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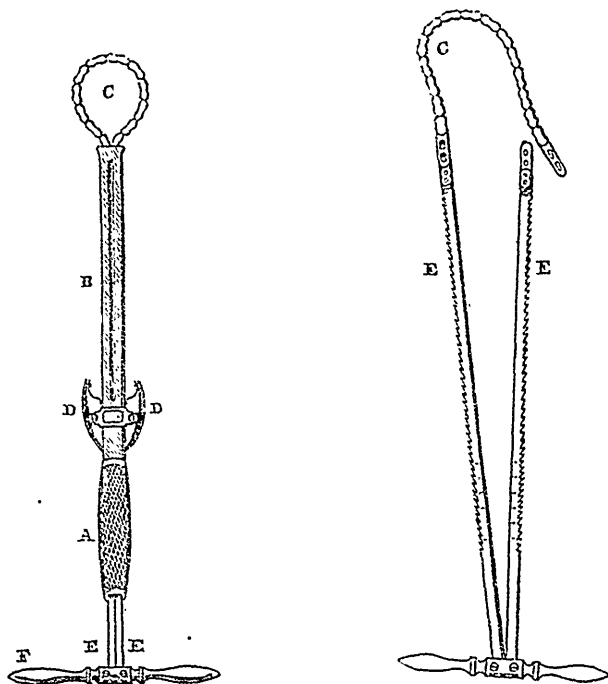
ORIGINAL COMMUNICATIONS.

ARTICLE XXI.—*Cases in Surgery.* By D. C. MACCALLUM, M.D., M.R.C.S.L., Professor of Clinical Surgery, McGill College; one of the Surgeons to the Montreal General Hospital, &c.

Case 3.—Removal of Internal Piles by the Écraseur Linéaire of Chassaignac.

The profession in France and Great Britain have lately been much interested in a new instrument, the invention of the celebrated Parisian surgeon Chassaignac, and called by him the metallic articulated ligature. He first brought it before the Surgical Society of Paris in the year 1850; but since that time it has undergone various modifications, and there are at present two or three different kinds of *écraseurs* in use. The one which meets with the approval of the inventor is manufactured by Matthieu of Paris, and is the one generally employed in England. The following woodcut, which I introduce with the view of facilitating the description and enabling the reader to comprehend better the peculiarities of the instrument, is an exact representation of a highly-finished and beautiful *écraseur* made by Messrs. J. & J. Ferguson, Giltspur Street London.*

* The price of this instrument is three guineas; but the Messrs. F. write me that they can furnish *écraseurs* made according to Charrière's pattern for thirty shillings. Should any of our readers feel desirous of obtaining one, they can do so by placing themselves in communication with Mr. Dawson, who will take orders for them.



The first of the above figures represents the instrument complete and in working order. It consists of B, a flattened tube or sheath of polished metal, measuring eleven inches in length and half an inch in width; the bore being about four lines by three. At one end is arranged a wooden handle, A; and just above the handle, on each side of the tube, a strong spring-catch, D, to play into the teeth of the two rods, E, which traverse the centre. As the tube is open at both ends, the rods may be readily removed. They are square metallic bars, perfectly smooth on their inner or applied surfaces, but notched on their outer sides. At one end they are firmly connected with a steel handle, F, by means of screws, and at the other they are furnished with small pivots, on which is fastened the chain, C. When the instrument is worked, it is held firmly with one hand by the wooden handle on the barrel, whilst with the other the extremities of the steel handle, into which the bars are fixed, are alternately raised and depressed. By these movements the bars alternately advance, the extent of the motion being deter-

mined by the spring-catches on each side, which slip into the teeth of the rods with a clicking noise; and as the rods advance, the space in which the letter C is placed becomes gradually smaller, until at length the chain, which forms its circumference, is drawn completely into the bore of the tube. The second figure exhibits the appearance of the bars and chain removed from the barrel. The chain does not differ materially from the ordinary chain-saw; it is, however, much heavier and stronger.

The object proposed by Chassaignac in the invention of the *écraseur* was the obtention of an instrument which should combine the safety of the ligature with something like the celerity of the knife. And in this he has completely succeeded; for although in its motion it is undoubtedly slower than the knife, it is more rapid than the ligature, and can be used in cases where the knife is wholly inadmissible. "Its action," says Mr. T. Spencer Wells, "is direct action; not indirect, like the ligature, which only divides tissues by the process of gangrene it induces. The *écraseur* first condenses the tissues it acts on, and then divides them with extreme regularity. The wound does not appear at all bruised or torn. When it acts on an artery, it first divides the two internal coats, which are folded up in such a manner as to plug the vessel. The closure is assisted by the agglutination of the outer coats before they are divided; and after separation has been effected, the closure is so perfect that the channel cannot be opened by blowing forcibly through it. Experiments have been made at the Veterinary School near Paris, and the carotids of sheep have been divided without loss of blood. There is nothing surprising in this, when we remember how seldom severe gunshot, lacerated, or contused wounds bleed; that a limb may be torn off by machinery and no blood be lost; and that bites are very rarely attended by hemorrhage. The lower animals have no occasion to apply a ligature upon the umbilical cord of their young: they simply bite it through; and the action of the *écraseur* is much more like that of biting than of crushing."

The *écraseur* has now been employed in a great variety of cases by Chassaignac, who appears to consider, like most inventors, that his instrument admits of almost universal application in operative surgery. He has employed it for the removal of hemorrhoids, prolapsed anus, polypi of the rectum, uterus, and nose; he has performed with it amputation of the breast, tongue, penis, and neck of the uterus,—extirpation of the testicle, tonsils, vascular and other tumours; and lastly, he has used it in the operation for fistula in ano, and the radical cure of varicocele. Mr. O'Doherty, in the Dublin Quarterly Journal for August, gives the following *résultats* of the results in eighty-four cases operated on by M. Chassaignac:—"1st. The inflammation which follows operation

by the *écraseur* is much less than that observed after operations by the bistoury. 2nd. Suppuration is diminished to an enormous degree; so much so, that after the operation for fistula or the removal of hemorrhoids, there is no need for dressing after the first two or three days: a little flour dredged on the wound will be enough. 3rd. The slight traumatic inflammation and little suppuration explain the rapid cicatrization which follows the *écraseur*. 4th. One of the most remarkable properties is that of being unattended with purulent infiltrations in the neighbouring parts, which so frequently follow operations with the knife. 5th. The pain attending and following it is much less than that following the bistoury. 6th. All hemorrhage, whether primary or secondary, is prevented in a certain manner; for not a single instance of nervous delirium, or of tetanus, has followed its employment. 8th. If it does not wholly prevent purulent absorption, it certainly diminishes the chances of this accident exceedingly; since out of the eighty-four cases observed, on one occasion only was there any evidence of its having occurred, and this was in the midst of exceptional circumstances which deprived the operation of its most essential qualities. 9th. Complete absence of the occasional accidents of ordinary wounds, such as erysipelas, hospital gangrene, inflammation of absorbents, abscesses, &c."

It is essentially necessary in using the *écraseur* that the part to be removed should be pedunculated. In many cases this may be easily effected by embracing the base of the tumour firmly in a ligature; but when the base is very broad, the part should be drawn well out from the surface and several long curved needles passed, in different directions, beneath it. A ligature should then be placed beneath the needles, and drawn tightly to form a peduncle. The chain of the instrument is next carried around the neck thus formed, tightened on it, and then made to crush its way through by working the handle. When a tumour is very large, or extends deeply into a canal, the best plan of procedure is to divide it into two separate parts by means of the *écraseur*, and having pedunculized each portion, to remove them simultaneously, using for this purpose, two instruments. One *écraseur* will answer quite well, but the time occupied will be much longer. To pass the chain deeply beneath a part, it is necessary to employ a long and curved trocar and canula, sufficiently large to admit the chain freely. This being made to traverse the base of the tumour, the trocar is to be withdrawn and the chain conducted through the canula by means of an attached piece of gum elastic bougie. The canula is then to be removed.

In the use of the *écraseur*, says Dr. MacLeod, "it is essential to proceed with slowness and great gentleness. The holding of the instrument firmly, so that it will not shake much during use is a matter of much

moment to the avoidance of hemorrhage. Though in many operations it will be sufficient to allow half or even a quarter of a minute to elapse between each movement, yet to avoid all fear of hemorrhage in the case of very vascular growths, it is well to give a minute to each link. This apparent slowness, and the absence of that 'dash,' so much coveted in the surgery of this country, and which this slowness prevents, is one reason why I believe the *écraseur* will not make such way as it otherwise might in England."

Case.—(Reported by Mr. Duckett.)

Catherine O'B., aged 24, a strong robust girl, a servant by occupation, was admitted into the Montreal General Hospital some time during the month of February, 1857, suffering from an attack of Periostitis. About the end of March, she complained to Dr. MacCallum of being much troubled with "bleeding piles." She stated that she first noticed them six years ago, previously to which, however, blood occasionally escaped from the bowels during defæcation. At first they were small in size, and protruded only during a motion; sometimes they disappeared entirely for months, but returned whenever she was exposed to cold, or suffered from constipation. Latterly they have increased considerably in length, and protruding at times during locomotion, they cause great pain and inconvenience. They always bleed during the passage of a motion, and sometimes so freely as to produce faintness, and subsequent debility. On examination, the anal orifice is seen to be surrounded with loose folds of skin, evidently the remains of external hemorrhoids. By slight straining efforts, three internal tumours are brought into view. They are somewhat pendulous; situated near the upper margin of the internal sphincter, and quite close to each other. The largest of the three is about the size of the extremity of the middle finger.

The patient having been prepared by the administration of a dose of castor oil the previous night, and an enema of warm water half an hour before the time appointed for the operation, she was placed on the operating table, lying on her side, her thighs flexed upon the abdomen, and her buttocks protruding slightly beyond the edge of the table. Chloroform being given to the extent of producing a complete anæsthetic effect, the largest of the hæmorrhoids was seized with a vulsellum and drawn down until it was quite external. A small firm ligature was then drawn tightly around its base, and a pedicle being thus formed, the chain of the *écraseur* was made to encircle it closely. The instrument was then worked, the interval allowed to elapse between each movement of the handle being half a minute. An assistant, holding a watch in his hand, gave notice whenever the thirty seconds had expired. At the termination of twelve min-

utes from the commencement of the operation, it was noticed that a small portion of the mucous membrane remained unsevered, and that a portion of the tumour was being drawn into the sheath of the instrument. This necessitated the relaxation of the chain for the purpose of drawing the tumour well out, and extending it firmly. Being tightened around it once more, and the handle worked, it soon accomplished the complete detachment of the hæmorrhoid. The whole time occupied was fifteen minutes. No hæmorrhage whatever occurred, and the resulting wound was a mere line. The two remaining tumours were removed a few days afterwards. They were included in the same ligature, and consequently taken away together. After this latter operation the patient lost fully eight ounces of blood, attributable to the circumstance of her having once started suddenly during the course of the operation. The wound in both instances healed with great rapidity.

ARTICLE XXII.—*Observations on the Pelvic Viscera*, by M. F. COLBY, A.M., M.D.

The importance of the functions performed by the viscera of the pelvis, with their associate connection and great sensibility, renders their functional actions, as to their influence on each other in their abnormal state as well as their morbid influence on remote parts, in their disturbed manifestations, a subject of too much consequence not to engage the close attention of all engaged in the practice of medicine. They all receive the same nerves not only cerebral but spinal and splanchnic, and of course possess all the sensibility and contractility of both the animal and organic life. In all their functional acts the rectal apparatus, which I alluded to in the August number of your Journal, is brought into requisition. It is thus that their functions become identified with those of the descending bowel.

To illustrate some of these influences, I beg to refer to a few cases out of the many which have passed under my observation, and which have a bearing on the subject. Mrs. C——, of this Township, whose case, as a clairvoyant, I reported in the Boston Medical Journal, some 18 years ago, was a woman of refinement, highly intelligent, strictly religious, and possessed a high moral standing. In early life she had inflammation in the pelvic viscera which resulted in closure of the uterine walls, and the menstruation which occurred in after life, proceeded from the upper part of the vagina. These facts I did not know while she lived, but in my report I stated as a remarkable fact, that her menstruation had been uniform—never profuse or in excess—and that leucorrhœa did not cause the

usual faintness and palpitation of the heart, and that her pulse under all circumstances had been uniformly about 80. In the different periods of illness, in which I attended her, there was in all a most astonishing development of sensibility. She would, at times, remain unconscious for several days, still her muttering indicated intense suffering from pain in the head. At other times she would remain totally blind for several days, yet she appeared susceptible to light, as a candle brought into the room would cause vomiting followed by general spasms.

She was subject to turns of reverie in which the mental powers seemed poetically developed, as she would change all subjects introduced, into poetry on the instant. Her religious and other lectures given in her reveries were pre-appointed by herself and given with perfect regularity. It appeared in some of them that all vitality was concentrated about the head as her face would be flushed, while the surface and extremities became cold and pulse scarcely perceptible.

At times she was remarkably clairvoyant, and would tell the time and read the smallest print in total darkness. We gave her a very small testament in one of her reveries, I drew up the bed clothes between her eyes and the book, and she read a part of the 5th chapter in Matthew, and part of one in Revelations. During this time her eyes were closed and the room without light. She also read the very small print under the picture of Christ instructing Nicodemus. My wife and Dr. Barnard, now of Texas, were present with others. In the post mortem I first mistook the stomach for the colon. It was about 10 inches in length and 2 in breadth. In cutting, it had the brittleness of tendon, and altho' she died of peritonitis the stomach did not appear inflamed. The walls of the uterus from appearance had been closed before menstruation ever took place. The upper two thirds of the vagina was full of red points from which the menstrual blood had flowed. These were rather pores resembling those in hogs leather. The brain was healthy in appearance but somewhat engorged with blood.

A case occurred about four years ago which illustrates the functional character of the descending bowel. I was called to counsel with Dr. M. The woman had been sick, as they supposed dangerously, about three days. She had most violent periodic pains in the line of the descending bowel. Dr. M. had bled, cupped and given her physic without relief. The latter they said operated well. She told me that she had, at times, got relief from change of position, yet the pains would return. She had none in the transverse colon or in the small intestines and altho' she was free from tenesmus and dysuria, I suggested an examination. I could not reach the os-tinctæ with the finger, but on passing the finger up the rectum I found that the uterus had fallen directly back and was so firmly

pressed against the sacrum that I was not able to move it. I prepared from cloth dipped in melted wax, two bougies, one I passed into the vagina the other into the rectum. After raising the hips these were passed upward, and I removed the uterus from its impacted state. The patient was then well. While present I noticed the peculiar parturient character of the pains in their periodicity. There had been no tenesmus for the fixed state of the rectum would not permit its being raised by the levator muscles. Had there been stricture of the rectum there would have been tenesmus and pain extending to the transverse colon and perhaps to the small intestines. In this case both the rectum and uterus were firmly fixed and the pain in the descending bowel assumed a parturient character. I see a case lately reported in Braithwaite in which small pieces of wood had been passed into the os-uteri. The only symptom produced, was a continued tenesmus, till they were removed, and more recently I see a case of hemorrhage from the rectum which could not be relieved till the os-uteri, which was found diseased, was cauterized. I have no doubt but ergot acts on the uterine system through the medium of the descending bowel. I have long used small doses of castor oil as a parturient in lingering cases. Ergotine has been of late used successfully in dysentery. I think both ergot and nux-vomica thrown up the bowel in enema would act as a parturient.

The peculiar symptoms in hydrophobia point to the rectum as its primary seat. If it should prove so, strong anodyne injections alternated with nitrate of silver, might prove successful. In this case they should be very strong. It would not be possible in the limits of an article in your journal, to enumerate all the cases bearing on this subject. I feel very sure that eight tenths of all cases in insane asylums will be found connected with disordered states of parts connected with the pelvic viscera. The late epidemic colonitis in this village presented one remarkable phenomenon. In some places there would be a sudden cessation of the dysenteric discharges and nothing except a watery fluid pass—at the same time symptoms of infantile cholera would supervene, such as retching, spasms in the extremities, cerebral symptoms and death. The upper part of the rectum was spasmodically contracted so that a bougie could not pass, while the lower part of the rectum was open and relaxed. In such cases occurring in the adult an infusion of 5 or 6 grains of opium, if it could be thrown up the rectum and retained would relieve the spasmodic contraction in 15 minutes and the usual discharge would follow. In one case not a drop could be thrown up, the rectum was so firmly contracted. In this case I directed belladonna to be thrown into the vagina with the same favorable results. In one case this spasmodic state was brought on at two different times by cathartic medicine.

In females of plethoric habits and great sensibility subject to periodical loss of consciousness, usually there will be found constipation from a strong contractile state of the rectum. The neck of the uterus is generally rigid from the same cause. It appears that the natural stimulus of the blood together with periodicity, is too much for the sensitive organ and the disturbance is felt in the sensory ganglia, and a loss of consciousness for a time is the result. This may be permanent and result in death. I saw a case lately in which the patient remained unconscious for twelve weeks. Previous to her marriage—eight or ten years ago—she was remarkably sensitive in the pelvic organs. She was much troubled with hemorrhoids with great sexual sensitiveness. This was followed by peculiar spasmodic affections about the throat. The same nerves are sent to the throat that supply the pelvis and arise near the sensory ganglia. After the birth of her first child she remained well till about a year since, when the same irregularity of the functions of the pelvic viscera returned which was soon followed with this loss of consciousness. Post M.—Brain showed rather a paucity of blood. The first inch of spinal cord contracted to one third its normal diameter and as hard as a whipcord. No lesion of the brain except a little hardness near the point where the cerebral nerves emanate which supply the pelvic organs and the throat. An examination of the pelvic viscera was not permitted.

This is the 2nd case which I have seen, evidently of pelvic origin. The first case was in a man some 30 years ago. He had been slender in form. He became subject to occasional loss of consciousness which usually continued three or four days. If food could then be forced into his stomach he would revive. Prof. M. advised a course of spirits turpentine for worms. Prof. S. advised a course of blue pills. Dr. A., an eminent physician in Vt., advised frequent bleeding, considering the case apoplectic. After adopting this course he became corpulent, and at his death his weight was over 200 lbs. When he applied to me I enquired into the state of the sexual system, he told me of his excesses and said that for years so great was the sensitiveness that he could not pass near a female without seminal loss. When he died I understood he had been unconscious for 9 days. I was sent for to examine the body—brain normal in appearance but much engorged. The first portion of the spinal cord for an inch, shrunken to half its usual size and flabby. There were no worms. The large bowel was ulcerated at certain points, but as my record is now lost I cannot now tell at what parts. The testicles shrunken to less than half size and flabby. The duodenum was coated with a tenacious mucus.

I should have mentioned that in the cases called dysentery like that above described, there is an extension of inflammation to the muscular

coat. It is not true dysentery but has been called so these five or six years back, in New England, where it has prevailed extensively. What I wish to call attention to is the fact that when the disease is confined principally to the ascending and transverse colon there are no cerebral symptoms altho' the fever and discharges are equally bad. But in cases where the descending bowel and the rectum are its principal seat there will be aberration of the mind or coma. In these cases the rectum will often be purple, and leeching it is the most direct means of removing the stupor. The seat of the disease can be ascertained by careful pressure in the course of the large intestine, as the part affected will be tender and perhaps slightly hard.

Stanstead, C. E., 18 Nov., 1857.

ART. XXIII.—*Puerperal Vomiting cured by the Induction of Labor* ;
By FRANCIS W. SHERIFF, M.D., L.R.C.S.E.

Having recently read your article on Professor Cazcau's late work on the Diseases of Pregnancy, &c., I thought it might be interesting to some of your readers to relate a case of severe Puerperal Vomiting which lately came under my care. My patient, Mrs. Moore, first consulted me four years ago, being in the eighth month of her fifth pregnancy. She complained of almost constant vomiting, and had been reduced to great debility by absolute inanition. A few doses of hydrarg. cum cretà and opium checked the vomiting, and she was delivered of a healthy child at the proper time. The placenta was retained, and she had considerable hemorrhage before I reached her residence, which was about nine miles distant. She became anæmic and was confined to bed for nearly three months. She eventually was quite restored to health, and has not been pregnant since until this time. On the 26th of July last I was requested to visit her. I found her apparently healthy, and robust looking, pulse natural. She stated that she was in her seventh month of pregnancy and that since its commencement she had vomited a great deal, but that lately it had become much more troublesome, and that she was afraid of relapsing into her former condition, as her bowels were rather costive. I prescribed the pills and a mixture of chloroform and tinct. lavand. comp. and at the same time paid great attention to the state of her bowels. On the 10th of August I was again called to visit her. She stated that since the 7th, the vomiting had been almost constant, that she retained nothing on her stomach and that she vomited a great deal more than she swallowed. She complained of great thirst, pain in the epigastrium, great anxiety and restlessness, and was urgently calling for relief. Pulse 120 of good

strength, breath foetid, having the odour of chloroform. I bled her to the amount of $\bar{5}$ viii without causing fainting, and prescribed at different times calomel and opium, senna, enemas, warm applications to the epigastrium, creosote mixture, &c., but all of no avail, the vomiting continued as bad as ever. The swallowing of a little fluid of any kind was almost immediately followed by great retching and vomiting. The fluids vomited were colourless and inodorous, and largely exceeded what had been swallowed. In addition to the medicines prescribed, I ordered nourishing enemas to be frequently administered.

11th, symptoms rather more favourable, vomiting not so severe, and has slept a little, complains more of debility, skin rather cool. Has retained a little opium, which she thinks has relieved her.

12th, 8 a.m.—Is much worse, vomiting as bad as ever, extremities cold, skin wrinkled and withered like a person in collapse of cholera. Has very great anxiety, and calling urgently for fresh air. Had to get her bed elevated to the height of the window so that she might have her head in the open air. Pulse 130 weak and variable. As it was evident that death must soon ensue if relief was not obtained, I determined to bring on labour; but before doing so, I requested that Dr. Anderson, a neighboring practitioner, might be sent for. He arrived at 3 p.m., and agreed with me on the propriety of immediately inducing labour. I introduced a flexible catheter into the uterus, ruptured the membranes, and drew off about 8 oz of liquor amnii. My patient was relieved almost immediately, and the vomiting ceased. I prescribed 1 drachm of tincture of Ergot every two or three hours, supporting her strength at the same time with stimulants and nourishing enemas. She remained easy and comfortable all night, and next morning, about twelve hours after the rupture of the membranes, labour pains came on, and continued regularly all day, but at long intervals. About 8 p.m., I administered an enema of infusion of ergot, which soon had a most powerful effect, and within an hour afterwards she was safely delivered of a living child which cried lustily. It, however, lived only about eight hours. My patient rapidly recovered, and in two or three weeks was entirely restored to her usual health. In this case so urgent were the symptoms and so rapid had been the approach of sinking and collapse, that I have no doubt that the delay of the operation for a few hours more would have proved fatal. From the immediate relief experienced after drawing off the liquor amnii, it would appear as if the cause of the vomiting had been the pressure of the gravid uterus.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

ART. XIV.—*Lectures on the Diseases of Women.* By CHARLES WEST, Fellow of the Royal College of Physicians; Examiner in Midwifery at the Royal College of Surgeons of England; Physician Accoucher to St. Bartholomew's Hospital, and Physician to the Hospital for Sick Children. Part 1. Diseases of the Uterus. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson. 1857.

Dr. West is one of the few physicians who feel that in return for the opportunities they have had of attending an hospital, they lie under an obligation to the profession at large to communicate the results of the experience or information acquired for its improvement; in short that he has enjoyed a privilege, and now desires to discharge the obligation. Whether this opinion be sound or not, is open we believe to doubt, since in the first place it may be retorted that an hospital attendant owes the profession positively nothing for his appointment, inasmuch as he does not receive it from this body; secondly, that he is the servant of the public by whom virtually he is placed in his office of responsibility; and lastly, that the public look for no other return than a faithful and skilful discharge of the duties upon which he enters,—which it is not too much to say may be rendered at least as efficiently when the real necessities of the patients are properly ministered to, as when the unfortunate persons are merely used as vessels for novel experiments and spectacles of strange observations. We are far from implying that physicians in attendance at an hospital should disregard the interests of the profession; when these can be conjoined with the grand intention just contended for,—undoubtedly the accomplishment is most praiseworthy and beneficial; but we still disclaim against its being considered a requirement that can be justly expected, and do uncompromisingly deny that it is an imposed debt that must be discharged.

The present part which within the next three years will, with the endeavor of the author, be followed by a second,—is upon the disorders of menstruation, and of the structural affections of the uterus, including misplacements and outgrowths, and its entire matter is distributed through twenty lectures. The reputation that Dr. West acquired from his former productions, particularly that upon diseases of infancy and childhood, will secure for this important addition to obstetrical literature, general attention, and a favorable reception; and we shall be disappointed if upon examination it does not prove well worthy of its antecedents. Personally we regard it as a work especially meriting character from the

original and industrious researches of the author, since through these it tends to modify, sustain, impeach, or advance the knowledge usually entertained and promulgated upon the pathological section into the discussion of which it enters.

The class of diseases always urging a strong claim on our considerations is that for which hitherto we have found no efficient remedy, which occur, as Dr. W. beautifully observes,—“when nature’s alchemy has well nigh reached its end, and the power to transmute the rough material into the highly organized and wonderfully complex tissues of the body is almost gone.” This marked class produces a product which insinuating itself into parts to which it is most incongruous in structure, places them in such a condition of heterogeneity as no longer to be amenable to the treatment, which under judicious employment, is effective in accomplishing the certain removal of the more homologous exudations of diseased action. The general account our author gives of malignant diseases is highly interesting and very instructive. In reference to the prevalence of the different species of the common genus, he says,—“of a hundred and twenty cases of uterine cancer, of which I have a record, the disease appeared, from an examination during the patients’ life to be of the medullary kind, in a hundred and eight, epithelial in ten, and colloid in two, while in not a simple instance did I recognize the characters of schirrus.” The rarity of true carcinoma is thus shewn, contrary to the opinion, of former days, of its relative frequency. There is reason for believing that in many alleged cases the name has been undoubtedly misapplied. Concerning the comparatively rare presence of the lesion in the married and in the single, in the fertile and sterile female it is observed. “Though ample proof to the contrary has been long since adduced, we still find it asserted sometimes that single women and those who have had no children are most liable to be attacked by cancer. The truth appears to be the direct reverse of this statement; for out of 118 of the 120 cases on which my remarks were chiefly founded, there were but two in which the patients were single women, and only seven in which they were sterile; in other words, there was but one sterile marriage in every 16.6 of the cancer patients, while the general average among my patients at St. Bartholomew’s Hospital was 1 sterile marriage in every 85.” We take it the last averment refers to patients with all diseases generally. “Nor is this all; but the further we carry this inquiry, the more strikingly does it appear,—not that sterility, but rather that overfecundity predisposes to uterine cancer.” In order to exhibit by statistics the results of labor in parturient women suffering under malignant disease he has thrown into a tabular arrangement the experience of several previous writers, and from these the general conclusions

that may be summed up are, that in 74 labors, 41 mothers perished in or very soon after labor, and 33 recovered from the effects of the delivery. In 71 instances when the fate of the child is announced there were only 26 live births, the remaining 47 infants being dead. Dr. West considers 15 months to be the average duration of life in uterine cancer,—this expression it will be observed is different to a rather popular notion, that the patients with schirrus have the gloomy prospect before them of several years of irremediable anguish. In reference to the three most common symptoms by which its course is denoted, viz: pain, discharge and hæmorrhage. We learn from 116 cases investigated by Dr. W. pain of various kinds and of various degrees of intensity existed in 19, 8 per cent.; hæmorrhage generally profuse, without pain in 43, 1 per cent.; hæmorrhage accompanied by pain in 11, 2 per cent.; pain and leucorrhœa or watery discharge, sometimes offensive, in 10, 3 per cent., and leucorrhœa or other discharge without pain in 15, 5 per cent. Each of these three great indications is fully examined, and its signification duly weighed. With regard to the last named, we are informed. “Contrary to what is still laid down in some books, bleeding so far from being a proof that the disease has reached the stage of ulceration is often the earliest sign of its existence, since it is mentioned in 43 per cent. of the cases as preceding any other ailment.” And the practical advantage of remembering this truth depends upon the use, to which it may be turned, by preparing the practitioner for the development of a formidable disease, when outwardly the bleeding appears to be causeless, and inducing him to attach a more grave importance to the occurrence than to a superficial observer the case seems to justify. The form in which the bleeding first shews itself is very various. Sometimes it is a draining of blood, not profuse, but continuous, resembling the discharge of an ordinary menstrual period, except that it may not have come on at the right epoch, and that it generally continues for a longer time until it excites anxiety by its persistence, or in other instances, by the frequency of its return. . . . It is, however, more common for hæmorrhage to take place either at the menstrual period, or a day or two after its cessation; but though an ill-marked periodicity is generally observable in all hæmorrhages from the womb,—whatever be the cause, and whatever the age of the patient in whom they occur, it is certainly unusual for menstruation in cases of cancer to continue regular in its return. . . . A few cases occur of a single profuse outbreak of blood, not followed by any return of hæmorrhage, or merely by occasional admixture of sanguineous fluid with the discharge which takes place at other times. . . . The source of hæmorrhage continues to be the same, after ulceration has taken place, as it was before, and the blood is furnished much

less by the diseased surface than by the whole mucous membrane of the womb. . . . There is no stronger evidence that the ulcerated surface furnishes but a small part of the bleeding than is afforded by its invariable diminution, often by its complete cessation in the advanced stages of cancer,—while in not a few instances in which the process of ulceration has been most rapid, and the destruction of tissues most extensive there has been, but little bleeding or hæmorrhage, entirely confined to the outset of the disease.”

The researches of recent times into the histology of Cancer generally has served by application to improve and systematize the descriptions of special examples previously admitted though vaguely understood. Of this circumstance the subject under notice presents a remarkable illustration. Formerly it was the custom to describe a variety of affections of the os uteri in such a style as to lead the reader to consider each one a separate disorder, having no community with the others. This method and idea caused a natural estrangement of the whole number, and left no settled convictions behind as to the true nature or inherent dissimilarities of the lesions themselves. Such an arrangement was purely arbitrary, and excluded every trace of those happy generalizations that had served to simplify and we may add elucidate kindred topics. The cauliflower excrescence was thus understood to be a specific lesion, and of peculiar development. Since, however, the discovery of the modes of origin and of progression of cancer, we are prepared to understand that cauliflower excrescence is but a variety of the epithelial form of the latter disease. Dr. West accordingly tells us:—“The epithelial cancer of the uterus presents itself under two forms; either assuming the character of a granular outgrowth from the lips of the uterus, or else of an intractable ulceration of their surface. In its most characteristic form, the first variety is the *cauliflower excrescence* of Dr. John and Sir Charles Clarke. But of far more common occurrence are cases which, though essentially the same, present points of difference approximating them to ordinary medullary cancer.” He then proceeds to set forth in order the distinguishing anatomical features of the forms of disease to which reference has just been made.

But with all the advantages of modern studies, some uterine affections are still confessedly occult:—to wit, the corroding ulcer of which our author fitly observes;—“Its real nature has given rise to much difference of opinion, and the rarity of the affection has been a great obstacle to the thorough understanding of its nature. There can be no doubt, however, but that it might be classed with rodent ulcers, as indeed it has been by all recent microscopic observers, for like them, its aspect, rate and mode of progress are unlike those of cancer, while neither cancer-

cells nor epithelial formations are present in the adjacent tissues.' Our readers will perceive from the quotations we have made, with what acumen and minuteness the subject is discussed in the work intitled above, and this one is but an exponent of its fellow topics. We are satisfied Dr. W. has executed his task with no ordinary fidelity and ability and whatever fault we may have had with him in the beginning, we have none as we proceed, and we take our leave with feelings of admiration of his industry, and reasons for the strong recommendation of his volume.

ART. XV.—*Diseases of the Skin*.—By ERASMUS WILSON, F.R.S. Fourth American from the fourth and enlarged London Edition. Philadelphia, Blacard & Lea; Montreal, B. Dawson; Quebec, Middleton & Dawson. 1857. p.p. 649.

From the number of pages it will be seen by those familiar with former editions, that the present has undergone a considerable enlargement, and forms a volume nearly as large again as the dimensions of the edition first issued. A new system of classification has been arranged which has been based upon the cause of the particular disease; such a method, it is conceived, will be less objectionable than the older ones founded upon different principles. The inconvenience that former readers may experience from this alteration, which is an illustration of the uncertain and arbitrary character of classifications generally, will be more than compensated for if the order is one more consonant to the features or peculiarities of natural occurrences, every advance in such a direction being by so much a nearer approach to truth. Cutaneous diseases are grouped together into five genera, viz; into those arising from 1. General Causes. 2. Special External Causes. 3. Special Internal Causes. 4. The Syphilitic Poison. 5. Animal Poisons of unknown origin, and giving rise to Eruptive Fevers. The first genus, as may be expected, is a very extensive one, and comprises many of the most diverse affections, for from "general" causes ensue such opposite disorders, as Erythema, Erysipelas, Lichen, Eczema, Anthrax, Purpura, &c., between which there is not the least specific alliance or inherent resemblance. And we are not sure but some who are not given to dogmatize on controvertible points, will withhold their assent from so widely separating the first and the last genera, as it is by no means a settled matter that Erysipelas, Furunculus, Purpura, &c, accredited effects of "general" causes, are not the results of "animal poisons of unknown origin." Besides the above subdivisions which are instances of diseases

affecting the general structure of the skin, there is superadded a second tribe, the individuals of which affect the special structure of the skin, and in these latter we observe the original design is given up, there being no attempt made to refer them to distinctive divisions according to their causes. They are simply sub-classed according as to whether they be seated in the vascular, nervous, papillary or pigmentary structures, the sudoriparous or sebiparous organs, the hair follicles with the hair, and the nail follicles with the nails. The present edition is enriched by several new chapters, viz; upon *Classification, General Pathology of Skin Diseases, their general Therapeutics, Furuncular diseases, and the Diseases of the Nails and Nail follicles.* Furthermore, in the words of the author contained in his preface, "To the chapter on Diseases arising from Special external causes, I have added *Malis, Ambustio and Gelatio*; to the chapter on Diseases arising from Special Internal causes, *Scrofuloderma and Elephantiasis*; and to the chapter on the Diseases of the Sebiparous Gland, a short article on the *Malignant Tubercle of the Skin.*" We have now endeavoured to mark the principal changes and addenda which characterize this edition, and we feel they are of such a nature as will tend to maintain the reputation of its distinguished author for the scholarship and industry which his previous publications have displayed, while by increasing the value of the original work, they must serve to secure an extension of public patronage. Words of praise, however; upon its general execution, in favor of a treatise so generally esteemed as Wilson "*On the Diseases of the Skin,*" are, we conceive, altogether unnecessary.

ART. XVI.—*The Medical Students' Vade-Mecum.*—A Compendium of Anatomy, Physiology, Chemistry, Poisons, Materia Medica, Pharmacy, Surgery, Obstetrics, Practice of Medicine, Diseases of the Skin, &c.—By GEORGE MENDENHALL, M.D., Professor of Obstetrics and Diseases of Women and Children in the Medical College of Ohio; Member of the American Medical Association, &c. Fifth Edition, revised and greatly enlarged; with 224 Illustrations. Philadelphia, Lindsay & Blakiston; Montreal, B. Dawson; Quebec, Middleton & Dawson. 1857, p.p. 692.

The title page we should say was complete, the work incomplete. Turn any where, right or left, and incompleteness is the order of the page. *E. G.* "BISMUTH, U.S. What preparations of Bismuth are used medicinally? The subnitrate or white oxide, it is tonic and antispasmodic. Dose 3 to 30 grains in powder or pill." "HEMLOCK *Conium*, U. S. What is the dose of the *Conium Maculatum* or Hemlock? Of the pow-

dered leaves 3 or 4 grains; of the extract or inspissated juice of the leaves, 3 grains; tincture, ʒ ss. to i. "*Dislocation of the Clavicle* How many ways may the *Clavicle* be luxated? It may be luxated at either end; and the sternal portion in three directions, *forward, backward and upward*. They are all easily distinguished by their peculiar deformity. What is the treatment? The same as for fracture of the same bone." "CHRONIC GASTRITIS. What are the Symptoms? They are very similar to the acute form, only less violent and long continued with disordered action of all the functions of the stomach. What is the treatment? It may be treated on the same general principles as the acute." The extracts are complete, the information incomplete. The production is but a cobble and one too of a very sorry kind. If its coactor and other like cobblers would take our advice, they would give up anatomizing, in such fearfully slicing manner, the poor body and bones of medicine, cease from their raw manglings, and no longer pass off the scanty morsels for the entire subject.

ART. XVII.—*The Practice of Surgery*.—By JAMES MILLER, F.R.S.E., F.R.C.S.E. Surgeon in ordinary to the Queen for Scotland; Surgeon in ordinary to His Royal Highness Prince Albert for Scotland; Professor of Surgery in the University of Edinburgh; Consulting Surgeon to the Royal Infirmary, &c. Revised by the American Editor. 4th Edition, from the last Edinburgh edition. Illustrated by 364 Engravings on Wood. Philadelphia, Blanchard and Lea; Montreal, B. Dawson; Quebec, Middleton & Dawson.—1857, p.p. 682.

We believe we have on a former occasion expressed the high estimation in which we regarded Mr. Miller's text book on Practical Surgery, and it now affords us pleasure to be able to renew our favorable opinion; it being always a mark of soundness when time or familiarity breeds no contempt between acquaintances. Intended probably at first as an assistant to the students of his own class, its merits soon recommended it to the attention of students elsewhere, among whom it is, as far as we know, received as a standard authority, clear and learned, trusty and weighty; but not confined to even this large body of aspirants, it soon secured the light of the countenance of even practitioners,—and it is not an insignificant sign of its value to know it has maintained through a series of years the good opinions it first drew forth. No one professing to have a medical library will be without Miller on its shelves.

ART. XVIII.—*The Canada Directory for 1857-58*; containing names of professional and business men, and of the principal inhabitants in the cities, towns and villages throughout the Province; alphabetical directories of banks, benevolent and religious societies, clergy of all denominations, crown land agents, custom-houses and officers of customs, governmental departments and employés, militia, newspapers and periodicals, ports of entry, registrars, post office department, post offices and postmasters, with statements of imports and exports, provincial debt, revenue, expenditure, revenue from canals, trade, population, school acts, tariffs of custom, &c., and railway and steam-boat routes throughout Canada. Corrected to November, 1857. Pp. 1544. Montreal: Printed and published by John Lovell. Price \$5.

We are rejoiced at the completion of this truly great work. It is, in every respect, a credit to Canadian enterprise. The public spirit of Mr. Lovell in assuming the onerous responsibilities connected with the publication of a work demanding so much labour and expense; the promptitude with which he formed his arrangements, regardless of cost, to bring it to a speedy and successful termination; and the energy he displayed in carrying out those arrangements, are equally deserving of the admiration and thanks of the entire community. It is scarcely necessary for us, we conceive, to advise our readers to come forward to the support of the publisher and purchase a copy; for the Canada Directory contains such a fund of information relating to our country, that it must certainly be regarded as a book indispensable to every educated family.

ART. XIX.—*Essay on the Insects and Diseases injurious to the Wheat Crops*. By H. S. HIND, Esq., M. A., Professor of Chemistry at Trinity College, Toronto. Pp. 139. Toronto: Lovell & Gibson.

Essai sur les Insectes et les Maladies qui affectent le Blé. Par EMILIEN DUPOUT, Ecr., de St. Joachim, Comté de Montmorency. Pp. 38. Montreal: J. Lovell.

Canada, in common with other countries, has suffered so much from the destruction of the wheat crop, by different insects, it was a very proper step on the part of the Minister of Agriculture to offer three premiums—£40, £25, and £15—for the three best Essays on the "Origin, nature and habits,—and the history of the progress, from time to time,—and the causes of the progress, of the weevil, Hessian fly, midge, and such other insects as have made ravages on the wheat crops in Canada, and

on such diseases as the wheat crops have been subjected to, and on the best means of evading or guarding against them." Professor Hincks, of University College, Toronto, and Prof. Dawson, of McGill College, Montreal, were named as a Committee, by the Boards of Agriculture for Upper and Lower Canada, to decide upon the merits of the several essays. Twenty-two essays were received by the Committee; and, having been duly examined, the *First Prize* was awarded to Prof. Hind; the *Second Prize* to the Rev. George Hill, Rector of Markham; and the *Third Prize* to Emilien Dupont, Esq.

The Essay of Professor Hind is a well arranged, elaborate production, and exhibits a familiarity with entomology, as well as careful and extensive research into what has been heretofore observed on the subject on which he writes. That of M. Dupont, while less pretentious, is a very creditable essay, containing a great amount of theoretical and practical information. Every farmer should furnish himself with a copy of these prize essays, study them thoroughly, and put into practice their excellent directions.

THERAPEUTICAL RECORD.

(*Virginia Medical Journal.*)

Collodion in crysipelas.—Dr. Baumann, employs collodion in all cases, and has found it, even in several cases of erysipelas of the face, and in one case of phlegmonous crysipelas of the thigh, highly useful. He first gives an emetic, and then daily applies the collodion to the parts. The recovery is rapid, and no ill consequences have been observed.—*Schmidt's Jahrb.*

Iodide of mercury in acne.—M. Hardy of the St. Louis relates several cases of obstinate acne, to show the great efficacy of the iodide. The following ointment is applied daily, viz: 12 to 15 grains of the protoiodide of mercury, or 2 to 4 grains of the bi-iodide to an ounce of lard. A temporary increase of irritation is followed by progressive amelioration, and even very bad cases yield after from one to three months' treatment. When the indurated form of acne is predominant, and the skin and cellular tissue are greatly hypertrophied, equal parts of the bi-iodide and of lard may be applied every ten days, from four to eight applications usually sufficing. The great pain that attends the application of this last, and which continues for some hours, should, whenever possible, determine us to employ only the weaker ointment.—*Moniteur des Hop.*

Oil of naphtha in ringworm (teigne favosa).—Dr. Chapelle says he has found the following procedure the most successful of any that he has tried:—The hairs are to be cut short, the creamy fluid let out of the pustules, and the crusts removed by linseed poultices. The denuded surface is then to be covered with a thin layer of oil of naphtha, over which a flannel compress is to be placed, the whole being secured by an oil silk cap. The application is to be renewed twice a day, first well washing the parts with soap and water; and the surface of the scalp is to be carefully searched, in order to detect any small favous pustules that may have appeared. These must be pricked with a pin, the matter removed, and the surface covered with the oil. This evolution of pustules is successive, so that the hair must be kept short in the vicinity, that their advent may be watched. This application secures the rapid abortion of the pustules; but when the scalp is too tender to bear it, it should be mixed with other less irritating oils, of which the *huile de cade* (empyreumatic oil of juniper), is one of the best.—*Gaz. des Hop.*

Perchloride of iron in disease.—M. Deleau says, that after employing this in hemorrhage in general, he has gradually extended its use to uterine hemorrhage, leucorrhœa, gonorrhœa, chancre, vaginal ulceration, and scrofulous affections. After thus trying it during two years in his hospital with eighty beds, he concludes:

1. That the perchloride may be employed internally or externally without any danger.
2. That it is the most powerful hæmostatic known.
3. That it especially exerts its therapeutical effects on the mucous membranes, as in gonorrhœa, leucorrhœa, bronchial catarrh, etc.
4. That it is an antisyphilitic.
5. That it is a powerful agent in scrofulous disease.—*Comptes Rendus.*

PERISCOPE.

Phthisis Pulmonalis.—On the presence of elastic pulmonary fibres in the sputa of phthisical patients, as a certain sign of the existence of a vomica. By J. L. C. SCHROEDER VAN DER KOLK, Professor in the University of Utrecht. Translated from the Dutch by WILLIAM D. MOORE, A.B., M.B., T.C.D., Honorary Member of the Swedish Society of Physicians.*

* Several years have elapsed since I first became acquainted, through the medium of Herr Ekströmer's Swedish translation, published in the *Hygien* for January, 1850, with the valuable observations of Professor Schroedervander

Physicians have long felt the importance of discovering a certain sign by which the sputa of a phthisical patient might be distinguished from those coughed up in a chronic catarrhal inflammation of the lungs; and as a copious formation of pus occurs in the former, the attention of observers has been chiefly directed to the acquirement of an adequate distinguishing mark between purulent sputa, and those containing only thickened mucus. It is well known that even Hippocrates* has stated that pus, when burned, emits a foetid odor, and that it sinks in sea-water, while mucus does not.

This inquiry, not only as to whether it may be possible in reference to sputa, to ascertain whether they consist solely of condensed mucus, or contain pus, but also whether we might be able in them to distinguish the matter of pulmonary tubercle, and so be in a position to decide on the existence of a vomica, and to recognize phthisis pulmonalis in its commencement, has given rise to very many different experiments and propositions, of which, unfortunately, not one has, as yet, led to any certain result.

Formerly it was attempted to discover the difference chiefly by chemical means; and it is well known that our Brugmans thought he had attained this object, inasmuch as he believed that pus was capable of undergoing acid fermentation, while mucus was not.† But the mistake was here committed of seeking a distinguishing mark between pure pus and pure mucus, and endeavoring to make this applicable to purulent mucus. Pure pus is, however, so easily discriminated from pure mucus by the eye alone, that in ordinary practice, we need no chemical aid for this purpose; while on the contrary, experience shows, that the several means of distinction are wholly useless, when applied for the purpose of diagnosing with certainty, pure thickened mucus from mucus in which pus is at the same time present, since, in the several degrees of admix-

Kolk, upon the above important subject. These observations have been briefly alluded to in the 22d volume of the *Dublin Quarterly Journal of Medical Sciences*; and very fully in the second volume of the present series of this Journal, in a review, by Dr. Banks, of Dr. Biermer's work, "Die Lehre vom Auswurf;" but considering it desirable that we should possess a translation *in extenso* of the memoir in question, in the absence of any information as to where the original was to be found, I applied to the distinguished author himself, and I am glad to avail myself of this opportunity of expressing my thanks to him for the kindness and readiness with which he at once sent me the last remaining copy of his essay, which, it appears, was originally published in the *Nederlandsch Lancet*, second series, first year, seventh part.—TRANSLATOR.

* *Coacæ prænot.* Ed. Linden, T. 1, p. 255.

† Brugmans, *Dissert. de Puogenia*, p. 215. Gron. 1785.

ture, the tests are not sufficiently accurate. I shall here mention only Grasmeyer's test,* which longest maintained its ground, namely—mixing pus with a solution of carbonate of potash, whereby it is converted into a gelatinous mass, while no such change is produced with mucus. Or Huenfeld's† proposal, to boil the sputa with sal ammoniac, by which they were said to be coagulated, if pus were present. Neither of these methods, however, affords a certain test. Equally little reliance can be placed on the fact advanced as a test by Gueterbock,‡ that pus, in virtue of its fatty contents, burns with a flame, whereby, he says, we may distinguish purulent sputa from any others; for this character is by no means sufficiently well marked, and fat is also met with in thick bronchitic sputa. I have myself found the mucus on the inner surface of the finest ramifications of the bronchi, in an otherwise perfectly normal lung of an elderly woman who died of hydrothorax, tolerably largely mixed with fat, although no trace of inflammation was perceptible in this case. Brett states that he has found acetic acid to be capable of coagulating mucus, but not pus. However, as mucus is always present in purulent sputa, this agent will not enable us to distinguish the latter. The subject will be found more fully treated of in the works of J. Vogel,|| Gueterbock,§ and others.

Subsequently another method has been proposed, and it has been thought that the improvement of the microscope should furnish a means of distinguishing, with greater certainty, pus from mucus. This inquiry has given rise to a great number of essays on the form in which pus exhibits itself under the microscope, and on the difference between pus and mucus. Thus, after the discovery in pus of peculiar, more or less granular corpuscles, it was thought that through these the presence of pus could be accurately determined; and Vogel asserts, in his above-mentioned work, that we can, with the aid of the microscope, even in a mixture of pus and mucus, decide, of each smallest particle, though invisible to the naked eye, whether it is pus or mucus.¶ This writer, however, seems not to have observed that the same corpuscles occur also in inspissated mucus, and are not wholly absent even in healthy mucus from the mouth. Thus I have also found them, though in small quantity, in the saliva. They agree so closely with the corpuscles present in pus, that they cannot indeed, be distinguished from the latter; though they may be somewhat more transparent—yet are they so

**Abhandl. v. Eiter*, etc. Gött. 1798, p. 59. † See Berzelius, *Thierchemie*, p. 599.

‡Gueterbock, *De pure et granulatione*. Berol., 1837, p. 25.

||Vogel, *Ueber Eiter; Eiterung*, etc. Erlangen, 1838. pp. 96 et seq.

§Loc. cit., p. 3 et seq.

¶Loc. cit. p. 108.

like in form and size, that when mixed with pus corpuscles, it is impossible to distinguish them, and both, therefore, appear to belong to the same kind of formation. Simon* gives a tolerably good representation of them, taken from nasal mucus and thin bronchial mucus. Gluge† says that mucus-globules are always one-fourth larger than pus globules, and that they never exhibit any points (granulations?) I have often met them of the same size as pus corpuscles, and always found them granular. Henle‡ makes the same figure represent both pus and mucus corpuscles,|| so that it does not in fact appear whence they are taken.

Buhlmann§ also acknowledges that these mucus corpuscles render the idea of pus globules uncertain and doubtful. He considers them, however, to be exudation globules, arrested at a certain stage of their formation, and says that they occur not only in nasal and in bronchial catarrh, but also very plentifully in incipient tubercle.¶ These inflammatory globules are, however, usually larger, and exhibit a more granular appearance. Vogel gives a very good representation of them,** and found them also in tuberculous matter taken from the lungs.†† In inflammation I have often met them; they can very easily be distinguished from pus and mucus globules.

If we now put together the different modes in which pus globules have been described and delineated by different writers—of which Buhlmann‡‡ gives a good review in his above-mentioned work—that they occur also in a slight catarrh, and that even in chronic catarrh, the purest pus may be secreted, entirely agreeing with phthisical sputa,||| we shall be convinced that they cannot be with any certainty employed as a distinctive mark of suppuration, or of an incipient vomica; so that in my opinion they incorrectly bear the name of pus globules.

Other writers have, however, thought that in the sputa of phthisical patients, tubercular matter can be recognized under the microscope, and that thus a decision can be arrived at as to the existence of tubercular suppuration in the lungs, and the formation of an incipient vomica.

* *Med. Chem.*, 1842. T. 2, st. 2, fig. 15 and 16, p. 310.

† *Anat. micr. Unters.* H. 1. Mind. 1838, p. 26.

‡ *Allg. Anat.* p. 155, etc., tab. v. fig. 22.

|| *Allg. Anat.* p. 939, and explanation of the figures, p. 1025.

§ *Beiträge zum Kenntniss der kranken Schleimhaut der Respirationsorgane*. Bern 1843, p. 30.

¶ *Loc. cit.* p. 43.

** J. Vogel, *Icones histologiæ pathologiæ*. Lips. 1843, tab. iii, fig. 13 and 14, B.

†† *Loc. cit.* tab. xv., fig. 2. c.

‡‡ *Loc. cit.* p. 19 et seq., tab. i. fig. 14, 18—20; Tab. ii, fig. 1—11, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, Tab. iii, fig. 1—6.

||| Buhlmann, *loc. cit.* p. 39.

Vogel has represented as such, a granular mass which often occurs in the sputa of phthisical patients, and which he considers to be the product of tuberculous matter. This is also found in tubercles in dead bodies; and on this Vogel* grounds his supposition. Buhlmann,† however, correctly observes, that this granular mass occurs also in chronic catarrh, and is therefore far from characteristic. It consists, according to him, of coagulated albumen globules, which have united into groups. Gluge‡ also describes the same, and says he has constantly met this granular mass, with compound inflammatory globules and pus corpuscles, in tubercular pus. In the same manner, Vo,|| gel in his late work, gives a representation of tubercular matter, taken from a tubercle. This consists, according to him, of smaller cells, larger inflammatory globules, and a granular mass.

As, however, these forms seem to occur as products of inflammation in sputa, where only chronic catarrh is present, they can be of no use in leading us to a conclusion as to the existence of tubercular matter.

Gruby§ appears to have fallen into a much more serious error; thus, he describes as characteristic of tubercular matter, globules said to occur in the sputa, with concentric spiral rings (sphæræ lenticulares,) which are nothing else than badly drawn starch granules from food which has remained between the teeth, or in the throat. Of the same nature are the expectorated pulmonary cells represented by him, which have nothing in common with the form of pulmonary cells, and by their regular rhomboidal shape at once betray themselves as vegetable cells: so that I am very much surprised that Buhlmann¶ has not recognized them as such, and that he has drawn them again. He says he has seen something of this kind, but that they must have been very much altered by the suppurative process; wherefore he expresses some doubt as to Gruby's beautiful figures. Gruby's sphæræ lenticulares he could not find; and he states that he is quite uncertain as to what Gruby has seen,** although Simon†† a year before,‡ discovered that they were nothing but starch granules, which he said immediately turned blue by the addition of iodine. Dr. Gobée has, however, lately described them again at

*Vogel, *über Eiter, etc.*, p. 112, fig. 10.

†Loc. cit. p. 59.

‡*Anat. Microscop. Unters.*, Heft. 1. Minden, 1838, p. 21, tab. xi., fig. 5. Heft. 2, p. 181.

§*Icones Histolog. path.*, tab. xv., fig. 111.

¶Gruby, *Observ. Microscop.* Minden, 1840. See also Buhlmann, loc. cit., tab. I, fig. 10, 12, 15, 16.

**Buhlmann, l. c., p. 65, tab. i., fig. 17.

††Buhlmann, p. 59, et seq.

‡Simon, *Med. Chemie.* Berlin, 1842. Bd. ii. Heft. 2, p. 316, note 2.

considerable length, and has given various drawings of them.* He says he once saw them in the sputa of a peripneumonic patient, but took them for something accidental. In actual tuberculosis, he had never seen them. We may safely look upon them as starch granules, having nothing in common with the sputa of tubercle.

Gerber describes many kinds of tuberculous matter, as albuminous or unorganized, fibrous and hyaline tubercle, cellular tubercle, fibrocellular tubercle, and, finally, melanotic and organized tubercle. Buhlmann observes on this point, that in numerous examinations of tubercle, he found no other constant product than albuminous globules, or granula. The various kinds described by Gerber he could not find; neither have they occurred to me. Dr. Gobée says he has observed such organized tubercular matter in the sputa of a patient; and he represents oblong cells, which he thinks are elementary cells, in their transition to form fibres,† and actual fibres, having most conformity to recently developed connective fibres.‡ If we examine an air tube and its bronchial ramifications in a healthy lung, we shall soon find that the oblong, bottle-shaped, bottle, and thorn-shaped cells of Dr. Gobée are nothing else than more or less destroyed portions of the ciliated epithelium with which the air passages are lined even to their finer ramifications. Of the same nature appear to be his recently-formed fibres, differing completely from the fibres of which I shall hereafter speak. Dr. Gobée, however, thinks that out of the albuminous and fibrinous matter exuded in the lungs, his oblong cells are formed as elementary cells, which pass into actual connective tissue, whereby an obstruction, and through the new formation of connective tissue, an actual enlargement of the pulmonary vesicles must take place, giving rise to asthmatic phenomena.¶ We can, however, in the present state of our knowledge of the development of connective fibres, scarcely admit their new formation in the sputa.

I am also greatly surprised to see that Dr. Gobée states as a peculiarity, the formation, after the addition of acetic acid, of a great quantity of long, thick threads, which so increased on further addition of the same re-agent, that the entire presented the appearance of a membrane composed of connective tissue. It is, however, a well-known fact, that mucus solidifies on the addition of acetic acid, and thus assumes under

*Dr. C. Gobée, *Tijdschrift voor wetenschappelijke Geneeskunde*, D. ii., st. 4. pp. 108, etc.

†Loc. cit. p. 60.

‡Gobée, loc. cit. p. 113, fig. D.

¶Gobée, l. c., p. 144, et seq.

*Loc. cit. p. 114, fig. D

the microscope the form of thick transparent threads, and even membranes, which I have often also observed in nasal mucus, which have no reference to the formation of tubercle, and possess no peculiarity, except that they may easily mislead an incautious observer.

Lebert* gives, as a peculiar characteristic of tubercular matter, the presence of irregular oblong corpuscles of 0.05 millimetre, possessing no nuclei, as is shown by adding acetic acid, and which, together with many molecular granules, are agglutinated by a clearer matter. In order to see these well, the tubercular corpuscles should be thinned with a little water, as otherwise they are too compact. They are said to afford the most certain distinctive mark of tubercular matter, as pus-corpuscles possess nuclei, and measure, on an average, † 0.01 of a millimetre in diameter. When these tubercles soften, the tolerably solid matter, which held the corpuscles agglutinated in the tubercles, begins to grow fluid; the tubercular bodies become free, enlarge, and assume a more spherical shape.‡ If pus globules intervene, these come, according to him, not from the tubercular mass, but from the surrounding parts. The tubercular globules, however, rapidly dissolve, especially if they are mixed with pus; § and this is, according to Lebert, the reason why they are scarcely ever met with in the sputa, in which, he confesses, he has never, with certainty, observed them. ¶ Hence, it follows, as a matter of course, that these corpuscles, at first described by Lebert as so characteristic, have no diagnostic value; and he himself also acknowledges that the microscopic examination of the products of expectoration in phthisis, can contribute nothing to clear up the diagnosis, especially when the disease is still in the incipient stage.

From all this we see that neither chemical re-agents, nor the microscope, have furnished us with the means of distinguishing pus from mucus in sputa, of recognizing the presence of pus in mucus, or of demonstrating that of tubercular matter.

Having been, however, for some time engaged in the examination of the sputa of phthical patients, I discovered therein peculiar fibres, which, by their special course and characteristic form, I recognized as elastic fibres surrounding the air cells, and therefore appearing to me calculated, in the absence of any other distinguishing mark in the sputa, to afford a very characteristic sign of the existence of a vomica. Having thus had my attention directed to the point, I found them in all the sputa of phthical patients which subsequently came under my observation, and, indeed, in the most opposite stages of the disease.—See *Ranking*, 70—5.

* Lebert, *Physiologie pathologique*. Paris, 1845. T. 1, p. 252, pl. viii., fig. 2, 2.

† Lebert, *loc. cit.*, p. 356, 358.

‡ Lebert, *loc. cit.*, pl. viii., fig. 4 and 5.

§ Lebert, *l. c.* p. 366.

¶ *Ibid.* p. 413.

When we consult the observations of other writers on this subject, it is strange that the presence of these fibres has not attracted more attention. Investigators in general seem to have given themselves more trouble, though unsuccessfully, to look for certain distinctions between mucus, pus, and tubercular matter, than to examine closely the several forms and peculiar occurrence of these elastic fibres; and I am greatly surprised that, although the latter have been observed by some writers, no one has given an exact representation of them as they variously occur in the sputa. Simon appears to be one of the first to mention their presence in the sputa of phthisical patients; but he says no more on the subject than that he has seen more or less numerous fat globules, and some very fine tubes or fibres ramifying like seals; while the representation he gives of these fibres is so incorrect, as rather to give rise to the suspicion that something had been accidentally mixed with the sputa observed by him, than that he had seen real elastic fibres of the lungs.* The plate given by Simon, of the tissue and vessels of the lungs, appears to represent nothing else than epithelial cells and fat.† Gluge, † to my surprise, says he never met fibres in tubercular matter. The drawings given by Vogel, in his excellent *Icones Physiol. Path.*, Tab. xv, xvi, and xvii, are important, where he represents these elastic fibres, as they occur in tubercles, taken partially undissolved from the lungs of a dead body, very well, but perhaps on rather too large a scale. He does not, however, represent them as they occur in the sputa, where their form and direction are often very different from what they are in the pulmonary cells. Thus in the sputa they are often broken up into smaller portions; yet they always retain their peculiar distinctive marks. Vogel ‡ observes that the occurrence of such dead pulmonary fibres in the sputa, is an equally certain and important sign that tubercular destruction of the pulmonary tissue has already set in. He does not, however, say whether their occurrence is constant, or whether they may also be absent in the sputa of phthisical patients.

Buhlmann, too, speaks of these fibres, and says that we meet them with areolar tissue in the sputa, especially in phthisis laryngea, or also in a vomica; that, however, they there occur more rarely, because they form the deepest layers of the abscess, which do not separate so early, and that we can find them much more easily by scraping with a scalpel after death. When, however, they occur in the sputa, they are the most certain sign of a suppurative process. But it is, he adds, self-evident, that we must often examine all parts very accurately, in order to find them; for, except in case of death of the lung, they occur extremely

*Simon, *Med. Chem.*, T. II., p. 316, fig. 18.

†*Anat. microscop. Unters.*, Heft I. p. 21.

‡l. c., p. 316, fig. 19.

‡*Icones*, p. 67.

ly rarely. He says he has often found filaments of areolar tissue in syphilitic ulcers of the throat, and observes that we often meet them also in phthisical patients, especially when a tubercle has very rapidly softened and forms a spreading cavity.* He does not give a drawing of them. It is evident that he has confounded these elastic fibres with filaments of areolar tissue, which latter, however, appear to occur in the pulmonary cells in less number than the elastic fibres, and are easily distinguished from them, inasmuch as they become very transparent in acetic acid. The elastic fibres in the pulmonary cells, are, as we shall hereafter endeavor to show, separated from the cavity of the cells only by an extremely thin and weak membrane.

Lebert also speaks of these elastic fibres, and says that we sometimes, in the sputa of phthisical patients, meet very well marked pulmonary fibres; and that this is not unusually the case when there are cavities. That, consequently their presence is an important aid in diagnosis; that they possess so peculiar a form that they can be confounded with no other fibres, particularly not with those of the trachea, which, might occur therein; that as these pulmonary fibres can occur in the sputa only when the pulmonary tissue is ulcerated with tubercular matter, they afford an infallible sign of the existence of cavities (*cavernae*). He, however, also states that the elements of tuberculous sputa possess no specific character, and that it is only in some cases that the pulmonary fibres indicate the presence of tubercles; whence he infers that we are constrained to admit that the microscopic examination of the products of expectoration in phthisis contributes nothing to the elucidation of the diagnosis, especially when the case is one of incipient phthisis. But if the disease be confirmed, it is evident, he says, that the sputa lose their value in this respect, inasmuch as other physical and rational signs then exist, which enable us to establish the diagnosis. † He does not delineate these fibres as they occur in the sputa; but he gives a drawing of them as they are met with in a tubercle taken out of the lungs, ‡ which drawing is, however, less characteristic than that given by Vogel.

Rainey, § in his recently published beautiful essay on the minute structure of the pulmonary cells, and the formation of tubercle, makes no mention of the elastic fibres in sputa. He merely says that the expectoration is in great part derived from the mucous membrane of the bronchial ramifications, and very probably cannot be distinguished from

* Buhlmann, l. c., p. 64 et seq. † Lebert, l. c. T. I., p. 413.

‡ Ibid, l. c., pl. viii, fig. 11, B.

§ G. Rainey, on the Minute Structure of the Lungs, and on the formation of Pulmonary Tubercle, in *Medico-Chirurgical Transactions*. London, 1845, vol. viii, p. 505.

that in an ordinary case of bronchitis; but he believes that when the tuberculous matter is dissolved and expectorated, it can be with certainty recognized by no other sign than the debris of the membrane internally investing the cells.

From the foregoing it appears, that of all the signs in phthical sputa of the existence of a vomica, none remains except the presence of elastic fibres when these appear. The question therefore, is, do these occur with sufficient regularity to serve as a certain indication of the existence of a vomica?

That they are by no means of such rare occurrence as several writers state, I have convinced myself from my own observations, inasmuch as after I had once discovered them, I have never missed them in any sputa of a phthical patient, and I have constantly found them in greater or less quantity. The question is, therefore, do these fibres occur only when phthisis is already far advanced, and has produced great destruction; or are they present in the sputa from the first formation of the vomica, so as to indicate with certainty the existence of a vomica from its very commencement?

On this important subject I believe I may express my conviction, that, as I shall endeavor to show, these elastic fibres exhibit themselves in the greatest quantity precisely in the beginning of phthisis, and in the first formation of a vomica, and that they belong to the most certain signs we possess of the presence of a vomica. Subsequently, when the vomica has increased to a considerable cavity, they usually occur more sparingly and less distinctly in the sputa, and this appears to me to be one of the principal reasons why many writers have either not observed these fibres, or have taken but little notice of their presence.

This struck me particularly in the case of a young man of phthical disposition, who had for more than a year suffered from a severe catarrh, and to whom I was this summer called in consultation. On the first examination I made, I was soon convinced of the existence of an inflammatory process in the lungs; the pulse was usually above 100 in the minute; the cough was very severe; the sputa were more or less red colored and globular, though for the most part floating; bodily exercise, as well as continued speaking, excited the cough; night sweats began to increase from time to time, and on any great excitement the peculiar flush appeared upon the cheeks. Occasionally he complained of some pain in the right side between the seventh and eighth ribs. On as accurate as possible, and repeated examination, the ordinary respiratory murmur was distinctly heard in both lungs; percussion yielded a particularly dull sound nowhere except pretty low between the seventh and eighth ribs on the right side. On the application, however, of leeches,

and of an issue to the affected part, these inflammatory phenomena, probably the consequence of a slight pleuritic affection in that situation, with a severe bronchitis in the finer pulmonary ramifications, disappeared; the dulness on percussion in the part became less, and after a repetition of the leeches altogether ceased; deep respiration became entirely free; and under the use of cod-liver oil, with pills containing extract of lactuca virosa, the phenomena began so far to improve that the nightly perspirations were completely checked, the cough diminished, and the pulse finally returned to about 80. The expectoration of globular and occasionally red colored sputa, however, continued, though in diminished quantity. After a couple of months the cough began to be more violent, in consequence of renewed colds and an attack of catarrh; the sputa again acquired a less favorable aspect, and in great part sank in water, and the pulse once more became quicker. The examination of the chest now showed that between the second and third ribs of the right side, the sound on percussion was somewhat duller; no pectoriloquy could, however, be discovered; mucous râle alone was heard, and that with difficulty. Leeches were now again applied, and the issue was moved from below up to the more affected part. Now, for the first time, examining the sputa under the microscope, I found the pulmonary fibres above described in tolerably large quantity, which still further convinced me of the danger the patient was in; however, under the treatment, all the phenomena again diminished, the pulse sank once more to 80, the cough became easier, and the inflammatory symptoms decreased. But as the sputa continued pretty copious, I gave twice a day, in addition to the other remedies, and the occasional daily use of flax-seed tea, lime-water and milk; this the patient bore very well, and soon after the quantity of expectoration began remarkably to diminish, the nightly perspiration entirely ceased, the cough lessened, deep inspiration was unattended with inconvenience, and exercise produced less violent coughing. I requested a friend, a very experienced auscultator at——, to examine the patient accurately, during a short stay there, particularly as he had seen him a year before, and had then found his chest to be in a perfectly normal condition. I shortly after, in the beginning of December, 1845, received the following answer: "In consequence of your request that I should communicate to you the results of my examination of the patient, I have examined him during his stay here. My first and principal object was to ascertain for you the phenomena observable on percussion and auscultation. Both sides of the chest appeared to me to be equal in form and circumference; percussion on the left side presented no abnormality; the right side was not so easily examined by percussion (on account of the issue). I have, however,

so far as was possible, without putting the patient to pain, percussed the entire of the thorax, including the seat of the issue. Though I paid the greatest possible attention I could not discover any dulness; I can at least positively assert, that the sound in the supra-clavicular region was normal. Whether a dull sound should have been heard if the seat of the issue had been struck harder, I cannot decide. On auscultation, the respiratory murmur was normal, both anteriorly and posteriorly. On neither side of the chest could anything pathological be discovered posteriorly, while the respiration was suspended. The heart's impulse was not transmitted farther or with more force through the pulmonary tissue, than is the case in healthy individuals. At the seat of the issue I immediately found the râle described by you. The sound was unmistakeable, and was circumscribed in a small space as a mucous râle. I need not say that I did not confine my examination to what I have here communicated, but I wish, in one word, to add, that the form, color, and quantity of the sputa appeared to me only too decidedly to confirm the suspicion of the destruction of a portion of the lung.

“On the principal point, therefore, my examination gives no other result than yours. This result is in itself, certainly not particularly satisfactory, as it affords every reason for assuming the presence of tubercular softening.” (I had informed my friend of the existence of elastic fibres in the sputa). “If we, however, take into account the degree and extent of the local affection, the slight disturbance of the physiological function of the organ, and the favorable condition of the general system; if we, at the same time, recollect the slow progress of the disease, which probably now dates from a year and a half back; if we add to this, that some general phenomena had, in the space of time that he was under my care (above half a year—he had previously used no remedies of any importance,) even taken a turn for the better, the prognosis will perhaps be somewhat more favorable. I recollect your expression on this point in your former letter, that tubercular softenings, as small vomicæ, heal more frequently than is usually supposed.” Thus we not unfrequently find in the lungs cicatrices of small vomicæ which had previously existed.

Hence, therefore, it appears certain that phthisis had in this case as yet made no great progress; all the phenomena of the disease were wanting except the cough and the presence of elastic fibres in the sputa, and according to a report communicated to me some days previously by the same physician, the patient was in better condition and stronger than he had been a year before, although he still was thin. The so-called physical signs of phthisis, the results of percussion and auscultation:

tion, yielded nothing certain, and the mucous roncus, although an unfavorable sign, is surely no proof of the existence of a vomica, as it is also often present in bronchitis when the bronchi are in any degree filled with mucus; nevertheless, exactly at this time, the quantity of elastic fibres visible in the sputa was so excessively great, so that they spread continuously over the entire field of vision of the microscope. Since this time, under the continued use of the same remedies, the cough has very much lessened, the sputa have diminished in quantity, and the elastic fibres begin to be fewer in number, so that, in fact, the prognosis is now more favorable, particularly since the issue has been applied upon the affected part, and the use of lime-water was commenced. It, however, appears that where the physical signs yield uncertain results, and do not decidedly indicate the existence of a vomica, the presence of these pulmonary fibres in the sputa plainly prove that the process is not as yet wholly arrested, and that the wasting of the pulmonary tissue progresses, so that we might hence infer that this sign is really more certain than those afforded by auscultation and percussion, and that it is eminently worthy of the attention of physicians.

This will become still plainer if we add to the foregoing a remarkable case given by Buhlmann,* of a patient in whom the sputa were exactly like those of a phthisical person, and were very copious, so much so, that he brought up, with the greatest ease, whole spoonfuls of perfectly purulent fluid, just as if a considerable vomica had existed; at the same time, pectoriloquy, cavernous respiration, etc., were heard in the dilated bronchi; the microscope exhibited the most perfect and unmistakable pus, and no doubt was entertained of the presence of a vomica, while dissection proved that no abnormality existed but dilatation of the bronchi, without either vomica or ulceration of the mucous membrane, consequently no elastic fibres could be found in this case.—*Dublin Hosp. Gaz.*, Sept. 1857.

On the Physiology of the Human Ear. By W. KRAMER, of Berlin.—Our knowledge of the physiology of the auditory apparatus is still very incomplete, partly on account of the difficulty of experimenting on the organs of hearing, and partly on account of the imperfection of the science of acoustics. We are happy, therefore, to record the results of the investigations of Dr. Kramer, (*Deutsche Klinik* 1855,) whose vast experience in the treatment of aural affections is universally known. In reviewing the researches of his predecessors, this author points out

the impossibility of determining what takes place in the living ear from experiments on inert matter. His own experiments have been made upon the ear itself, in the healthy and diseased states. It would be out of the question for us to reproduce the details of these experiments; we must be satisfied with the author's conclusions:—

1. The cartilage of the ear conducts more than a third of the sonorous waves which reach the membrana tympani.

2. The concha is the most important part of the auricular cartilage.

3. The cartilage of the ear, in its natural position, simply receives and conducts the sonorous vibrations to the auditory passage.

4. The cavity of the auditory passage transmits about 500 times as many undulations as the solid parts enclosing it.

5. The curvatures of the meatus and the cerumen have no influence on the sonorous vibrations.

6. These arrangements serve to protect the canal and the membrana tympani from external agents.

7. The membrana tympani transmits the sonorous undulations in due quantity and quality, only while its structure is normal.

8. The membrana tympani also serves as a protection to the drum.

9. The ossicula have but little agency in transmitting the vibrations of members of the membrana tympani to the labyrinth. Their office is rather to support the membrane between two strata of air.

10. The membrane of the fenestra rotunda is designed especially to transmit to the labyrinth the vibrations of the tympanal cavity.

11. The mastoid cells are of trifling acoustic importance.

12. The Eustachian canal is an open tube. (Dr. Toyne had announced a contrary opinion.)

13. Through this tube the air of the tympanum is renewed, and the sero-mucous secretion of that cavity eliminated.

14. Hearing is not entirely destroyed by the absence of the fenestra rotunda and the loss of the liquor cotunnii.

The Microscope in the Diagnosis of Consumption.—It is well known that the attention of microscopists was long since directed to the investigation of the sputa in suspected phthisis, and that but little, if any thing of a practical result was obtained, for a long time, at least, by the most competent observers. In the proceedings of the Harveian society, published in the London Lancet, July 11, 1857, there is an interesting paper by Dr. Theophilus Thompson upon the use of the microscope in diagnosing tuberculous disease. After mentioning the formerly adverse evidence of Rainey, Addison and Bennett, (the latter of whom,

however, "has lately added his testimony to the value of the microscope" in these cases,) Dr. Thompson refers to the experiments of Dr. Andrew Clark, and to his demonstrations at his lectures at Haalar, which enabled him to establish, as he believes, "the real microscopical indications of tubercular sputum."

Six cases are cited by Dr. Thompson, and these give both positive and negative evidence of the value of the wonderful instrument which has, of late years, done so much to advance pathological investigations. In one instance the decision of the microscope triumphed over "the gloomy prognostications which an accomplished auscultator had perseveringly maintained." In still another, "doubtful signs" were confirmed, and the diagnosis of "slight tubercular deposit, tending to restoration, was confirmed by the result."

The rapidity of progress of the disease is, according to Dr. T. capable of being pretty accurately gauged by means of microscopic scrutiny.

We subjoin certain of Dr. Thompson's diagnostic deductions and data.

"When tubercular deposit is present in the pulmonary vesicles, there may be seen, contrasting with the usual epithelial cells, some which are dark, swollen, spherical; some more advanced, larger, and misshaped; others shriveled or burst, and extruding nuclei, which nuclei, when enlarged, correspond with the 'tubercle corpuscles' of Lebert." * *

"The general moleculo-granular appearance (to which his attention had been originally directed, and which he much regretted having erroneously figured in his 'Clinical Lectures') was not conclusive; the sputum which is really characteristic, containing isolated masses of molecular granular material, and having interspersed corpuscles of various forms, overgrown or jagged, and setting free nuclei; the various proportions of pus, or fat, or blood, giving collateral indications of the amount of surrounding deterioration in the lungs; while amongst evidences of rapid progress might be specified the appearance of large and numerous areolar meshes, still retaining their adhesion and elasticity. In chronic cases, portions of this tissue appear, inelastic, teased out, and broken down, in consequence of long imprisonment, whilst a diminished proportion of fat, and the appearance of cholesterine plates, and still more of earthy particles, were often indicative of a mode of restoration."

It is certainly desirable that further investigations, in this direction, should be made. Whatever can aid us in detecting the early presence of so formidable a foe, is of inestimable value. If the microscope can antedate the ear, we may hope to steal a march upon the adversary. At all events, with so many zealous cultivators of microscopy let no opportunities of this sort escape examination.—*Boston Journal.*

Notes on Fermentation.—M. Berthelot has found that when mannite is exposed, together with chalk and casein (cheese), to a temperature of 104° F., a large quantity of alcohol is produced, while hydrogen and carbonic acid are evolved. Lactic acid is also produced. Almost all the nitrogen of the ferment escapes in the gaseous state. No formation of yeast cells could be detected. All animal tissues and nitrogenous substances produced the same effect as casein.

Dulcin, under the same conditions, gives a large amount of ordinary alcohol.

Sorbin sometimes yielded alcohol, but always lactic acid.

Glycerin yields some alcohol, and M. Berthelot considers this fact proves that there is a great similarity between glycerine, mannite, and the sugars, which are directly susceptible of fermentation.

Under the same conditions, cane sugar, starch sugar, milk sugar, gum, starch, and beer yeast were found to yield a certain amount of alcohol, the production of which was not hindered by the presence of some salts or ethereal oils which are considered to prevent fermentation.

In the case of sorbin, milk sugar, and starch, no intermediate products could be detected at any time in the fermenting liquid.

In the alcoholic fermentation of mannite, dulcin, and glycerin, in the presence of carbonate of lime, the production of sugar, analogous to glucose, could not be detected. These three substances remain unaltered in contact with animal substances, when the carbonate of lime is not added.

It is only in some instances that traces of alcohol are produced. But when a solution of mannite or glycerin is left in contact with fresh membranes, especially those of the testicle and pancreas, sugar similar to glucose is often found in the liquid after some weeks. This sugar is directly fermentable, and precipitates suboxide of copper from the alkaline solution of tartrate of copper. The quantity of sugar is much greater than that of the nitrogenous substance that passes into solution.—*Idem.*

Colored Copper Foil.—Dr. König states that colored foils may be prepared by silvering copper foil on one side, and then coating the silver surface with a solution of gelatine, colored with some transparent pigment, such as cochineal.—*Idem.*

The Actual Cautey in Cases of Diseased Joints.—The employment of the actual cautey in certain cases of diseased joints, appears to be decidedly gaining favour in the London hospitals. It is, as many of our readers well know, a great favourite with Mr. Syme, of Edinburgh, Mr. Erichsen not unfrequently employs it, and thinks highly of its advan-

tages; and Mr. Moore, of the Middlesex, assures us that in numerous cases under his care, and that of Mr. De Morgan, the benefits obtained from it have been most marked. The cases for which it appears best adapted are those of advancing disorganisation attended by severe pain. The gnawing pain, nocturnal startings, &c., will often cease as if by magic, after the use of the caustery, and the patient's general health, as might be expected, greatly improves. We recollect, some years ago, hearing Mr. Green remark at the bedside of a case of hip-joint disease in St. Thomas's, that the result of his experience regarding the use of setons, &c., had been, that the degree of pain measured the necessity for their employment. When severe pain existed, then they were very useful. This quite tallies with experience respecting the actual caustery. The mode of using the latter is to pencil over the surface lightly with many lines, the patient being, of course, under the chloroform.—*Medical Circular.*

Good Effects of Guaiacum in Cynanche Tonsillaris—Dr. BRINTON has been treating several cases of cynanche tonsillaris at the Royal Free Hospital, on what he informs us has been his usual plan for many years—a plan so simple and so efficacious as to deserve mention. He regards the tonsils as an offshoot of the intestinal canal, and considers that not only is constipation, in most cases an element of the malady, but that, on the above view, the inflamed structures are best relieved by free purging, and perpetual gargling and fomentations with hot water. For the first of these indications he relies chiefly on powdered guaiacum, which he gives in large (one scrupule to one drachm) doses, every four hours; often in combination with opium, aloes, and jalap, and suspended in mucilage. He finds that, if commenced tolerably early, this treatment generally averts all abscess, and even later, rapidly removes the malady, while it allows of a rapid recovery, very unlike the long convalescence which often follows bleeding, blisters, and tartar emetic.—*Lancet.*

A new mode of treating Saccharine Diabetes.—M. Piorry is of opinion that sugar is indispensable to the maintenance of life (he founds this opinion upon the researches of MM. Dumas and Cl. Bernard), and on this account he thinks that diabetic patients ought to be supplied with sugar, and substances which are transformable into sugar, in order that they may repair that unnatural waste which is consequent upon their malady. With this view, he has brought the following case before the French Academy of Medicine:

Case.—The patient is described as being under M. Piorry's care in La Charité (No. 19 Salle St. Anne), and as suffering from diabetes, with

very copious secretion of sugar. All the viscera were sound, with the exception of some slight hypertrophy of the spleen. From the second to the twelfth of January, ten litres of urine were passed daily. During this time, certain feverish symptoms, which came on in the evening, subsided under the influence of quinine. On the twelfth, the patient was directed to abstain as much as possible from all fluids, and to have a daily double quantity of meat, *with one hundred and twenty-five grammes of sugar candy*. This treatment was persevered in on the following days, and the result was that the quantity of urine fell to two and a-half litres in the day—the specific gravity remaining the same, namely 1.060. On the second of January, five hundred grammes of sugar had been lost in the twenty-four hours; from the twelfth to the twenty-fourth, notwithstanding the addition of the sugar-candy, the daily loss of sugar was not more than one hundred and thirty-five grammes.

Detection by Etherization of Feigned Idiocy.—Etherization has been resorted to in Belgium as a means of acquiring judicial information. After a considerable robbery committed at Brussels in November last, two men, named Lorch and Daubner, were arrested and brought to trial. The former was condemned to hard labor for life; but in consequence of the latter pretending to be dumb and idiotic, his trial was postponed, in order that a medical investigation should take place. It was found impossible to get even a sign of intelligence from him. As it was, however, known that he was not born dumb, and that he had spoken, when he said that he could speak no language but German, he was etherized, and while laboring under the effect of that application, he spoke perfectly, and in French. He was in consequence again brought before the tribunal, and condemned to ten years' hard labor.—*British Medical Journal*, August 1st, 1857.

Nitrate of Potash in Dysentery.—Dr. Tiedeman, of Philadelphia, has issued a pamphlet on Dysentery and its Treatment. He says: "The *internal* remedy which I have almost exclusively prescribed, and frequently with surprising success, is *nitrate of potassium (kal. nitr.)* I have given it in large doses, which agreed perfectly well with the patients. *Locally*, I have ordered, immediately after each evacuation, no matter how often they occurred, *injections of pure cold water*. In very severe cases, particularly in hot weather, I have ordered injections of ice water with the best effects. As diet, I ordered milk, gruel, barley, rice-water, toast and water, pure water, and buttermilk as much as the patient likes to take.—*Nashville Jour. of Med. and Surgery*.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TŪERI.

VACCINATION.—In the second number of our first volume we wrote a long article in favour of compulsory vaccination. Just at that period the subject was being agitated in England, and a bill was subsequently carried through both Houses of Parliament, the provisions of which made it obligatory on all persons in the United Kingdom to have their infants vaccinated within three months after their birth. Great dissatisfaction has been expressed by the medical profession against the working of the bill, but we have not seen any objections advanced against its principle. Nor can we conceive what argument can be reasonably brought forward in support of a voluntary system of vaccination, in view of the important fact, that in those countries where the compulsory system obtains, small-pox is scarcely known, whereas, in other places, where non-compulsion is the rule the disease prevails extensively, and is very fatal.

In the following countries, where vaccination is compulsory, there were, in every 1000 deaths,—in Prussia, 7.5 of small-pox; in Bohemia, 2; in Lombardy, 1.5; in Venice, 2.2; in Sweden, 2.7. In Copenhagen during thirteen years—from 1811 to 1823—there had not been one fatal case of small-pox, in a population at that time of 100,000. In London, on the other hand, where it is permissive, there were in every 1000 deaths, 16 of small-pox; in Glasgow, 36, and in Greenock, 34.6. In Montreal, from December 1846 to March 1848, inclusive, there occurred 5,811 deaths from all causes; whilst during the same period there were 87 deaths from small-pox, the mortality from this loathsome disease, as compared with the mortality from all diseases, for two years and three months being 15 to every 1000. And if we were to deduct the 1462 deaths which took place in June, July, and August of 1847, during which three months typhus fever was epidemic, the proportion would be much greater. There were, from the 2d November 1852, to the 1st January 1853, 286 persons interred in the Roman Catholic burial places of the city. Of these 286, eleven died of small-pox; the proportion to 1000 being 31.1. From the 1st January to the 30th of June, 1853, the number of interments were 1065, of which 58 died from small-pox. The mortality rising in these eight months to the high ratio of 54.4 in every 1000 deaths from all causes. In that

part of the Census Report of the Canadas relating to "deaths and causes of death," we find it stated that out of 5836 cases of death, in which the causes were specified, occurring in Upper Canada, 38 were from small-pox, or an average of 6.5 in every 1000. In Lower Canada, however, out of 6500, there were 147, or 22.6 to every 1000. These imperfect statistics are sufficient to show that in this country small-pox is far more prevalent and fatal than most persons imagine, and that it is incumbent on our legislature to adopt proper measures to protect the community from its ravages. As we have said before—In estimating the merits of this question, more should be taken into consideration than the immediate mortality of, and alteration of features left by the disease. From its usually attacking persons while they are in a state of infancy or childhood, before the processes of growth and development have proceeded to any extent, those who recover are left in a condition not at all favorable to the production of robust healthy manhood. The whole mass of blood has been poisoned, and the system has received a shock from which it seldom completely recovers. Infirmitv of constitution, and consequent liability to various diseases, is entailed upon the individual for life. Nor is it physical perfection alone that is interfered with. The retarding and deteriorating influences which date their origin from an attack of small pox, are quite as inimical to mental as to bodily development.

We have been led to pen these remarks from having read in the "Toronto Colonist" of the 4th Nov., the following notice of a petition presented by Dr. Rees to the Legislature. The arrangements which he desiderates are excellent, but it is our firm opinion that until vaccination be made compulsory, small pox will constantly be found in our midst, and that it will, as usual, add materially to the mortality bills of the Province:—

"We have been favoured by Dr. Rees with an examination of a volume received of no ordinary value, entitled the "History and Practice of Vaccination," published by the General Board of Health, London, 1857, and presented to both Houses of the Imperial Parliament by command of Her Majesty. Its importance at the present moment, when that scourge, Small Pox, has appeared in several parts of the Province, will be readily appreciated. Dr. Rees presented a petition to the last session of the Legislature, praying that measures may be adopted and means provided to secure free vaccination to the inhabitants of this Province, and a Bill was accordingly framed and passed the Upper, but was lost in the Lower House, purely owing to the lateness of the season. The following is the prayer of the petition:—

'That Your Petitioner is strongly impressed with the necessity of some more stringent Legislative provision for the encouragement of the practice of Vaccination in this Province.

That with the view to effect the same, your Petitioner humbly solicits of your Honorable House the passing of a Bill requiring all Hospitals throughout this Province, which are now, or may hereafter be, in the receipt of Public Aid, to keep on hand, at all times, an adequate supply of Vaccine matter, for the undermentioned purposes, viz.,

Firstly.—In order to the Free Vaccination of all indigent persons who may personally apply to receive the same, at certain times to be set apart in each Hospital, for that purpose; such opportunity to be afforded at least twice in each and every week.

Secondly.—In order that all Practitioners of Medicine in this Province, or persons who may be authorized by the Superintendent General of Indian Affairs to make such applications on behalf of the Indian Tribes in Canada, may be at liberty to apply to, and receive from all such Hospitals reasonable supplies of Vaccine Matter, under the authority and direction of the Trustees of such Institution.

And your Petitioner furthermore solicits that any such Bill may contain a Provision requiring all Hospitals in this Province, receiving Public Aid, to report to the Legislature within fourteen days of the commencement of each and every Session, the number of persons who have applied for and received free Vaccination in such Institution within the year, also the number of Medical Practitioners supplied, together with the rules and regulations imposed in reference to the same.'

By reference to the Journals of the Legislature, it will be seen that the practice formerly pursued on an alarm of small-pox breaking out, was to issue an order in Council for general vaccination at the public expense throughout the Parishes—an expense which may be in future saved to the amount of thousands of pounds by adopting the above Bill, besides saving the lives of whole villages of the aborigines, who, when once the disease appears amongst them, are invariably swept off. The difficulty experienced by the medical profession throughout the Province in obtaining genuine vaccine virus, might also be in future effectually obviated."

IN CHANCERY—TORONTO SCHOOL OF MEDICINE *vs.* VICTORIA COLLEGE.—We copy the following important decision from a late number of the *Toronto Colonist* :—

"It will be recollected by our readers that, during the last Session of Parliament, an item of £250 was set down in the Estimates for the

Toronto School of Medicine. This was afterwards erased from the Estimates, the Hon. the Inspector General giving as a reason that, as there was some dispute as to who had a right to the title of the Toronto School of Medicine, the Government had thought it their duty to strike the item out. This was the only course the Government could adopt under the circumstances. The Hon. Dr. Rolph stated in his place in the House, at the time, that the parties claiming to be the Toronto School of Medicine had no right so to designate themselves, and that he was the representative of that School. Sometime after this an advertisement appeared in the papers, headed, "Medical Department of Victoria College—The Toronto School of Medicine." The other parties, thereupon, filed a Bill in Chancery, praying the Court that an injunction be issued restraining the College from using the title of the School. After various delays, at the request of the College and Dr. Rolph, the case was concluded yesterday—his Honor the Chancellor deciding that Victoria College had no claim to the title—remarking that they had usurped it without anything to warrant them in so doing, and that it was dishonest in them so to do. We understand that the College is not so much to blame; that they have been deceived by the statements of the Dean of the Medical Faculty, who appears to be always getting them into difficulty."

CHOLERA.—This fell disease has once more made its appearance in England; and there can be no doubt, if it be true to its antecedents, that it will visit the shores of America during the course of the approaching summer. Should it do so, it will again find us unprepared, and the usual mortality and panic will be the result. Six months previous to the outbreak of the cholera of 1854, we warned the authorities of its approach, and urgently advised the adoption of measures calculated to arrest its progress and disarm it, in a measure, of its power. Our warnings, however, were unheeded, and a mourning community were insulted by the solemn mockery enacted by short-sighted and incapable officials, in the great activity displayed to check the progress of an epidemic which had gathered its victims, expended its power, and was already rapidly on the decline.

During the week ending Saturday, October 17th, there were registered in London four deaths from cholera and choleraic diarrhœa; whilst in the West Ham district, there occurred seven deaths from the same diseases. During the week ending October 24th, six deaths from cholera and choleraic diarrhœa were registered. It is to be hoped that these cases are merely sporadic, for not a year passes without a few deaths from cholera occurring in London. Some of those recorded, however, appear to bear an epidemic character.

CLUB FOOT.—As Talipes is a species of deformity not at all uncommon in Canada, and as a proper instrument is a *sine qua non* in its treatment, we think it a matter of sufficient importance to inform our readers, that, as far as we know, Mr. S. J. Lyman is the only person in Montreal who can furnish an article of the kind. We lately operated on a case of Talipes Equino-Varus, and the patient is now wearing an instrument obtained from Mr. Lyman, which fulfils all the indications demanded, and is, in its finish, a credit to Canadian workmanship. This is the second case we have operated on within a short time, and we have now a third on whom we will operate in a few days. Our readers will duly appreciate the importance of the information we tender, regarding the gentleman from whom they may obtain a proper instrument, when we tell them, that an applications for the manufacture of instrument, made to different mechanics, and to a so-called "Surgical Instrument Maker" were perfectly futile; not one of them would attempt it.

Semi-Annual Meeting of the College of Physicians and Surgeons of Lower Canada.

QUEBEC, 13 Octobre 1857.

A l'assemblée semi-annuelle du Bureau des Gouverneurs du Collège des Médecins et Chirurgiens du Bas-Canada tenu ce jour à l'école de médecine de l'Université Laval, furent présentées : Drs. Von Iffland Hall, Chamberlin, Jackson, Sabourin, Robitaille, Bibaud, Gauvreau, Michand, Glines, Weilbronner, Munro, Boyer, Peltier, Fraser, Jones, Fowler, Tétu, Marmette, Russell, Marsden et Landry.

Le Dr. Von Iffland, vice-président du collège pour le district de Québec, prend le fauteuil.

Le secrétaire lit les minutes de la dernière assemblée du bureau tenue à Montréal en mai dernier.

Ces minutes sont approuvées par l'assemblée.

Les Drs. Frémont (président) et Sewell entrent à cette période de la séance.

Le secrétaire soumet une lettre du Dr. Gilmour, des Trois-Rivières, dans laquelle ce monsieur s'excuse de ne pouvoir assister aux délibérations du bureau, alléguant un mauvais état de santé. Le bureau accepte la raison du Dr. Gilmour comme très suffisante.

Le secrétaire soumet à l'assemblée un Diplôme de la Société des Pharmaciens de Dublin (Apothecaries Hall of Dublin) octroyé à M. Hyacinthe Cuniffe, et, entre autres documents, une pétition de ce monsieur priant le bureau de lui accorder sans examen une licence pour pra-

tiquer l'art médical, alléguant à l'appui de sa demande que ce diplôme lui donne le droit d'exercer la profession médicale dans toutes ses branches dans le Royaume-Uni de la Grande-Bretagne. Le bureau décide que M. Cuniffe ne peut obtenir la licence qu'il sollicite qu'en se soumettant à un examen sur les matières qui ne sont pas comprises dans son diplôme.

M. Cuniffe refuse de se soumettre à l'examen et demande une licence en pharmacie qui lui est accordé en considération de son diplôme, après la prestation du serment d'usage.

Le secrétaire soumet encore au bureau des documents incomplets appartenant à William H. Foster. Mais comme le bureau avait décidé en mai dernier que ce monsieur avait droit à un examen, il est de nouveau résolu que M. Foster pourra se présenter maintenant pour le subir. Quelques uns de ces documents portaient le millésime de 1843.

Le secrétaire pour le district de Montréal, présente à l'assemblée un diplôme de la Faculté de Médecine de Paris (France) octroyé à M. de la Martellière. Ce diplôme est accepté comme certificat d'études complètes et l'assemblée décide que M. de la Martellière pourra se présenter pour subir un examen général.

Le Dr. Hall, l'un des vice-présidents du collège dépose devant la chaire le rapport des deux comités réunis de Montréal et de Québec (comités nommés à Québec à l'assemblée d'octobre 1856). Ce rapport fut remis à M. le Dr. Peltier, l'un des collaborateurs, qui lut comme suit:

REPORT OF THE CONJOINED COMMITTEES.

Your conjoined Committee consisting of Drs. Morrin, of Quebec, and Drs. Hall, Jones, Bibaud, and Peltier, have met twice in Montreal, on the 12th October, 1857, and carefully considered the reports of the Montreal and Quebec Committee appointed at the last autumnal meeting in Quebec,—“to ascertain the best means of extending the usefulness of the College to the profession and the public in general.” Conceive that in these Reports the respective Committees have exhausted for the present the subject submitted for their consideration, and while they earnestly press upon the Governors of the College the importance of matter discussed, they would at the same time urge the necessity of drawing the attention of the Legislature to them in form of a bill, which might be entertained without reference to the acts which incorporate the College.

Your Committees would now recommend to the Board of Governors the nomination of a new Committee whose term of existence should expire at the next triennial meeting to be re-appointed, if required, whose

duty it shall be carefully to collate the suggestions offered in the two Reports, and upon that collation to found a bill which should incorporate those suggestions. The necessity for the re-appointment of the Committee just recommended, consists in the continuous supervision over the bill during its passage through the present or future legislature.

The following would constitute the features of such a bill :—

1st. The education and qualifications of apothecaries, chemists, and druggists, with necessary provision for the inspection of drugs, &c., &c. with stringent regulations for the sale of poisons.

2nd. The appointment of a commission, under whose direction should be enforced those hygienic rules or measures which have been recognised as serviceable during the prevalence of epidemics for securing the health of towns, for the registration of births, marriages and deaths, and such other measures as would conduce to the general good in these respects.

3rd. The enforcing of a license on all specialists in any of the branches of the profession.

4th. The appointment of medical men as coroners or associates, especially in the large cities of the Province.

5th. The power of suspending from practice members of the College or profession who have been convicted of felonious practice.

All of which is nevertheless respectfully submitted.

J. G. BIBAUD, M.D.

A. HALL, M.D.

THOS. WALTER JONES, M.D.

HECTOR PELTIER, M.D.

JOSEPH MORRIS, M.D.

Le Dr. Chamberlin secondé par le Dr. Glines, propose que le rapport qui vient d'être lu soit accepté.

Agréé unanimement.

Après quoi le Dr. Sabourin secondé par le Dr. Marmette, propose et il est résolu, *rem : contr :*

“ Que le collège des médecins et chirurgiens du Bas-Canada remercie le Dr. Morrin de l'intérêt qu'il a mis à sauvegarder les intérêts de la profession médicale dans le Bas-Canada, ainsi que les autres membres de la profession qui ont contribué au rapport qui vient d'être présenté.”

Le Dr. Marsden propose, secondé par le Dr. Boyer, et il est résolu,

“ That Mr. Alleyne be charged with the Bill to be submitted to the Provincial Legislature.”

Après une assez longue discussion à laquelle plusieurs membres prennent part, et pendant laquelle plusieurs noms sont suggérés comme

propre à composer le comité qui devra rédiger le Bill, le Dr. Marston fait motion secondé par le Dr. Bibaud, et il est unanimement résolu,

"That the two vice-presidents be named with power to add to their number to draft a bill under the suggestions of that sub-committee, and that they shall when the bill is prepared cause it to be printed and a copy sent to each member of the college, giving one month to receive any amendments or suggestions that may appear necessary."

Après quoi l'assemblée se divise en comités pour l'examen des candidats, et les messieurs suivants ayant respectivement subi un examen satisfaisant obtiennent leurs licences, savoir :

MM. H. de la Manteillère, D. M. ; Crookshank, R. Anderson, Charles Morin, Antoine Marçant, H. Filiatrault, P. H. Bernier, L. G. Delorimé et Dieudonné Archambault.

Les messieurs suivants sont après examen admis à l'étude de la médecine, savoir :

MM. J. Desjardins, J. B. Bauchemin, Majorique Rivard, Napoléon Carrier, Alfred Lachaine et — Dancause.

M. Cuniffe reçoit sa licence de pharmacien.

A cette place de la séance le postillon remet au secrétaire une lettre du Dr. J. B. Johnston priant d'être excusé auprès du bureau de ce qu'il n'est pas présent à l'assemblée, une attaque de rhumatisme le retenant forcément chez lui.

Les affaires étant terminées l'assemblée est invitée à vouloir bien examiner un enfant que le Dr. Painchaud de Québec a eu la courtoisie de lui adresser. Cet enfant, jeune encore, est très intéressant à cause d'un de ces *jeux de la nature* qui l'a, pour ainsi dire, mutilé avant de naître.

En considération de cette marque d'attention du Dr. Painchaud, il est proposé par le Dr. Fowler, secondé par le Dr. Hall, et résolu,

"That the thanks of the Board be conveyed to Dr. Painchaud for his considerate attention in sending a very interesting case of *lusus nature* for inspection of its members."

Après quoi l'assemblée s'ajourne.

J. E. LANDRY, M. D.,
Sec. Col.,
Med. et Ch., B. C.,
District de Québec

MEDICAL APPOINTMENTS.

SECRETARY'S OFFICE,

Toronto, Nov. 14, 1857.

His Excellency the Governor General has been pleased to grant Licenses to practise Physic, Surgery and Midwifery in Upper Canada, to the following persons, viz :

Richard King, of Hamilton, Esquire, Surgeon, R.N. ; Byron Ghent, of Hamilton, Esquire, M.D. ; James Dickson, of Clifton, Esquire, M.D. ; Alexander K. McDonald, of Kingston, Esquire, M.D. ; and James Maxwell Bell, of Nasagaweya, Esquire, M.D.

First Volunteer Militia Rifle Company of St. Vincent de Paul.

To be Surgeon :—Surgeon Joseph Pratte, Esq., of the 2nd Battalion of Terrebonne.

Montreal Sedentary Cavalry.

To be Assistant Surgeon :—Charles Picault, M.D., Gentleman, vice Nelson, transferred to Active Force.

Second Battalion, Chicoutimi.

To be Surgeon :—Vincent Martin, Esquire.

Toronto, Nov. 21, 1857.

His Excellency the Governor General has been pleased to make the following appointments, viz :—

Stephen Crawford, M.D. and Walter Thorpe, M.D., Esquires, to be Associate Coroners for the United Counties of Huron and Bruce.

George Paton, Esquire, M.D., to be an Associate Coroner for the County of Waterloo.

Joseph Crawford, Esquire, M.D., to be an Associate Coroner for the County of Grey.

John S. Powell, of Port Robinson, County of Welland, Gentleman, to be a Notary Public for Upper Canada.

His Excellency the Governor General has been pleased to grant Licences to practise Physic, Surgery and Midwifery in Upper Canada, to the following persons, viz :

Johnstone Vicars, of Ancaster, Esquire, Surgeon, and

James Douglas, formerly of Glasgow, Scotland, but now of Chatham, Esquire, M.D.

TO CORRESPONDENTS.—Dr. Geo. M. Abbott. We regret we have not had the *Materiel* to send.

UNIVERSITY MEDICAL STUDENTS' ASSOCIATION.—The annual re-union of the members of this Society took place in their rooms at McGill College, Coté Street, on Friday last. The Secretary having read an elaborate report of the Proceedings of the Association during the past

year (which have been eminently successful and the benefits to be derived from a continuance of its active co-operation) the ballot was taken for the appointment of officers for the ensuing year when the following gentlemen were unanimously elected :—

Patron—V. Wright, Esq. M.D. L.R.C.S.E.

President—Thurlow Cunyngname.

Vice President—W. Harkin.

Secretary—W. H. Taylor.

Assistant Secretary—James Duncan.

Treasurer—Edward R. Smith.

Scrutineers—Messrs. G. S. Fraser and J. W. Pickup.

MEDICAL NEWS.

Dr. Alexander B. Mott, of New York, while returning at 12 o'clock from a professional visit, was assaulted by two ruffians, who attempted to take his life. One of them struck him on the head with an iron bar—"jimny," but the Doctor drawing a revolver fired at the two, as they stood close to each other, wounding one of the rascals. A return shot was fired, the ball passing through the doctor's hat, quite close to his head. They made their escape, and have not as yet been secured.—Mr. Wm. Adams has been elected surgeon to the Orthopædic Hospital, London, by a majority of 100 votes.—The chair of Clinical Medicine at Oxford has been filled by the appointment of Dr. Ackland.—The death of Mr. Keate left vacant the office of Serjeant-Surgeon to the Queen, with a salary of £280 per annum; the appointment has since been conferred on Mr. Travers. The office of Surgeon Extraordinary has devolved on Mr. Caesar Hawkins, *vice* Travers.—It appears from the statistics published by the Common Council Bureau of Vienna that the number of illegitimate births has almost equalled the number of legitimate births during the four years from 1853 to 1856. The following are the figures on the subject: 1853, legitimate births, 11,264; illegitimate births, 19,686. 1854, legitimate births, 11,252; illegitimate births, 10,801. 1855, legitimate births, 10,650; illegitimate births, 9,522. 1856, legitimate, 10,870; illegitimate, 10,311.—A statue of Bichat has recently been erected at Paris. It is in bronze and the work of the celebrated sculptor David. Bichat is represented, in the costume of the time of the consulate, standing in an attitude of meditation. His arms are folded across his chest. The right hand holds a pen; from the left falls a roll, on which are written the names of his great works—*De la vie et de la mort*, and *Anatomie Generale*. At his feet, and behind, lies, half covered, a subject prepared for dissection.—A German doctor, of Urbana, Ill., the manufacturer of snake-bite medicine, caught a rattlesnake on the prairie and took it home, and offered to let the snake bite him every time any person bought a box of his medicine for one dollar. On Sunday of last week, while fooling with his pet, it bit him on the hand. He applied his medicine without effect. On Monday he sent for a doctor, but too late; he died the same day.—A lady in Stamford, Conn., had been applying to her hair a mixture of castor oil and alcohol, and approaching a lighted lamp her head became enveloped in a blaze, and the flame was not extinguished until she was so severely burned that her life was despaired of.—Shields, doctor, looking learned and speaking slow: "Well, mariner, what tooth do you want extracted? Is it a molar or an incisor?" Jack, short and sharp: "It is in the upper tier, on the larboard side. Bear a hand, you swab, for it is nipping my jaw like a lobster."—No fewer than 5000 cases of cataract have been treated at the Moorfields Ophthalmic Hospital during the past sixteen years.—In all the tobacco shops in the chief streets in London, very large clay pipes, treble the usual size, are now exhibited in the shop windows, and labelled the "Controversy Pipes," dedicated to Dr. Solly since the controversy!