept and cried at intervals, and always, when crying, bent backward and kicked violently with its feet. About half-past seven in the evening, a few drops of blood passed from the bowel, and continued every now and then during the course of the night, always increasing in quantity, sometimes mixed with mucus, and accompanied with great tenesmus. During the night the mother gave it a warm bath, applied a sinapism over the abdomen, and gave it a little more castor oil. In the morning, as the child was no better, I was called to see it, and at once diagnosed a case of intussusception. The child was not suffering much pain, was not taking any food, was retching sometimes, but there was no vomiting. The mother was sure it had not vomited the castor oil, and on the whole she thought it somewhat better and easier; pulse 120, sharp; skin cool; the countenance was not anxious, and the eye was bright. About every hour a little tenesmus would come on, and at that time the child would pass a little frothy bloody mucus. The abdomen was not distended, but was slightly tympanitic; and when deep pressure was made at or around the umbilicus it seemed to give great pain. No tumor could be felt in the right side of the abdomen, but a very distinct hardness could be felt extending from the umbilicus to the left iliac fossa, when deep pressure or percussion was made. As the case did not appear to be very urgent, I ordered hot fomentations to be kept over the belly during the day. In the evening it was still much in the same state. I tried to administer a warm-water injection, but the rectum was so spasmodically contracted, that it was impossible to get any thrown up.

From the time when my former cases had come under my observation, I had many conversations with some of my medical brethren regarding them, and a very general opinion seemed to prevail, that nature frequently removes these obstructions without any interference on the part of the physician; and that probably had I left these cases to nature, a cure might have taken place without me. Wishing to test how far this opinion was correct, and as this did not seem as yet a very urgent case, I resolved to postpone the air injection until next morning, and in the meantime leave the case to nature. When I called next morning I found the child dead. During the night it became much worse, lost much blood from the bowel, and died quietly at 6 a.m., apparently from loss of blood, after an illness of forty-two hours.

Ten hours after death, I made a post-mortem examination of the body. It was pale and exsanguine. The rigor mortis was very slightly marked. The abdomen only was examined. All the abdominal organs were normal. The bowels from the stomach down to within about twelve

inches of the ileo-cæcal valve were pale, and only contained flatus. The half of the ascending, the transverse, and the descending colon formed the external covering of a hard tumor, which was found to be the invaginated bowel. The invagination consisted of the lower twelve inches of the ileum and the cæcum. This completely filled the colon and sigmoid flexure to within an inch of the anus. The external covering or colon was pale, and neither congested nor inflamed; the interior of the tumor or invaginated part was very much congested and inflamed, the mucous membrane, more especially of the ileum, being of a dark color, spongy in appearance, and ulcerated, very much like the state of the mucous membrane of the bowel which is met with in severe fatal cases of chronic dysentery in tropical climates. Owing to the dragging of the mesentery, the tumor was fixed to the spine, and extended in a curved direction from the umbilicus to the left hypochondriac region, and thence to the rectum, changing the position of the colon, and accounting for the situation of the tumor. After the removal of the tumor, the cæcum was easily drawn out of the colon, and restored to its natural position; but the greatest difficulty was found in getting the swollen small bowel reduced through the ileo-cæcal valve, which seemed even then to be in a spasmodic condition.

*Case V.*—The following case, which occurred in the practice of my friend, Dr. Pirie, and which I saw along with him, has been kindly furnished to me by him as another successful instance of insufflation in invagination of the bowel.

J. M., aged four months, a vigorous thriving child, awoke on the morning of the 16th September, 1863, crying, as if in great pain, and continued during that day and the following night very restless and uneasy, the bowels not having been opened since 6 o'clock a.m. On the morning of the 17th, he passed some bloody mucus at stool, but no feculent matter, and during the day vomited frequently. At 5 p.m., when first summoned to see the child, I found him with pale anxious countenance, hurried respiration, weak, quick pulse, discharging per rectum bloody mucus; and after learning the above history, I discovered a round, hard swelling over the cæcum, and quite dull on percussion. Looking upon the case at once as a case of intussusception, I withheld the use of purgatives, and inflated the bowels, "per rectum," with air, by means of a pair of small drawing-room bellows. This was accompanied by a crackling internal sound as of air distending the lower bowel, and was followed by temporary relief from the uneasy restlessness, but no fecal discharge.

19th, 11 A. M.—The obstruction and vomiting continue, but the child's aspect is not so sickly as yesterday. On inserting a long tube into the

rectum for the purpose of repeating inflation, a considerable quantity of thin fecal matter came away, and I again injected the bowel with air. 2 p. m.—Child keeps easier; skin cool; and vomiting has not returned since forenoon. The cœcal hardness continues. Repeated inflation, and also gave a warm-water enema; but this was retained for a very limited time. Mother states that child lies quieter, and appears greatly eased for a considerable time after the air inflations. 11 p. m.—Tumor continues; no natural stool yet.

20th.—After rather a restless night, the child got a free fecal discharge this morning at 6 a. m., and several times afterwards. At 9 a. m., I found the tumor much reduced in size, the child looking much easier, and taking the breast readily. Gave a warm-water enema; but this was speedily ejected. Ordered a teaspoonful of castor oil. By evening the swelling at cœcum had disappeared, the bowels were freely opened, and the child was thoroughly relieved.

These I look upon as five very good specimen cases of true inflammatory intussusception. Other obscure cases I have met with in my practice, presenting some of the symptoms of the derangement; but with these we have nothing to do at present. As an intussusception of the bowels cannot be seen or handled like a hernia or a fractured limb, many medical men are very sceptical when told that a certain remedy relieved such a case, and can only believe an intussusception to be present by seeing it at a post-mortem examination; this is certainly very conclusive proof, but a kind of proof we would wish to avoid, however conclusive. To my mind the symptoms of an intussusception are unmistakable, and may shortly be said to be, the sudden seizure, the obstinate vomiting, the obstinate constipation, the paroxysms of pain, the hard tumor in the abdomen, and chiefly the passage of blood per anum; all these various symptoms may show themselves in other diseases, but when combined together and especially when the last-mentioned symptom, the passing of blood per anum is present, I think no one can have any difficulty in forming a correct diagnosis, and must feel convinced that an intussusception is present, without the necessity of a post-mortem examination.

The prognosis of such cases is always unfavorable; and it is well for the medical man who may guard himself by stating so, whenever he has made his diagnosis. It is true, numerous cases are on record where nature has produced a cure by the sloughing of the strangulated portion of the intestine, and the junction of the healthy parts. About two years ago, Dr. Hare had an opportunity of showing to the Pathological Society of London how neatly nature completes a cure of this kind, a patient of his having died of tubercular disease only three months after suffering from

intussusception, in which several inches of the small bowel came away on the fourteenth day of the attack. At the post-mortem examination it appeared that the portion of the small intestine came away fifteen inches above the caput coli, and so perfect was the cicatrix, that it appeared as a mere line round the bowe, with puckering of the omentum, etc., around it. I would not, however, advise any one to forego treatment and trust to nature for a cure; as, from my experience, nature is not to be trusted even when the case appears to be one of no great urgency.

As to treatment, purgatives in the first place naturally suggest themselves; but these are worse than useless, rarely remaining on the stomach, and if they do remain only stimulating the bowel and aggravating the disease. Warm-water enemata are useful, but can seldom be administered owing to the very peculiar irritable spasmodic condition in which the rectum usually is. In any case where this spasmodic condition is not present, or only to a slight degree, I have no doubt warm-water enemata, or, as I used in Case III, warm-water and air thrown in by a syringe would be useful. The ease, however, with which air is thrown into the spasmodically contracted rectum, when it is impossible even to introduce a teaspoonful of warm-water, gives this agent a pre-eminence over all others, and astonishes all who have seen it used. The remedy is always at hand even in the poorest cottage, no matter how far away from town. Its application is so simple as to require no direction for its use. The only necessity being that enough air be thrown into the bowel to distend it as far up as the neck of the invaginated portion, or, in other words, that the operation be continued until the child begins to be uneasy, and the belly distinctly tympanitic. Amongst other means for relief, cases are on record where the abdomen has been opened for the relief of the bowel in intussusception. It is difficult to reduce one by manipulation after death, and I have no doubt it would be much more so to do it during life.—*Lancet*.

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#### ON THE CONDITION OF THE STOMACH AND INTESTINES IN SCARLATINA.

By SAMUEL FENWICK, M.D., late Lecturer on Pathological Anatomy at the Newcastle-on-Tyne College of Medicine.

The object of this paper is to prove the following propositions:

- 1st. That the mucous membrane of the œsophagus, stomach and intestines is inflamed in scarlatina.
- 2nd. That desquamation of the epithelium of these parts takes place.
- 3rd. That notwithstanding the anatomical changes in the mucous membrane of the stomach, the formation of pepsine is not prevented.

4th. That the condition of the skin is similar to the condition of the mucous membrane in scarlatina.

In support of the first proposition, the microscopic examinations of the mucous membranes of the œsophagus, stomach and intestines were detailed in ten cases of death from scarlatina during the first week of illness, and in six cases who died in the second and third week of the fever. The first effects of the scarlatinal poison upon the mucous membrane of the stomach were shown to be the congestion of the bloodvessels and the stripping of the epithelium from the tubes and the surface of the organ, and also the softening of the tissues. The tubes are greatly distended by granular and fatty matters, or by small cells intermixed with granules, and in some cases they are lined by a newly-formed membrane. Sometimes no normal cells can be distinguished; in other cases they are present, but are scattered irregularly. After the second or third week the tubes are found less distended than at an earlier period, and whilst their closed ends are still loaded with granular matters, which greatly obscure the gastric cells. These become more evident towards the surface of the mucous membrane. The cells at this period are sometimes very large, sometimes loaded with fat or coated with granules, and seem to have but little adhesion to their basement membrane, as they readily separate from the tubes, but adhere closely to each other. The effects of the inflammation upon the intestines seem, in slighter cases, to consist in the effusion of granular and fatty matters into the mucous membrane, but in more severe cases the tubes of Lieberkühn are obstructed by epithelial cells, whilst extravasations of blood take place in the villi, and these, with the rest of the mucous membrane, are loaded with small cells and granules. In one case the mucous membrane was entirely stripped of villi, excepting a few fragments which still remained, and the enlarged and prominent openings of the follicles of Lieberkühn gave its surface the appearance of a sieve. In some instances in which the pancreas has been examined, evidences of disease presented themselves.

The second proposition was stated to be more difficult of proof, inasmuch as vomiting usually occurs only in the first stage, and the author had no opportunity of examining the vomited matters at this period of the disease. In one case, in which vomiting took place in the third week, fibrinous casts of the stomach tubes were discovered, and inflammation of the mucous membrane was proved to have existed by *post-mortem* examination. The chief reason upon which the opinion that desquamation of the epithelium occurs was founded, was from the microscopic examination of the stomachs of those who had died of this disease. The contents in recent cases consisted of pieces of fine membrane, of cells,

and of granules and shreds of membrane. The membranes were of the shape and size of the tubes of the stomach, and were covered with granules and fat. The cells varied from 1:1200th to 1:2200th of an inch, and were usually fringed with fine pieces of membrane. In cases of longer duration the membranes were covered with cells, and were also of the size and shape of the stomach tubes. In order to ascertain if these appearances were trustworthy as evidences of inflammation, the contents of the stomachs of forty-five subjects were examined at the Middlesex Hospital, the condition of the mucous membrane being at the same time noted. In only one were there any fibrinous casts, and it was in acute gastritis. In eighteen there were only separate cells, chiefly of the columnar form, and in none of these was there any inflammatory action. In eight cases casts of the upper parts of the tubes were plentiful, composed only of healthy conical cells, and in all the mucous membrane was in a natural condition. In eighteen there were either plugs formed of cells and granules from the secreting parts of the tubes, or the casts of conical cells were overlaid with granular matters, and in all of these the stomach was more or less inflamed. Two cases of gastritis, unconnected with scarlatina, were also quoted as examples of the forms in which casts of the stomach tubes appeared in vomited matters during life, and the author stated that he had detected casts of the stomach tubes in matters vomited by persons affected with gastritis connected with diseased kidneys, with inflammatory dyspepsia, and other forms of inflammation of the gastric mucous membrane. It was urged that if casts of the gastric tubes can be discovered during life in cases of gastritis, and if in scarlatina this condition exists, and casts have been found in the stomach after death, there is every probability that desquamation of the epithelium takes place in this organ, as it does in the skin and kidneys.

In support of the third proposition, the results of the following experiments were given in three cases of scarlatina:—Ten grains of hard boiled white of egg were digested at a temperature of 90° for twelve hours in an infusion of the mucous membrane, to which three per cent. of hydrochloric acid had been previously added. The average loss of albumen was three grains and two thirds. Similar experiments performed with the stomachs of eleven males who died of various diseases at the same hospital gave an average loss of four grains; so that there had been scarcely any diminution of pepsine produced by the fever. As a contrast to this were the results of similar experiments upon four cases who died of typhus fever. In two of these the albumen had gained three grains of weight by imbibition, and was not at all softened; whilst in the other two it was softened, and one had lost only half a grain, the



other one grain and a half in weight. But as the activity of the digestion must depend not only upon the relative amount of pepsine, but also upon the bulk of the mucous membrane, this was also attempted to be estimated. The average weight of the mucous membrane of the stomachs of ten males dying of various diseases at the Middlesex Hospital was eighteen drachms, the weight of two recent cases of scarlatina was eighteen and sixteen drachms (the latter being in a boy), whilst it only amounted to fifteen drachms in one who died in the third week of illness. In four cases of typhoid fever the average weight of the mucous membrane only reached eleven drachms.

Under the fourth proposition it was stated that the skin had only been examined microscopically in three cases. In the first, in which the patient died after a few days' illness, the only morbid appearance in the cutis was an occasional minute extravasation of blood in the neighborhood of the sudoriferous ducts. The rete mucosum was greatly thickened, and numerous round cells with large nuclei were everywhere visible, intermixed with the natural cells. The basement membranes of the sweat-glands were thickened, and the epithelium lining them was so much increased that in most cases it obstructed their channels. In some of the sweat-glands the coils of which they were composed were loaded with coagulated blood, and were greatly and irregularly distended. In the other recent case the appearances were similar, excepting that the external layers of the cuticle were stained with blood in minute patches, and the sweat-ducts were also reddened; but there were no extravasations of blood either in the glands or cutis. In some of the ducts the epithelium was detached from the basement membranes. In the case of a man who died during the third week the sudoriferous tubes were still choked up, but in the glands the epithelium seemed in many places to be torn away, leaving the basement membranes bare, or only covered by ragged particles. The cutis was in a natural condition.

The author stated that although he had, in accordance with the usual custom, described the appearances of the skin and mucous membranes as the results of inflammation, yet that certain considerations suggested the idea that the term when so used was perhaps misapplied. In scarlatina, we find that in each part the morbid condition is mostly confined, in the first instance, to the basement membranes, and consists in the formation of layers of new cells, which, in the skin, are transformed into cuticle of natural appearance, and in the stomach contain pepsine. If future researches should prove that a similar condition occurs in the kidneys and other parts, it will be necessary to look upon the structural changes produced as resulting from increased physiological rather than from

pathological action; and that the primary effect of the scarlatina poison is suddenly and violently to stimulate the natural cell-growth of the various secreting organs.

Dr. Wilson Fox said that he had listened with much pleasure to Dr. Fenwick's very able paper. It had possessed an especial interest for him, inasmuch as Dr. Fenwick's observations on scarlatina confirmed those which he had himself communicated to the Society in 1858, on the condition of the stomach in a variety of acute diseases, including variola, typhoid and puerperal fevers, pneumonia, peri- and endo-carditis, cholera, and many others, in which he had found the stomach in a condition very closely resembling that described by Dr. Fenwick, and which, after Prof. Virchow, he had designated as one of acute catarrh, the mucous membrane being hyperæmic, swollen, and cloudy-looking, and covered with very tenacious mucus. This condition he (Dr. Fox) had always found associated with a granular condition of the epithelial cells, which were shed with great facility both from the surface of the membrane and from the interior of the tubes; and were found in great numbers, and often enlarged and presenting multiple nuclei, in the tough mucus covering the surface. Since he had made these observations he had been in the habit of regarding the furred condition of the tongue in acute diseases as an index of the same irritative production of epithelium through the gastric intestinal track. He had also at the same time been able to point out, on anatomical grounds, that chronic affections of the stomach were frequently associated with chronic affections of other organs. On some points of detail Dr. Fox said that his observations differed from those of Dr. Fenwick. He (Dr. Fox) had not examined with the microscope the stomachs of patients dying from scarlatina, but the appearances which these presented to the naked eye corresponded so closely with those to which he had alluded that he spoke on them with more confidence than he should otherwise feel inclined to do. He still thought, as he had pointed out in his original paper, that the granular matter which Dr. Fenwick described as occurring free in the tubes, was really contained in the interior of epithelial cells, and that it was only in the severest cases of acute gastritis in which the cells became at once broken down, that the granular matter was found free. With regard to the casts of tubes described by Dr. Fenwick, he (Dr. Fox), not having examined the stomachs of scarlatina patients, could not make any positive observations, but he had never found any in the cases of other diseases which he had mentioned. He had, however, often observed appearances in the mucus having a most deceptive resemblance to casts, from the manner in which the epithelial cells were agglutinated by the tough mucus. He did not think

that these casts, if they did occur in the stomach, could be of a fibrinous nature, any more than the first epithelial desquamations from the kidney in the early stages of Bright's disease possessed that character; nor was he of opinion that the membrana limitans of the gland separated with the epithelium. He believed that when the membrana limitans (when it existed) was destroyed or injured, the power of reproducing epithelium was impaired or lost. Epithelium often separated in continuous masses from mucous surfaces and from the interior of glands. Such desquamation was not only exceedingly common under conditions of irritation, but was also, under some circumstances, a physiological act. It had been noted long ago by Mr. Goodsir, during digestion, and many recent observations on this subject were contained in Virchow's Archiv. He (Dr. Fox) was of opinion that Dr. Fenwick's observation, though very valuable as evidencing the participation of the stomach and intestines in the consequences of the scarlatina poison, did not show anything specific in that organ, or peculiar to the diseases in question.

Dr. Webster had listened with great gratification to the paper, especially as it confirmed what he had observed as to the employment of remedies in scarlet fever. It gave a great additional value to the minute researches of the author that they had a practical bearing in treatment. Dr. Webster then related instances in which the internal administration of irritating remedies, especially purgatives, did harm. He referred also to the bad effect of diet which was administered to some children in scarlet fever to tempt the appetite; and lastly, alluded to the good effects of sponging the skin with tepid vinegar and water.

Dr. Murchison said he had examined the stomach in twenty cases of scarlet fever, and found, on the whole, similar appearances to those described by the author; but he agreed with Dr. Fox that the granules were in the interior of the epithelial cells. He had not seen any casts. He thought, however, that the author had called attention to an important complication; but he (Dr. Murchison) could not agree that it was of universal occurrence, as he had examined the stomach in several cases of scarlet fever, and had found it quite healthy; and, on the other hand, he had found changes like those in scarlet fever in the stomach of those who had died of other diseases.

Dr. Fenwick said the question was one of experience, and continued examination would no doubt settle the question. In every case that he had examined during four years he had found the changes he had described. In some cases of scarlet fever the skin was not affected, and yet it was still called scarlet fever, and just so in a few the stomach might escape. Still we should in a large number find evidence of inflammation.

of the stomach. The paper was chiefly to draw attention to the subject. In reply to Dr. Fox, he said that he had made the sections vertical with a double-bladed knife, and examined them with a low power and by help of a parabolic condenser. He had found casts best in children who had died a few days after the disease began; but in other cases he had not found them, and sometimes he had found only plugs, as described by Dr. Fox. These plugs, he had no doubt, were the result of inflammatory action.—*Proceedings of Royal Med. and Chirurg. Society, in London Lancet.*

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### Midwifery.

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#### SEA-TANGLE, (*LAMINARIA DIGITATA*)—ITS USE IN THE TREATMENT OF FLEXIONS OF THE UTERUS.

By M. S. BUTTLES, M.D., New York City.

The *Laminaria Digitata* was first brought before the notice of the profession by Dr. Sloan of Ayr, in the *Glasgow Medical Journal* for October, 1862. In the *Medical Times and Gazette* of November 28, 1863, is an article by Dr. J. G. Wilson, in which he calls attention to its value in dilating the urethra and os uteri. Mr. Critchett also mentions it in the treatment of stricture of the lachrymal duct, in an article, published in the *Lancet* of February 6, 1864.

It possesses many very important advantages; it can be worked up of any size and length; it is readily made smooth when dry, and is quite firm, yet elastic enough for all practicable purposes, so that it can be passed as readily as a silver probe. When exposed to moisture it expands to about four times its former size.

While making some experiments with this sea-weed I discovered that if a bougie made of it was bent while dry it would remain so until it was moistened, when it would gradually resume its former straightness; from this I conceived the idea of using it in the treatment of that frequent and hitherto obstinate displacement of the uterus known as flexion, whereupon I immediately gave it a trial, and the result thus far is of a satisfactory nature.

*Case*—Mrs. C———had been troubled for twelve years with dysmenorrhœa, arising from flexion of the cervix uteri. So severe were her pains at each menstrual period that she was obliged to take her bed. The ordinary treatment at the hands of several skillful practitioners had given her no relief.

August 20, 1864, three days previous to her expected menstrual flow,

I introduced a bougie made of the dried stem of the *Laminaria Digitata*, the size of a crow's quill, first warming it a little so as to make it flexible; this is best done by immersing in hot water, then bending it to the arc of a two-inch circle so as to enable me to pass it beyond the point of constriction, which was easily accomplished, and the bougie left *in situ* for twelve hours. When removed it was found to be perfectly straight, and three or four times its former size; there was not the slightest flexion of the cervix remaining.

The patient menstruated three days subsequent for the first time in her life without pain. The flexion partially returned, but the repetition of the treatment for the three succeeding months has entirely and I think permanently affected a cure. I have tried it in several similar cases with like good results, and hope the profession will take advantage of the above suggestions and give it a more thorough trial than I have been able to do. Several of our surgical instrument makers have sent to Europe for the Sea-Tangle, and will soon be able to supply those who may want it.  
—*Buffalo Medical and Surgical Journal.*

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## Medical Jurisprudence.

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### CASE OF POISONING CAUSED BY CHEWING TOBACCO.

By WALTER SCOTT, M.D., Edin., Clitheroe, Lancashire.

Richard Edmondson, aged 17 years, a piecer in a cotton-mill, was seen to leave home about half-past six on the night of Friday, October 28th, apparently quite well; he returned about half-past nine on the same night looking ill and pale. On being asked what was the matter, he said he was sick and had a pain in his stomach, after which he asked for some cold water, of which he drank, and then went to bed. In the interval between his leaving home and his return he had walked with a companion for a distance of half a mile, to a shop, and purchased half an ounce of Limerick roll tobacco, and an ounce of bird's eye tobacco. The evidence at the inquest subsequently showed that he had smoked two pipes of the bird's eye tobacco, and chewed about two-thirds of the Limerick roll tobacco. He was seen by one of the witnesses, about nine o'clock, leaning against a wall, and vomiting and trembling greatly; upon an inquiry as to the cause, deceased said *that he had been chewing tobacco, and had swallowed the spittle he should have spit*; on reaching home he complained of being stiff.

His mother saw him about six o'clock on the following morning (Sat-

day) ; he was then down stairs with his clothes on, having been assisted to dress by his brother, and appeared stupified and drowsy. He was sitting on a chair apparently asleep, and his mother awoke him, gave him some senna and cream of tartar, and helped him to go to bed again. All that he had eaten on the previous night was an apple, and during the whole of Saturday he had nothing except a little cold water and some tea. About one o'clock his limbs began to be very stiff; the drowsiness continued to some extent, but not so much as before. The patient continued in bed all day, and complained of his limbs aching; about three o'clock on Sunday morning he was seized with convulsions. I was sent for early on Sunday morning, when I saw him for the first time. He was then perfectly unconscious, the features were sunken, the lips were drawn back, showing the teeth, which were covered with dark sordes, the tongue was dry, parched, and covered with a blackish brown crust, the pupils were fully dilated and quite insensible to the light of a candle held close to the eyes; there was no pulse at the wrist, the sounds of the heart were inaudible, and its movements could scarcely be felt. The patient moaned frequently, was restless, and placed his hand to the pit of his stomach, frequently drawing up his legs, as if he suffered great pain in the abdomen; the head was firmly drawn back, with rigidity of the muscles of the posterior part of the neck. I saw him frequently until his death, which took place on the following Friday afternoon, nearly a whole week from the time when he chewed the tobacco. No important change took place from the date of my first being called to see him. He never became conscious; the pulse improved but remained feeble and thrilling. The pupils were somewhat less dilated, but remained inactive. At times great difficulty of swallowing was present, and there were constantly returning rigid tetanic spasms, the muscles of the back being principally affected.

The treatment consisted in the administration of stimulants, such as brandy, strong coffee, and sesquicarbonate of ammonia, and the application of sinapisms over the regions of the heart and stomach. So completely was the patient under the narcotic influence of the tobacco, that I feel certain he would have died on the Sunday afternoon if I had not succeeded, to some extent, in restoring the heart's action.

The chief post-mortem appearances, forty-eight hours after death, were the following :—The body was rigid and emaciated; there were early signs of decomposition over the upper part of the chest and the lower part of the abdomen, and blueness of the nails. These two latter appearances were noticed by the man who laid out the body, within a quarter of an hour after death. On opening the stomach, I found it to contain about an ounce or more of dark grumous matter, free from any particular

odor. The mucous membrane of the cardiac orifice and large end of the stomach were highly congested and inflamed, with red patches of inflammation along the larger curvature, and at the pylorus. No effusion of blood, ulceration, nor perforation were found in the intestines. The spleen was considerably enlarged, the kidneys appeared of a normal size and healthy, but were not removed from the body.

The lungs were congested, but otherwise healthy. The heart was large, pale, and flabby, and the right auricle was nearly full of very black liquid blood. On opening the head the blood-vessels of the brain were found to be everywhere very greatly enlarged and distended with dark blood; about half an ounce of extravasated blood was found between the hemispheres; there were no adhesions between the membranes of the brain, nor serous effusion in the ventricles.—*Medical Circular.*

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#### POISONING BY DUST OF LEAD.

On Thursday week an inquest was held by Mr. Herford, city coroner, on the body of a young woman, twenty-five years old, named Bridget Connor. The deceased lived in Garratt-street, Oldham-road, and worked as a winder at the mill of Messrs. Armitage and Rigby, bedtick manufacturers, Rodney-street. She had lately complained of pains in the stomach and head, and had lost her appetite. On the 29th ult., the deceased having been away from her employment a week medical assistance was obtained. Dr. Royle said that he observed a blue mark round the deceased woman's gums and teeth, indicating that lead in some form had been absorbed. He had made a post-mortem examination, and had found the brain slightly congested, and the windpipe, bronchial tubes, the inner lining of the stomach, and the first part of the small and large intestines in a state of irritation. The large intestine, which ought to have been three times the size of the small one, had been contracted to a much less size than it. All these appearances indicated poisoning by lead, which might have been taken in through the skin, or inhaled in the form of dust. Mr. William Armitage (of Messrs. Armitage and Rigby) said that some time since the firm was working hanks of an orange-colored dye, which could not be made fast unless it contained sugar of lead. As soon as they discovered its deleterious nature, they worked off all the hanks of that dye that they had, and discontinued the use of it. The winders often objected to having the windows open. Messrs. Armitage and Co.'s foreman corroborated the evidence of the last witness, and said there had been two or three other girls ill. The jury returned a verdict that the deceased died from lead poison.—*Manchester Guardian.*

# Canada Medical Journal.

MONTREAL, FEBRUARY, 1865.

## THE RECENT CASE OF ACCIDENTAL POISONING AT QUEBEC.

The somewhat frequent occurrence of cases of poisoning through the mistakes of druggists' assistants both in our own country and in Great Britain, has drawn the attention, not only of the profession, but of the public to the matter, and the question now anxiously enquired is, what can be done to remedy this apparently increasing carelessness, where there should be ever-increasing caution. We had intended in a previous number to have referred to this matter, but were waiting to notice what action the Pharmaceutic Societies of Great Britain would take. The occurrence of the case in Quebec, in the last week in December, calls upon us to delay no longer, especially as Parliament is now in session. The facts of this melancholy case are, in brief, as follows: The day after attending a party three young men entered the drug store of Sturton & Co., and requested the person in charge—who, it appears, was a son of Mr. Sturton—to prepare them a tonic. He prepared for them, as he believed, a draught, consisting of compound tincture of gentian, cardamoms, and cinchona, with a few drops of aromatic spirits of ammonia, and essence of ginger, after taking which they left. They had not proceeded far when they were seized with faintness and great depression of the vital powers. They separated, two going towards Russell's Hotel, where they partook of some brandy; the third wended his way to the office of the Board of Works, where the depression became so great that, being alarmed, he took a sleigh and drove to Russell's Hotel. Convinced that they had been poisoned, medical assistance was summoned, and all was done that science and skill could suggest; fortunately with success in two instances, but without avail in the third. At the inquest, which was held, the medical men believed that tincture of digitalis had been put into the tonic by mistake, and to the extent of half an ounce. Dr. Marsden was especially positive as to its being digitalis, and gave his reasons most clearly; he had taken much pains to examine the condition and position of the bottles in the drug store immediately after the discovery of the mistake.



The question was asked by a juror if the tincture of digitalis was not sometimes given by medical men in large doses, say half an ounce, to which the medical witness replied to the following effect: "It is given, but I consider the practice a bad one; and medical men have been condemned for so doing." Surely our medical friend will not say that the greatest benefit has not resulted from the employment of half ounce doses of the tincture of digitalis in delirium tremens when the proper cases and subjects for its administration are selected. We have employed it frequently—seen it used frequently—with the most marked beneficial effects. The records of medical periodicals speak as to its great use in this disease. Our own journal of last month contained a brief but interesting case of this disease from Mr. Hunt, Assistant Surgeon of the 4th Battalion, Prince Consort's Own Rifle Brigade, stationed in this city, which we think no one will deny would have terminated fatally but for the judicious employment of the tincture of digitalis in half ounce doses. From this digression let us return. The evidence of the two survivors showed that the unfortunate dispenser was bothered and teased while preparing the draught—and thus he excuses his mistake—this is no excuse, only a palliating circumstance in the case. The jury returned a verdict of manslaughter against young Mr. Sturton, who was admitted to bail. We cannot imagine that any great punishment will be awarded this unfortunate young man, who seems to feel most deeply his sad position, for though a very careless mistake, it is one ever likely to occur so long as the present condition of things is allowed to continue. What then are the causes of these constantly recurring fatal mistakes, and what means ought to be taken to prevent them? With regard to the first we answer, there are several causes, principal among which is the employment of incompetent assistants. A young man wishing to become a chemist and druggist is apprenticed for a certain number of years, five we believe, to one in the business, and in the majority of instances, in this province at least, as soon as he becomes acquainted with the names of the different drugs, is allowed at once to become a dispenser. This we consider a great error, and it is our conviction that no apprentice should be allowed to make up a prescription unless under the very eye and guidance of a regularly qualified assistant, till he, by examination, show that he has a theoretical as well as a practical acquaintance with his business, and has regularly fulfilled his apprenticeship: every prescription should also be checked before leaving the shop by a second party. The latter is done, we are aware, in at least one shop in this city—perhaps in more—but we know it is not universal. Why are so many incompetent assistants found in our drug stores? perhaps our readers ask. We answer simply

because the salary paid to a first class assistant—one who has regularly served his time—in the majority of drug stores, is so wretchedly small, seldom exceeding £130, often not £100, that no one will remain, but, as soon as his apprenticeship is out, removes to the neighboring republic, or, in despair of ever becoming comfortably well off, abandons the business altogether. Now that the majority of our leading physicians are giving up the dispensing of their own drugs, and giving prescriptions, let those stores, who intend to do a prescription business, get good qualified assistants to superintend that department; *pay them well*, and one step towards doing away with these oft recurring mistakes will be accomplished. Though we have, in answering our first question, also, to a certain extent, done the same to the second, yet there are means which our legislature can use which we think would almost to a certainty prevent the recurrence of such lamentable accidents. At present, in all drug stores, the poisonous drugs, as tinctures of aconite and digitalis, are kept among other substances on the shelves, there being nothing to distinguish one from the other save the name on the bottles. It has been suggested in England to have the outside of bottles containing poisons, sanded, and their stopper made a peculiar shape, so that the moment the bottle was touched, the party would know he touched a bottle containing poison; or, if that escaped him, removing the stopper would again remind him. This is very good, but does not seem to us so likely to accomplish the end in view as what we are about to propose, though it might be included in it as an additional safeguard. We would suggest that every article of a poisonous nature should be kept in a case with glass doors which should be always locked, the key hanging at a known spot with a piece of brass attached having stamped on it—*poison case*. If such was rendered imperative, taking the key, opening the locked case, touching the bottles, opening the bottles,—all would remind the person he was handling poisonous substances. If some such plan as this was adopted we feel confident that it would, if not entirely, almost, remove the possibility of an error occurring. It is idle to allow the present state of things to continue, for the public do not feel secure, and are loudly calling upon their parliamentary representatives to take action in the matter. We hope that this session of Parliament will not terminate without some legislation on this subject.

Since the above was written, the case has been brought before the Grand Jury at Quebec, who have thrown out the bill against young Mr. Sturton.

## QUEBEC MARINE HOSPITAL.

The Annual Return of the patients in the Marine Hospital for the year ending 31st of Dec. last, has been published. The number who were inmates of the Hospital during the period named is 1,435. Of these, 752 were Protestants, 680 Catholics, and three Infidels. Of the gross total, 106 were emigrants, 607 were citizens and strangers, and 722 were seamen. This does not include ninety paying patients, who were received into the Hospital, and were the recipients of its benefits. But the most agreeable fact in this amount of disease and suffering, is that the percentage of deaths was only  $2\frac{3}{16}$ ths. The number of days the patients were in hospital is 32,994. The number suffering from acute disease, 1,254, who were treated during 25,220 days, giving an average of somewhat over twenty days to each patient. Those treated for chronic diseases were 182, who passed a total of 7,765 days in hospital, or an average to each of less than forty-three days. We find that 106 emigrants entered the hospital. This is a very small number compared with the total of those who reached Quebec, and confirms the truth of the official statement that the health of the emigrants last season was good.

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 THE USE OF TECHNICAL TERMS.

There are in our opinion certain times and certain places, where the employment of the various technical terms, which are used in the science and art of medicine, are not only uncalled for, but decidedly wrong, or at all events if made use of, should be followed by full and plain explanations. Such places we believe are courts of justice, and before a coroners' jury; and we know in our own city more than one of our medical men who owe not a little of the success which has attended them in securing good practices, to the plain, simple and common sense way in which they, when criminal cases came on for trial, gave their account of the condition of the parts, observed at the *post mortem* examination. The medical evidence is for the benefit of the jury—men generally who know as little where the *Sphenoid bone*, the *Dura-Mater*, *Pia-Mater* and *Arachnoid* are; men who know not what an *ecchymosis* is, more than does a child of half a dozen of years. The result is, what was intended for their information and guidance becomes to them entirely worthless, or serves only to increase their bewilderment, already bad enough, from the legal mist wove around it by the prisoner's counsel. We are led to make these few observations from noticing that at two coroners' inquests lately held, the evidence of the medical men who made the *post mortem*, was given in language so purely technical as only to be understood by the profession. As

we before said, we consider this decidedly wrong. In future let the profession, on occasions like the above, eschew words and terms, which, though as familiar to them as household words, are but Greek to more than three-fourths who listen to them.

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COLLEGE OF PHYSICIANS AND SURGEONS FOR LOWER CANADA.

At the semi-annual meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada, held at the Laval University, Quebec, on the 11th of October last, the following amendments to the Rules and Regulations of the College were unanimously approved, and will be submitted for adoption at the triennial meeting of the College, to be held in the town of Three Rivers, on the second Wednesday of July next, according to law.

REGISTRAR AND TREASURER.

The first section under the following heading shall be amended by substituting the following in lieu thereof:

1. The Registrar shall keep in his possession the books of enregistration, one of which shall be for students entering upon the study of medicine or pharmacy, and the other for the members of the College, licentiates, midwives, apothecaries, and all other persons practising medicine or pharmacy in Lower Canada, and he shall have charge of the seal of the College.

The third section shall be amended by substituting the following:

3. The registrar shall receive as remuneration the sum of twelve pounds ten shillings currency annually, out of the contingent fund.

OF LICENTIATES.

The following shall form the fourth section of the Rules and Regulations under the heading "Of Licentiates."

4. Every person now practising medicine, surgery, midwifery or pharmacy, or who may hereafter practice in Lower Canada, shall enregister his or her name, age, place of residence, nativity, the date of his or her license, and the place where he or she obtained it, in the books of the College, within three months after the publication of this By-law.

REGULATIONS, ETC.

The following shall be substituted for the second section of the Regulations, and be in lieu thereof:

2. Candidates for Provincial license to practice either medicine, surgery, and midwifery or pharmacy, will be required to submit to a literary

and classical examination on entering upon their studies, and a professional one, at the close.

The following shall form the eighth section under the above heading; the present eighth and ninth sections of the same to form respectively the ninth and tenth sections:

8. The candidate for pharmacy must also furnish proof that he has attended lectures on the following branches, at some University, College, or incorporated school of medicine, or pharmacy, within Her Majesty's dominions:

Chemistry, materia medica and pharmacy, two six months' courses of each.

Toxicology and botany, one three months' course of each.

It was moved by Dr. Sewell, and seconded by Dr. Gilbert, and resolved, That the proposed amendments to the by-laws now read, be published in the *Canada Medical Journal* of Montreal.

A true copy of the minutes.

W. MARSDEN, M.D., President.

Col. Phys. & Surgs. L. Canada.

R. H. RUSSELL, M.D.E., } Secretaries.  
H. PELTIER, M.D.E. }

Quebec, 12th October, 1864.

The semi-annual meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada, was held, this day, in the Laval University. Present:—Drs., Marsden, Von Iffland, Landry, Sewell, Smith, Weilbrenner, Robitaille, Boyer, Gilbert, Marmette, Munro, Jackson, Boudreau, Jones, Blanchet, Robillard, Scott, Howard, Fenwick, Brigham, Tassé, Pelletier, Michaud, Tessier, Cheverfils, and Russell. Dr. Marsden, President, in the chair. Minutes of the last meeting were read. Letters of apology for absence, were read from Drs. Foster, Turcotte, and Hamilton.

Moved by Dr. Howard, seconded by Dr. Von Iffland, and resolved "That the minutes of the 10th of May, 1864, be amended by the insertion of the names of the persons whom the Secretary of Montreal was authorized to prosecute in the name of the College."

Moved by Dr. Sewell, seconded by Dr. Fenwick, "That the minutes of the last meeting be adopted."

Proposed amendments to the by-laws were submitted by Dr. Marsden, and were referred for further consideration to the committee appointed at the last meeting, who were ordered to report before the adjournment of this meeting. Dr. Peltier read the report of the committee appointed

to take legal advice on the matter of the Medical Relief Fund of the College of Physicians and Surgeons of Lower Canada.

Moved by Dr. Howard, seconded by Dr. Peltier, and resolved, "That the report now read be received and adopted, and that the further considerations of the subject be deferred until the next semi-annual meeting, and that the legal opinion obtained on the subject be filed amongst the records of the College.

Moved by Dr. Gilbert, seconded by Dr. Robillard, and resolved, "That the codification of the by-laws submitted by Dr. Marsden, be immediately referred to the committee appointed at the last meeting for the purpose of codifying the by-laws, or as many of them as are now present, and that they be requested to make their reports to-day.

Dr. Howard read the report from the committee appointed to enquire into the question of forming a class of Fellows of the College of Physicians and Surgeons of Lower Canada, which was adjourned from the last till the present meeting.

The report, upon request, was translated by Dr. Peltier, which being amended, it was moved by Dr. Tassé, seconded by Dr. Landry, that the report now read by Dr. Howard be printed, as amended, be sent to each of the Governors of the College, and that notice of its object be published, as required by the by-laws, in order that it may be submitted for discussion at the next triennial meeting.

The following gentlemen were proposed for membership, ballotted for, and admitted; Drs. George Goldstone, Francis W. Campbell, Wm. Hamilton Taylor, Duncan McCallum, Robert Craik, and J. J. Ross.

Moved by Dr. Weilbrenner, seconded by Dr. Munro, "That the Treasurer be ordered to pay the travelling expenses of the Governors now present, as formerly, till the next triennial meeting. The President declared the motion out of order, and refused to let it go to the meeting, as he did not feel justified in signing for these amounts which were provided for by a by-law, from a special fund, accruing from candidates' license alone. That the committee appointed at the last meeting, "to prepare a statement of the funds of the College, separating the money derived from candidates' licenses for medicine and for pharmacy, from those derived from other sources," had not reported. After stating these reasons, Dr. Marsden left the chair, and Dr. Von Iffland, the Vice-President for the District of Quebec, was called to preside; when, the Treasurer being asked, stated, "that the funds in his hands were ample for the purpose."

The motion was then put to the meeting, and passed, "That Drs. Sewell and Blanchet be paid their travelling expenses, for the last meeting, held in Montreal, in May last."

Dr. Marsden strenuously opposed this motion also, and in addition to his reasons already mentioned, declared it to be a violation of the by-law which enacts that "no Governor shall be entitled to travelling expenses unless he shall have faithfully attended to the business of the meeting until it shall have been duly closed."

The motion was then put and passed on a division, Dr. Marsden insisting upon the yeas and nays being recorded.

For the motion: Drs. Fenwick, Weilbrenner, Howard, Scott, Boyer, Brigham, Tassé, Munro, Jones, Peltier, and Mechaud (11).

Against the motion.—Drs. Boudreau, Smith, Marmette, Gilbert, Marsden, Landry, Tessier, Jackson, and Russell (9), Drs. Sewell, Blanchet and Robillard, not voting. The latter, having been absent during the discussion, asked leave not to vote, which was granted.

The committee appointed to codify and prepare amendments to the by-laws, retired to another room to prosecute their task, and to prepare a report to be submitted at the present meeting.

The examinations were now proceeded with. Dr. Frederick Montizambert presented his degree from the University of Edinburgh, and a diploma from the Royal College of Surgeons of Edinburgh, took the oath, as required, and received his license.

The following candidates were examined, and received the license to practice:

Messrs. Joseph Côté, Edouard Desjardin, Isidore Ethier and Luc Beauchêne.

Several candidates being unable to satisfy the board as to their fitness to practise, were, after examination, refused the license.

Messrs. Thomas Vallerand and John Veldon were examined, and received their license to practice pharmacy.

Messrs. G. Antoine Larue, James Pelletier, William Bald, Michael Ahern, Josue Henri Martin, C. A. C. Lacombe, Donald Fraser, Frederick Henri Rinfret and John W. E. Holwell, were admitted to the study of medicine.

The examinations being gone through, the Board next continued with the business of the College, Dr. Marsden, presiding.

Dr. Marmette proposed, seconded by Dr. Boudreau, "That Dr. Lavoie be elected in the place of Dr. Charest, as a Governor of the College for the District of Quebec."

Dr. Marmette alleged that Dr. Charest had forfeited his position as a Governor of the College, that he had absented himself from the regular meetings of the Board twice consecutively, without assigning any cause.

to the Board, in consequence of which his seat should be considered vacated.

The President declared that he had received from Dr. Charest, in October last, an official letter, begging to be excused by the Board for his absence from the meeting; that he, Dr. Marsden, read the letter to the meeting, and it was accepted as satisfactory. Dr. Marmette insisted that as no record appeared in the minutes, of such excuse, that his motion must prevail.

The President declared the motion to be out of order; and his decision was maintained, on appeal to the meeting.

The Report of the Committee appointed to codify the by-laws and to prepare amendments thereto, was now laid before the meeting, and the Secretary was requested to read the proposed amendments.

Moved by Dr. Sewell, seconded by Dr. Gilbert, "That the proposed amendments to the by-laws, now read, be published in the *Medical Journal* of Montreal."

It being now 6 o'clock, p.m. and the Board having been in session from 10 o'clock, a.m., without intermission, and no other business remaining to be transacted, the President ordered the names of the Governors present at the time of the adjournment to be entered on the minutes. The following were present: Drs. Marsden, Von Iffland, Sewell, Tessier, Marmette, Michaud, Gilbert, Russell (9).

The meeting was then adjourned.

R. H. RUSSELL, M.D.E.,  
Secretary for the District of Quebec.

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## MEDICAL NEWS.

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The attendance of students at the University of McGill College this Session is in excess of any previous year, notwithstanding the absence of a number who, last year, passed their primary examination, and are now serving in the Northern Federal army as Assistant Surgeons. The number of matriculated students is 179.

The formal induction of Professor Bell to the chair of chemistry, and of Professor McLean to that of the Institute of Medicine in Queen's College, Kingston, took place on the 10th of January, in the presence of Rev. Mr. Snodgrass the Principal, the Governors, Trustees, and the *élite* of the city. We congratulate them both, upon the honorable position they have been called upon to fill thus early in their professional career.



The number of students in attendance at the French Canadian school of Medicine and Surgery of this city is 69.

The Annual dinner of the students from the British North American Colonies attending the Universities of Edinburgh and Glasgow, took place in Edinburgh on the 24th of December last. These annual reunions take place alternately in the two cities named—the students of each being alternately the guests of the other. They are of an exceedingly pleasant character, as we can testify from personal experience, having been present at the one held in Glasgow in 1860. The feeling among the students seemed to be unanimously in favor of Confederation.—The annual death rate of the city of New York is 1 in 45.—Typhus fever is raging both in Glasgow and Greenock, Scotland. In the latter city, two physicians have, within a few weeks of each other, fallen victims to it, both being young men not over thirty years of age. Dr. Rowand has been appointed by government, port physician at Quebec; the salary is £300 a year. He has resigned his office of Visiting physician to the Marine Hospital.—The area to be covered by the new Hotel Dieu Hospital in Paris is 22,000 square yards.—The sum of £7,000 sterling has been raised at a Bazaar for the Convalescent Hospital to be erected in Glasgow.

The British Medical Journal says that the black troops in Ceylon have a much lesser mortality, than the white; but in the West Indies it is the reverse. In Jamaica, the death rate among the black troops was 30.25 per 1000 mean strength; among the white troops only 12.81. M. O. Flaherty, the principal medical officer in command, says black troops are to appearance strong, but when sick, nature seem to have little power to resist disease. They are only allowed two meals a day, one at 8 a.m., and at noon, leaving them twenty hours without food; but the medical officers have recommended the addition of an evening meal.

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DEATH.—We regret to have to chronicle the death of John Lawson Stevenson, M.D., of London, C. W. He expired at his father's residence on the 4th January, from scarlet fever. Dr. Stevenson was a graduate of McGill University, session 1855, and was only 31 years of age.

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*Errata.*—Page 313, line 19, for humid read tumid; line 25, for Mistura Camphora, read Misturæ Camphoræ; line 26, for Aqua distillato, read Aquæ distillatæ, page 314, line 6, for ol. Tiglii  $\frac{3}{4}$  ij. read ol. Tiglii 3 ij; line 13, for transpired on November 4th; read transpired; on November 4th, &c.; page 315, line 26, for Grey's Hospital reports read Guy's Hospital reports.