Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- ☐ Coloured covers / Couverture de couleur
- ☐ Covers damaged / Couverture endommagée
- ☐ Covers restored and/or laminated / Couverture restaurée et/ou pelliculée
- ☐ Cover title missing / Le titre de couverture manque
- ☐ Coloured maps / Cartes géographiques en couleur
- ☐ Coloured ink (i.e. other than blue or black) / Encre de couleur (i.e. autre que bleue ou noire)
- ☐ Coloured plates and/or illustrations / Planches et/ou illustrations en couleur
- ☐ Bound with other material / Relié avec d'autres documents
- ☐ Only edition available / Seule édition disponible
- ☐ Tight binding may cause shadows or distortion along interior margin / La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure.

- ☐ Coloured pages / Pages de couleur
- ☐ Pages damaged / Pages endommagées
- ☐ Pages restored and/or laminated / Pages restaurées et/ou pelliculées
- ☑ Pages discoloured, stained or foxed/ Pages décolorées, tachetées ou piquées
- ☐ Pages detached / Pages détachées
- ☑ Showthrough / Transparence
- ☑ Quality of print varies / Qualité inégale de l'impression
- ☐ Includes supplementary materials / Comprend du matériel supplémentaire
- ☐ Blank leaves added during restorations may appear within the text. Whenever possible, these have been omitted from scanning / Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été numérisées.

☑ Additional comments / Commentaires supplémentaires: Continuous pagination.

THE

MEDICAL CHRONICLE.

VOL. II.] JANUARY, 1855. [No. 8.

ORIGINAL COMMUNICATIONS.

ART. XXVII.—*Contributions to Clinical Medicine.* By JAS. CRAWFORD, M.D., Professor of Clinical Medicine, McGill College.

W. D., a master baker, aged 49, of temperate, active and industrious habits, of spare make and thin visage, had been in the enjoyment of good health till about two years ago, when he began to suffer from dyspepsia, with gastric and abdominal pain, distention and flatulence, especially after meals, but without any impairment of his appetite; or rather the sensations generally felt in the stomach he mistook for hunger, and which induced him to indulge his appetite beyond what was requisite or prudent; and for a long time he yielded to this propensity, supposing he was merely gratifying an unusually good appetite. The inconvenience which generally followed he very reasonably attributed to the repletion, rather than to the morbid state of his stomach, as it did not amount to pain.

He was able to continue the superintendence of his business till July last, when the visitation of cholera so alarmed his workmen that some of them left him, which necessitated him to undertake the labour of baking, which frequently occupied him most part of the night, as well as the day, and so much overtaxed his powers that his strength failed rapidly, and the pains of his stomach became very severe,—his bowels being generally torpid; but his appetite did not fail, and his morbid sensations frequently tempted him to eat, which indulgence in general was followed by distention of the stomach and an augmentation of his suffering, to relieve which, he was occasionally induced to take a little gin and water, or ginger infusion. Fancying that much of his distress and suffering was owing to his late over-exertion, he left off all work, and went to the sea coast and to different places for change.

In May 1853, he had a very severe attack of colic, which he always was disposed to connect with his present complaint, but never again had a

return of it. Until September 1854, the only treatment he had was an occasional mild aperient, to regulate his bowels, and small doses of quinine. At that time he submitted to an examination of the abdomen, when a well-marked tumor in the epigastrium was very manifest, stretching from the ensiform cartilage to the umbilicus, and extending laterally seven inches; it was firm and hard, especially at its lower edge which was irregular and lobulated; it appeared to pass up under the false ribs, especially at the right hypochondrium; *there was a strong arterial pulsation throughout the whole tumor, but without any aneurysmal bruit;* examination caused much pain, and it could not be persevered in, from the suffering it entailed afterwards; there was a bilious tinge of the tunica adnata and skin, but there was not the leaden color of malignant disease, nor did the countenance indicate any great suffering, and although he felt convinced that he labored under a fatal disease, he was very cheerful and resigned. His food appeared to pass freely, and without causing any pain, into and out of the stomach, and the suffering after eating he attributed principally to repletion and flatulent distention His evacuations were generally dark and offensive. For a long period he made a large quantity of urine, but for some time it was scanty and high-colored, depositing a dark red sediment. He also said that he had suffered from lumbar pain for a long time. His decubitus was till lately on the right side, latterly he preferred the left; in either position he equally felt a dragging sensation, evidently from the weight of the tumor. The abdominal pain was not confined to the tumor, although constantly felt there, and was liable to exacerbations; it sometimes was felt in the hypogastrium; latterly his strength had failed rapidly, and he was confined almost wholly to the house, and in a great measure to bed. His urine did not afford any indication of albumen. At this time (September), I was favored in consultation with the aid of Dr. Campbell. The jaundiced appearance of the patient, and evident connection of the tumor with the right hypochondrium, and easy passage of the food into and out of the stomach, led him to the opinion that the liver was the principal organ involved, while the peculiar irregular hard lobulated edge of the tumor, extending downwards to the umbilicus, and seven inches across the spine, and gradually losing its most marked character as it ascended, made me inclined to assign the principal seat of disease to the pancreas. The deranged condition of the stomach might manifestly arise from the pressure of, and sympathy with, the neighbouring glandular organs, if they were in a state of hypertrophy. If the stomach were the seat of disease, it evidently was not the hard scirrhus of either orifice, which, if it existed, must have caused more impediment to the passage of food through these orifices. The bilious tinge of the counte-

nance might depend on functional derangement of the liver, or obstruction to the passage of the bile through the ducts, often a consequence of scirrhus pancreas.

Attention was paid to the state of the bowels; a blue pill ordered to be taken every night; a mixture of iodide of iron and quinine was prescribed, and a liniment of iodide of mercury ordered to be rubbed over the abdomen daily. After some days he had several profuse bilious evacuations, and very offensive. He gradually and rapidly declined; hiccup and irritability of stomach distressed him much; he rarely rejected the ingesta, and frequently threw up a frothy secretion, which was occasionally acid. His appetite and strength rapidly failed, and he died on the 8th Nov.

Sectio Cadaveris.—The body appeared much emaciated. On opening the abdomen, a large *lardaceous* looking mass appeared, occupying the seat of the tumor, *perfectly white*, and without any appearance of vascularity. This was found to be the stomach, the coats of which were blanched, as white as lard; the mass felt hard, irregular, and somewhat lobulated. On attempting to draw it forward, the stomach was lacerated in two places, and a large quantity of dark fluid, like coffee grounds, was discharged, no such fluid having ever during life been ejected from the stomach. Several tumors of a similar appearance hung loosely into the cavity of the stomach, the longest of which appeared a hard roll, about four inches long and as thick as a child's wrist, covered by the mucous membrane, and suspended loosely by its duplicature to the lesser curvature, like an intestine by its mesentery. Several smaller tumors of a like appearance entirely encircled the pylorus, forming together a mass, the size of a hen's egg, which were suspended or attached by bands or pedicles, which allowed them to float freely in the stomach. The morbid growth appeared to have originated in the submucous texture, and although it felt hard to the touch, it readily broke down or partially dissolved on being wounded or handled, and became like softened brain. The liver projected below the ribs, and lapped over the tumor, to which it had a strong fibrous or cartilaginous attachment. The pancreas, in like manner, was adherent to the larger curvature of the stomach, but apparently was not further involved in the disease.

This very rare form of malignant disease has been variously named and described from its peculiar appearance, medullary sarcoma, cephaloma, lardaceous tumor, or the milt-like tumor, named by Monroe. The present case possesses many of the characters described by him (with the exception of *its purely white color* and absence of all appearance of redness, vascularity, or inflammatory indication); its evident growth from the submucous texture, apparently slight connection, and its proneness to

break down or melt away are all noticed by him. The coats of the stomach were in an atrophied state, and were readily ruptured. There was no appearance of ulceration. Since the mass has been put in spirits it has acquired a degree of hardness, and has diminished in size.

The difficulty or impossibility of forming a correct diagnosis will appear easily accounted for, in consequence of the intimate connection of the tumor to the liver, and also to the pancreas. The freedom to the passage of food through the stomach, while the ingesta were seldom or never rejected, nor the appetite, nor function of digestion, apparently interfered with to any degree, diverted attention from this organ to the solid viscera as the *fons et origo mali.*

ART. XXVIII.—*On small-pox and vaccination* By Wm. Marsden, M. D., Gov. Col. Physicians and Surgeons, L. C., &c., &c., &c.

There are none of the laws of pathology so little understood, or so constantly set at defiance, both by the medical and non-medical subject, as those which govern contagion and infection.

Variola in all its forms has prevailed in this city latterly to an alarming extent, so much so indeed, as almost to give it an epidemic character. All ages and all classes have suffered, from the soldier in the garrison to the senator at his parliamentary post, and the humble citizen at his fire side, but the young of all classes have suffered most severely. I have not in the course of the previous quarter of a century seen so much small-pox as during the past four months. Among the causes assigned for this invasion of sickness whether founded or not, (and this is a point for the serious consideration of the pathological enquirer,) is the opening up of the old intra-mural cemetery, known as the "*Cimetière des Picotees,*" for the desirable purposes of sewerage and water-works. How far this circumstance may have originated or contributed to the extension of the disease, I do not pretend to say; or whether the workmen employed may have carried it home to their families in different parts of the city and suburbs, and will merely state the fact that in the immediate vicinity of this burial ground, after it was broken up for the purposes before named, to a depth considerably below the level employed for interments, small-pox broke out *in its vicinity,* and was more severe and fatal there than in other parts of the city and suburbs—equally among the rich and the poor, and that among the military, the first cases that occurred were from Hope Gate guard-house which is also in the vicinity.

It is now two hundred and fourteen years since this cemetery was opened as a small-pox burial-ground, during the severe and fatal visitation of the disease in 1650, where, it appears, by an extract from *l'Histoire de l'Hotel-Dieu*, written by a nun,—that small-pox was so prevalent that the hospice wards could not contain all the cases, and a piece of ground adjoining it was fenced in with pickets, and bark huts erected within the enclosure to receive the sick Indians who were severe sufferers. Again the same authority says, in 1708 "la facheuse picotte désola toute la Nouvelle-France. Il n'y avait point de maison épargné dans la ville. Ceux qui conservaient leur santé ne suffisaient pas pour soulager les malades. On portaient chaque jour des corps dans l'Eglise de la Basse-Ville ou dans la Cathédrale sans aucune cérémonie, et le soir les enterraient ensemble quelquefois jusqu'à quinze, seize et dix-huit." And she adds "cela durait plusieurs mois, &c."

Recent experience has shewn us that specific infection may be dominant and innocuous for an inconceivably long space of time and then become developed, but as it is not my intention to discuss this point at present, I will leave every one free to draw his own conclusions from the facts above stated, and proceed to the consideration of another one connected with the subject of vaccination.

The circumstances above-mentioned have had the effect of giving an extraordinary impulse to the practice of vaccination and re-vaccination, the former of which has of late years been neglected, or has fallen into disuse in consequence of the extraordinary immunity from small-pox that has been enjoyed, and they have enabled me to make certain observations and deductions which may not be uninteresting nor entirely unprofitable to your medical or other readers.

I will premise by saying that I have met with nothing in my recent experience to shake my confidence in the practice of vaccination as a prophylactic against small-pox for a certain time, and among the adult cases, particularly of small-pox that have come under my observation, they had occurred where vaccination had been neglected and in some cases where innoculation had been practised. It is now an undisputed fact in medicine, that small-pox may occur more than once in the lifetime of the same person, and this coupled with the physiological fact that a constant change of substance is taking place in the animal tissues, justifies the practice that is becoming not uncommon of re-vaccination about every seventh year. With reference to this point, two principal circumstances ought to be attended to; firstly, the character of the virus; and secondly, its mode of application or introduction.

On the first point I am indebted for some valuable and interesting light from my esteemed friend and benefactor Dr. Morrin, who recently

called my attention to the fact that, vaccine virus as obtained in this country by transmission through various persons at last suddenly loses its specific character and power of reproduction, although the person from whom it was last taken had shewn symptoms under its duration of active irritation and high local inflammation. My own experience in some measure confirmed this view of the subject, having occasionally failed several consecutive times in vaccinating from what seemed to be a fine, large, sound, healthy crust or scab; and on the other hand having succeeded in a number of cases in succession from a small miserable looking crust, but I was in the habit of attributing my ill-success in the former case to constitutional causes in my patient, or to the fact that the crust had been too long or imperfectly preserved.

On this subject I will, without comment, relate the results of my recent experience in one particular instance. On Monday, the 11th December, I procured a fresh vaccine crust from the arm of a lovely, healthy child of eight months old, which I had watched with intense anxiety, although I had not vaccinated it myself, from the fact that both parents also were young and healthy as well as the child, which, to use an expressive term, had suffered from the pox, being one of the largest and finest I ever saw. Between Tuesday the 12th and Friday the 15th instant, I vaccinated nineteen persons from this crust,—ladies and gentlemen—children and adults, and all among the best and healthiest class of the community, and *not one solitary individual took the infection!* On the other hand, as large a proportion of cases as usual vaccinated with virus from other sources during the same period took freely.

One circumstance connected with adult re-vaccination of females, and particularly elderly ones, whether matrons or maids, struck me as remarkable, viz.: the extraordinary and unusual amount of systematic irritation and local inflammation that has occurred, the latter frequently extending up to the shoulder and into the axilla affecting the glands, and in some instances also considerably below the elbow joint. Such has been the case in many instances where I have also vaccinated young members of the same family and from the same virus, so that it could only be attributed to constitutional causes.

The question now presents itself with reference to the character of the virus, whether it had lost its specific action or not previous to its use on the 19 persons on whom I tried it, and whether it would a prophylactic to the small-pox in the child from which I procured it?

Time will not permit me to enlarge upon the subject at present, but I trust that the hints I have thrown out may be of service and lead to some useful conclusions and practical results. As to the manner of introducing or applying the virus, the plan I adopt is so painless that infants scar-

rely ever feel it. I first prepare the vaccine by crushing down a small piece of vaccine crust and rubbing it into a paste with a little water; then having only removed the epidermis by gently rubbing the flat point of a good lancet, backwards and forwards until blood just appears but does not flow, I take the virus on the point of the lancet I rub it in, in the same manner as before until the blood and matter become incorporated and then allow it to dry before covering it up. I always endeavour to avoid a flow of blood as the virus may, in such case, be carried away with it, and so fail in effecting its purpose.

Quebec, December, 1854.

ART. XXIX.—*Clinical Selections.* By Wm. Wright, M.D., L.R.C.S.E., Professor Materia Medica, University McGill College, &c.

II. *Syphilis in Canada as denoted by Sibbens.*

CASE.

Mrs. D——., a respectable and virtuous woman, about two months married, has been affected with secondary syphilis for three weeks, ignorant of its nature or of the occurrence of any primary symptoms, and her husband positively denied ever having had syphilis but acknowledged that he once had a sore mouth from smoking strange pipes. On being examined, his throat and inside of lips present marks of secondary syphilis; the skin of both his forearms exhibits the cicatrices of former rupia, which he referred to a severe attack of *small* pox, "the sores" from which became so bad that they had to be burned before they would heal! On the exterior of the prepuce is a small soft swelling over the site of a former chancre, and on the mucous lining, near its junction with the cutaneous covering is an open sore, answering to Mr. Wallace's second variety of superficial primary syphilis. Mrs. D. has an affection of the scalp, which has been pustular, but the contents have dried, and it now consists of a number of small crusts dotted over her head; hair falls out when combed—these were among the first signs she saw of ill health; a papular eruption over the whole body, which has only appeared within the last two or three days; *a granular reddish tubercle*, discharging pus the size of a hazel nut, looking exactly like a sibbens, on the left side of the face, behind the commissure of the lips, where her husband had been in the habit of kissing her; on the corresponding side of the neck, below the angle of the inferior maxillary bone a swelling as large as a pigeon's egg, from an inflamed lymphatic gland, it is hard, slightly painful, though not tender, not indicat-

ed by any discoloration of the enveloping skin, and it has been slowly augmenting. These last two commenced about three weeks ago, and she did not notice that one preceded the other. She also has severe pains, in the course of the tibia, invariably worse at night; soft palate, with sides of throat tumid and congested; a punched out ulcer on the right tonsil; on left side of hard palate, behind last molar tooth, an ulcer the size of a silver threepenny piece, surrounded by red areola, and covered by lardaceous substance; general ill health; and superficial chancres on inside of both labia majora.

October 9, 1850.—℞ Mist. iodin. co. ℥ss. sumend bis die. Ungt. hydr. biniod., to be used on scalp and tubercle on cheek, night and morning. Painted throat with sol. arg. nit. No. xxx., and bubo in the neck, with tinct. iodine f. These applications were repeated the next two or three mornings.

13th.—Pains not so great; inflammation in throat and round the ulcer on palate lessened. ℞ Pil hyd. ant. et opii—1 sumend mane nocteque. Cont. mist. bis die. The centre of tubercle is ashy and depressed; a stick of nitr. silver was applied to it, and by a little pressure overcoming a slight band entered into a larger cavity, nearly a quarter of an inch deep, to keep a bread and milk poultice over it, instead of ointment. Apply S. A. N. to ulcers every other day.

17th. Tubercle rather smaller. Has been discharging a great deal; centre still ashy, but not painful nor tender. Rep. app. arg nit-poultice for another day, and then resume the ointment.

21st. Slough entirely removed. Arg nit lightly applied to the whole surface; over this lint smeared with ointment. Gums have become tender and swollen; copperish taste and mercurial breath. Has had no pains for last few days, and the papular eruption has wholly disappeared. Crusts have nearly all fallen off the scalp, and no prospect of renewal. Pergat in usu medic.

23rd. Surface of tubercle dry and covered with a scab, under which there seems to be no matter. Bubo in neck reduced more than one-third its original size, and has declined most rapidly during the past few days. Skin, including scalp, quite clean; no redness nor humidity of soft palate and ulcers all but well. Free from pain, and feels her appetite and strength returning. Site of ulcers within labia marked by a white lymphy spot. Has finished pills and mixture. To take sol. hyd. bichl. in small doses four times a day.

26th. Matter has been collecting beneath the scab, and was removed by poultices.

27th. Former tubercle now appears as the size of a shirt button, and

surrounded by a ring of healthy skin, slightly elevated. Applied solid arg nit and dry lint.

31st. Scab reformed. Bubo in neck not larger than an almond kernel. Rept. mist.

Nov. 7th. Caught cold yesterday. To-day matter issued from beneath scab, and its base is redder. Cataplasm, contd: applied solid arg nit. R. hyd. biniod. gr ij, potass iodid ℈i, aquæ. ʒvnij, ʒss 3d.

11th. The sore continues to discharge; its surface is not larger than a split pea, rather raised and of a peculiar pale fungous look.

12th. Pil. hydr. iod. (gr. j, in v) bis die, in lieu of mixture, which she thinks disagreeable. Has had morning sickness; tingling and enlargement of breasts.

14th. Scab again formed, but without hard ring or base, and no sore; bubo in neck feels like a small bean. Pills caused considerable heat and griping, these first taken substituted for them; only one every day, and two every other day.

19th. Scab fallen off, and no discharge, cicatrix thin and level, with surrounding skin; thickened by covering of collodion; round this is a white ring, and round this a copper-colored areola. Has felt very well the last few days. No appearance of secondary. R. Mist acid nitrici, ʒss sumend ter die.

26th. Merest trace of bubo in neck. Health good; looks very much improved. Rept. mist.

9th Dec. Continues well; no trace of syphilis; experiences symptoms of pregnancy.

In the ensuing spring she brought forth a child, which survived its birth only a few hours; it was puny and delicate, but had no outward mark of syphilis. In the fall of 1851 she had a relapse of secondary, shewing itself in sore throat and pain in the limbs, malaise and cutaneous eruption, but she speedily recovered under treatment, and from that time to this, Dec. 1854, has remained perfectly well.

OBSERVATIONS.

This case affords an illustration of Syphilis in Canada. It is not adduced as a type of the disease in this country; but rather as exhibiting a form in which it is now and then seen. Our acquaintance with endemic syphilis generally is exceedingly unsatisfactory and probably there is no modification less recognized or known than that which the poison may have undergone in this part of the world. Judging by analogy, we should infer that intercommunication between the aborigines and colonists must have impressed the *materies syphilis* with some new feature which gave character to its external manifestations. So little information, however, of a positive kind, have we on this point,

and kindred matters, that we must almost admit the justness of the remark made by an eminent physician of the English metropolis, who, hearing Canada suggested as an appropriate residence for an invalid, pertly replied "we know nothing of Canada." Indeed I have found it stated in an apparently learned report of the sanitary state of Upper Canada, bearing a modern date, that syphilis is unknown in that remote part of the habitable globe! Such extreme ignorance, however, as this, is fortunately not universal. Benj. Bell, in his work on venereal, published in 1793, has a section entitled "of some peculiarities of form under which lues venerea has appeared in Scotland and Canada." He is very laconic about the characteristics of the disease in Canada, but the little said is rather favorable to the conclusion that the case above reported was one of Canadian syphilis. His principal statement referring to this subject is that lues venerea has appeared in our country (Canada) in the same manner and under the same form as it had in Scotland. In another place he asserts that the disease in the latter country is termed sibbens in the Highlands, and yaws in Dumfries-shire and Galway. Its most characteristic symptom is stated to be "a soft spongy excrescence in size and color resembling a common rasp, which is apt to appear on all such parts as either become ulcerated or that are attacked with any kind of eruption; hence the name sibben or wild rasp. This spongy substance may rise to a considerable height, nor can it be kept down by any of the common escharotics—if entirely removed it soon returns unless the virus be removed by mercury." Now, this description identifies the disease seen by Benj. Bell with the Tubercle which existed in the above case. And the nature of the latter thus becomes established. Since we have the authority of this eminent Surgeon for saying there can be no question about its having been venereal, because its mode of occurrence was by direct communication; its evolution the sequence of blood contamination; and mercury was the only remedy which was capable of effecting a radical cure.

In the case under notice, there were further evidences of consecutive syphilis in the eruption on the cutaneous surface, affection of the mucous membrane, loss of hair, bubonic enlargement, &c. Each so unmistakable as to leave *no room* for doubt as to the proximate cause of their conjoint development. In view of this fact the case sheds additional light on the history of sibbens by showing that the latter may co-exist with other symptoms of syphilitic infection and need not necessarily be solitary. Thereby maintaining a still closer bond of connexion between the Canadian and Scottish modifications of syphilis—for sibbens in North Britain has been observed with every form under which lues venerea usually appears. This, however, only applies to the con-

stitutional species since sibbens has never been seen as an indication of the primary disorder.

This epiphenomenon of syphilis is not frequently observed in Canada. Of the few cases I have seen the above is the last illustration. A nearly analogous affection is observed in Ireland where it is commonly called button scurvy, and in the West India Islands and Africa which is technically named frambœsia. This almost ubiquitous diffusion is an important circumstance in serving to impute that there is, after all, nothing very national in the constitution of sibbens and that probably the instances of its occurrence in Canada will be confined to immigrants. I have not yet seen it in a native or in the descendants of colonists. The subject of the above cases, as well as her husband had been many years in Canada.

ART. XXX.—*Remarks on spina bifida of the London correspondence.*

BY GEORN NIEMEIER, M. D.

In the November number of the *Chronicle* I find under the continuation of the London correspondence No. 3, a new plan of treatment of spina bifida by Mr. Paget, which, by the irritation of the ligature ended four days after the operation in death. I only want to make a few remarks on the following passage:—"Pressure upon the tumour does not in any way effect the cerebral functions of the child, therefore the opening of communication between the cyst and spinal cord is very small." I can tell Mr. Paget exactly the contrary, and any person may notice the following taking place by sufficiently hard pressure upon the tumour. The child gets suddenly comatose, the large fontanel gets elevated the more so the more you press. Why? because you press the water of the tumour through the fourth ventricle under the pons Sylvii through the aquæductus Sylvii in the third ventricle through the foramen of Monro at the right and left sides in the lateral ventricles; whose ceiling, the centrum semi-ovale Vieussenii is expanded by the water. The communication between the cyst and the spinal chord has to be naturally very small, but still large enough, to admit of what I have just demonstrated, because I have myself made this experiment twice. In the same way I account for the sudden death of children, if the tumour was opened at once by a large incision, not only the water of the tumour but the liquor spiralis and cerebralis was coming away by this same communication between the cyst and brain. In conclusion I would say, that the expression "spina bifida" appears to me to be radically wrong, it means

spina in duas partes fissa, but that does not imply that there is a collection of water. I think, Hemirhachis says what it means, a fissure of the columna vertebrarum; and Hydrohemirhachis combines the malformation of the spinal canal together with a collection of water.

REVIEWS AND BIBLIOGRAPHICAL NOTICES

XXIV.—*The Microscopic Anatomy of the Human Body, in health and disease.*—Illustrated with numerous drawings in color, by ARTHUR HILL HASSALL, M. B.—Author of a "History of the British fresh water algæ;" Fellow of the Linnean Society; Member of the Royal College of Surgeons of England, &c., &c., with additions to the text and plates, and an introduction containing instructions in Microscopic manipulation, by HENRY VANARSDALE, M. D., in two volumes. New York: Samuel S. & W. Wood. Montreal: B. Dawson.

During the past quarter of a century no other branch of medical literature has undergone so many marked improvements as Physiology. The science of the present day, might, without any violation of truth, be called *a novum organum*; for we fail to recognize between it, and that of former times, the familiar lineaments that characterize the ancestral structure. Of the dissimilarities that subsist, the review, now in progress of composition, only requires a notice of one in particular. It is, however, one which not merely occupies a salient position among an assemblage of indications, but one upon which these evidences are closely dependent for their applicability and integrity. It may still further be even considered as the one that constitutes the foundation, upon which the whole architecture is superimposed, and without which the superstructure becomes incoherent and unstable, tottering to the ground and laying strewn there in disorderly confusion.

Modern Physiology is based upon Microscopy and the initiatory part of its study is the ascertainment of the construction, properties and uses of the tissues of the body. These are first to be learned in their elementary existence as constituting ultimate entities, and next in their state of conbination as forming compound structures. This department of knowledge is called Physiological Anatomy or Histology, and is not to be found elucidated in works upon Physiology, bearing an antedate of 25

years. Of its importance too much cannot be said—without it all descriptions of the component parts of the body must be merely conjectural, and from it alone can an insight be obtained into the mechanism through which the individual functions are accomplished. Its inquiry is one of intense interest, and the ardent student will find few subjects better calculated for awakening that lively curiosity which is the motive spring to action, and for enlisting those intellectual exertions which are the sure harbingers of success.

Mr. Hassall's work consists of two volumes, one of text the other of plates.

The volume of text contains as complete an account of Microscopy as the present state of the science admits. The author has been at great pains to avail himself of the many valuable contributions, that up to the date of publication, had been given to the world both by English and Foreign observers. Viewed in the light of a compilation, it will be found to be a faithful and succinct account of all that is known upon the many subjects to the discussion of which it is devoted. For this reason its value cannot be too highly stated, and it enjoys the enviable pre-eminence of being the only separate work which embodies the results of the labours of the various observers in the important field of inquiry, which it describes—these results, before its time, having been scattered through different "handbooks" and "manuals" of descriptive anatomy and general physiology. As an illustration of the nature and novelty of the information conveyed, we make a few quotations from the description which is given of a new form of non striated muscular fibre, discovered by Professor Kolliker.

The smooth muscles, according to this *savant*, are composed of contractile fibre cells. These are more or less spindleshaped, but according to the precise form they are arranged into three groups, the short, long and narrow. "These cells are composed of soft light yellow substance which swells in water and acetic acid, in which last it becomes of a paler color. There is no appreciable difference between the outer and inner parts, though in acetic acid it would seem as if each fibre cell had a delicate covering. Their substance is homogeneous with longitudinal stripes, and they often contain small pale granules, sometimes yellow globules of fat. Each fibre cell has, without exception, a pale nucleus sometimes only perceptible in acetic acid. Its form is peculiar being like a small staff rounded at each end. The substance of the nucleus is homogeneous . . . . The contractile fibre cells lying side by side, or end to end form the smooth muscles as they appear to the naked eye. They may be divided into, 1. Purely smooth muscles containing no other tissue; such as those of the nipple, corium, of the interior of the

eye, of the intestines, of the perspiratory glands, of the axilla, of the common glands of the ear, of the bladder, of the prostate, of the vagina, of the small arteries, of the veins and lymphatics. 2. Mixed smooth muscle, which contains besides the contractile fibre cells, cellular tissue, nuclear fibre and elastic fibre: such are the trabeculæ of the spleen and corpora cavernosa of both sexes. They are also found in the tunica dartros, gall ducts, the fibres of the trigonum vesicæ, the circular fibres of the larger arteries and veins, the long and transverse fibres of prostate, urethra, fallopian tubes, and of the womb; they change by imperceptible transitions into the first form; this is the case in the trachea bronchi, urethra, the inner muscular layer of the testicles, seminal ducts, &c." He then proceeds to speak of the peculiarities of the tissue in these situations, and while upon that of the intestines, observes that the cells "present a knotted appearance with ends running out into fine spirals. He thinks that it is not improbable that the knots are due to a contraction of the fibre. The fibre cells of the intestine seem to be striped, as if they were composed of an envelope and some homogenous striped contents. No muscular fibre is found amongst them, but they are covered and bound together by cellular membrane."

The American edition of Hassall's Microscopic Anatomy is a decided improvement on the London original; for besides additions on Histological facts, it contains an introduction by Dr. Vanarsdale, in which will be found very useful instruction in microscopic manipulation; so that we regard this edition, not only as possessing the great merits of its prototype, but in surpassing it by also being a guide to the use of the microscope. It is not merely a scientific, but it is furthermore a practical treatise, and in both characters it equally sustains a high character.

Of the volume of plates we have to remark that they illustrate all the prominent descriptions in the text. They are 79 in number (10 of which are American additions), and each contains from 2 to 7 or more figures. So extensive have been the objects delineated, that no ordinary one has been omitted; and the practitioner who, from necessity or inability, is unable to buy a microscope and the required preparations, will have the next best thing to the latter in these volumes, viz., their exact representations. The getting up of these illustrations, both plain and colored, is exquisite, and each one forms a perfect picture. It is enough to know that they fully sustain the reputation of the publishers in America of Cruveilhier, Carswell, Hope, Quain, Maclise, Rouspel, Vidal, and a host of other illustrated works, each of which as it issues from the establishment of the Messrs. Wood, of New York, seems a perfect *chef d'œuvre*. To those who have microscopes, we consider these books indispensable as proper authorities and directors, for without their aid they may fall

into multifarious optical illusions, and be constantly tormented by uncertainties in their observations. To teachers of medicine and of physiology in particular, this work will be gladly welcomed, the text solving many a problematical matter, and the plates affording illustrations which, by enlargement, may be used for the purposes of their lectures. And, lastly, to every member of the profession who wishes to learn and see the microscopic structure of the wonderful temple in which he resides, we say buy this edition of Hassal's work.

ART. XXV.—*A Dictionary of Medical Terminology, Dental Surgery and the collateral Sciences.* By CHAPIN A. HARRIS, M.D., D.D.S., Professor of the Principles of Dental Surgery in the Baltimore College; Member of the American Medical Association; Member of the Medico-Chirurgical Faculty of Maryland; Author of Principles and Practice of Dental Surgery, &c. &c. Second Edition, carefully revised and enlarged. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson. Pp. 800. 1855.

This valuable work embodies a vast amount of information on technology, and thus recommends itself to the patronage of all classes of the medical profession. It contains the derivation and definition of every important word in the specialities of their science and its alliances which has been received into conventional usage. The knowledge imparted may be unhesitatingly relied upon, as it has been carefully selected from all the principal lexicons of Medicine, Science and Art, published in the English and French languages. In every instance the Author has endeavoured to make the meanings as laconic as was practicable, and in most cases to give the signification of each word in immediate connection with them, without referring first to one and then to another and another synonym for it, as has been too often the case in works of a similar kind. The present Dictionary, however, chiefly differs from its predecessors in the preponderating fullness with which expressions in Dentistry are treated. All the subjects involved in these will be found discussed in a succinct account of the anatomical structures, diseases, treatment, and operations on the mouth to adjacent parts. In thus affording a summary of information on these important matters, it is well adapted to meet the wants of the dental surgeon in an especial manner. The second edition is a decided improvement on the first, containing about 8000 additional words—the matter of the more important articles

has been condensed, and other changes of a desirable kind likewise introduced. We can therefore with great propriety advise our friends who have not already a work of this nature to possess themselves of Dr. Harris' Dictionary, feeling sensible that in excellence it has not yet been surpassed.

XXVI.—*Report of the Select Committee of the Senate of the United States on the Sickness and Mortality on board Emigrant Ships* August, 1854. Washington: Beverly Tucker. Pp. 147.

It is usually believed that the health of those "who go down to the sea in ships" is rarely invaded by disease, and still less often annihilated by death. Mortality on shipboard is therefore, comparatively speaking, a subject possessing barely a passing interest to the public mind. The circumstances, however, that have signalized the voyages of recent years are calculated to remove these erroneous conceptions, and to instigate active inquiry. The spirit of indifference has been disturbed, and alarm has been awakened to the perception of unascertained perils to human life. From the Report before us it appears that during the last four months of 1853, 312 vessels arrived at New York from European ports, with 96,950 passengers. Of these vessels, 47 were visited by cholera, and 1933 died at sea, while 457 were sent to the hospitals on landing, there to terminate in a short time their miserable existence. On board the 47 vessels attacked by cholera, the number of passengers was 21,857, of whom 1821 died on the passage and 284 were landed sick, making nearly 10 per cent of dead and diseased in an average passage of 39 days. These data are sufficiently powerful to call for a diligent inquiry into the sanitary capabilities of emigrant vessels. The most appalling scourge which presents itself to observation is cholera, and upon this we will refer to some of the chief facts that have been elicited by the Senate. It has been shewn then that only a portion of the vessels carrying emigrants were affected in the same season, the greatest being in those that sailed from London and Liverpool; 25 per cent. of those that left the first port, and 2·½ of those that left the last named. From some European ports that are unspecified 44 per cent. of the vessels were visited by the pestilence. Hence it p[illegible]s most in the great thoroughfares of commerce and international intercourse, while it almost overlooks the bye-paths along which mankind pursue their way in smaller groups. The infected vessels were found to be those that were most crowded with passengers, and in strict relation to the extent of crowding was the de-

gree of sickness and mortality. These circumstances have a strong bearing upon the mode of propagation of cholera. If it be admitted the poison which produces it be in the air, the natural inference would be that the same cause would affect all ships within the same limits similarly situated on the bosom of the ocean in the same way, and that sickness would be produced on board of all alike. But the above facts, as well as many others contained in this Report, prove that this is not the case. The cause must, therefore, originate either in the person or in the property of the individual; having been engendered here, it, by a species of catalysis, contaminates the air of their residences. When, therefore, this is pent up and not renewed by accessions of a fresh atmosphere, or purified by ventilation, it becomes highly poisonous; and hence the want of fresh, wholesome air on board of passenger ships thus becomes one of the most prominent causes, if not the most so, of the sad mortality that has prevailed. Any one who has ever seen 3 or 400 living beings huddled together in the orlop or lower deck of a passenger ship, can readily comprehend the feasibility of such an explanation. Various expedients have been resorted to for the object of ensuring effectual ventilation, as tubular ventilators, windsails, &c.; and the Report of the Senate dilates upon them; but of all that have yet been practised, it may be said none has been successful, probably because the air, which is loaded with exhalations from the human body, finds its way into the holes and recesses formed by the permanent structure of the ship, the berths (placed as they generally are transversely, and having small spaces underneath them, and the luggage of the emigrants, recesses which cannot be materially affected by any ordinary current of air passing gently through the apartment, and can only be reached and cleansed of their contents by the operation of some appliance which shall cause the volume of fresh air to be distributed to every portion of the apartment occupied by the passengers. Another rife cause of the spread of disease exists in the imperfect quality of the food upon which the passengers subsist, and the objectionable manner in which the provisions are cooked. Independently of the limited variety in the number of dietetic articles, their coarse state, and frequently eremacausic condition, its preparation before ingestion is an important consideration in the present matter. The apparatus for cooking on board of ships of the largest size, consists of a caboose in the proportion of 1 foot long to 1½ feet wide for every 200 people. Here all the victuals must be cooked at certain hours. In attempting to accomplish this the sick are brought into conflict with the healthy, and the weak with the strong. The sick have no chance in such a contest, and are forced to return without cooking their food at all, or after preparing it, only in such a manner as to make it the cause of

sickness, and perhaps death. Even with the robust and strong, the use of half cooked food is almost sure to produce indisposition; but when invalids, laboring under affections of the stomach and bowels, are obliged to take it, the inevitable consequence is serious, if not fatal disease. So far as cholera is concerned, experience has shewn that nothing will produce it in cases of predisposition sooner than the consumption of meats or vegetables improperly cooked. The Senate in concluding their Report, make several suggestions for the improvement of the comfort and health of the emigrant on shipboard, most of which have reference to the obviation of the two great causes of pestilence upon which we have been remarking, viz., mephitic air and bad food. They recommend that a space be reserved on the upper deck and kept clear for the enjoyment of air and exercise by the passengers; a limitation to the number of passengers received—two to every five tons register, in order to prevent the crowding that now takes place of vast numbers in one ship; not keeping passengers on two decks, a lower and intermediate; and that the victuals be cooked and furnished by the ship. Appended to the Report are letters addressed to the chairman, full of interesting particulars and suggestions concerning its immediate subject.

XXVII.—*The Dublin Dissector, or Manual of Anatomy;* comprising a description of the bones, muscles, nerves and viscer; also the relative anatomy of the different regions of the human body, together with the elements of pathology. By ROBERT HARRISON, A. M., M.B., T.C.D., Member of and one of the Professors of Anatomy in the Royal College of Surgeons in Ireland, and one of the Surgeons of the City of Dublin Hospital. Third American, from the Fifth enlarged Dublin Edition. With additions by ROBERT WATTS, Jr., M.D., Professor of Anatomy in the College of Physicians and Surgeons in the City of New York, &c. &c. Pp. 591. New York: Samuel S. & W. Wood.

The Dublin Dissector has long maintained a foremost position among works designed to assist the student in the prosecution of his study of practical anatomy. We can fully recommend it as a trustworthy guide to the dissection of the human body. Dr. Watts has added much new and important matter to the American edition. He has, for instance, introduced a classification of the muscles; the weight and dimensions of the different organs; the varieties of the arteries; a few lux-

ations not mentioned in the Dublin edition, and some additional remarks on the injection of subjects.

XXVIII.—*Principles of Physiology*; designed for the use of Schools, Academies, Colleges, and the general reader; comprising a familiar explanation of the structure and functions of the organs of man, illustrated by comparitive reference to those of the inferior animals. Also an Essay on the preservation of health, with fourteen quarto plates, and over eighty engravings on wood; making in all nearly two hundred figures. By J. C. COMSTOCK, and B. N. COMINGS, M.D. Pp. 110. New York: Messrs. Samuel S. & William Wood.

Of the popular works on physiology which have come beneath our notice, this is certainly one of the best. The information it contains appears to have been carefully collected from recent and reliable sources, and may be depended on. The plates and engravings are very creditably executed, and serve to fully illustrate the subject matter. Although we do not advocate the use of such works in schools, believing as we do that a "little knowledge in these matters is a dangerous thing," rather than otherwise, we are of opinion that those schools in which popular works on physiology are employed, could not do better than to select for their purposes the present edition of Comstock and Coming's Principles of Physiology.

XXIX.—*Transactions of the Medical Society of the State of Pennsylvania*, at its Annual Session held in the City of Pottsville, May, 1854. Published by the Society.

This volume of Transactions contains many things interesting to the profession, and exhibits the talents and industry of the members of the society in a very favorable light. We cannot agree with the President, Dr. Heister, in the opinion, that quackery would receive a severe check if the masses were instructed in the sciences of anatomy and physiology. We have invariably found the most enthusiastic supporters of the different *pathies*—those who bluster and "talk by the hour" on the evils of the regular practice, and applaud to the very heavens a system of medicine revolting to common sense—to be persons who have by some means

or other obtained a *smattering* of physiology, who know enough of anatomy to speak authoritatively on the womb, liver, lungs and kidney, and who are capable of pronouncing that the trachea and rectum are not one and the same tube. Quackery, in one form or other, has always existed, and will, we believe, always exist. The public are credulous to a fault, and there are always to be found a sufficient number of unprincipled men who, for purposes of gain, will minister largely to their credulity.

CLINICAL LECTURE.

(*From Medical Times and Gazette.*)

Case as observed among the out patients at the Samaritan Hospital.—By T. Spencer Wells, F. R. C. S., Surgeon to the Hospital and Lecturer on Surgery at the School adjoining St. George's Hospital.

I do not know whether it has been generally remarked in other Hospitals, or by private Practitioners; but I and some of my friends who practice in this part of London, have certainly observed, during the season of the epidemic which is now happily passing off, a very unusual prevalence of boils, and of a low form of diffuse cellular inflammation. I and one of my colleagues have been personal sufferers, and we have seen a great many cases of boils among the patients here, especially about the buttocks, shoulders, hand and face. Ill-conditioned abscesses in the axillæ, and paronychia, have also been numerous. In all such cases, there has evidently been a deranged state of the general health; a state of general depression, a tendency to sallowness of the face, high-coloured stools, high-coloured urine, and sense of fullness in the region of the liver, with indications of functional hepatic disorder, and occasional attacks of colic, flatulence, or diarrhœa. I am disposed to regard this as one manifestation of the prevailing poison. Just as cholera has been preceded, accompanied, or followed in this and former visitations by what we may almost call epidemics of influenza, and of a peculiar low form of aguish fever, I am convinced that, in this district at least, it has certainly been accompanied by a prevalence of a form of furuncular, or low, unhealthy, local inflammation, and that peculiar derangement of the general health which I have just described.

I do not suppose that any very correct inference can be drawn as to the prevalence of a disease from the number of deaths from diseases of a similar class recorded by the Registrar-General; but a glance at the following Table may not be uninteresting. It shows the number of deaths in the Metropolis from Erysipelas, Abscess, Carbuncle, and Phlegmon, for July, August, and September, during the last five years, and

that this year the number of deaths from three causes is considerably increased—

	1850	1851	1852	1853	1854
Erysipelas	65	76	54	80	109
Abscess	17	23	27	36	32
Carbuncle	9	4	16	17	19
Phlegmon	3	6	2	3	6
Total	94	109	98	136	166

I may refer to a very interesting Lecture published in the *Medical Gazette* in 1851, by Dr. Laycock, of York, upon what he terms an "Epidemic Exanthem." He describes a more marked degree of what we have seen here, and looks upon it as essentially a blood disease, caused by some specific poison, and gives some curious facts in support of the theory that it may originate with the lower animals, and is contagious. I have not heard of any epizootic being prevalent, or affecting horses and cattle, of late; but a more extensive inquiry among the veterinary surgeons might afford further information on this point. Dr. Laycock has suggested, that microscopists should seek to determine whether some Ektozoon is not to be found in the skin or subjacent tissues, and his suggestion is well worthy of attention.

I need not refer to cases in detail, as the general description will suffice to all. One case, however, may furnish lesson of caution. A middle aged woman suffered from this form of low cellulitis in the left side of the neck. Leeches had been applied, and purgatives given before I saw her. I found the whole left side of the neck, the jaw, and the subclavicular region swollen, dusky red, hot, and painful, with the unmistakeable feel of diffuse cellular inflammation. The woman's face was dusky, her pulse scarcely perceptible, her breathing hurried,—in a word, she was evidently in extreme danger. I at once made an incision along the lower border of the jaw, a great number of slight lancet punctures on the side of the neck, and some deeper and larger ones below the clavicle. Brandy, wine, eggs, and beef-tea were given freely, and turpentine dressing applied locally. Suppuration was profuse; stimulants were required for many days, to the extent of eight ounces of wine and eight ounces of the *mistura vini gallici* of the Pharmacopœia daily; but ultimately the woman recovered. I did not see her after she was out of danger, and unfortunately sufficient care was not taken to prevent contraction during the healing process; so that, when the poor woman came here a few days ago, I was shocked to see that she was as much deformed as if she had had a severe burn on the neck. None of the skin had been lost; but so much of the cellular tissue had been destroyed by suppuration, that contraction followed. In all such cases, great attention should be paid to position during the healing process, and any tendency to deforming contraction prevented by counteracting extension. In this case, a stiff collar worn round the neck, keeping the head erect, or even pushing it over to the other side, should have been worn. It would have caused pain at the time, but much subsequent trouble would have been saved. As it is, as soon as we have seen what gradual extension is capable of doing, I shall probably make a subcuta-

neous division of the cord-like bands which now pass from the clavicle, towards the jaw, and which cause the deformity.

I shall now pass on to some of the cases of strabismus upon which I have operated lately. There have been five, and it has so happened that I have had to divide the internal rectus of the left eye in all these cases. The result has been satisfactory in every case. In one, I told the patient before operating that I should have to deal with the better eye also before the eyes would become completely parallel, and, although the left eye has become much straighter than before, and she can see better with it, yet it does not so exactly correspond with its fellow as it will do when I have divided the internal rectus of the opposite eye, which I shall do in a few days.

Now, this is a point of practical importance. A squinting patient wishes to know if she can be cured by operation. You think she can; divide the faulty muscle, convince yourself that you have done it completely, and yet the eye squints as badly as ever. The patient is disappointed; you are annoyed; and the chances are you never see her again; whereas, a little observation beforehand might have enabled you to tell her, that the first operation could not succeed, but that a second would. How are you to know beforehand then, whether a second operation will be necessary? Nothing can be more simple, if you bear in mind certain rules. You must regard the degree of mobility of the eyes, the difference of visual power, the amount of convergence, and the alternation of distortion on closing one eye and calling the other into action. In some cases, you may have but slight distortion, yet the motions of the eyeball are very much impeded. Such a case is not likely to be perfectly cured by operating even on both eyes. In almost all cases you will find a great difference in the visual power of the two eyes. The distorted eye is the weaker. In all the cases we have lately seen, this has been very marked. In one woman, the distorted eye was perfectly useless; she could not read ordinary type at all with it. It only served to render vision indistinct, so that she always closed it when threading a needle, or looking intently at any object. You take a book, and find that a patient can read with the straighter eye at a distance of two feet, while she cannot read with the other, the straighter one being closed, at a distance of six inches. In other cases, the difference is not so great, but there is almost always more or less. Then, as to the amount of convergence: if the distortion be slight, the degree of mobility not diminished, and the visual power of the two eyes nearly equal, you need not operate at all. You can cure the case by making the patient wear prismatic spectacles. I may enlarge on this more hereafter, in the meantime referring to a paper of mine on the subject in the *Medical Times and Gazette* last year. (See Medical Times and Gazette Vol. VII., p. 216.) If you find the vision of both eyes good, but the degree of convergence considerable, in all probability two operations will be required, and you had better prepare the patient for it. If, with a considerable degree of convergence, you have, as I have said you almost always will have, very unequal visual power in the two eyes, the general rule is, that one operation will be sufficient; but, to be on the safe side, in forming your prognosis as to a second operation, you must deter-

mine the power you have of producing an alternation of distortion. You know that cases of strabismus are distinguished as alternating and non-alternating. In the one case, when both eyes are open, the same eye is always distorted. In the other, the distortion is observed now in the right eye, and now in the left, although more frequently in one than the other. In the great majority of cases, by closing the better eye, the distorted eye becomes straight, and reverts to its abnormal position, as soon as its fellow is opened again. If you raise the closed lid of the straightened eye suddenly, you will probably find that the eye is distorted, but it becomes straight as the opposite eye returns to its old position. You have produced an alternation of the strabismus by closing the better eye, and calling its fellow into action. You may do the same thing by curing one eye by operation; and, in that case, may have to perform a second operation and, if the distortion you produced was very decided, you had better prepare the patient for the *probability*. I do not say more; because you will often find that, after a few days, a distortion of the straighter eye which has supervened after operation disappears spontaneously. You will find it laid down as a rule in some books, that when the distortion shifts to the better eye after operation, both eyes should be operated on at once; and some Surgeons go so far as to say, that if after having thoroughly divided the faulty muscle in one eye any distortion is apparent in either in looking straight forward, the second eye should be operated on without delay. My experience has convinced me, that these are serious practical errors. If you acted upon these principles, you would often perform a second operation quite unnecessarily, and would run into great danger of converting a convergent into a divergent squint, for which the patient would be reverse of grateful. I have seen more than one case in the practice of other Surgeons where the internal rectus of the eye has been divided; the eye not becoming straight, the corresponding muscle of the other eye has been cut at once, with the effect of causing divergent strabismus in one case immediately, and in others within two or three days. I would say, therefore, never perform your second operation until you have had time to observe the effect of the first. You would be tolerably safe if closing the sound eye still caused the eye operated on to become straight: but it is better to be quite safe, and I advise you, therefore, always to wait, rather than run the slightest danger of leaving your patient worse than you found him.

It is curious and interesting to observe how very rapidly the vision improves after division of one of the muscles of a squinting eye. In some cases the improvement is immediate. This was first pointed out to me by the late Mr. Adams, who wrote some papers on what he called muscular amaurosis. I never agreed in his opinion, that compression of the optic nerve by the recti muscles was the cause of the impaired vision; for, looking to the anatomical arrangement of the nerve and muscles, I do not see how this compression could be exerted. I think it much more reasonable to believe that the muscle which produces distortion alters the form of the eye-ball, or makes such unequal pressure upon it as to alter the natural relations between the cornea, lens, vitreous humour, and retina, so that the rays of light are not refracted in the same degree or with the same regularity as they are in the healthy eye. Admitting this, we

can understand the instantaneous improvement of vision we often observe as soon as a muscle has been divided, and the gradual improvement still more frequently observed as the eye assumes and maintains its normal position.

There are many other points to which I might allude with regard to strabismus, the mode of performing the operation, the after-treatment, and so on; but, at present, other cases require notice.

Four cases of *nævi* have been cured here lately. Three of these I cured by ligature, and one by the galvanic cautery. The last case was just on the tip of the nose, and within the right nostril—a troublesome situation for ligature. Two applications of the cautery completely removed it. I am inclined to think that this mode of treatment may supersede the ligature in very many cases; but I have not had sufficient experience as yet to speak with confidence. It is certainly less painful to the child. I hope, however to see some improvement made in the form of battery. The one we have here is a Grove's battery of eight small cells. It is portable; but the fumes from the strong nitric acid used are unpleasant, and it is scarcely powerful enough, not heating more than an inch of thin platinum wire. Mr. Meinig was here two or three weeks since, and brought a very powerful battery, which he had made at my suggestion. Indeed, it was too powerful, for it fused wire as thick as we ever want to use, and raised a piece a foot long to a brilliant heat almost instantaneously. He assured me that it would retain this power for thirty-six hours without renewing the solutions. There are only six cells. They are surrounded inside by a zinc plate, are filled with a solution of common salt, and contsin a porous cell, which is filled with nitric acid, into which a cylinder of antimony is immersed, and the connexion is made as in a Grove's battery. The cells are covered with gutta percha caps, so that none of the fumes of the acid escape, and the whole is closed in a box, so that the patient sees nothing but the wires. These are great advantages; and, if the battery can be made more portable, it will be very convenient for private practice. It answers exceedingly well for Hospital practice as it is. To return, however, to the cases of nævi. I tried the subcutaneous ligature in one. The nævus was about the size of a walnut, on the scalp of a child four months old. It appeared to be almost, if not entirelp, subcutaneous. I passed a threaded curved needle through the sound skin, just beyond the circumference of the nævus, carried it round for about a quarter of the circle, and brought it out again with the thread, leaving one end of the thread, however, hanging from the first point of puncture. Then I re-introduced the needle through the puncture it had made just before, and carried it inwards as at first, passing it out and in again through the same points, until at last it was brought out at the spot where it was first inserted, and the two ends of the thread hung out at this same spot. Of course, a loop of thread was thus carried beneath the skin all round the nævus; and, on tightening the ends, the nævus was strangulated. If a nævus be small, this is sufficient; but, if large, the knot should be tied over a piece of bougie, which can be twisted each day after the operation, until the thread cuts its way through the base of the nævus. In this case the thread came away on the fourth day, the tumor felt flabby, some fetid

purulent matter oozed from some of the points of puncture, and so it went on for about a fortnight, until the punctures began to ulcerate, and the child's mother to be impatient, and I thought it better to tie the tumor in the ordinary manner by passing two pins across its base at right angles to each other, and tying thread around between the pins and the skin. This answered perfectly, as it always does. The parts included in the ligature died and came away on the fourth day. The more experience I have of other methods, the better I am satisfied with this. It destroys the skin, it is true; but, even in cases where the nævus is almost entirely subcutaneous, attempts to save the skin by subcutaneous ligatures are often not successful, and we are obliged, as in the case we have just described, to perform a second operation, if the patient does not go to some other Surgeon to have it done. It appears a cruel sort of thing to tie up the skin of a young child until the thread cuts its way through; but if the skin be just divided with a lancet in the line of the ligature, this part of the process is hastened. The proceeding cannot be very painful; for children take the breast and remain quite cheerful until the slough separates. A healthy granulating surface remains, which only requires simple dressing, or at most an occasional touch of nitrate of silver. I have succeeded with the subcutaneous ligature; but it has more frequently disappointed me, and I am almost inclined to discard it, except in some rare and peculiar cases.

THERAPEUTICAL RECORD.

Albugo. Electro-puncture.—Dr. D. Tavignot (Bull. de Thér., Juillet, p 49) relates the following:—A young girl, of 19, was attacked with catarrhal conjunctivitis, with enormous chemosis, and infiltration of the cornea with lymph, and a central ulceration occurred, then resolution took place, and finally central albugo was left. After simple acu-puncture, in order to accustom the eye in some measure, the electro-puncture was used. After four sittings, of some minutes each, at least two-thirds of the exuded matter were removed, but the pain was so severe at each application that the patient would not continue the remedy.

Chloroform, or its vapour, has been used frequently since Hardy's paper in the Dublin Journal, in Nov. 1853. The results have been variable, but in many cases insensibility has not been caused. Figuier has used *warm* chloroform vapour, a little apparatus being used, with a small spirit lamp, over which chloroform vapour is driven.

Anasarca (*Renal.*) *Spartium Scoparium*.—Dr. Alvarey (Bull. de Thér., Avril) has employed the infusion of this plant, as recommended by Rayer, in one case. In fourteen days the dropsy and the albuminuria had both disappeared.

Castor Oil.—Dr. GEORGE JOHNSON (Medical Times and Gazette, Sept.) speaks in high terms of castor oil. He administers half an ounce every half-hour in water; gives cold water *ad libitum*; employs external warmth, but gives no stimulants or opium. Out of fifteen cases of collapsed cholera he saved twelve.

In the 'Times' of September 21st is a Report, presented to the Board of Health by the Medical Council, in which Dr. Johnson's plan of treatment is reported on. It appears that it has been unsuccessful in the hands of others. Out of 89 cases treated by fourteen different practitions, no less than 68, or 76-4 per cent., were fatal.

Croton Oil.—Dr. STARK (Lancet, Sept.) recommends croton oil in cholera: one drop with colocynth every hour, "till a full evacuation of bilious matter is procured." Diluted sulphuric acid, with a little sulphurous acid, is sometimes simultaneously employed to check the vomiting.

Production of Artificial Dropsy in Cholera.—Mr. RICHARDSON (Assoc. Med. Journal., Sept.) proposes to inject fluid into the peritoneal cavity of the cellular tissue, under the idea that it will be absorbed readily. Some experiments are related to show how easily and how safely the plan may be carried out. We are not aware that it has been tried on any cholera case. [Unfortunately, we are afraid that this ingenious suggestion will like other plans, not succeed. Strychnine, iodide of potassium, and other remedies, have been injected into the cellular tissue, but have not been absorbed.]

Sulphuret of Potassium.—Dr. FROMENTEL (L'Union, Aout) dissolves this substance in water, with or without sugar, and gives a tablespoonful in cholera every half-hour or hour.

Sulphuric Acid.—Dr. FULLER (Med. Times and Gazette, August) repeats the favourable opinion he formerly expressed of the utility of this remedy. One ounce of the dilute acid of the 'Pharmacopœia' is added to eleven ounces of water, and one ounce and half are given every twenty or thirty minutes, according to the severity of the case. Six or eight doses altogether are given.

Erysipelas. Tincture of Iodine.—Dr. DURKEE (Amer. Journ. of Med. Science, July, p. 108) recommends the local application of the ætherial solution of iodine, poured in quantities of twenty or thirty drops upon the part, and immediately spread over the surface with a brush. The skin is to be made nearly black with the iodine.

Fever (Intermittent). Phosphorus in Oil of Turpentine.—This remedy has been employed by Dr. SCHREIBER (Schmidt's Jahrb., 1854, No. 3, p. 298) with good effect. He dissolves two grains of phosphorus in three drachms of the oil, and gives fifteen drops every hour.

Gonorrhœa. Subnitrate of Bismuth.—Both in acute and chronic gonorrhœa Dr. BAUR employs, three times daily, an injection, composed of water mixed with as much trisnitrate of bismuth as can be suspended. It is to be retained five minutes; it cause no pain.

Hemicrania. Caffein.—EULENBERG speaks highly (Allg. Med. Central Zeit., and L'Union Med., June) of the effect of caffein in hemicrania, in doses of one grain and a half every two or three hours. He has also

employed the citrate of caffein. On account of the dearness of caffein he has used with good effect the extract of coffee, four grains of which are equal to one grain of caffein.

PERISCOPE.

ENGLISH.

Blood-Crystallization.—L. Teichmann has succeeded in obtaining crystals from blood without any preparatory evaporation, by the addition of four, five, or more parts of water to one of blood, and allowing the fluid to stand sufficiently long. In this way, and by the insertion of a small piece of cork under one of the angles of the covering glass, he has produced crystallization in the blood of all the animals he examined, and in all the bloodvessels indiscriminately. His observations were conducted on the blood of man, oxen, swine, rabbits, pigeons, and fish; frogs' blood, for a time, formed the only exception. This observer believes that the crystallizable substance is contained in the blood-corpuscles; he has procured crystals from the filtered washings of the blood-cake, and states that he found them more perfect the more the corpuscles were freed from serum and fibrin. With regard to the influence of temperature, he has observed that the slower the evaporation takes place, the more complete will the crystals be; but if it be required to produce them quickly, the temperature may be slightly raised, but it must not be carried to the point at which the albumen coagulates. In subsequent experiments on frogs' blood, he procured crystals by the addition of a very considerable quantity of water, at a very low temperature; the quantity of the crystals was proportionately smaller than in other specimens of blood, and they are always colourless when thus obtained. From blood four months old, and also from dried blood, he has succeeded in forming crystals.—*Brit. and For. Med.-Chir. Rev.* April, 1854, from *Zeitsch fur Rat. Med.* Bd. iii.

Influence of Cod Liver Oil and Cocoa-Nut Oil on the Blood.—Dr. Theophilus Thompson read before the Royal Society (April 27, 1854,) a paper on this subject.

He found, that during the administration of cod-liver oil to phthisical patients their blood grew richer in red corpuscles, and he refers to a previous observation of Dr. Franz Simon to the same effect. The use of almond-oil and olive-oil was not followed by any remedial effect, but from cocoa-nut oil, results were obtained almost as decided as from the oil of the liver of the cod, and the author believes it may turn out to be

a useful substitute. The oil employed was a pure cocoa oleine, obtained by pressure from crude cocoa-nut oil, as expressed in Ceylon and the Malabar coast from the Copperah or dried cocoa-nut kernel, and refined by being treated with an alkali, and then repeatedly washed with distilled water. It burns with a faint blue flame, showing a comparatively small proportion of carbon, and is undrying. The analysis of the blood was conducted by Mr. Dugald Campbell. The whole quantity abstracted having been weighed, the coagulum was drained on bibulous paper for four or five hours, weighed, and divided into two portions. One portion was weighed, and then dried in a water-oven, to determine the water. The other was macerated in cold water until it became colorless, then moderately dried, and digested with ether and alcohol, to remove fat; and, finally, dried completely, and weighed as fibrin. From the respective weights of the fibrin, and the dry clot, that of the corpuscles was calculated. The following were the results observed in seven different individuals affected with phthisis in different stages of advancement:—

		Red corpuscles.	Fibrin.
First stage, before the use of cod-liver oil	Female	129.26	4.52
	Male	116.53	13.57
First stage, after the use of cod-liver oil	Female	136.47	5.00
	Male	141.53	4.70
Third stage, after the use of cod-liver oil	Male	138.74	2.23
Third stage, after the use of cocoa-nut oil	Female	139.95	2.31
	Male	144.94	4.61

Med. Times and Gaz. June 10, 1854.

Successful mode of treating Mercurial Salivation.—Dr. Normand Chevers states (*Indian Annals of Medical Science*, April 1854), that he has met with uniform and apparently certain success from the use of iodine gargles in the worst cases of mercurial ptyalism. He has found that a gargle containing from two to five drachms of the compound tincture of iodine to eight ounces of water, exerts an absolutely prophylactic or curative influence. He states also, that Mr. Burgess has applied the pure tincture to the whole interior of the mouth, in cases of severe mercurial salivation, with speedy and perfect success.

Dr. Chevers, among other cases, quotes the following, in illustration of the benefit of this treatment:—

"*Cure of ordinary case of Salivation.*—In February 1852, I attended an officer, ætat 48, in an attack of cholera, which was then raging epidemically in Chittagong. The disease was generally attended with extreme danger, and this case was one of remarkable severity. During the first sixteen hours, I administered seventy-five grains of calomel. On the third day the sputa became tinged with blood, the gums were swollen and tender, and the spaces between the teeth were filled with coagula. A gargle, containing two drachms of compound tincture of iodine, to eight ounces of water, removed all traces of salivation so effectually within about two days, that my patient, although a very in-

telligent man, and a rather active dabbler in physic, never appeared to be aware that he had been subjected to mercurial treatment.

"Early in last year, I was called to attend a lady, about thirty-four years of age, who had been suddenly attacked with an excruciating pain across the umbilical region, which appeared to be associated with a sudden check to the catamenial function, resulting from exposure to a draught while very thinly clad. The symptoms were extremely urgent, and a dose of ten grains of calomel was among the first remedies employed. Relief was obtained almost at once; but on the second day, the tongue was found swollen, and clots occupied the inter-spaces of the teeth, but little uneasiness was complained of. The iodine gargle was employed with such rapid success, that the patient scarcely referred a second time to the condition of her mouth.

"*Employment of Iodine as a Prophylactic.*—Of late, I have been in the habit of beginning to employ the gargle in all cases where the quantity of mercury given has been such as to render the occurrence of salivation probable. Judging from a confessedly very limited experience of this measure, I apprehend that its early employment will anticipate the occurrence of salivation in all cases where the constitution is good, and there is little or no visceral disease; that, even under the worst circumstances, it will greatly limit the severity of the action; and that, for the most part, the original disease, on account of which mercury was administered, will have its decline rather favoured than otherwise by the absorption of iodine from the mucous membrane of the mouth. A certain degree of doubt will, of course, attend nearly all details of prophylactic treatment, but I think that the following cases may be regarded as encouraging.

"Early in the last rains, I was requested to visit a medical officer suffering extremely from an attack of ileus, which I attributed to the sudden outflow of a quantity of a highly vitiated bile, acting as an almost corrosive irritant upon the mucous membrane of the small intestines. When called to him, I found him greatly weakened by intense pain and obstinate vomitting, and by oozing from the bites of several leeches which he had himself applied to his abdomen. He had already taken three or more five-grain doses of calomel, which, however had not acted upon the bowels. I administered a ten-grain dose almost immediately; and, the disease remaining obstinate, a scruple dose was recommended by Dr. Miller, who met me in consultation, and was given on the following day. The iodine gargle was employed early; and, although it was nearly certain that a large proportion of from forty-five to fifty grains of calomel must have fully entered the system, ptyalism did not occur.

"In October last, I attended the children of an European for mumps, which was then rather prevalent in Howrah and its vicinity. All these children had suffered from hooping-cough during the preceding winter. The elder boys did well, but the two youngest, aged respectively about two and four years, were suddenly attacked with laryngitis as the swelling of the parotids began to decrease. Although very actively treated, the younger infant died in little more than twenty-four hours from the onset of the laryngeal symptoms. I found the larynx and trachea absolutely occluded by an exceedingly tenacious croupy deposit. The other child's symptoms were equally violent, but he recovered under more

vere treatment, a part of which consisted in the administration of fifteen grains of calomel within as many hours. In a day or two, one or two apthæ appeared on the tongue, yet it could scarcely be said that salivation was present. The gargle was used freely and no further annoyance was experienced, although the tongue has ever since presented that patchy appearance not unfrequently noticed among delicate children in India.

New Test for Sugar in Diabetes. By John Horsley.—If a freely alkaline solution of chromate of potass be mixed with urine suspected to contain sugar, and boiled, the liquor will assume a deep sap green color, arising from the decomposition of the chromic acid, the reduced oxide of chromium being held in suspension by the potassa,

Such is the sensitiveness of this test, that five or six drops only of saccharine urine diffused through water is sufficient to show the effect, which is infinitely more striking than even Moore's potassa or Trommer's Test.

I would, therefore, recommend a mixture, in equal parts, of a solution of the neutral chromate of potassa and liquor potassæ, to be kept in the Chemical Cabinet of every chemical practitioner, labelled "Test for Sugar." The following two experiments beautifully illustrate the value of this process in the detection of sugar under any circumstances:

First Experiment.—Take a small test tube, and having put into it ten or twelve drops of simple syrup (cane sugar) and diluted it with water, add a few drops of the test mentioned, and apply the heat of a spirit lamp. No effect will be produced.

Second Experiment.—Take another test tube, and having put the same quantity of simple syrup diluted with water, and two or three drops of acid, sulph. dil. and boil for a few minutes; this will convert the cane into grape sugar. If we now add a few drops of the test and apply heat, the effect becomes striking, developed in the change of the color of the liquid to an intense green.

When the quantity of sugar is very small, a piece of white paper at the back of the test tube will show the color more distinctly.—*London Chemist.*

GERMAN.

Poisoning by Strychnine.—Poljuta, assistant at the Veterinary School at Charkow, publishes in the Russian Medical Times his experiments on horses, in which he shows that these animals can bear large doses of strychnine when an opening has been made into the trachea. The cause of death from strychnine is interruption of the respiratory process by tonic spasm of the glottis, hastened by over-activity of the heart. For the general spasms of the other muscles, Poljuta employs chloroform with success.—[Medizinische Neuigkeiten for October.]

IRON AND COLLODION IN ERYSIPELAS.—Dr. Aran employs equal parts of tincture of iron and collodion (solution of gun cotton) in this affection. This application possesses many advantages over simple collodion, among others, in being thinner and more equally distributable, and in not falling off on movement of the part.—Ibid.

PROLAPSUS OF THE FUNIS UMBILICALIS—In Scanzoni's contributions to obstetrics, Seyffert offers a few remarks on the actiology and management of this complication, so fraught with danger to the unborn infant. After very great experience in the obstetric art, he comes to the conclusion that no *general* rules can be laid down for the management of prolapsus funis. He denounces the use of most instruments as of little worth. Hand and forceps well employed will meet most exigencies. He suggests the following as the causes of prolapsus:

1. Narrowness of the pelvis, abnormal position or size of child. In head presentations, well formed *pelves*, and not too much liq. amnii; the child, at an early stage, lies low in the uterus; but in a narrow pelvis, large head, much liquor amnii, and where the promontory projects too far, or unequally to either side, the child's head does not become engaged in the pelvis, but lies on one side, leaving abundance of room on the other for the prolapsus. In such cases, reposition, by means of the hand, should be attempted (rarely by means of instruments), and the cord placed in its proper position, and kept there until a few pains engage the head. If the *accoucheur* fails in this, the directions of Siebold, Busch, and Wiegaud, will not influence the result; for if it cannot be maintained *in situ* by the hand, it cannot by a sponge; to alter the position of the head is alike ineffective.

2. Oblique Position of the Fœtus.—In one case Seyffert was fortunate enough to return the cord, and retain it there until the complete evacuation of the "waters;" in two others the children were removed by forceps—alive.

3. Presentation of an Upper Extremity with the Head, whereby the head is prevented descending, and the cord slipped down alongside the hand. In two cases, in which the water had already flown, the hand only could be returned, and delivery was completed by the forceps. The children were apparently dead, but revived. In two other cases, the hand and head were returned before the discharge of "waters."

4. Large quantity of Amnial Secretion and Lengthy Cord. In six such cases delivery by the forceps; children born alive in five.

5. Low Position of Placenta, in neighbourhood of Os. Four such cases were observed by Seyffert and Naegele. In two cases were live children brought forth by forceps; in two, still-born.

6. Breech Presentation with Prolapsus. Four such cases were observed In three pulsation was not interfered with as long as the cord did not rest below the buttocks. In three of those delivery of living children was accomplished with the forceps.—[Scanzoni's Beitragen zur Geburtshilfe.]

FRENCH.

Purgatifs contre le choléra (Gorlier).—Selon moi, dit M. Gorlier, le purgatif est indiqué contre :

Les premiers prodromes, même les plus légers ;

Contre les évacuations stomacales ou intestinales, existant ensemble ou séparément ;

Contre tous les accidents nerveux quels qu'ils soient.

Il est bien entendu que le purgatif n'est plus indiqué quand il s'agit d'un agonisant. On fait alors ce qu'on peut : *Ad extremos extrema.*

Jamais je n'ai eu recours aux boissons alcooliques pour arrêter le vomissement : mon purgatif m'a toujours suffi. C'est la limonade au citrate de magnésie, boisson fort agréable, quand elle est bien préparée, le premier verre est quelquefois rejeté, mais les autres sont constamment gardés.

Je la préfère au sulfate de soude, dont la saveur est désagréable, et qui est ordinairement mal accepté par l'estomac.

Comme moyen prophylactique, au sulfate de quinine, je préfère encore ma limonade, qui nettoie, qui débarrasse ; mais je trouve à ces médicaments l'inconvénient d'endormir dans une sécurité trompeuse le client qui, se croyant à l'abri, négligera des symptômes, qui, dans toute autre circonstance, le feraient recourir au médecin.

Vinaigre, potion, bains ferrés artificiels (Lambossy).—La *potion ferrée* est destinée à faire prendre le remède à l'état naissant. Pour cela on prépare deux bouteilles.

La première contient :

Sulfate de protoxyde de fer pur.....	10	gram.
Eau destillée..;.....	250	—

La seconde contient :

Bicarbonate de soude.....	15	gram.
Eau distillée.....	150	—

Le malade prend trois fois le jour, avant le repas, une cuillerée à café de chaque remède dans un demi-verre d'eau et l'avale immédiatement avant que le dépôt blanc verdâtre de corbonate ferreux ait eu le temps de changer de couleur. On peut augmenter progressivement les doses.

Le *vinaigre ferré* est destiné à préparer les bains ferrés artificiels ; on prend pour cela de la limaille ou de la tournure de fer que l'on dépose dans une bouteille de vinaigre fort. Au bout de quelques jours, l'acétate de fer est formé ; cet acétate, versé dans un bain tiède, constitue le bain ferrugineux ordinaire, mais on peut en augmenter la force en ajoutant au vinaigre un verre d'acide chlorhydrique qui agit avec plus d'énergie sur le fer, et ajoute au bain un nouveau principe, le chlorure de fer. Ces moyens peuvent être employés dans le cas où le fer ne peut être supporté ou assimilé par les voies digestives.

Elixir de Villette.—Dans un vase suffisamment grand, faites macérer pendant un mois.

Résine de gaiac pulvérisé.....	1,500 gramm.
Rhum	37 kilo 500.

Décantez ou mieux filtrez.

D'un autre côté, faite digérer pendant un mois également :

Ecorce de kina jaune concassée.....	3 kilo.
Fleurs de coquelicot.....	1,500
Sassafras, en copeaux.....	750
Eau-de-vie.....	25 kilo.
Eau pure.....	100 —

Filtrez comme ci-dessus.

En troisième lieu, prenez :

Salsepareille fendue ou coupée.....	500 gram.
Liqueur de la seconde opération.....	12,500

Faites bouillir pendant deux ou trois heures, passez à travers un linge, et avec :

Sucre.....	6,250

Faites un sirop marquant 34 degrés bouillant.

Réunissez toutes les liqueurs et le sirop dans un même vase, agitez le tout de temps en temps, et, après un mois, décantez ou filtrez, et mettez en bouteilles.

Cet élixir, désigné encore sous le nom d'*Elixir de gaiac dulcifié*, combat avantageusement les affections goutteuses et rhumatismales.

On le donne à la dose d'un petit verre à liqueur (15 grammes) le matin à jeun pour les adultes, d'une cuillerée à bouche pour les femmes.

Les enfants faibles et délicats se trouveront bien de son usage. Pour eux, la dose sera d'une cuillerée à café.

Seigle ergoté contre les écoulements blennorrhagiques passés a l'état chronique (Antoine Lazowki, d. m. m.).—J'ai, dans mes précédents Annuaires, indiqué plusieurs applications du seigle ergoté. En voici une qui peut se rattacher à celles que nous avons déjà fait connaître, et paraîtra peut-être intéressante aux praticiens.

" Quand l'écoulement est entretenu par un état d'atonie de tout le système ou seulement des organes génitaux, la vessie, la prostate ou le canal de l'urètre sont isolément ou simultanément frappés d'un relâchement qui entretient la blennorrhagie. L'emploi des moyens qui ont une action excitante spéciale sur ces organes est parfaitement indiqué : dans cette classe se trouve le seigle ergoté, dont l'action devient plus manifeste quand on l'associe aux ferrugineux.

" L'expérience m'a démontré pleinement la justesse de ces vues théoriques ; aussi ai-je pu guérir par ce moyen un grand nombre d'écoulements qui avaient fait pendant longtemps le désespoir des malades et des médecins. Bien plus, certaines blennorrhées chroniques, compliquées de rétrécissements de l'urètre peu intenses, ont cédé quelquefois à l'emploi du seigle ergoté, ou tout au moins ont rendu la guérison plus facile et plus prompte.

" La formule que j'emploie est la suivante :

Seigle ergoté, récemment pulvérisé....	4 gram.
Safran de mars apéritif.....	5,50 centigr.
Poudre de vanille.....	0,25 —
Camphre pulvérisé.....	0,25 —

" Mêlez et divisez en paquets, que l'ont doit prendre: un le matin à jeun, et un autre le soir en se couchant.

" La durée moyenne du traitement est de dix à vingt jours, pendant lesquels il est inutile de soumettre les malades à une diète trop rigoureuse. D'ordinaire je prescris simultanément une décoction légère de quinquina gris.

" Jusqu'à présent, je n'ai pas mis en usage l'extrait aqueux de seigle ergoté, que M. Bonjeau a improprement nommé ergotine. Il est à supposer cependant qu'il agirait de la même manière que la poudre d'ergot de seigle. Quoi qu'il en soit, je désire vivement que les praticiens veuillent bien expérimenter ce nouveau mode de traitement; je suis persuadé qu'ils trouveront, comme moi, dans le seigle ergoté, un médicament précieux pour combattre les écoulements blennorrhagiques anciens chez l'homme et chez la femme."—(*Revue therapeutique du Midi.*)

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

INSANE IN CANADA.

Some time ago we wrote an article with the view of calling the attention of Government to the urgent necessity which exists for the immediate erection of additional Asylums for the reception of the lunatic population of the Province. The simple announcement by the public press, that the Superintendant of the Toronto Asylum had signified his determination not to admit the name of another patient on his already overcrowded list of inmates, was sufficient warranty to us to speak plainly and decidedly on the subject. We were aware, at the same time, that Beauport could not conveniently accommodate another lunatic; and that our common Gaol contained within its walls a number of those unfortunates. The total number of insane in Upper and Lower Canada was a point on which, from the absence of all reliable information, we could not speak with any certainty, and we were thus deprived of a strong argument. Since then, however, the second portion of the Census Report of Canada has made its appearance, and we are now in a position to lay before our readers the actual number of persons laboring under mental alienation, with the number which are at

present enjoying the benefits of proper treatment in Asylums. We are certain the people of Canada need only to be convinced of the existing shamefully insufficient accommodation to demand from the Legislature the appropriation of a sum necessary to erect, at least, two good Hospitals for the insane. Public attention once fully roused to the disgraceful state in which things are, the remedy will not long be forthcoming.

According to the Census Report there are now in Upper Canada 1069 persons of unsound mind; in Lower Canada there are 1733, making a total for the Province of 2802. Of these, 1410 are males—1392 females. The whole population, according to the same Report, is 1,842,103; the eastern section containing 880,261; the western, 951,742. The proportion of lunatics to the entire population will therefore be 1 to 657. This is a ratio greater than obtains in most countries. In England, France, United States, Belgium and Prussia, the ratio is 1 to 1000. In Scotland and Norway, however, the ratio is greater. In the former it is 1 to 573; in the latter, 1 to 551. It would appear that the temperature of a climate has an influence over the mental health of individuals,—cold climates being more favorable to the development of insanity than either warm or temperate climates. Sunny Italy has but 1 lunatic to 4,787 persons of sound mind; temperate England and France have 1 to 1000; but cold Norway, Scotland and Canada have 1 to about 600 A comparison of the prevalence of insanity in the two sections of the Province favors this opinion. In Upper Canada the climate is more equable throughout the year, and is much more temperate during the winter months than in Lower Canada. In the former the numbers of insane and entire population are respectively 1,069 and 951,742, the ratio being as 1 to 891; in the latter the numbers are 1733 and 880,261, the proportion being as 1 to 508. Here is a disparity not easily to be accounted for. A greater number of the population being engaged in agricultural pursuits—the quiet, retired habits of the French Canadian *habitan*, and the intense cold of the long winters, are probably the reasons why the difference is so great between Upper and Lower Canada.

Having placed these statistics before our readers, we now proceed to inform them of the provision which the public-spirited and philanthropic Legislature of Canada has made for her 2802 lunatics. We blush for our country as we send forth these statements to the world. There is the Provincial Lunatic Asylum at Toronto, built for the reception of 250 patients, although now containing nearly 400; and the Beauport Asylum at Quebec, capable of accommodating about 150 patients; accommodation being provided by Canada for only 400 of her 2802 insane population. This is surely an evil of no ordinary magnitude. Notwithstanding that these facts must be known to those in authority, Par-

liament is allowed to assemble and separate, yet not a solitary voice is raised during the session, to solicit the adoption of measures whereby this foul blot on our character, as a civilized and Christian community, might be wiped away for ever. Monies are voted, and voted freely too, for the furtherance of various objects, but for the cause of the poor lunatic, the cause of him whom an inscrutable Providence has allowed to become the most pitiable and helpless of men, not one penny has been appropriated. Persons who have made insanity the subject of observation, must be painfully impressed with the inhumanity of our Legislature, knowing as they do that a large proportion of insane cases, if submitted to proper treatment at an early period, will be restored to their original vigour of mind; but the same cases allowed to be confined and watched over by friends or the *employes* of a common gaol, will certainly result in incurable insanity. It is a question pregnant with sorrowful and distressing reflections—how many of the 2,802 lunatics, at present within the borders of Canada, if properly treated, would be rejoicing in the possession of an unclouded reason, who are now furious maniacs, stolid melancholies, or drivelling idiots?

We must have, as we said before, *two* good Hospitals for the Insane,—each to accommodate 250 patients, and to include all the improvements introduced into modern asylums. One of these should be erected in the vicinity of Montreal. Government now own twenty-nine acres of land near the city, admirably situated for an Insane Asylum. This property lies between the Tanneries de Rolland and the city, and is on the elevated *plateau* which extends from the Tanneries, in one direction towards Lachine, in the other towards Montreal. It possesses all the advantages sought in the selection of a site on which to erect an Hospital for the Insane. It is airy and elevated—the land is dry and fertile—the scenery is diversified—it is easily accessible from the city at all seasons of the year, and above all, an abundant supply of water might be obtained by having a large branch pipe laid down from the tube of the new water works, where it attains the summit of the ridge, after passing through the Hon. Mr. Quesnel's grounds. The property, moreover, extending down the hill, offers excellent facilities for thorough drainage and sewerage. The only objection that can be raised against this site, is the limited extent of the grounds. This objection may be readily obviated, as an additional quantity of adjoining land, we have been given to understand, can be easily obtained. It was originally purchased with a view to the erection of an Asylum for the Insane upon it, and the purchase was made as far back as the time of Lord Senton's administration. This nobleman, with his privy council, appointed a commission, consisting of the late Dr. Robertson, Dr. Crawford, and Mr. Lunn,

to take steps towards establishing a temporary Lunatic Asylum, and £2,000 were appropriated to assist in carrying out the objects of the formation of the commission. In addition to the purchase of the property, the commission received plans for the elevation of the building, two of which were approved and paid for. Mr. Ostell, of Montreal, and Dr. Luther V. Bell, President of the "American Association of Medical Superintendents of Institutions for the Insane," were the successful competitors. The plan submitted by the former gentleman was placed first, and he received £50; that of the latter, second, and he was paid £25.

We earnestly hope to see active steps taken in this matter immediately. The country wants these Institutions for the Insane — a common humanity demands them; and the country, for the sake of unfortunate humanity, must have them.

MEDICAL MEN FOR EMIGRANT SHIPS.—By the 15th and 16th Vic., cap. XLIV, sec. 38, every passenger ship is bound to carry a *duly qualified* Medical practitioner, in the following cases:—1. When the duration of a voyage exceeds in a sailer 80 days, and in a steamer 45 days, and the number of persons on board (including crew) exceeds 50. 2. When the voyage is to North America, and the passengers exceed 100 adults, and the space for each is less than 14 feet. 3. When, whatever the destination or the space, the number of persons on board exceeds 500. Penalty, £50. But by the Merchant Shipping Act (1854) clause 219, to come into operation 1st of January, 1855, it is provided that the following ships shall carry on board, as part of their complement, some person duly authorized by law to practise as physician, surgeon or apothecary:— 1. Every foreign-going ship having 100 persons or upwards on board. 2. Every ship having 50 persons or upwards on board, which is bound on a voyage from the United Kingdom to the eastward of the Cape of Good Hope, or to the westward of Cape Horn, or to any place on the west coast of Africa, or the east coast of central or south America, or to the Falkland Islands. Penalty, £100.

IMPROVEMENTS IN MODERN SURGERY.—We have received from Henry Smith, Esqr., a copy of the Oration delivered by him, March 8, 1854, before the Medical Society of London, at the eighty-first anniversary. In this oration, Mr. Smith, after a passing tribute to the worth and talents of the late lamented Frederick William Barlowe, notices in succession some of the leading improvements which have, of late years,

been introduced into the science and art of surgery. The first in the list is the simple water dressing of Liston, which is now employed to the complete exclusion of the unctuous envelopes and complicated bandages of former days. Mr. Henry Lee's valuable researches on Pyæmia; Mr. Luke's suspending splint in cases of fracture; Sir Benj. Brodie's investigations into the true pathology of diseased joints; Mr. Guy's practice of making a free incision into disorganized articulations; Dr. Little and Messrs. Tamplin & Bishop's improvements in Orthopædic Surgery, by which many deformities of the body may be successfully treated; Mr. Fergusson's method of dividing the fibres of the levator palati muscle in cleft palate; Drs. Hutton, Cusack and Bellingham's celebrated treatment of aneurism by compression; Syme's amputations at the joints, and excision of diseased bone, in certain cases, in preference to removal of the limb; and lastly, Simpson's great discovery of the anæsthetic properties of chloroform are the improvements particularly dwelt upon. Altogether, it is a very creditable paper, and exhibits, on the part of the writer, a familiar acquaintance with the literature of modern surgery.

More ambition among the extra collegiates.—Dr. Valois' Bill, printed in a late number of our journal, having proved, as no one doubted, a failure, is now seeing the corruption of decay. From its ashes, however, which appear to be more turbulent than peaceful, a phœnix-like creature is arising; the fostering clucking over which devolves on Mr. Taché. Just as we are going to press, and this must be the apology for our brevity, we have seen the notice of an address to the Imperial Government, praying for authority to pass a bill to subject to an examination by the Provincial Board of Medicine, all candidates who are the bearers of Diplomas from the different colleges and Universities. This grand event completes the personification of the extra collegiates by the man who, when he could not raise his edifice to the eminence of an adjoining structure, set about thinking how he might pull down the eyesore to his own level.

Montreal Pharmaceutical Association.—At a meeting of the Druggists' Assistants and Apprentices, held on the 17th November, with a view of organizing a society for improving themselves in their profession The society being constituted and named the "Montreal Pharmaceutical Association," the following gentlemen were elected officers for the present year:—Johnston Beer, president; Richard Jennet, vice-pres.; Charles Vanfelson, sec.; Kenneth Campbell, treas.

TO CORRESPONDENTS.

Professor Robb will receive our thanks for his attentions. *Inquirer* will appear in our next. *Dr. Nemier* will hear from us privately.

Quarterly Report of the Montreal General Hospital, ending 31st October, 1854.

Remaining from last Quarter	85	Discharged cured	314
Admitted	333	Died	26
		Remaining	78
	418		418
In-Door Patients.		*Out-Door Patients.*	
Males	178	Males	247
Females	155	Females	349
	333		696

Diseases and Accidents.

Disease.	Admitted.	Died.	Disease.	Admitted.	Died.	Disease.	Admitted.	Died.
Abscessus	3		Endopericarditis	1		Morbus Cordis	3	
Acne	1		Epilepsia	1		Neuralgia	2	
Amaurrhora	2		Erysipelas	1		Œdema	1	
Anasarca	2		Erythema	2		Opthalmia	11	
Arthritis	2		Febris Com. Cont.	37		" Gonorr	1	
Ascites	3		" Ephemeral	1		Orchitis	1	
Asomma	1		" Intermit	7		Ostitis	1	
Bronchitis	9		" Typhoid	8	2	Paralysis	4	
Bursitis	1		" Lyphus	1		Paronychia	2	
Cancer	2		Fistula in Ano	1		Pericardhtis	1	
Caries	1		Fractura, simple	6		Phthisis	3	2
Cataract	2		" common	2		Pleurodynia	1	
Cephalalgia	1		" com et con	1		Pneumonia	1	
Cholera Asiatica†	27	11	Furunculus	1		Prolapsus Ani	1	
" Canadensis	9	1	Gonorrhœa	4		Rheumatismus	13	
Compressio Cerebri	1	1	Hemoptasis	1		Scabies	2	
Concussio	1		Hemorrhoido	2		Scarlatina	1	
Conjunctivitis	10		Hernia	1		Sclerotitis	1	
Constipatio	1		Herpes	1		Spermatorrhœa	1	
Contusio	6		Hypochondriasis	5		Synovitis	3	
Cornetis	2		Hysteria	2		Syphilis	10	1
Coup de Soleil	1		Icterus	2		Syphilis cum vario	1	1
Debilitas	6	1	Inebritas	1		Tic Douloureux	1	
Delirium Tremens	12		Iritis	1		Ulcus	15	
Diarrhœa	31	4	Lepra	1		Varices	2	
Dysenteria	5		Mania Puerp	1		Variola	6	1
Eczema	1		Marasmus	1		Vulnus	3	
Emesis	3							

* In addition to the deaths mentioned above, there were 33 who died within three days after admission, and whose names were consequently not entered in the ordinary registers. This makes the total number of deaths during the quarter to be 59.

† There were 29 additional cases of cholera which proved fatal within three days after admission, making the total number of cases during the quarter, 56; and the number o deaths, 40,

Operations during the Quarter.

Major amputation of leg, 1; cancers excised, 2; encysted tumor removed, 1; circumcision, 2. Total, 6.

Fractures and Dislocations.—Simple fractures, intern., 6; extern., 1; common fract., 2; comp. and common, 1; Dislocation, 1. Total, 11.

Minor; Bleeding, 3; cupping, 10; leeching, 6, issue, 1; wounds dressed, 3; hot harrower, 8; Acupuncture, 2; Abscesses opened and dressed, 21; teeth extracted, 59. Total, 108.

Attending Physicians, Drs. Wright & Jones.

Robert Craik, M.D., House Surgeon.

BOOKS RECEIVED FOR REVIEW.

Hassall's Microscopical Anatomy. 2 vols. 1854.

Dublin Dissector. Third American, from fifth and enlarged Dublin Edition.

Comstock's Popular Physiology. From Messrs. Samuel S. & Wm. Wood, New York.

Harris' Dictionary of Medicine and Dental Surgery. From Messrs. Lindsay & Blakiston, Philadelphia.

Jones and Seiveking's Pathological Anatomy. First American Edition, revised.

Gross on Foreign Bodies in the Air Passages. 1854.

West on the Pathological Importance of Ulceration of the Os Uteri. 1854. From Messrs. Blanchard and Lee, Philadelphia.

Bigelow's Nature in Disease, and other Writings. From Messrs. Ticknor and Fields, Boston.

Kirkbride on Hospitals for the Insane. From the Author.

Galt on Insanity in Italy. From the Author.

Report of the Select Committee of the Senate of the United States on the Sickness and Mortality on board Emigrant Ships. From Hon. Hamilton Fish, Chairman of Committee.

Positive Medical Agents: Alkaloids and Resinoids. From Messrs B. Keith and Co., American Chemical Institute.

CATALOGUE OF BOOKS.—We have reviewed Messrs. Wood and Co.'s Catalogue of Books for 1854. It includes, with recent works, many old and rare volumes on medical science. Any book ordered direct from this house will be sent through the Post Office free of expense. The address is:—Messrs. Samuel S. and William Wood, 261 Pearl Street, New York.

MEDICAL NEWS.

Dr. West has resigned the office of Physician to the Hospital for Sick Children, London, and Dr. Kirkes is a candidate for the post.——The Medical Society of Virginia offers a prize medal of $50 for the best essay "on pneumonia," to be presented before March 1855.——The Boyleston premium for 1854, of $60 each, have been awarded to Silas Durkee, M.D., of Boston, for the best dissertation "on the constitutional treatment of syphilis," and to George H. Lyman, M.D., "on the non-malignant diseases of the uterus.——At a meeting of citizens of Savannah, on the 14th October, the Mayor presiding, a service of plate was presented to Drs. Redwood and Hamilton of Mobile, and Dr. Cross of New Orleans, in token of gratitude for their services during the late epidemic of yellow fever.——Drs. Dowler and Gibson, one of New Orleans, and the other of San Francisco, publish descriptions of viviporous fish seen by them. Dr. Dowler's was caught in the New Orleans Canal, and measured two inches and three-quarters in circumference.——At a General Board of Governors of the Rotundo Lying-in-Hospital, Dublin, held on the 3rd November, Alfred H. McClintock, Esq., M.D., M.R.I.A., Fellow and Examiner of Midwifery in the Royal College of Surgeons in Ireland, &c., was elected to the office of master, in the place of Dr. Shekelton.——A final blow has been struck at the moustache movement. The lecturers at the Charing Cross Hospital School, London, are said to have sent to a candidate for the honor of be oming a colleague, an intimation that he could not be received until he had sacrificed a favorite moustache.——Dr. Thomson, to whom was assigned the hazardous but honorable duty of tending the wounded Russians on the plains of Alma, and whose melancholy death from cholera occurred on the 5th ult., after rejoining the camp, was a native of Cromarty, in the North of Scotland. Dr. Thomson entered the army in the month of February, 1848, and at the period of his death was in the thirtieth year of his age.