

## 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.

- 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.
  
- Additional comments /  
Commentaires supplémentaires:

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 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.

# BRITISH AMERICAN MEDICAL & PHYSICAL JOURNAL.

VOL VII.—No. 1.]

MAY, 1851.

[NEW SERIES, VOL. 2.

ART. I.—*Cases of the peculiar affection of the Uterus, and of the Urethritis, in the Female mentioned in his observations on the Endemic Fever of Canada.* By JOHN JARRON, Surgeon, Dunnville.

Previous to entering on the accompanying cases that have taken place since my last communication, I would beg to correct a few errors in article LIV. of this journal for March, 1851.

In page 482, 1st column, 5th line, for "cystine" read "congestive."

In page 482, 1st column, 3rd line from bottom, for "hydrarg. submur. opii. a a grs.," read "hydrarg. submur. 3ss. opii. gr. 1."

In page 485, 1st column, 39th line, for "days" read "years."

In page 485, 2nd column, last line, and in page 487, 2nd column, 11th and 20th lines, for "prominent" read "permanent."

In page 487, 1st column, 32nd line, for "leaving" read "bearing."

In page 488, 1st column, 1st and 2nd lines, for "of squills, digitalis, squills and calomel," read "squills, digitalis, and spirits of nitre in a liquid form, or of squills, digitalis, calomel, and ipecacuanha."

*First Case.*—A married female, with a family, complained of frequent desire to make water, which was discharged in small quantities; burning in the course of the urethra and severe pain at the meatus, which was not prominent, but very tender to the touch.

The affection had lasted for some days, and had been so severe during the two previous nights as to deprive her of rest, and almost induced her to send for medical aid before morning. She had been subject to ague, many of the irregu-

lar symptoms of which were now present, particularly the tendency to cold feet and legs, and the peculiar taste in the mouth. The bowels were open; the urine discharged was of whitish colour, and deposited a milky sediment. She had suffered in the same way about two years ago, when she had an attack of fever and ague.

R. Hydrarg. submur. ʒss. opii. gr. 1. ft. pulv. stat. sumendus,—et ol Ricini ʒi. post horas tres—

Warm fomentations to be freely used.

On calling next day, found the powder had almost instantly relieved the pain and frequent desire to make water; that the oil had operated freely; and that she had passed a good night. She was with difficulty persuaded to take two or three doses of calomel, colocynth, and oil;—she has had no return of the symptoms since.

*Second Case.*—A married female, who had not been long in the country, and had suffered from occasional irregular attacks of ague, called on me on account of a frequent desire to make water, severe burning pain in the course of the urethra, and pain and tenderness at the meatus, sufficient to deprive her of rest and sleep; also of considerable uneasiness and tenderness of the lower part of the abdomen.

Her menstrual periods had become much more frequent and protracted than usual—the discharge being often absent for only ten or twelve days. It was attended with a good deal of pain; came away in clots, dark coloured and offensive in smell. Her bowels were irregular; discharges unnatural and offensive; urine occasionally milky, and depositing a white flaky sediment.

The paroxysms of fever were irregular, but scarcely ever entirely absent;

and there was great prostration of strength.

I abstained from the use of opium in this case;—used fomentations and full doses of calomel and colocynth followed by castor oil. These almost instantly relieved the urethritis, and improved the general health; the paroxysms of fever became more regular, and required quinine to put a stop to them and the discharges from the uterus.

The whole train of symptoms twice or thrice returned with the fever at intervals of some weeks; they yielded to the same treatment, though I was some times obliged to use large doses of nitre and opium to relieve the urethritis.

*Third Case.*—A married female, two months pregnant for the first time, was seized with shivering, followed by febrile symptoms; the coldness of the feet and legs, pains in the back, and bearing down pains were very prominent. The whole train of symptoms were soon relieved by rest and free purging with calomel, colocynth and castor oil.

About five weeks subsequently, from exposure to cold, the febrile symptoms returned; the pains in the back and bearing down were severe; flooding came on, and almost instantly produced a perfect state of syncope and collapse, in which I found her.

The uterine action was then regular and severe; the uterus tolerably large and very tender; the os open, and discharges of dark coloured and offensive clots were taking place.

The history of this case—the state of irregular fever—and the appearance of the patient—were sufficient to show it to be no case of ordinary abortion.

A little warm brandy and water was given now and then. She instantly took hydrarg. submur. gr. viii. opii. gr. ss.;—this was repeated in two hours, and followed up by a large dose of castor oil.

The calomel and opium almost instantly relieved the pains; the discharge was lessened; the state of syncope and collapse went off; and she got warm. The oil produced a free discharge of most offensive feculent matter.

In two days after, the febrile symptoms returned, with them the uterine action and the increased discharge of clots; and I have reason to think the ovum was then thrown off. The syncope and collapse also returned, though in a less degree; and were again relieved by calomel, opium, and purgatives.

On my next visit I found the uterine action subsided, and the febrile symptoms lessened but not removed. My patient was excessively restless and uneasy, with great tenderness in the region of the bladder, incessant desire to make water, which was discharged in small quantities, and was of a white milky colour; the scalding in the course of the urethra was present, but less complained of than in the other cases. The discharge from the uterus had subsided, and I found the organ much contracted and not at all tender to the touch. Pressure along the course of the urethra could also be borné; but the slightest touch of the meatus occasioned the most intense pain.

Warm fomentations were used; calomel, opium, and ipecacuanha were freely given, followed by castor oil; and at the next interval of the fever, quinine in large doses. The relief obtained was almost immediate; and with the return of natural secretions from the bowels, and the subsidence of the fever, the general health was restored, and none of the peculiar symptoms have returned.

*Fourth Case.*—An elderly married female whose menstrual periods had for a time been regular, after having passed one without discharge, was on the next seized with symptoms of irregular fever, with this, bearing down pains and a very free discharge took place; the action of the uterus was regular and exceedingly painful; the discharge was in clots—dark coloured and offensive—and had continued for 36 hours before I saw her.

I found her in a state of great prostration, the pulse small and scarcely to be felt; the extremities were then cold, but since the discharge had come on, she had suffered from irregular attacks of shivering and fever. The discharge of

clots was still taking place, accompanied by severe uterine action and much pain. Her countenance and skin had that bilious and bronzed hue so indicative of an attack of ague; and many of the irregular symptoms of this had been present for days before the discharge had come on.

Habeat hydrarg. submur. ℞ss.

Opii. gr. 1. Ft. pulv. statim sum. et repetatur post horas tres.

A little whiskey with warm water was occasionally given, and warmth applied to the feet and legs.

The first powder relieved the uterine action, and the discharge of clots then ceased. She took the second powder as ordered, and passed a very comfortable night without pain or discharge.

In the morning, the extremities were warm, the pulse improved, and the constitution considerably rallied; many of the symptoms of fever were present, and the bowels had not been acted on by the powders.

She then took a large dose of castor oil, which produced a free discharge from the bowels during the day;—the state of prostration gradually left her, and she had no return of uterine action or discharges of clots. A few days rest, and free purging with calomel, colocyath and oil were sufficient to improve the secretions from the bowels, and to restore her general health.

In talking over these and other cases, of this peculiar affection of the uterus and urethra, with Dr. McPherson of Caledonia, I found that he had lately met with cases of the same character, though his attention had not been particularly directed to them. That he, as well as myself, had met with one or two cases of dark coloured blood and clots discharged periodically from the uterus during a state of pregnancy, in which the child would be born full grown and healthy, after a natural labour; and the placenta we found in its natural position, attached to the fundus of the uterus.

Such cases are exceedingly perplexing to a practitioner, leaving the occurrence

of pregnancy uncertain in the early months; and in the latter, giving rise to all the anxiety of those in which the placenta is attached to the os uteri.

I was lately called suddenly to a case, where a profuse discharge of blood had taken place in the last month of pregnancy. It had subsided before my arrival. I found that the patient had suffered from irregular febrile symptoms; that her appearance was aguish; that previous to her pregnancy, she had experienced one or two attacks of profuse and painful menstruation; and that she had lived in a house in which I had met three or four cases of the same kind.

On examination, the uterine tumor and presentation were found natural; the os uteri was so far up, and towards the back part of the vagina, that it could scarcely be reached, yet I felt certain that the placenta was not attached to the neck of the uterus.

Rest was enjoined, and a course of moderate purging with calomel, colocyath and castor oil had recourse to, which soon relieved the febrile symptoms. No recurrence of the discharge from the uterus took place. Labour came on at the proper time, was natural, and the child full grown.

The great increase of cases of profuse and continued leucorrhœa, that has lately taken place in the valley of the Grand River, had struck both Dr. McPherson and myself, and led us to look for the cause of them in some general constitutional affection, more than in any local organic change, which indeed could seldom be detected, ulceration or even abrasion being exceedingly rare.

The absence of these, and the unsatisfactory result of purely local treatment, have long since led me to look on the constitutional symptoms and manifest derangement of the general health that always accompanies these affections as the real object to which the attention of the practitioner ought to be directed; and the affection of the mucous membrane of the vagina and uterus, with its altered and increased secretions, as one of the

modifications of constitutional disease of which we daily see examples both in the mucous linings of the bowels and air passages, as in cases of common diarrhœa and influenza.

The usual biliary derangements and other symptoms of irregular malarious disease, that accompany these leucorrhœal affections, are always obvious; indeed they sometimes so much resemble the effects of protracted leucorrhœa, as pointed out by systematic writers, as to require a considerable degree of experience and discrimination to come at a satisfactory conclusion between the cause and the effect, and which will be more readily decided by an extensive and minute enquiry into the symptoms and the effects of remedies, than by the absence or presence of any minute change, or occasional appearance of the parts supposed to be affected with disease.

This affection is not confined to married females, who have had several children, but often met with in others whether married or not.

It will often be speedily remedied when the constitutional symptoms are improved by a dose or two of active calomel purgvs.; but a modification of these will frequently be required, accompanied with a tolerably free use of iron, quinine and myrrh.

As local applications, injections of warm water, solutions of alum, or sulphate of zinc, or a decoction of oak bark, will now and then be useful; but they are not at all to be depended on without general remedies.

I have never found those ulcerations of the os and neck of the uterus, to which Dr. Bennett and others of that school have directed the profession, nor have I had any reason to regret an habitual recourse to a practice which the brightest ornaments of the profession have declared to be seldom called for, and so demoralizing in its effects.

The periodicals of the day now and then report cases resembling each of those affections that I have noticed. I borrowed the term "urethritis in the

female," from Dr. McClintock, in his report of two cases of the kind, to be found in the ninth number of "Rankin's Half Yearly Abstract." The description of these more resembles my cases than any other I had met with; and they were also relieved by a general remedy, viz., balsam of copaiba.

We also find cases of protracted dysmenorrhœa reported, in which the usual remedies fail; and an active course of purging by calomel, sometimes carried to salivation, and followed by quinine, produce the most astonishing results.

Dr. Ashwell, of London, in his recent work, forcibly points out the frequent dependence of leucorrhœa on deranged digestive functions, and the necessity of attention to the chylopoietic organs. He says, "let digestion be restored and the leucorrhœa will gradually disappear." "Lately, I saw a case where the discharge, which had been for weeks excessive, was restrained by giving five or six doses of blue pill, followed by an aperient of senna and salts; the first motions were highly scybalous, afterwards they became healthy, and with no other treatment than ablution, and a removal into pure, dry, and mild air, and the adoption of good diet and exercise, by which the function of the skin was restored: the cure was complete."

The result of my practice in these cases is not new, it only bears out the observations of others on the effects of general remedies on what had been looked on as local diseases; and the very result has tended more and more to convince me that these affections were nothing more or less than symptoms of a peculiar constitutional derangement, which a strict investigation and minute research would seldom fail to disclose.

Dunnville, April 9, 1851.

ART. II.—*Cases from the Clinic of 1851.—Case of Hypertrophy of the Heart with unusual sound.—Case of Conjoined Emphysema and Phthisis.* By S. C. SEWELL, M.D., *Edin., Lecturer on Clinical Medicine, University McGill College; Physician to Montreal General Hospital, &c.*

*Case 1.*—The following case derives its interest from the first sound having been that usually ascribed to dilatation, and the heaving impulse having been absent, and the pulse feeble. Ann Wetenhall, ætat 28, a native of England, was admitted into the Montreal General Hospital, 22nd March, 1851.

*Previous History.*—This was not easily ascertained, as she had evident difficulty in collecting her thoughts, and irritable dislike to answering questions. When young, had an attack of acute rheumatism; when crossing the sea last summer, she suffered *most severely* from sea-sickness, and since landing had constant palpitation of the heart, with pain more or less severe; catamenia irregular and scanty.

*Present Condition.*—Countenance anxious; face œdematous; tongue clean; skin cold and moist; no appetite; pulse ranging from 120 to 130, *very feeble* both in carotid and radial arteries; appearance exsanguine.—Physical signs—præcordial dulness normal; apex of the heart struck in the normal position. The impulse of the heart was powerful and sudden, *without any back-stroke*. The first sound, short, sharp, clear and loud, while the second sound was that usually ascribed to hypertrophy, *very feeble*. The interval was scarcely appreciable, and only on minute attention being paid.

*Diagnosis.*—From the force of the impulse chiefly, I pronounced this to be a case of hypertrophy of the left ventricle. In pointing it out to the students, I made them remark that there were

no signs of valvular disease, and that the hypertrophy was probably dependent on pericardial adhesion. I also indicated to them the unusual character of the first sound, adding that I was unable to give any positive explanation of the cause.

On the 25th, epistaxis came on—regarding it as a salutary effort of nature to avert mischief from the brain, I did not interfere with it for some time. I saw her at 10 at night, and left directions with the house-surgeon to give her oil of turpentine, should the bleeding affect the circulation seriously. He gave it in the night, and at stated intervals, with the effect of controlling the hæmorrhage, which recurred in small quantity from time to time and ceased in the night of 26-7th.

28th. —Symptoms of compression coming on, with paralysis of portion of 3rd nerve of right side, the right eye being everted. Answered questions very slowly. Complained of excessive fatigue. Raised either hand alternately and pressed the head. Occasional jactitation of right fore-arm. Veins of neck enormously distended. Pulse very feeble. Character of heart's action unchanged. Coma came on rapidly, and she died at 10 P.M.

*Autopsy 15 hours after death.*—The body had been placed on the table in the dead-house, with the head elevated, which position we did not disturb during the sectio. Encephalon: effusion of serum into and under the arachnoid membrane, but to no great extent.—Longitudinal and lateral sinuses, and the veins of pia mater very much congested. Substance of brain exsanguine, and exuding serous fluid. Lateral ventricles one third full of serum. Below the tentorium great effusion of serum.

*Thorax.*—On lifting the sternum,

the lungs were observed to occupy their normal position. On opening the pericardium, 1 to 1½ oz. of serous fluid were observed, which I regard as a lethal phenomenon. The right ventricle was absolutely anterior; this we found was occasioned by the great weight of the left ventricle, which was contracted into a hard ball. Near the apex of the left ventricle, was a patch of false membrane the size of a half-penny firmly adherent, with several firm threads with broad bases dependent from it, which had been evidently attached to the pericardium, and separated inattentively when lifting out the heart. The heart and great vessels were now removed. The appearance of the size of the heart, as thus contracted, was apparently that of an ordinary heart. A gentleman present, who has weighed a good many hearts, declared it would not weigh more than eight ounces. On passing the finger through the aorta into the cavity of the left ventricle, it was found that it was contracted to the size of a very small walnut, and that the walls were very thick. The heart was washed, and its weight proved to be 16¼ ounces avoirdupoise. It was now put into salt and water to macerate till the following Wednesday, 2nd April, when it was examined during the clinical lecture. The valves and cavities of the right side were found in a normal condition. The patch of false membrane had not become detachable by the maceration. The aortic valves were sound. On the anterior lamina of the mitral valve was found a thickening near the edge, which however did not interfere in the least with its action. The cavity of the left ventricle had now expanded to its vital extension, and was found to be of normal size—the hypertrophy was lateral. The columnæ carneæ were

much enlarged; the average thickness of the parietes was an inch; that of the septum more; but at the apex the thickness was normal.

The following extracts will shew the physical signs laid down by some of the best authorities, as those of simple hypertrophy and hypertrophy with dilatation, none of which were present in this case with the exception of the powerful impulse:—"The impulse is ordinarily sufficiently strong to heave the head of the observer in a very sensible manner, and sometimes it is so strong as to produce a shock disagreeable to the ear. The greater the hypertrophy *the more time that heaving takes for its performance*, and when the disease is carried to a high degree, we evidently perceive that it takes place by a gradual progression; it seems as if the heart swelled and applied itself to the walls of the chest at first by a single point, and in the next place suddenly sank back."—*Laennec*. "The first sound, i.e. that attending the ventricular systole, is duller and more prolonged than natural, in proportion as the hypertrophy is more considerable; and when this exists in an extreme degree, the sound becomes nearly extinct, but never, according to my observations wholly so, as stated by *Laennec*." "The power of the impulse is increased in the direct ratio of the hypertrophy; and the movement is a progressive heaving, because the hypertrophous ventricle, from being thick and unwieldy, contracts slowly and with a gradual progression. For the same reason the first sound is diminished, is dull and stifled; because as the closure of the auricular valves is sluggish, it is attended with a less jerk of extension, both of the valves and cordæ tendineæ, and of the ventricular walls." "Thus in simple hypertrophy it (the pulse) is stronger,

fuller, and more tense than natural."

"These characters of the pulse are still more marked in hypertrophy with dilatation, so long as the hypertrophy is predominant." "In hypertrophy with dilatation the signs are a compound of those of hypertrophy and those of dilatation."—*Hope*. "From a stronger impulse we argue *only the probability* of a hypertrophied heart; but we argue its certainty from a stronger impulse joined with a diminished sound. When impulse and sound increase together, there is probably no hypertrophy."

—*Latham*. "The physical signs of hypertrophy are intelligible and characteristic. The increased mass of the muscular fibre renders their act of contraction stronger than usual; hence the impulse is also strong. But the character of this impulse, as well as the sound which attends the contractions, will depend on the form which the hypertrophy has assumed. When it is a simple thickening of the wall, without increase or diminution of the cavity, the impulse will be gradual and heaving as well as strong, both because thick muscles cannot contract so simply or abruptly as those that are thin, and because the enlarged size of the heart brings more of it in successive contact with the ribs. So likewise the first or systolic sound will be prolonged, but duller than usual, because the sounding transition of thick walls from loose to tight is less extensive, abrupt, and instantaneous than when they are thin."

"When, on the other hand, the hypertrophy is dilated, there are better conditions for generating sound; the walls being loose and flabby, pass with a greater abruptness into the tense state of contraction, and yield a louder sound; whilst the impulse although strong is more abrupt, and in cases of extensive disease is followed by a motion of col-

lapse, from the sudden falling back of the large heart into a state of passive looseness at the moment of diastole."

"And when the disease is considerable, and unattended with an emphysematous state of the lung, there will be dulness on percussion, more or less extensive according as the enlarged heart is in contact with the thoracic walls."—*Williams*.

The first idea that would strike one on examining, or hearing of this case, is that there was dilatation with hypertrophy. But the præcordial dulness being natural, the apex striking in the normal spot, and there being no back stroke, forbade this. The next, that it was nervous palpitation, the frequency of the impulses, and the character of the first sound, and the pulse sustaining this idea. But the force of the impulse and of the second sound, decided me on pronouncing it a case of hypertrophy of the left ventricle, without attempting to explain the irregularity.

It will be naturally expected, that I should offer my ideas on the causes of the unusual signs, which I do in all diffidence. The pulsations of the heart were increased in frequency in order to deliver a sufficient supply of blood to sustain the vital functions in all parts of the body, that fluid being evidently reduced to a minimum amount compatible with life. The cause of the peculiar character of the first sound seems to me to be at least plausibly accounted for thus:—It will be recollected, that in the reclined position (the only one the patient was examined in, on account of the distress caused by every other,) the right ventricle was thrown much more anterior than natural: I believe that the left ventricle was giving out no sound except the feeble click of the aortic valves, most audible over the aorta, and that the first sound was



solely due to the flapping of the tricuspid valve; the natural sound of the right ventricle in health in contracting, if distinguishable, would probably resemble that of dilated heart, owing to the natural tenuity of its walls compared with those of the left.

*Case 2.*—This case derives its chief interest from its refutation of the prevailing idea, that emphysema and phthisis are incompatible in the same subject. Very full notes were taken, of which I shall make abstracts, sufficient to make the case clear.

John Play, *ætat* 42, admitted 23rd January, came under my care 1st February. A native of England; of a phlegmatic temperament, and scrofulous diathesis; a discharged soldier; height six feet one inch. Three brothers have died of phthisis, and the remaining one is in feeble health. Since childhood, has always been short-winded; at the age of 14 a small tumor, probably tuberculous, was removed from the vicinity of the right maxillary gland. Was stationed for seven years in the West Indies, during which time, he had better health than in England or this country. He was better always in summer than in winter. Has had several attacks similar to that under which he is now laboring. About four years ago, soon after landing at Halifax, one of these occurred, confining him to his bed for twenty-two weeks. Two years ago, he was similarly affected for six weeks. He described the cough as having been, on such occasions, very violent, paroxysmal and dry, a very little tenacious mucus being expectorated. The cough and shortness of breathing were usually most severe about two or three o'clock A. M. He has not been free from cough and dyspnœa for several years. The present attack occurred about eleven weeks since, after having

contracted a severe cold. A violent cough ensued, accompanied by pain, febrile symptoms, dyspnœa and expectoration of a greenish, tenacious fluid, in which streaks of blood were sometimes observed. The febrile symptoms subsided in a few days, but the other symptoms subsist at present. Present state — emaciated; apyrexial; bowels regular; appetite bad; thirst great; tongue red, moist, slightly furred at base; cough very violent, paroxysmal, the paroxysms occurring frequently but at irregular intervals day and night—except at between two and three in the morning, when the dyspnœa and cough were most distressing. As the disease advanced this became longer and longer, until at last it began at 4 P.M., and lasted till day light. Decubitus on right side, any other position exciting cough and dyspnœa. Expectoration very abundant, consisting of a white glairy mucus, with muco-purulent matter. Pain in right mammary region increased on coughing or pressure; circulation very languid; face, body, and in particular the extremities, livid—which latter were cold, and the body cool. Pulse 92, small, feeble, and regular; respiration 24; voice husky. Physical signs: I shall divide these into phthisical signs, and emphysematous signs, and give them as they were observed at first, and again a few days before death. I pointed the case out to the particular attention of the students from the first, telling them that I felt convinced that examination after death would prove, that, contrary to the opinion of some of the profession, emphysema and phthisis could co-exist.

Phthisical signs, when first observed. —Subclavicular depression on both sides; supraclavicular depression on left side; dulness, but not very marked, in subclavicular and scapular regions, and

below right axilla; dulness well marked in two spots of the size of a penny each, in the left, middle lateral, and inferior dorsal regions. Anteriorly, upon the right side there is coarseness of respiration, with muco-crepitating rales over the infra-clavicular and superior mammary regions—below, supplemental respiration. Left side anteriorly.—Sibilant and dry crepitating rales over a good deal of the upper third of the lung. Below, where the respiratory murmur is not weakened, there is loud supplemental breathing. Posteriorly.—Muco-crepitating rales over the whole upper third of the thorax; below, respiration is supplementary, except in the two dull spots alluded to where the respiratory murmur is wanting.

Emphysematous signs.—These were confined to the left side almost entirely. There was a bulging of the 2nd, 3rd, and 4th ribs at their sternal extremity and their cartilages; drum-like on percussion, with very feeble respiratory murmur—in fact wanting in parts; excessive clearness, on percussion over most of the anterior and lateral inferior two-thirds. The ribs of left side were flattened at side, obliquity diminished, and moved scarcely at all in respiration. The heart was displaced by the enlarged lung, and the apex beat under the sternum. Change of position did not alter the percussion signs.

A few days before death.—The emphysematous signs were unchanged; the asthmatic attack now came on at 4 P.M.; cavernous respiration, and pectoriloquy, were distinguishable in the upper part of the left lung; loud mucous and moist crepitating rales, in upper part of both lungs; dulness, on percussion, was more decided.

Died at 4 P.M., 25th March.

*Autopsy 21 hours after death.*—According to the rule of the hospital, an

hour after death the body was removed to the dead-house, where the thermometer had not risen above 32° during the time it lay there. On lifting up the sternum, the lungs did not collapse; the left one protruded; the apex of the heart was lying under the sternum; there were adhesions of the pleuræ, generally, round the upper part of both lungs; the upper third of the left lung, and the lateral portion shelving down to the point of the scapula, presented, almost all over, tuberculous deposit in every stage; there was a large cavity near the apex. In the middle lateral, and in the inferior dorsal region respectively, was a mass of tubercle in the first stage,—a good deal of the remainder of the lung crepitated. There were numerous emphysematous vesicles scattered under the pleura, some the size of a half nutmeg—these were principally along the anterior, inferior, and inferior lateral surfaces. There was a great deal of black pulmonary matter in the lung; and near the roots of the lung, that permeable congestion which simulates hepatization. The right lung was much freer from disease than the left, the upper part being the seat of tubercular deposit in which not much softening had occurred. The amount of emphysema was trifling.

An opinion prevails among a good many members of the profession, particularly the younger portion, that emphysema and phthisis never occur together in the same subject. The origin of this idea rests with Dr. Ramadge and Baron Louis. The former, grounding his assertion on some twenty years' experience in an hospital for lung diseases in London, asserted dogmatically, that the two diseases were incompatible. M. Louis spoke more diffidently; he said, that he had never seen the two diseases in the same sub-

ject, and did not *think* that they ever occurred together. Thus originated, this opinion has spread and taken hold of many minds, notwithstanding that Williams and Watson both state positively that they have seen the two diseases conjoined. One affirmative fact is worth any number of negations, and their testimony ought to have set the question at rest. As it has failed to do so, I have presented this case in, I believe, sufficient detail to the profession, to shew the fact of there being such cases, and the possibility of ascertaining these states during life, to be afterwards proved by the experimentum crucis of an autopsy.

Montreal, April 15, 1851.

ART. III.—*Threatened Abortion at the third month of Gestation: retention of the Uterine Contents, and apparent recovery, until the sixth month.* By RUFUS HOLDEN, M. D., Belleville, C. W.

Mrs. M., aged 36 years, a healthy woman, and mother of five children, had the usual symptoms of pregnancy, which continued for three months.

There was a perceptible increase of bulk, and without any appreciable cause, she was suddenly taken "unwell."—There was considerable uterine hæmorrhage, which the woman supposed to be the return of the menses, which she now concluded had been temporarily suppressed from some other cause than pregnancy.

After this there was no further sign of pregnancy, and no appearance of menstruation for six months. In the interim she suffered no particular inconvenience, with the exception of some slight faintness at times.

When six months had passed in this way, she was alarmed by a sudden gushing from the vagina, which she supposed to have been blood, but on examination it was found to be water. This was soon followed by the dis-

charge of a shrivelled fœtus about four inches in length, and a very small placenta. This was not accompanied with pain, and was followed by very little sanguineous discharge.

The woman soon after became regular, and has continued to enjoy very good health since; but although more than six years have elapsed, she has never been pregnant since.

Belleville, March 13, 1851.

ART. IV.—*Koussou in Tape Worm.*—By JOHN WANLESS, Licentiate College of Phys. and Surg. L. C.

As the new but very expensive medicine, the koussou, has been sparingly used in this Province as yet, may I be permitted the pleasure of recording in your journal its speedy and most effectual operation, in expelling a tape worm from a gentleman of my acquaintance, who had been troubled for the last eight years with tœnia. He had used during that period several anthelmintic medicines, including the usual oleum terebinthina, but had obtained very little relief. He having lately procured a dose of the koussou from England, (for which he had paid a sovereign,) took it the other day, and in the course of two hours afterwards, a tape worm of about 18 feet long was expelled, to his great relief and gratification. Since this medicine—the koussou or "*Banksia Abyssinica* of Bruce,"—seems to possess so specific a power in the thorough expulsion of tœnia, it would be very desirable if some of our druggists would endeavour to procure a larger and cheaper supply of it than at the rate of \$5 per dose. We might then hope for its more general appliance.

London, C. W., March 28, 1851.

ART. V.—*Transactions of the Medical Society of the State of New York during its Annual Session held at Albany Feb. 4, 1851.* Albany: C. VANBENTHUYSEN, 1851. 8vo. pp. 248.

The present volume of transactions, like its predecessors, contains a number

of valuable papers. Among the most valuable we may notice the following:—“On Institutions for the instruction of the Deaf and Dumb, by P. VanBuren, M.D. ;” *Homœopathy Illustrated*, by T. W. Blatchford, M.D.,” which is really an admirable paper, exposing the absurdities and incongruities of that pseudo-system in a most masterly manner; and from which we will extract, from time to time, portions suitable to our space. It contains also two or three Annual Addresses, and Biographical Notices of diseased members. We cannot forbear quoting the following from Dr. Blatchford’s paper:—

“A Dr. Paine, a Homœopathic Practitioner, of Orange County, applied to the Supreme Court of this State, on motion for a mandamus against the Orange County Medical Society, requiring them to admit him as a member. The decision of the Court is thus reported:—

“In the case before us, it is fully in proof by professional witnesses, men who understand the subject, that Dr. Paine is practically a quack in his profession. This implies gross ignorance, or gross misconduct, or both. We see that, if admitted, he should be expelled by the Judges of the County Court; and in the exercise of a proper discretion upon such proof, if on no other ground, we ought not to interfere. Motion denied.—1 *Hill*, p. 665 *et seq.*

“This Court will not grant a mandamus to compel a County Medical Society to admit one as a member, when it clearly appears, that, if admitted, he would be immediately liable to expulsion for gross ignorance or misconduct.”

ART. VI.—*The Upper Canada Journal of Medical, Surgical and Physical Science.* Toronto: A. F. PLEES. Demy 8vo., pp. 44.

We have received the first number of this our new contemporary and aspirant to the professional patronage of the Province. It is printed and published with the neatness which characterizes the office from which it is issued. Its low price (10s. per annum) of subscription has induced us to make inquiry into the

amount of reading matter which it contains; and we find that it is only nominally, not really, lower in price than the *British American Journal*, as the latter contains more than one-fourth more reading matter than the former, and is consequently the cheaper periodical. The contributors to this number are Drs. Bethune, Hodder, O’Brien, Hallowell, Bovill, and Melville.

We would have been better pleased with our new contemporary had it exhibited more general and less sectional feeling in its prospectus and its leading editorial. But, nevertheless, we cordially welcome it as a labourer in a part of the field in which we have worked alone for so many years; and while desiring for it that success which its most ardent admirers can hope to realize, we will most cheerfully reciprocate its favours.

---

#### PRACTICE OF MEDICINE.

*On the Eclampsia of Children.* By Dr. OZANAM.—Dr. Ozanam terminates an elaborate paper upon this subject, with the following conclusions:—1. Eclampsia is quite a distinct disease from all other convulsive affections, and especially sympathetic convulsions. 2. It is characterised by chronic convulsions, coming on suddenly, in a greater or less number of paroxysms, from two to ten minutes in duration, followed by coma without stertor, and a tonic contraction of the limbs. 3. A burning heat of skin, and distension of the abdomen, almost always accompany eclampsia, and serve to distinguish it. 4. When in a child, who seems well, the pulse becomes suddenly, and without apparent cause, very rapid, an attack of eclampsia is imminent, especially if the belly be distended and the skin hot. 5. A persistence of frequency of the pulse after the subsidence of a paroxysm, indicates its quick repetition, while, when the pulse becomes natural it is a sign of complete cessation. 6. A coma of several hours duration, supervening on a paroxysm, announces the existence of serous effusions in the ventricles. 7. The respiration in this affection is doubly pathognomonic. During the convulsive period it

is difficult, rapid, and accompanied at the moment of expiration by a short, interrupted cry; while, during the *coma*, it is slow and deep, and terminates with prolonged and plaintive sighs. 8. The hemiplegia which supervenes indicates the occurrence of a cerebral or meningeal hæmorrhage. 9. The intra-arachnoid hæmorrhages are the most common, and are followed, in young children, with a dilatation of the side of the head (capable of mensuration) opposite to that on which the hemiplegia occurs. 10. The serous cyst surrounding the blood has frequently been mistaken for the arachnoid, or dura mater. 11. The hemiplegia affects movement rather than sensibility, the limbs oftener than the face, and diminishes much with age, though it is rare for it to cease entirely. 12. It may be limited to a single limb, or to certain muscles, as the extensors of the fingers, or the feet, the upper eyelid, &c. The paralysis of the extensors of the foot induces the predominance of the flexors, the curvature of the limb, and consecutive club-foot. 13. An arrest of development takes place on the paralysed side, especially as regards the leg rather than the arm. 14. As a consequence of eclampsia also supervene the more or less persistent contractions of the muscles, which frequently give rise to torticollis, club-foot, spinal distortion, as first shown by Guerin. 15. The existence of these club-feet prior to birth, their cure, and their return after the eclampsia, lead to the belief that eclampsia may attack the child in utero. 16. It is the same with meningeal hæmorrhages observed in the fœtus without any traces of external violence. 17. Eclampsia differs from epilepsy because, (1) the convulsions are at first tonic, and terminate by a tonic contraction—being the reverse of what occurs in epilepsy; (2) the duration of the paroxysm is longer, and the aura is absent; (3) the peculiarity of the respiration, and absence of stertor; (4) the frequency of pulse, the meningeal hæmorrhages, the invariable cessation of the convulsive attacks at the end of some years, or, at the latest, about the period of puberty. 18. Eclampsia differs from symptomatic or sympathetic convulsions, because, (1) the spasmodic movements are much more marked on one side than the other, and generally implicate the entire half of the body; (2) the paroxysm is never transformed into, or

alternated with, another form of convulsion, as tremor; (3) eclampsia induces repeated paroxysms, and not continuous convulsions; (4) the peculiar characters of the respiration; (5) eclampsia arrests or modifies disease in the course of which it happens to occur, and has its own course arrested by the supervention of a new disease.—*Archives Generales.*

*Tuberculization of the Bones of the Cranium.*—Whether tubercles arise primarily in the bony tissue, or in the brain or its membranes, they occasion alterations in the cranial parietes when they come in contact with the bone. When tubercle originates in the membranes and consecutively extends to the bones, it corrodes and at last perforates them. When it originates in the bone itself, it may be encysted or infiltrated, and produces disorganization of the bony tissue, the result of which is also perforation, and the establishment of a fistulous opening by which the cranial cavity, or that of the organs of the senses, communicates with the external air. When tubercles are situated upon the orbit, or cribriform plate of the œthmoid bone, they may occasion serious disease of the eye or exophthalmia, or destruction of the interior of the nasal fossæ. In four cases we have found complete destruction of the membrane of the tympanum. The internal ear was converted into a large hollow filled with thick greenish fluid, with a number of small portions of bone floating in it. In three of the cases it was impossible to discover any vestige of the parts belonging to the internal ear; whilst in the fourth, a large splinter, detached from the interior of the petrous portion of the temporal bone, contained the cochlea and part of the semi-circular canals. We also found the auditory and facial nerves, where they enter the auditory foramen, but could not trace them into the interior of the abscess. In two cases the petrous portion of the temporal bone, examined at the anterior of the cranium, presented no appreciable alteration; the dura mater retained its ordinary colour and consistence; it was detached easily from the bone; the bony tissue beneath it showed no trace of vascularity; in the other two cases the dura mater was diseased. In two, there was a large perforation behind the

ear, communicating with the interior of the auditory foramen.

It is difficult to determine from what point these serious lesions take their origin, but we are inclined to the opinion that the bone is primarily affected. Two encysted tubercles were very evident on the side of the large cavity above described. The encysted tuberculous matter probably became softened, and this softening converted the internal and middle ear into a single cavity bathed with pus; and afterwards the membranes of the tympanum became ulcerated, and allowed the pus to escape externally. In none of the four cases was the disease of the bone similar to caries; the bony tissue was neither black, soft, nor crepitating, but only infiltrated with pus or separated into large sequestra. The substance of the brain in the vicinity of the diseased petrous bone was healthy, except in the cases in which the dura mater covering its posterior surface had been destroyed or inflamed. All four children were scrofulous in the highest degree.

*Symptoms.*—After the occurrence of suppuration, and the escape of pus from the ear for two or three months, paralysis of the face supervenes; but it is limited to motion, the sensibility of the integuments remaining. This symptom is of great importance, since it clearly indicates disease of the osseous structure around the motor nerve of the seventh pair. It is important also to notice whether any small portions of bone escape externally with the discharge.

The *prognosis* of tubercular disease of the petrous portion of the temporal bone is always unfavourable; because, on the one hand, this affection leads us to apprehend the existence of tubercularization of the brain and other organs; and on the other, because it never can be cured, without complete deafness, even supposing it limited to the petrous bone.

With respect to the question—whether the otitis be the cause or the effect of an encephalic inflammation, we have no doubt, 1st—that the disease of the bone is scarcely ever the result of the disease of the brain. 2d—that the cerebral affection is in most cases simply a coincidence. 3d—that when disease of the encephalon exists in the part corresponding to the alteration of the bone and dura mater, the inflammation has un-

questionably been transmitted from the ear to the brain.

*Treatment.*—This should be both general and local. The former is the same as for tubercular disease. The local treatment consists of the free employment of emollient injections into the interior of the ear, in order to prevent an accumulation of purulent matter. One or two leeches may be applied near the concha to prevent engorgement of the membrane lining the auditory meatus. Perhaps also the canal might be touched very lightly with nitrate of silver. If an abscess in the mastoid process have preceded the discharge, it should be opened. Issues, setons, &c., have been advised to be applied to the back of the neck as revulsives.—*Pro. Med. and Sur. Jour.*

*Meningeal Apoplexy.—Pathological Appearances.*—We extract the following from a comprehensive essay by M. Ozanam, "On the Eclamsia of Infants," *Archives Generales*, March, 1850. He observes, that in those cases the blood is generally the product of exhalation and not of rupture. As it is seldom that we have an opportunity of examining the appearances until some time after the effusion has taken place, the blood is usually found more or less coagulated; we sometimes, however, discover simple bloody serum, without coagula. The quantity of blood effused in these cases is various, and the coagula vary both in colour and consistence, according to the date at which they are examined.

If the patient survives five or six days, the blood is found to be coagulated and enclosed in a delicate false membrane, which adheres to the parietal lamina of the arachnoid, from which it is in some cases with difficulty distinguished.

The extent of these hæmorrhages, and of the cysts which succeed to them, is very variable; in some instances they are not wider than a sixpence, in others they develop the entire surface of both hemispheres. The latter enormous effusions are in general only met with in infants, before the closure of the fontanelles.

The further progress of the effusion is thus described:—The cyst alluded to becomes gradually more and more organized, and puts on a distinctly fibrous appearance. The thickening of the

cyst is due sometimes to active nutrition, derived from the parietes of the cyst itself, as the result of the development of a new vascular apparatus; in other cases it is accomplished by the successive deposit of degenerated layers of blood, as in aneurisms.

The cyst is seen to be adherent to the arachnoid by fine cellular tissue, but it seldom adheres to the visceral lamina of that membrane.

The contained fluid and coagula undergo numerous changes; the serum may be absorbed entirely, in which case the stratified coagula are found discoloured, and adherent to the interior of the cyst. In general, however, the fluid is not entirely absorbed, and layers of fibrin are seen floating in it.

In the first instance the cyst is simple, but in process of time, as the contents become absorbed, its walls come in contact, and it becomes multilocular. We must not, therefore, on finding several separate encysted deposits of blood or serum, conclude that they had never been united.

The arachnoid itself is usually thickened on its visceral surface, and rendered opaque. The pia mater is infiltrated with a gelatinous serosity. When the fontanelles are more or less completely ossified, the surface of the convolutions are flattened, and it is in these cases that paralysis is more decided and prolonged. When the bones are soft and dilatable, the brain is not pressed upon, and is able to continue its functions.—*Pro. Med. and Sur. Jour.*

*Physiological Researches on the Albumen of the Blood.*—By M. BECQUEREL.—The memoir from which the following *resumé* is extracted, is published in two consecutive numbers of the *Archives Generales*, January and February, 1850. The normal proportion of albumen being stated at 75-85 per 1000, it appears that it is subject to certain variations in certain different conditions of the system. Thus:—

1. In continued fever it remains unaltered.

2. In plethora the proportion is sometimes normal, at others considerably lowered.

3. In erysipelas it is somewhat diminished.

4. In pneumonia the proportion of

albumen falls rapidly after the first few days.

5. In acute pleurisy and in bronchitis the same takes place.

6. In other phlegmasiæ the diminution of the albumen is regulated by the gravity of the disease, and the strictness of the diet.

7. In emphysema the proportion of albumen falls when paroxysms of dyspnoea occur.

8. In disease of the heart the diminution is not considerable, unless dropsy occurs, then the proportion falls rapidly.

9. In morbus Brightii it is the dropical effusion which causes loss of albumen, and not the fact of its passing away in the urine, which causes a diminution in that ingredient of the blood.—*Pro. Med. and Sur. Jour.*

*On the Production of a Clear Sound on Percussion in Pleuritic Effusions.*

—M. Notta has written a somewhat prolix essay, (*Archives Generales*), to prove that a tympanitic sound on percussion of the chest is not always indicative of a cavity containing air, but may be produced by the contact of a thin lamina of lung with the thoracic walls, all the remainder of the surface of the lung being enveloped by liquid effusions. A knowledge of the fact will, he thinks, prevent errors in diagnosis.—*Pro. Med. and Sur. Jour.*

*Latent Tuberculization of the Brain and its Membranes.*—Although tubercles of the brain and membranes most commonly occasion dangerous symptoms, it may happen that they produce only slight derangement of the cerebral functions, or go through their whole course without giving rise to symptoms leading to the suspicion of disease in the encephalon. The pathological anatomy of latent tuberculization is the same as that of regular meningitis, with the addition of appearances of chronic inflammation of the meninges.—*Pro. Med. and Sur. Jour.*

*Physiological Study of the Cardiac and Vascular Bruits.*—It might be thought, after the careful researches of Hope, Williams, and others in this

country, that the physiological data connected with the action of the heart and large vessels would have been satisfactorily determined. M. Monneret, however, thinks differently, and has, therefore, endeavoured to settle disputed questions, by experiments calculated to represent the physical conditions of the circulating system, and to separate the different elements which complicate the problem. The result he gives us in a paper published in the *Revue Medico-Chirurgicale*, March, 1850.

*Cardiac Bruits.*—When the heart and large vessels are perfectly healthy, the passage of blood from one portion of the system to another is not accompanied by any bruit, as may be ascertained by auscultation, or by the experiment of passing a current of water through the heart when removed from the body. In performing this latter experiment, M. Monneret states that no sound accompanies the passage of the sigmoid valves, from a state of tension to one of flaccidity. The blood passing into the aorta which already contains a fluid, gives rise to no vibrations, unless the velocity of the blood-wave be increased, or the embouchure be contracted. Thus, observes the author, with a given calibre of the vessels, and a given velocity of the blood-wave, the blood itself being of healthy consistency, no sonorous vibration is possible; and all the theories of the heart's sounds, founded on the collision and vibration of the blood molecules, are erroneous.

The second sound of the heart is considered by the author, in accordance with the best received opinions, to be due to the sudden tension of the sigmoid valves; this he ascertains by adapting a glass tube, of different lengths, to the aorta, when the sudden tension of the valves—when a column of water is projected upon them—may be heard to give rise to a sound identical with that of the diastole.

The first sound he also considers to be due exclusively to valvular tension of the auriculo-ventricular orifices; and he rejects absolutely any of the various compromises, by means of which some have sought to reconcile the discordant theories of the cardiac sounds. The contraction of the muscular walls of the organ, the impingement of the apex against the thoracic walls, and the vibra-

tion of the blood, are equally excluded by him from any share in their production.—*Pro. Med. and Sur. Jour.*

*On the use of Electricity in Paralysis.*  
By DR. COPLAND.—In his valuable monograph on "Palsy and Apoplexy," p. 402, the author has the following useful remarks on the applicability of electro-magnetism. He says:—I have had several opportunities of employing electricity in the treatment of paralysis, chiefly in the form of shocks from the Leyden jar, of sparks from the part affected, and of electro-magnetic current. When active disease exists in the nervous centres, and when it may be inferred that the palsy is consequent upon softening a portion of those centres, or upon disease of the blood-vessel supplying such portion, electricity, galvanism, and electro-magnetism, are then inefficacious, and they may then even be injurious. They are manifestly inapplicable when there are spasms or contractions, or cramps in a limb—when there is augmented or morbid sensibility of the surface or of a limb—when the head is hot or the face flushed, with or without headache—when the pulse is at all excited, or the temperature of the surface increased. If the paralysis has been preceded, or is attended by neuralgic pains, electricity in any form should not be employed. Dr. Golding Bird considers that it may be resorted to with advantage in cases of lead-palsy—in paralysis produced by cold—in palsy limited to the portio dura—in paralysis following local injury to a limb—in hysterical and anæmic palsy—in local anæsthesia—and in cases caused by chronic or persistent lesion in the cerebro-spinal axis. In this last stage of the disease electricity may, however, be either injurious or beneficial; for, if either the pathological states just mentioned, or the symptoms contra-indicating its use, be present, it may be injurious. In one of the most frequent forms of paraplegia—that consequent upon chronic inflammation of the membranes of the spinal cord—I have had recourse to it with the precautions just alluded to. In one such case it appeared to be injurious. When symptoms of active inflammation can be referred to these parts, this agent is out of the question.—*Pro. Med. and Sur. Jour.*



*Relief of Convulsions by Chloroform.*  
—By MR. HIGGINSON.—A child, aged four or five years, had an attack of frightful convulsions, which were so severe and continuous that death was expected every minute. Chloroform was administered, and in a few moments the child was in a tranquil sleep, from which it awoke the next morning perfectly well, and has so continued (several weeks.)

In another case a girl, about the age of puberty, was seized at chapel with severe convulsions, which continued with great violence. She had not previously been subject to them. Chloroform was administered to her also, and she was soon relieved, and has since continued well.—*Medical Gazette.*

*Pathology of Delirium Tremens.* By DR. TODD.—Dr. Todd observes that delirium tremens is essentially humoral in its origin, due to a perversion of nutrition, and especially of the nutrition of the brain, by the slow and constant ingestion of a poison, viz., alcohol, and that the poisonous element which contaminates the blood, and which is left free to exercise its destructive and irritating influence upon the brain when the powers of the system are exhausted, and the blood impoverished by bad living and the employment of depressing remedies; that this poisonous material is a compound partly of alcohol, partly of some material derived from a depraved secondary assimilation of the brain itself—a material analogous to, if not identical with, that which is apt to be developed in epilepsy, and which by its periodical accumulations give rise to paroxysms of that disease.

This view, he says, coincides with the clinical history of delirium tremens. The peculiar affinity of alcohol for the nervous tissue, explains the early signs of enfeebled nervous power shown by spirit drinkers. The assumption of a poison in the blood distinct from alcohol, but generated in consequence of the habitual ingestion of that fluid, will best explain the production of delirium in the absence of the accustomed stimulus; and the control which is exercised over the delirium by alcohol and opium, indicates that the state of blood generated by long-continued depraved nutrition, is favourable to the production of these phenomena.—*Medical Gazette.*

*Oxide of Silver in Tape-worm.*—Mr. Whittle speaks highly of the efficacy of this medicine in tape-worm; but his experience is confined to two cases. The first case which came under his notice was that of a female of middle age, who at different times, for the space of about ten months, had been under his care, complaining of various anomalous symptoms, which were supposed to arise from the presence of worms in the intestinal canal. Turpentine was administered on two different occasions for three successive mornings, but although slight benefit was obtained on each occasion, it only succeeded in bringing away some few joints. At the end of the tenth month the author prescribed for this patient, who was then suffering from menorrhagia, one grain of the oxide of silver three times daily, with an ounce of mixture containing six drachms of bitartrate of potash in the half-pint. After she had taken the fourth dose, he learned that she had evacuated a large quantity of tape-worm, and that she felt better than she had done for many months previously. After this time she remained free from the symptoms she had before manifested for some nine or ten months. A few weeks after, she again applied for a repetition of the dose; the oxide was again given, with the same effect as before. In both instances the worms were dead when passed.

The second case is that of a married lady, who came under the author's care, complaining of dyspeptic symptoms. She explained that she had suffered from tape-worm for some years, and had taken occasionally medicines, with the view of their removal, but she had never taken turpentine. One grain of the oxide was prescribed three times daily, with a mixture of bitartrate of potash as a purgative. After the third dose she passed a large mass of the worm, and continued to do so for one or two days afterwards, during the use of the remedy. Marked alleviation of the symptoms was the result. In this case, as in the former, the parasite was dead when passed.—*Lancet*

*The use of Nux Vomica in Hay Fever.* By MR. G. T. GREAM.—Mr. Gream says, that this drug has considerable influence over hay fever. He states that it remedies the distressing sneezing preceded by irritation of Schneiderian

and conjunctival mucous membranes. He has for three years taken it himself, with decided effect, and has in the same period frequently prescribed it for others. The preparation he uses is the mixture of the Dublin Pharmacopœia, of which he gives ten drops, gradually increased to twenty, three times a-day. He also applies an ointment of Goulard's extract, one drachm and a half to two ounces of spermaceti cerate, high up the nostrils. — *Lancet*, June 8th.

*Purulent Vaginal Discharge in Scarlatina.*—Dr. Barnes has called attention to the occasional presence of a discharge resembling gonorrhœa as an accompaniment or sequence of scarlatina. He notices it chiefly in reference to its medico-legal interest, attaching, however, more importance to it in this view than it deserves in the present day, when the dependence of vaginal discharges on non-specific constitutional causes, especially in young children, is so well recognised. It does not appear to be a very common affection, which is the more surprising, inasmuch as sanious discharges from other mucous membranes are common—as from the nostrils, ears, and rectum. The best treatment is by injections of nitrate of silver. — *Medical Gazette*.

*On the Effect of Pneumo-Thorax on the Sounds of the Heart.*—The variations in the extent to which the sounds of the heart are transmitted are well known. The transmission is impeded by emphysema, increased by consolidation of the lung, and occasionally, as stated lately by M. Racle, by pleural exudation. M. Barth has lately published a curious instance of some rare auscultatory phenomena observed in a case of perforation of the pleura. The patient, a man aged 22, when first seen, was labouring under pleurisy, with effusion, as evidenced by general symptoms, by dulness on percussion at the left base, absence of respiration and ægophony at the angle of the scapula. Subsequently there were signs of softening, no doubt tuberculous, of the left lung, and, finally, perforation of the pleura and pneumo-thorax. This announced itself by the usual symptoms of metallic tinkling, of tympanitic note of percussion, and ringing voice and cough.

But, in addition, the sounds of the heart had, on the left side, a distinctly metallic character, which, although not uncommon in some cardiac affection, has not, Mr. Barth believes, been noted in pneumo-thorax. M. Barth entertains no doubt that the air in the pleura, maintained at a certain tension, produced this metallic note, and suggests the possibility of, in some cases, the same note being given by the apex of the heart striking near a stomach distended with gas. In this case, also, there was a friction-sound in the cardiac region synchronous with the heart's movements, which M. Barth believes to have been entirely pleural, and produced simply by the pericardium rubbing against the inflamed pleura. A similar case is recorded by Dr. Sillè, of Philadelphia. — *L'Union Med.*, Jan. 1st, and *Medical Times*.

*The Spirometer—from a Clinical Lecture by PROFESSOR JACKSON, Philadelphia.*—Medical Science finds, in almost every department of knowledge, some portion of its facts or laws applicable to itself, and lays them under contribution for its own advancement, or the augmentation of its resources.

The introduction of physics into the practice of medicine, applied to the diseases of the thoracic organs, belongs to the present time, and is the most valuable improvement that has yet been made in the diagnosis of disease.

Percussion and auscultation are means of ascertaining and interpreting the physical causes of sounds which can be determined by them as belonging to the thorax and its contents.

Skill in these processes imparts a degree of certainty to the diagnosis of thoracic affections, that nearly reaches perfection; it almost equals that of ocular inspection. There is, however, this defect attending them; disease must have made some progress, and change of structure have taken place to a certain extent, before physical pathological signs, that is, alteration in the normal sounds, or production of abnormal sounds will be produced. They do not avail us in indicating the approach of disease, or its forming stages, except to a very limited extent.

Another contribution from the domain of physics has been made, by Mr. Hut-

chinson, to the investigation of the respiratory functions in health and disease. It consists in an instrument he has invented, by which may be measured the amount of air to be taken and expelled from the lungs by voluntary effort; or what he calls "the vital capacity" of the lungs. By this instrument Mr. Hutchinson believes that the incipient disease may be detected before physical signs exist. This instrument he names the spirometer.

On the table is an instrument of the kind. It is simple and less expensive than that of Mr. Hutchinson. It was planned by a gentleman of this city, Mr. Charles McEuen, who has been confined to his room for some months by a pulmonary affection; possessing an active mind, with a turn for philosophical pursuits, he occupies his time in scientific observations and investigations. I gave him Mr. Hutchinson's paper, published in the *Medico-Chirurgical Transactions*, containing a diagram of his instrument. Mr. McEuen constructed the instrument now before you on the same principle. I think it preferable to the original.

The instrument will be seen to consist of a cylinder containing water, in which is immersed another cylinder inverted, into which the expired air finds its way. This cylinder is counterpoised by a weight attached to a cord passing over a wheel of a large diameter, and which rotates with the ascent of the cylinder, caused by the entrance of the expired air, and on which a scale indicates the amount that has been introduced.

The person using this instrument must loosen any part of his dress that may restrain the movements of the chest or abdomen. He then deliberately expands his chest to its greatest extent, and expires through the mouth piece and air-tube into the cylinder. As this rises the wheel turns round, and an index marks on the scale, in inches, the amount expired.

To understand the use of this instrument, it is requisite you should possess some preliminary information on the respiratory actions; and to what extent they influence the air in the lungs.

Inspiration and expiration are performed by muscular power, and are both voluntary and involuntary actions. The extent to which they may be carried varies in different individuals, and in the

same individual at different times. They have a limit which cannot be surpassed; the lungs can never be emptied, by the most strenuous efforts of expiration.—The air in the lungs is, therefore, divisible into two portions. The first, which is a fixed quantity, is that over which the will has no control, but remains after the strongest expiration, and is contained in healthy lungs after death. Its amount must correspond with the size of the thorax. Mr. Hutchinson calls this the residual air.

The second portion is that which is controlled by the will and muscular action. This portion Mr. Hutchinson divides into three sub-portions. 1st Reserve air, or the portion which, after an ordinary expiration, may still be thrown out by a voluntary effort. 2d. Breathing air, or the portion inhaled or exhaled in ordinary breathing, when at rest; and 3d. Complemental air, or that portion which can be inhaled, by the strongest effort, beyond the amount of ordinary inspiration.

The three last are included in, and designated by the term "vital capacity." It is, in fact, the highest effort of the muscles producing respiration. The spirometer measures the "vital capacity" of an individual, and, it appears to me, is the measure of the muscular respiratory power.

Mr. Hutchinson was struck with the fact, that the vital capacity had no relation to the size of the thorax. On the contrary, he found, by experiment, that persons of the largest thorax possessed a less vital capacity than others with chests much smaller.

In the course of his observations, he remarked that there appeared to prevail a very close relation between the height of individuals and their vital capacity. This circumstance was the more strange and unaccountable, as height depends most commonly on the length of the lower extremities, and not on that of the chest or trunk alone.

From observations made on a large number of individuals, taken indiscriminately from various classes of society, amounting to 2150, he arrived at the conclusion, that the vital capacity is a constant quantity, and holds a close relation with the height.

From the result of direct examination, in near 2,000 cases, Mr. Hutchinson felt authorised to announce the following

rule:—"For every inch of height (from 5 feet to 6 feet) eight additional cubic inches of air, at 60° are given out by a forced expiration."

He further states, "here is a guide for the operator, and a rule given that will enable us to compare men of different stature and conditions of health, one with another."

If this result should be found accurate, the spirometer would be unquestionably a most valuable addition, to aid the physician in deciding the state of health in many cases that are, by our common mode of examination, enveloped in great uncertainty.

The following table shows the relation between height and vital capacity.

Height.		Total Capacity.	
Ft.	In.	Ft.	In.
5	0 to 5	1	.....
5	1 "	2	.....
5	2 "	3	.....
5	3 "	4	.....
5	4 "	5	.....
5	5 "	6	.....
5	6 "	7	.....
5	7 "	8	.....
5	8 "	9	.....
5	9 "	10	.....
5	10 "	11	.....
5	11 "	60	.....
			Cubic Inches.
			174
			182
			190
			198
			206
			214
			222
			230
			238
			246
			254
			262

Before making any further comment on the rule laid down authoritatively by Mr. Hutchinson, I will test by the instrument the vital capacity of some patients affected with pulmonary disease, who are now present.

[Several patients, cases of chronic pleurisy, phthisis pulmonalis in various stages, and emphysema, were tested, the height and age being ascertained.]

They vary, you perceive, from 80 to 120 cubic inches expired. Not one of the above patients approaches to the normal vital capacity, in accordance with his height and age.

They are from 80 to 200 cubic inches below the standard according to the table.

I must confess, that I have some misgivings as to the accuracy of this rule, and cannot but suspect that another element than that of height regulates the extent of vital capacity, and that element is the muscular force of the respiratory muscles.

I express this only as a suspicion. The extent of Mr. Hutchinson's inqui-

ries, the evident care, labor and conscientiousness with which he pursued his investigations, entitle them to the highest consideration, and they should not be lightly questioned.

But, in a considerable number of examinations I have made on healthy individuals of the same height and age, with slight difference of weight, there is manifest such wide difference of vital capacity, that I cannot but hesitate in adopting the rule as universally applicable.

I have, for instance, examined within 24 hours, three gentlemen in perfect health, one a member of our profession, who have all been and are engaged in active pursuits. They are respectively 5 feet 11 inches, 5 feet 11½ inches, and 6 feet in height; the vital capacity of the first two is only 170 cubic inches, and of the last 190 cubic inches. According to Mr. Hutchinson's table they ought to have a vital capacity of 250 to 260 cubic inches.

Now, these gentlemen have a peculiar, and I may say, an American conformation. I am under the impression it is not common in England. They are tall, long limbed, thin, with very slender muscles.

The highest vital capacity I have met with, as yet, is in a young gentleman 5 feet 8 inches in height, in whom it is 280 cubic inches. He is of sanguine temperament, large, bony-framed, and with well developed muscles. So far as about 100 observations have been made, I have not found that uniform relation, as stated in the rule, between height and vital capacity. The differences, from 20 to 100 cubic inches, are too great to be attributed to accidental circumstances. The individuals I speak of are all in high health.

More numerous and extended observations are, however, required, before a positive conclusion on this subject can be justified.

It has occurred to me that the discrepancies between Mr. Hutchinson's statements and my own observations, should they be confirmed by more numerous experiments, may depend on differences of race. The English are far more homogeneous than the Americans. In this country races are mingled, and continue to be more blended every day. As a race the English are bony, muscular, and sinewy. Experiments with

the Dynamometer have shown they possess a superiority of muscular force.

In a homogeneous population the average height and weight would be in accordance with an average development of the muscular system. But in a mixed population the same rule would not apply.

I believe there can hardly be a question as to the very marked difference in the general aspect and structure of the native-born Americans, who are generally a mixed race, and those of the English, Germans, Irish and French.

In examining Mr. Hutchinson's Table A, exhibiting the total capacity of 15 different classes, there are very striking differences to be seen. Pugilists, seamen, fire and police-men, and grenadier guards, have the greatest vital capacity. This is shown in the column of the table for the height of 5 feet 8 inches, to 5 feet 9 inches, and from 5 feet 9 inches to 5 feet 10 inches.

*Table of the Mean Vital Capacity of 15 Different Classes.*

	5 ft. 8 in. to 5 ft. 9 in.	5 ft. 9 in. to 5 ft. 10 in.
Seamen.....	239	258
Fire Brigade.....	231	237
Police, Metrop....	226	248
Ditto Thames.....	250	240
Paupers.....	199	262
Mixed Class.....	238	246
Grenadier Guards..	233	240
Compositors.....	214	231
Pressmen.....	245	239
Draymen.....	223	245
Gentlemen.....	208	236
Pugilists, &c.....	243	273
Chatham Recruits.	251	266
Woolwich Marines.	239	258

In this table the vital capacity certainly does not correspond to height as it respects different classes. Those classes comprehending individuals whose occupations require athletic, robust, and picked men, exhibit a vital capacity varying from 20 to 40 cubic inches higher than paupers, compositors, and gentlemen.

This table appears to sustain the conclusion which seems to follow from the observations I have made here with the Spirometer, that it is muscular power, and not height, that governs the "vital capacity."—*Med. Examiner.*

## SURGERY.

*On the Treatment of Sprains of the Ankle.* By M. BAUDENS.—M. Baudens observes, that judging by the frequency of the occurrence of this accident, its treatment ought to be well understood and successively practised; but that this is in fact far from being the case, and he is therefore desirous of making his own plan of treating it, by the cold bath and gum bandage, more extensively known.

The indications are, first, to prevent or remove inflammation, and then to secure immobility to the distended or lacerated parts, until they have recovered their power, the patient being at the same time allowed the use of the limb. For the purpose of subduing inflammation, numbers of leeches are usually applied, and then an emollient cataplasm; and M. Baudens feels convinced that it is in consequence of such treatment that degenerated sprains so often augment the number of amputations in hospitals. By free leeching of a joint, the seat of sprain, two mischievous effects are produced. In the first place, the pain, which is the first of the series of inflammation after sprain, is increased by the leech-bites, in place of being mitigated; and, in the next, the increased afflux of blood towards the part is encouraged instead of being repelled. M. Baudens, on these grounds, strictly forbids the application of leeches in all surgical maladies attended with acute inflammation, while he often derives most excellent aid from their employment in chronic inflammations; thus, by the induction of a temporary congestion, giving a fillip to the too languid action of the part. When blood need be taken in sprain, he abstracts it by venesection, although probably both the profession and the public, from the force of habit, would tax with ignorance any one who neglected the use of leeches. As to emollient cataplasms, they favor in place of opposing the afflux of fluids to the parts, while the long maceration the joint has been thus submitted to, deprives it of its elasticity, gives rise to a pasty engorgement, and predisposes to the formation of white swelling.

M. Baudens has pursued his own plan of treatment now for twenty years, and under it his patients have been enabled

to resume their trying military duties in a very short time. He is not the first who has employed cold water in the treatment of sprain; but his originality consists in trusting to it alone, and continuing its application for so long a period. His plan of employing it, contrasted with that of his predecessors, may be thus summed up:—1. Period of the application. Cold has usually been thought desirable only when it could be resorted to very shortly after the accident; but he applies it not only immediately, but also several hours or days after the occurrence, or even in chronic sprain—whenever, in fact, there is a morbid degree of heat to abstract. 2. The local bath has never been ordered by others for longer than five or six hours, although some practitioners, since his first publication on the subject, have ventured to extend it to twenty-four. In certain of his cases, however, immersion has been continued for eight or ten days, and, in one example, for fourteen days: while in no case has it been less than forty-two. 3. Mode of application.—The vessel containing the water is brought to the bedside of the patient, so that he can conveniently place his leg in it, having the heel resting on a sponge at the bottom, the leg and thigh being supported by cushions, so that the position may be maintained as many days as required. In the vessels used at the Val-de-Grace the water reaches as high as the middle of the leg, and is changed about every three hours in order to keep it sufficiently cool. Spring water is usually employed, and if the inflammation is intense, ice is added. A purgative is given, and if indicated, one or two bleedings are resorted to. 4. Effects.—One of the first of these is the cessation of pain, which sometimes occurs at once, and at others in an hour or two. From the moment the foot is placed in the baths the swelling becomes stationary, and soon after, with the heat and redness, decreases. About the fourth or fifth day the hand becomes wrinkled like the hands of a washerwoman; and usually about the third or fourth day, the patient finds the water too cold, and then the limb is removed from it—the period for doing this being regulated by the patient, he being told to keep it in only as long as he derives comfort from so doing. Few of the patients suffer from any general reaction. Gangrene has

been said to have resulted from this application, but the author has never met with such a case. The patient sometimes persists in keeping the limb in water after the dispersion of the heat and pain, and the consequence is the production of engorgement of the joint, a tense state and dark color of the skin, together sometimes with darkish lines—precursory signs of congelation in fact—on seeing which the joint should be enveloped in a fomentation of elder flowers and poppy-heads at the temperature of the atmosphere. The objections which have been urged from the fear of producing repercussion, are quite theoretical and unfounded. It is in fact only the excess of morbid caloric that is abstracted.

Gum-bandage.—When the inflammation has been subdued, all the depressions in the vicinity of the joint are filled with wadding, and a bandage carefully and equably applied. This is well moistened, by means of a brush with very thick gum, which in a short time imparts to it almost the hardness of wood. After this has been worn for twenty-five or thirty-days, it is removed, and the joint slowly and gradually exercised; for want of which precaution many patients (especially those treated by leeches and poultices) suffer all the symptoms of a sub-inflammation of the white tissues of the joints, even for years.—*Gaz. des Hop.*, 1850, Nos. 5 and 6.

*On a new method of opening Abscesses, without leaving visible Cicatrices.* By M. LERICHE, Physician to the Lyons Dispensary.—The inconveniences daily met with in opening abscesses by incision, or by the application of caustics, have induced me to seek a less objectionable method of effecting this object. My principal aim has been to avoid the permanent marks left by the means hitherto employed, a point of much importance when the abscess occupies the neck or bosom of the female. I shall be much gratified if I can prove to the profession, what I am myself convinced of, that if my results have not been crowned with complete success, my patients have at least been often spared the dread which always attends the use of cutting instruments.

Although the method which I propose is apparently sufficiently simple, I

have not arrived at it without repeated trials, both of the use of different materials and of the mode of operating. I shall, however, give in a few words the result of my researches.

My first idea was to employ wires of iron, silver, or lead; the results were tolerably satisfactory, but their use was liable to three objections:

1st. The difficulty of procuring them everywhere.

2nd. The necessity of having a special instrument for their introduction, and the rather acute pain which the operation occasioned.

3rd, and lastly, the contact of a hard substance, irritating the inflamed and already painful tissues.

I also tried threads of hemp, linen, and cotton; all were liable to a serious objection, which induced me to discard them altogether; they became swollen by the moisture in which they were constantly immersed, and thus opposed the exit of the pus. I remarked, also, that their employment gave rise to a rather acute inflammation around the openings. Might not this be attributed to the facility with which these substances become altered in their nature. It also occurred when the threads were previously waxed.

Silk thread is the material on which I have decided, from its having the following advantages over the others:— 1st. It is to be had everywhere. 2ndly. It is not liable to become altered during the time it is required to remain in the abscess. 3rdly. It does not absorb the moisture. 4thly, and lastly, it does not irritate the painful parts with which it is in contact. The silk thread which I use is known in the shops under the name of twist (cordonnet).

After having shaved off the hair on the tumor, the surgeon takes a curved ligature needle, passes through its eye one of the silk twist, then introduces the needle into the tumor, about six or eight lines from the most depending part, where it must be brought out, draws the thread into the passage formed by the needle, and retains it in this position by uniting the two ends in a knot; the entire tumor is now covered with an emollient poultice, which, in this case, acts mechanically. The patient should remain as little as possible in bed, in order to favor the escape of the pus along the thread, an effect which takes

place with difficulty in the recumbent position, when the abscess is situated on a part of the trunk or limbs. The poultices have also, in this case, the advantage of diminishing the inflammation which is excited, and which the practitioner must watch. The twist is to be left undisturbed for four, six, or eight days, according to circumstances; most frequently four days have sufficed. Subsequently, when thought advisable, the twist is removed, and the part is dressed with dry compresses, or, when necessary, with compresses soaked in aromatic wine. In not one of thirty-three buboes which had arrived at the stage of suppuration, and which had been treated in the manner just described, have I been obliged to abandon this plan for any other. In cases of simple buboes, that is, those in which the pus did not seem to possess specific characters, the cure has been effected in from fifteen to twenty days; in the opposite cases, when the orifices of the little openings ulcerated, it has occupied from forty to fifty days; and in neither case does the patient retain any trace of syphilitic infection.

When the tumor has been tardy in reaching the suppurative stage, the pus is sometimes contained in cellular pouches, in which case it may happen that at the time when one thread seems to have effected the cure of an abscess, another forms; under these circumstances a second thread must be introduced.

In other cases, the thread has brought on severe inflammation and caused intense pain. When this occurs it must be removed, and lightly astringent unctuous applications, such as Goulard's cerate, substituted for the poultices: to these should be added the employment of general measures, baths, regimen, &c

But the selection of the means most suitable to combat the symptoms which may have arisen must, in such cases, be left to the judgment of the practitioner.—*Dub. Quar. Journal, from Revue Medico-Chirurgicale de Paris.*

QUERY.—Why would not the exploring canula, attached to a suction pump, in the mode proposed by Dr. Bowditch, to evacuate pleuritic effusion, (see Buffalo Med. Jour. No. for November) answer capitally for removing the contents of abscesses, and avoiding cicatrices?—*Ed. Buffalo Journal.*

## MIDWIFERY.

*Account of a case in which the Cæsarean section was performed: with remarks on the peculiar sources of danger attendant on the Operation.* By

CHARLES WEST, M. D.—The subject of this history was a young woman, aged 27, a patient of Mr. Wren of Brownlow-street, whose health had always been indifferent, but whose person was not apparently deformed, and who reached the end of her first pregnancy without manifesting any symptoms especially calling attention to the state of her osseous system, with the exception of pains of a rheumatic character, and difficulty in walking, which last became very great during the last two months of her pregnancy. When labour came, which it did at the end of the full period of utero-gestation, the existence of extreme pelvic deformity was at once ascertained by Mr. Wren, in whose opinion, as well as in that of Dr. West, Dr. Murphy and Dr. Ramsbotham, the performance of the Cæsarean operation was indicated. It was accordingly performed by Mr. Skey, fourteen hours after the commencement of labour, and eight hours after the rupture of the membranes, uterine action having, however, been feeble from the first, and having almost ceased since the escape of the liquor amnii. The patient was by her own desire subjected to the influence of chloroform before the operation was begun; no difficulty was experienced in its performance; and a living female child was extracted. Very formidable hæmorrhage succeeded the removal of the placenta, and the subsequent contractions of the uterus were very tardy in their occurrence. The patient was left in a state of great exhaustion, from which she never completely rallied, and died in 108½ hours after the operation, apparently from the conjoint effects of the hæmorrhage during the operation, and of the shock to the nervous system. The treatment had consisted in the administration of stimulants and nourishment, both by the mouth and in enemata, and the patient was kept in the same manner almost throughout under the influence of opium. The body, on examination after death, presented no evidence of serious inflammation, but the uterine wound was gaping widely, and even

that of the abdominal walls was but partially closed. The pelvis presented in a most marked degree, all the characteristics of that deformity which is produced by *mollities ossium*; the pubic bones being projected into a beak 1.2 inches in length, the width of the pubic arch being reduced to 6 of an inch, and the distance between the tuberosities of the ischia to 1.2 inch. The writer having noticed the high maternal mortality resulting from the Cæsarean section, and which he estimates at much more than the number of 63 per cent., at which the statistics of all cases recorded since 1750 places it, since the results of cases occurring in hospitals abroad yield a maternal mortality of 79 per cent., and of cases in this country of 85.4 or 87.5 per cent., according to two different estimates, proceeds next to point out the causes, apparently inevitable, of this mortality. These causes he refers to four heads, and illustrates their respective influence by reference to a table of 134 fatal cases in which the body was examined after death. The four heads are as follows:—1st. The danger arising from hæmorrhage, which proceeds from a source different from that whence bleeding takes place in any other operation, and which is not capable of being arrested by the same means as suppress it under ordinary circumstances. 2nd. That dependent on the shock inflicted on the nervous system, as well by the violent interference with the most important process that ever goes on in the organism within the same limited time, as by the injury to a part so important and so richly supplied with nerves as the uterus of a parturient woman. 3rd. The hazard inseparable from extensive injury to the peritoneum, when unblunted in its sympathies and unaltered in its texture, as in cases of ovarian or other tumours, for the removal of which a similar exposure of the abdominal cavity is sometimes practised. 4th. That which results from the infliction of a wound on the uterus at a time when, in the ordinary course of things, the processes which nature is prepared to carry on in it consists in the disintegration and removal of its tissue,—processes the very opposite to those essential to the repair of injury. From a consideration of all of these sources of danger, to the last of which attention has hitherto scarcely



been directed, the author arrives at the conclusion, that they being so serious, and so beyond the power of art to prevent, the rule which forbids the performance of the Cæsarean section, wherever there is a reason or probability of accomplishing delivery by the natural passage, is founded on solid grounds, and ought to be adhered to.

Dr. LEE rose and said—Before offering any remarks on the paper now read, perhaps the society will permit me to take a short historical review of the Cæsarean operation, and the induction of premature labour. Without this I consider it to be impossible to pronounce a sound practical judgment on the treatment of the case now brought under our consideration. If the society will grant me this permission, I shall endeavour to make this historical review as concise as possible. It appears from the communication now read, that the Cæsarean operation has been performed about 400 times in Europe; 48 times in the British Islands, and the remainder on the Continent. About 400 cases of this terrible operation have been recorded, but it is well known that many fatal cases have occurred, which have remained unrecorded, or consigned with all possible care to oblivion. If the number stated were 500, I think it would be nearer the truth than 400. I know of two fatal operations which have occurred in this country—one of them recently—of which no account has been, or probably ever will be, published. The statistics of the Cæsarean operation are even more worthless than those of ovariectomy, the value of which the society can now justly estimate. Dr. Denman says that, “Baulin, in the appendix to Rousset, dated 1588, gives the following case:—Eliza Alespachen had the operation performed upon her by her husband, who was a gelder of cattle, at Siengenhausen, in Germany, in the beginning of the 16th century.” She had several children born afterwards in the natural way. If there be any truth in this narrative, it appears that we owe the Cæsarean operation to a cattle-gelder, but whether it be true or fabulous, it is quite certain that the operation was not required; that it was performed wantonly and cruelly, and that if his wife had died, he probably would have been hung for murder, or at least would have merited this capital punishment. Guillemeau, the first systematic writer

on midwifery, performed the Cæsarean operation twice in the presence of Ambrose Paré, and some of the most distinguished surgeons of Paris. Both the women died. Guillemeau states, that in 1609 he saw the operation performed on three other women in a most dexterous manner, and they all died. Not one of the five survived the operation. In consequence of these disastrous results, the operation was abandoned by Ambrose Paré, Guillemeau, and all the regular or sound part of the practitioners in Paris. “Après que Monsieur Paré non l'eut fait expériménte,” says Guillemeau, “et voyant que le succès en étoit malheureux, il s'est desisté et traité de cette operation ensemble tout nostre College des Chirurgiens jurez à Paris et la plus saine partie des docteurs Regens en la faculté de médecine à Paris.” The third edition of Mauriceau's great work on midwifery appeared in 1681, and in this we have strenuously inculcated the same doctrines respecting the Cæsarean operation which Guillemeau, Ambrose Paré, and all the regular physicians and surgeons of Paris had taught at the commencement of the century. Mauriceau affirmed that there were very few, if any, cases of difficult labour, in which an experienced accoucheur would fail to extract the child, dead or alive, whole or in pieces, without the Cæsarean operation. In this sentiment I most heartily concur, having never met with a case of distortion, however great, where I had not succeeded in completing the delivery with the perforator and crotchet. Mauriceau thought that the Cæsarean operation cannot be performed on the living body without a too great excess of inhumanity, cruelty, and barbarity. His words are, “que par un trop grand excés d'inhumanité de cruauté et de barbarie.” He denounced it as a most horrible operation. Some women with cicatrices on their sides, after abscesses, endeavoured to impose upon Mauriceau by representing that they had undergone the operation, when no such operation had ever been made. Mauriceau's treatise was translated by Chamberlen in 1672, and it soon became the text-book of English accoucheurs, and continued to be such for upwards of a half century. There can be little doubt that this is the reason why the Cæsarean operation was never performed in this country, by any regular practitioner, before 1756, when the induc-

tion of premature labour was first proposed. Since that period, and even before, a striking difference has existed on the continent of Europe and Great Britain respecting all the most important operations of midwifery; and it is necessary to explain how this has arisen. It has not been sufficiently noticed, by recent writers in this country, or rather it has been allowed to pass entirely without remark, that the accoucheurs of France and of England proceed upon principles diametrically opposed to each other, and wholly irreconcilable. In France, the propriety of performing the Cæsarean operation on the living mother, soon after or before the death of Mauriceau, ceased to be a purely obstetrical, surgical, or scientific question, and became a strictly theological one, and was discussed and decided by ecclesiastics of the church of Rome. The fœtus in utero, they maintained, had two kinds of life,—one a corporeal, the other a spiritual life, the latter being communicated in baptism; and this supposed spiritual life they regarded as more precious than the corporeal life of the mother. “By the authoritative decision of the doctors of the Sorbonne,” says Dr. Merriman, “it was ruled that the Cæsarean operation ought to be performed whenever it is known that the child is living, and it is impossible by other means to extract it alive, for they assert that it is a deadly sin (*péché mortel*) to perforate the head of a living child within the uterus.” This unsound doctrine has prevailed over the greater part of the continent of Europe to the present time, and it has doubtless been the cause why the long forceps, the operation of turning in cases of distortion, long abandoned in this country by every rational practitioner, but now ignorantly attempted to be revived in Edinburgh, the Sigaultian operation, and the Cæsarean operation, have all been so often had recourse to in foreign countries. Without a knowledge of these facts, it is impossible to account for the irreconcilable differences which exist between Continental and English midwifery; they rest upon different grounds altogether; and those who inculcate French principles of midwifery in this country, which is now done by some teachers and writers to a great extent, seem to be entirely ignorant of the principles which they take up. About 1756, a consultation was held of the most eminent men

at that time in London, to consider of the moral rectitude of, and advantages which might be expected from, the practice of inducing premature labour. Who were present at this consultation Dr. Denman does not state, nor with whom the idea originated, but the first case in which it was deemed necessary and proper, fell under the care of Dr. Macaulay, and terminated successfully. Dr. Macaulay was then the colleague of Dr. W. Hunter, at the Brownlow-street, or British Lying-in Hospital, and I have often thought that W. Hunter was the very man from whose profound scientific knowledge, originality, and humanity, we might expect such a proposal to come. Of this, however, there is no distinct proof, and who actually made the discovery—certainly one of the most important in midwifery—is unknown. This has been the fate of the authors of the most important discoveries in science. It is altogether unaccountable that 39 years should have passed away after the safety, efficacy, and morality of inducing premature labour should have been demonstrated, that the practice should have remained almost unnoticed. From 1756 to 1795, when the first edition of Dr. Denman’s *Midwifery* appeared, the Cæsarean operation must have been performed with the most fatal results, fully as often as the safe and simple operation of inducing premature labour. Dr. Denman, in 1795, was only acquainted with eight cases in which premature labour had been induced either by himself or by his advice and persuasion; and he states that he had not known one untoward or hazardous accident that could be imputed to the practice. “He therefore felt authorised to say, that as far as his reason or experience enabled him to judge, the operation of bringing on premature labour is perfectly safe to the person on whom it may be performed. Before Dr. Denman, the circumstances which might render the operation needful and proper had certainly not been stated with any degree of precision, and the morality of the practice was still doubted by many.” During the last fifty-five years the operation has been successfully performed in a great many cases, and the lives of many children preserved by it. There are now whole families in London who owe their lives to it. There is scarcely an eminent practitioner throughout the

British Empire who has not been called upon to perform it. Dr. Merriman has done it upwards of thirty times. In a note which I received this morning from my colleague, Dr. Davies, at Brighton, he states that he has performed the operation fifty times; that twenty-nine children were born alive, and that all the mothers recovered. I have myself performed the operation as many as fifty times with the most complete success. On one patient, with greatly distorted pelvis, I performed it about twelve times, and the woman is still alive. The operation, I repeat, is most simple, safe, and efficacious, and in cases of slighter distortion, if performed at the seventh month, or seventh month and a half, children are born alive by the natural efforts who would otherwise be destroyed by craniotomy. But it is not alone in slighter degrees of distortion that induction of premature labour is important, it is equally so in the highest degrees of distortion, where children could not pass through the pelvis without having the head broken up. If, in all cases of high distortion premature labour were induced about the middle period of pregnancy, or as late as the sixth month, the Cæsarean operation would never be necessary in any case, and the operation of craniotomy, if required, would be attended with neither difficulty nor danger. I believe I was the first who departed from the rule of practice laid down by the systematic writers on midwifery in this country, that premature labour was not to be induced in a first pregnancy till it had been proved that a living child at the full period could not pass through the pelvis till the volume of the head was reduced. In a number of cases in the first pregnancy, where a high degree of distortion existed, I have brought on labour before the seventh month, and thereby avoided all the dangers, both of craniotomy and the Cæsarean section. I take no credit for this, as the idea did not originate with me, but with Dr. Cooper as early as 1769, who had then proposed the following question:—"In such cases, where it is certainly known that a mature child cannot possibly be delivered in the ordinary way alive, would it not be consistent with reason and conscience, for the preservation of the mother, as soon as it conveniently can be done by artificial means, to attempt to produce an abor-

tion?" I am not aware that this practice of inducing abortion, or premature labour, in cases of the highest distortion, about the middle period of pregnancy, to avert the danger of craniotomy and the Cæsarean operation, has been recommended by any other writer in this country on the Continent. The induction of premature labour, which not many years ago was denounced in France as a useless and injurious operation, as fatal to the mother, and the source of the most frightful abuse, I regard as the most important improvement ever introduced into the practice of midwifery, for it is not only efficacious in all forms and degrees of distortion, but in cases where ovarian, uterine and bony tumours obstruct delivery; in cicatrices of the vagina, malignant diseases of the os and cervix uteri; in organic diseases of the heart and lungs; in dropsy of the amnion, and general dropsy; renal and vesical diseases; mania during pregnancy, and especially in cases where obstinate vomiting occurs in the early months of pregnancy. It is astonishing how suddenly in some cases of this description the vomiting is relieved when the membranes are punctured and the liquor amnii escapes. The vomiting ceases as if by magic. Let those attempt to explain this phenomenon, who, by their illegal deeds and misrepresentations, attempt to persuade the profession that the uterus is destitute of ganglia and nerves. I hold in my hand a copy of Dr. Merriman's list of cases in which the Cæsarean operation has been performed in the British islands, which were as follows till 1820:—

1. Mary Dunally, a midwife performed the operation with a razor, on Alice Neal, near Charlemont, in Ireland. Child dead; mother recovered. 1738.

2. Mr. Robert Smith operated upon — Paterson, in the Canongate, Edinburgh. Child and mother both lost their lives. 1737 or 1757.

3. Dr. Young operated upon a woman about a mile from Edinburgh. "She was distressed with a constant vomiting, and I found the pelvis very narrow. In performing the operation, I had no occasion to take up any vessel. Having got into the womb, I could not possibly get the child away till I caused one to press up the head from the vagina, a part of it was so closely wedged in the pelvis. However, I brought away the

child alive; but it fell into convulsive fits, and died in a few days. The mother died.

4. Dr. Young again operated on "a little deformed woman" in the Royal Infirmary. The woman *died* in a few days; but the child was alive, and was shown at the club, a healthy, promising girl.

5. Mr. A. Wood is stated, in Dr. Hamilton's *Outlines of Midwifery*, to have performed this operation; but no other account is given, except that the child and the mother were both *lost*.

6. Mr. Chalmer performed the operation on Elizabeth Clark in 1774. Child alive; mother *died*.

7. Dr. Hamilton, jun., performed the operation in 1795. Child putrid; mother died.

8. Mr. White of Glasgow, 1775. Both mother and child perished.

9. Mr. Kay of Forfar. Child born alive; mother lived eleven days.

10. Dr. White of Manchester. Child and mother both died.

11. Mr. Thompson performed the operation on Martha Rhodes, at the London Hospital, in 1769, in the presence of many physicians and surgeons. The child was extracted alive, fell into convulsions the next day, and the day after, it died. Mother died.

12. Mr. John Hunter, in 1774, operated on Mrs. Foster. Child alive; mother died.

13. Mr. Atkinson, in 1777, operated upon Elizabeth Hutchinson, at Leicester. Child alive; mother died.

14. Mr. Clark opened the abdomen of a woman, from whom he extracted a dead child. The mother died. The child was at the time extra-uterine.

15. Dr. Hull operated in 1794. Child alive; mother died.

16. Dr. Hull performed the same operation in 1798. Both mother and child perished.

17. Mr. Barlow operated upon Jane Foster in 1793. Child died; mother recovered.

18. Mr. Wood performed the operation in 1799. Child alive; mother died.

19. Mr. John Bell performed the operation in 1800, near Edinburgh. Child lived; mother died.

20. Mr. Dunlop of Rochdale. Mother *died*; child lived fourteen days.

21. Mr. Wood's case. Mother and child *perished*.

22. Dr. Kellie's case. Child born alive; died the next day; mother *died*.

23. Mr. Kinder Wood's case, related in the *Medico-Chirurgical Transactions*. Child and mother *died*.

All the mothers in this catalogue died, except Mary Dunally, operated upon with a razor so dexterously by the ignorant Irish midwife, and Mr. Barlow's patient; and some still believe that this latter was a case of extra-uterine conception, and that the Cæsarean operation was not performed. There were two histories of the renowned Irish case; but neither Mr. Duncan Stewart nor Dr. King, who gave them, were present at the operation, and there are certain circumstances which throw the greatest doubt upon the truth of the whole narrative. The necessity for the operation could not, however, it is proved, have existed; for the patient had previously borne several children without any assistance, and after the operation she was able to walk about and render assistance to her family, which she could not have done had there existed mollities of the bones of the pelvis. But several besides the midwife assured Dr. King, "that a leg of the child presented itself to view in the vagina before the operation." If this case ever really occurred, which I greatly doubt, the operation was performed without any necessity; why was the leg of the child not seized and pulled down? If this is one of Dr. West's five successful cases of Cæsarean operation in these islands, it ought to be removed from the list, with Mr. Barlow's case; Mr. Knowles's case and Mr. Cluley's related by Dr. Radford, being the only two real cases of recovery out of the fifty performed in Great Britain and Ireland; and whether these persons are now alive, and in what condition they are, no one can tell. In the third case in the above list, Dr. Young's, there is a circumstance related, which demonstrates that the operation was had recourse to in the most reckless and wanton manner, and without the slightest necessity. "Having got into the womb," he says, "I could not possibly get the child away till I caused one to press up the head from the vagina, a part of it was so closely wedged in the pelvis." Actually the head of the child had got impacted in the brim of the pelvis, before the operation. The nineteenth case in the list, is that of Mr. John Bell in 1800,

and the history of which has been recorded by Sir Charles Bell, in the fourth volume of the Transactions of this society. Why the induction of premature labour was not had recourse to in this case it was difficult to imagine; the distortion was known to exist years before; the woman had been repeatedly delivered with the crotchet; and yet on this occasion she was allowed to go to the full period, and died almost immediately after having undergone this bloody operation. There are many other cases to which these observations might be applied with equal force in which the operation was unnecessary and unjustifiable. From the paper now read to the society, it appears that Mr. Wren saw Mrs. Williams in the fifth month of her first pregnancy, labouring under the characteristic symptoms of mollities of the bones of the pelvis—viz., pain in the region of the pelvis, associated with great and rapidly increasing difficulty in walking. "This difficulty," it is stated, "at last amounted to almost complete inability to walk, and for some weeks before her confinement she did not move farther than from her bed-room on the second floor, to her sitting-room on the first floor, where she passed the whole day lying or sitting on the sofa, and was carried up and down stairs by her husband." "There was nothing in her appearance when she came under Mr. Wren's care," adds Dr. West, "or subsequently, to suggest the idea of her being deformed—the only peculiarity being that she always stooped very much forward." On what cause Mr. Wren imagined these symptoms to depend does not appear, nor is it stated whether a suspicion crossed his mind that a destructive disease was going on in the pelvic bones producing a high degree of distortion. The poor woman looked forward with much apprehension to her labour, as well she might, and extracted from Mr. Wren "a promise that she should be allowed to inhale chloroform when labour came on." I presume, from the total silence on the subject in the paper, that Dr. West knew nothing whatever of the case until the 7th of May, 1850, when labour had actually commenced, and it was determined to perform the horrible operation now described. Had the nature of the disease been ascertained in the fifth month of pregnancy, and the proper treatment adopted, no man

of the slightest experience can entertain a doubt that the necessity for this operation—which necessity I do not even admit, existed at the time it was performed—could have arisen, and this miserable woman might now have been alive, and the society spared the recital of this melancholy catastrophe. The case ought to stand as a striking warning to others to avoid similar mistakes. But in January, in 1847, the same fatal operation was performed by Mr. Skey, at St. Bartholomew's Hospital, where great distortion of the bones of the pelvis was ascertained to exist in the sixth month of her first pregnancy; and yet the induction of premature labour was not employed. "The patient, Sarah B——, first consulted Mr. Jolin, surgeon, of Copice-row, Clarkenwell, on the 3rd of October. She was much deformed, being four feet one inch in height only, and in her thirty-eighth year. Mr. Jolin promptly detected pregnancy, and became alive to the whole extent of her calamitous situation. It was plain that no child could be propelled through the pelvis, the antero-posterior diameter being only one inch and one-third, and evident that no resource remained but the Cæsarean section. Mr. Jolin lost no time in holding a consultation with Mr. Skey, and the patient was admitted into St. Bartholomew's Hospital, under the care of the latter gentleman. Then Dr. Rigby, Dr. Protheroe Smith, and Dr. Ferguson, saw the patient, and confirmed the views of Mr. Jolin in every particular." On the 7th of October, this woman was positively ascertained to be pregnant—the catamenia had then ceased six months—she was then in fact, six months pregnant. On the 23rd of October she was examined by Mr. Skey and Mr. Jolin, and told that an operation was necessary; in fact, the Cæsarean section. On the 6th of November she was admitted into the hospital, and continued there during the remainder of the month of November, the whole of the month of December, and till the 26th of January, when the operation was performed, in the presence, I have been informed, of several hundred spectators, from all parts of the metropolis, summoned to witness this horrible spectacle. The poor woman died in thirty-six hours, and I have been informed that the child which was extracted alive, has since died in

the Foundling. In the whole history of the case, given in the *Lancet*, February, 1847, there is no allusion made to the propriety of inducing premature labour; and it may be inferred from the total silence on the subject, that the question was never discussed by those under whose care she was placed. Why it was never mooted does not appear, though a more favourable case never presented itself for bringing on premature labour in the sixth month, and thus avoiding many of the dangers of craniotomy at the full period, and death from the Cæsarean section. It is true, the distance between the base of the sacrum and symphysis pubis did not exceed one inch and a third; but the whole brim of the pelvis was not so greatly distorted, and there was room in the sides of the pelvic brim, if not for the head to pass after craniotomy at the full period, to allow of the head of a fœtus of six months passing after being perforated, and then extracted with care and safety. This rage for cruel and bloody operations has spread far and wide, and attempts are being made on all sides in this country, at the present moment, to pervert and corrupt the sound and fundamental doctrines of English midwifery. As a public teacher, and holding a public position, my conscience will not permit me to remain a silent witness of such abominations. This must be my apology for so often appearing before this society, and occupying so much of their time. I shall conclude with the recital of another case, where a similar tragedy was happily prevented. At Cupar, in Fife, in April, 1847, a woman escaped from the horrors of the Cæsarean operation in the most providential and almost miraculous manner. Dr. Simpson declares this case to be unique in the annals of midwifery, and few will differ on this point. The patient, aged 34, was a poor woman, with great distortion of the pelvis from mollities ossium. She ceased to menstruate in June, 1846. When she was first ascertained to be pregnant is not stated; dates are not given; but she was seen by Dr. Simpson, with three other practitioners, early in March, 1847. "The sacrum was straight above, so that its promontory did not probably encroach on the brim." It was then decided "that the pregnancy was already so far advanced as to preclude, under such a degree of deformity,

the idea of the induction of premature labour, and that the Cæsarean operation should be performed. On the 28th of April labour commenced, and a message was sent to Dr. Simpson at Edinburgh, thirty miles from Cupar, to go and perform the exploit. He was accompanied by certain professional friends, who were no doubt armed to the teeth with knives, needles, sponges, bandages, ether, &c. Thus prepared, they proceeded forthwith to Cupar. The fellows will, of course, suppose that the operation was performed with the usual results, and that the death of the mother took place. Oh! no. No operation was required, and the poor creature is still alive. On arriving there," says Dr. Simpson, "we were surprised to hear that the patient was delivered, and our surprise was only increased by learning that no kind of instrumental aid had been required." Dr. Lee here sat down amidst the enthusiastic cheers of the society, and loud roars of laughter from all sides.

On the motion of Dr. MURPHY, the debate was adjourned until the next meeting of the society, when a case of Cæsarean section by Dr. Oldham will be read.

Dr. WEST rose and said, that he was fully aware of the great hazard of the operation which had been performed in his case, and had endeavoured, in the paper, to do full justice to its seriousness and importance. With respect to the induction of premature labour, in this instance, it must be remembered that he (Dr. West) had not seen the patient until she was actually in labour, and he was not acquainted with her previously. His object in bringing the case before the profession was, to elicit the opinions of the fellows of the society, whether any means could be devised to obviate the high mortality consequent upon the operation. His own was, that we could not do away with the causes of this great fatality. With respect to Dr. Lee's observations on premature labour, he believed they were the opinions usually taught and entertained by lecturers and writers on midwifery in England; though he regretted to think that many practitioners in London appeared to underrate the value and importance of that operation. In the case before the society, such a proceeding could not have been adopted, owing to the great extent

of the deformity; and should a similar case occur to him, he should feel justified in resorting to the Cæsarean section.

--*Dub. Med. Press.*

*Secondary Uterine Hæmorrhage on the thirteenth day after Delivery.* By DR. FERCUSSON.—The patient was twenty-four years of age, and had never borne children. Her labour was comparatively an easy one of fifteen hours' duration, and no unusual symptoms presented themselves during her convalescence till the day above mentioned. For three or four days previous she had left her bed during a good portion of the day, and as the presence of the binder was unpleasant to her, she had removed it without my direction or knowledge. On the morning of the thirteenth day I was suddenly called to see her, and found her very much prostrated from loss of blood. I learned from her that during three hours blood had been escaping from the vagina, but she avoided communicating the fact to any one, in the hope that the hæmorrhage would cease spontaneously. The exact quantity of blood could not be accurately ascertained. All the clothing in the immediate neighbourhood of the nates was saturated with blood, and large clots were lying below the vulva, from which I judged that the quantity lost was not far from two pints and a half. The discharge had continued to increase since its commencement, and when I saw her it was still escaping quite rapidly. Her countenance was pale and anxious, and her pulse at the wrist exceedingly weak and frequent, it being one hundred and ten per minute. Upon examination, over the hypogastric region, the uterus was distinctly felt considerably larger and softer than is usual at this period, a circumstance which I attributed partially to the early removal of the binder, and partially to the probable existence of an internal hæmorrhage previous to the discharge of blood from the vagina. Upon introducing a finger into the vagina, I found a clot lying in its cavity, and the os uteri sufficiently dilated to admit its extremity for a short distance. I immediately ordered a cold douche, followed by the application of a bladder of ice over the lower part of the abdomen; administered  $\xi i$ . of the saturated tinct. of ergot, and enjoined absolute quiet in

the recumbent position, and cold drinks. The effect of these agents was to produce a moderate contraction of the uterus, though the discharge of blood was not very materially diminished. I now made a re-application of the binder, with a thick compress over the region of the uterus, as firmly as could be borne by the patient, and ordered the administration every second hour of the following pill:—

R. Pulv. Secal, Cornut., gr. iiij.  
Plumbi Acetatis, gr. ij.  
Pulv. Opii. gr.  $\frac{1}{2}$ .  
Muc. Gum. Acac. q. s. Fiat pilula.

Under this treatment she gradually improved; but as the hæmorrhage still continued, though in smaller quantities, on the morning of the second day, I asked Dr. Thomas F. Cock, one of the attending physicians of the asylum, to see the case with me, who recommended a continuation of the treatment which I adopted. In the evening, the bowels having been constipated for three days, and being unwilling to administer a cathartic in her present condition, I ordered an injection of cold water into the rectum, in order to effect the double object of an evacuation of the contents of the bowels, and, probably, aiding the uterus in its contraction. From this time, the intervals between the administration of the pills being gradually lengthened, the discharge steadily diminished, and on the evening of the third day entirely ceased.—Nourishing diet was allowed the patient, her convalescence was speedy, and without any untoward symptom, and she was discharged from the asylum in good health.

The occurrence of hæmorrhage from the uterus several days after delivery is so unusual, and so little has been written concerning it, that I have considered this case worthy of particular description. I have examined several statistical tables with reference to this subject, and I have not been able to find any case in which hæmorrhage occurred at so late a period. Among 16,654 cases of delivery in the Dublin Lying-in-Hospital, reported by Dr. Collins, there were but 43 cases in which uterine hæmorrhage occurred subsequent to the expulsion of the placenta. In 40, the discharge took place within twelve hours; in 1, on the fourth day; in 1, on the fifth; and in another,

on the tenth day. Drs. M'Clintock and Hardy report 6,634 cases of delivery in the same hospital. Twenty-five cases of secondary hæmorrhage were recorded, one of which occurred on the seventh day. There was also reported from this asylum, by Dr. Stimson, in the "New York Annalist," of October 1st, 1847, the case of a patient in whom hæmorrhage took place on the tenth day, subsequent to parturition.

Various causes have been assigned for the occurrence of this accident; but in this instance I think the hæmorrhage is fairly attributable to the early removal of the binder, accompanied by premature exertion on the part of the patient, causing great excitement of the circulation.—*Monthly Journal*, Nov., 1850.

*On Superfœtation.* By DR. ALEXANDER HENRY.—Dr. Henry has published a lengthened essay in which he classifies cases of superfœtation as follows:—

1. Cases in which a dead twin has been retained in the uterus.

2. Cases in which the children have been born, either—

(a) Both at the same time, but of different degree of development, the smaller fœtus being either alive, or recently dead; or

(b) Where the less perfect fœtus has been retained until it became mature.

3. Cases in which children of different colours have been born.

4. Cases in which a double uterus has been proved to exist.

5. Cases occurring during extra-uterine gestation.

Each class is illustrated by example.—*Lon. Jour. of Med.*

## MATERIA MEDICA.

*A cheap and simple article of Nourishment for Infants—Carrot Juice.* By Dr. GUMPRECHT of Hamburg.—Being impressed with the consideration that the nature of the artificial nourishment of young children deprived of the breast has a most important effect on their health, the author was anxious to find some aliment more supportable by the tender organism of infants than cow's milk and amylaceous matters, which mostly tend to acidity. An observation

of Schmittmann, that the pulp of carrots is a favorite article of diet for young children in Turkey, and is much used there, led him to turn his attention to this substance, which, as is well known, from the analyses of Wakenroder and Liebig, is particularly rich in albumen and sugar. It contains, however, also a quantity of ligneous fibre (cellulose), which is indigestible, and may therefore prove injurious.

He therefore thought of employing the thickened juice of carrots in the following way: An ounce of finely-rasped carrot pulp is mixed with 2 cups of cold soft water, and left for twelve hours, during which it is occasionally stirred, then strained through a sieve, and the juice expressed from the pulp. This juice is then mixed with a sufficiency of bruised biscuit, or bruised crust of white bread or little arrowroot, a little sugar added, and the mixture heated, but not allowed to boil completely, so that the albuminous matter may not be coagulated. More sugar may be added if required.

The author considers the addition of the biscuit or bread to be necessary, in order to furnish to the child all the requisite elements of nutrition—viz. albumen, starch, gluten, sugar, fat and salts.

For sucklings deprived of the breast, the preparation is so far altered that the biscuit (1 part) is rubbed up with the carrot pulp (4 parts), then macerated and strained as above (we presume it is to be heated, though the author does not expressly say so.) To this juice the requisite amount of sugar, and a little salt are added, and the child fed with it from a suckling-bottle. Of course great cleanliness is requisite to prevent acidity being generated in the bottle, and for the same reason the juice, which readily undergoes fermentation, is to be kept in a very cool place, and prepared in small quantities at a time.

So far as the author's observation has gone, this system of nourishment has answered well, the children not only bearing it well, but taking the food readily, and he has received assurances of similar success from several of his professional brethren.

It is further stated by him that for older children, the carrot pulp may be mixed with animal broth, and that large carrots answer better for the preparation of the



juice than those which are young and small.

From the want of any direct experience of the above method, we cannot as yet express a judgment on the above proposition; but we must admit the manufacture of the food does not appear (as the author seems to think) so easy that we can always reckon on its being successfully prepared. The chances of fermentation in such a juice are so great that it is to be feared it will hardly be avoided. We should regard any tendency to laxity of the bowels—so common an affection of children—as a complete contra-indication to its use. Further, there seems to be no reason why, even for young infants, some animal matter should not be added, in the form of broth or yolk of egg.—*Schmid's Jahrbücher*, from *Journ für Kinderkrankheiten*, July and August 1849.

*Inhalation of Medicines.*—Dr. Snow described a variety of apparatus for the inhalation of volatile drugs. One, to which special attention was directed, consisted of a thin cylinder, three inches in diameter, four inches in height, fitted with a flexible tube and mouth-piece above, and having a floor of talc below; upon the talc the medicines were placed in a little porcelain capsule; a spirit lamp applied beneath allowed the heat to be transmitted to the capsule, but not to the sides of the tin cylinder. When the heat applied to the substance to be volatilised was high, as in the case of opium, Dr. Snow was inclined to think that the result produced was by means of new chemical compounds. Opium, morphia, and meconate of morphia, required a temperature of 400 deg. Fahr. The resulting sublimate presented some, but not all the chemical properties possessed by the original substance.

When it was desirable to mingle the vapour of water with the vapour, a Wolff's bottle might be used, but only with those substances which are volatile at a temperature below 212°; such, for example, as iodine and chlorine.

Dr. Snow appended the results of the trial of a number of volatile medicines at the Hospital for Consumption at Brompton; in some instances great relief had been afforded; in others but little had been effected.

Dr. Routh had witnessed, in conjunction with Dr. Cogswell, and other mem-

bers of the society, some experiments on the administration of medicines by inhalation, conducted by Mr. White. In seven cases the result had been satisfactory beyond expectation, particularly in one where mercury was used.—*London Medical Gazette*.

*Physiological and Therapeutic Action of Digitaline.*—M. BOUILLAUD read a report on an essay by M. M. Houdolle and Quévenne, containing researches of which the following propositions are a summary:—

1. Digitaline possesses all the therapeutic properties of digitalis.
2. When the dose of digitaline exceeds from four to five milligrammes (0.06177 to 0.07721 Eng. grs.) in the twenty-four hours, an emetico-cathartic effect is produced; sometimes suddenly, sometimes slowly.
3. Digitaline should be preferred to digitalis, as being more readily dejected, more certain in its action, and more regular in its tolerance.
4. It produces two orders of phenomena—diuresis and nervous excitement.
5. Digitaline has a special action on the eyes, producing an obscuration of vision. *Lond. Med. Gaz.*

*On the Tests for Strychnine.* By A. W. BRIEGER.—M. Brieger says that the reaction of strychnine with pure chromic acid is more distinct than with chromate of potash, (See *Institute*, page 112, Strychnine). He thinks this reaction suffices to detect strychnine when mixed with santonine, brucine, &c.—But the presence of sugar conceals the reaction, and several other substances, more or less, prevent the development of the blue color, such as pure morphine or its acetate, whilst quinine renders the colour a pure rose red.—*Jahrb. für. Prakt. Pharm.* xx.

*On Cod-liver Oil in Phthisis.* By M. DUCLOS.—M. Duclos thus sums up the results of his experience with this substance. 1. The presence of fever is what we must chiefly attend to, relying more on this remedy when it is absent, and less when it is present. 2. The remedy frequently arrests the progress of the disease when only in the first stage. 3. It rarely arrests it when in the second stage, although it may retard it. 4. The third stage is not favorably

influenced by the oil 5. The oil should be administered for a considerable time; and, if a good effect results, it should be suspended awhile, to be again resumed. Thus, it may be given for two months, and then suspended for a fortnight, resumed for a month, and re-suspended for a fortnight again, so as gradually to reduce the length of the intervals during which it is given. 6. The clear, slightly smelling, nearly tasteless oil, is less efficacious than the brown, thick, strong oil.—*Bull. de Therapeutique.*

*On Linseed Oil in Hæmorrhoids.* By M. VAN RYN.—M. Van Ryn believes, that, in general, surgical treatment is too hastily resorted to in this affection, and he wishes to bring under the notice of the profession a remedy he has found of great efficacy during twenty-five years. It consists in the administration of two ounces of fresh linseed oil morning and evening; and so rapid is the amendment generally, that the remedy is seldom continued longer than a week. Sometimes the stools are somewhat increased in quantity, but neither vomiting nor any other ill effect is produced. The only precaution the while, is the abstinence from alcoholic drinks and too stimulating a diet.—*L'Union Medicale.*

*On the Application of Alum in Acute Tonsillitis.* By M. MERTENS.—Alum has been frequently recommended as a good application in acute tonsillitis, and M. Mertens suggests a plan for its employment, in young children, far more efficacious than insufflation. Having previously moistened the pulp of the index finger, and covered it with alum, he carries this down to the inner surface of the tonsil and there applies it. He places the ring and middle finger between the lips of the child; and when it opens its mouth, advances them to the base of the tongue, and is thus enabled easily to reach the tonsil with the index finger.

The same plan may be resorted to by adults themselves, in chronic tonsillitis for example; and they should be instructed first to pass the finger down to the tonsil, and observe, by the saliva which adheres to it, what part comes in contact with the tonsil, and then to cover

that with the alum; and it is surprising with what facility the tonsil, and the tonsil alone, can be touched.—*Gazette Medicale.*

*On the Action of Bromide of Potassium.* By M. HUETTE.—M. Huette has been induced, by reason of the analogy in composition which this substance offers to iodide of potassium, and by the recommendation by a few practitioners of its therapeutical employment, to try a series of experiments with it. These have resulted in complete disappointment; but during his investigation he discovered two effects producible by the bromide, which, if confirmed on farther trials, may admit of useful application. One of these is the power it possesses, even when given in small doses, of inducing a state of insensibility of the palate and pharynx, which, commencing on the second day, continues during the whole course of treatment. It is so complete, that the finger may be carried to the base of the tongue, touch the amygdalæ and posterior nares, or tickle the uvula, without inducing any effort at vomiting or deglutition whatever. This local anæsthesia seems deserving of investigation, as being preferable to that derivable from chloroform, when tedious and delicate operations about the mouth and throat are in question. Still other investigations are required; for on the one hand, the insensibility might not subsist under the action of a cutting instrument, and on the other perhaps the glottis itself is involved in a like insensibility, and would not indicate the passage of blood into the trachea.

The bromide possesses also remarkable power in inducing torpidity of the genital organs. A patient tormented by a vivid imagination, and subject to frequent consequent pollutions, found himself quite freed from his infirmity after having taken 15 grains per diem for three days; while some patients to whom the drug was administered reproached the author with this effect, which however passes off in a few days after the discontinuance of the medicine. The medicine thus seems indicated in chordee, in relieving which camphor and opium so often fail, as also in certain forms of spermatorrhœa.—*Gaz. Med.*

*Granulated Tin in the Treatment of Tape Worm.* By W. M. H. MUSSEY, M. D., Cincinnati.—The foreign journals attach no such importance to *kousso* as a cure for *tape worm*, and the dealers in the article require such exorbitant prices, that I desire to direct the attention of the profession, to an agent, mentioned by some writers, but evidently with no conception of the value, which the cases cited below, encourage us to ascribe to it. It has the three-fold merit of being efficacious, cheap, and easy of exhibition.

Cases number one and two, occurred in the practice of Dr. Charles H. Raymond, Professor of Chemistry in Marietta College, while a resident of Buffalo, N. Y., who permits me to furnish them for publication.

Case 1.—Dr. ———, dentist,—disease of many years standing, in 1840, in conjunction with Dr. Raymond, experimented with the various articles recommended by the authorities, which availed but little, although they were submitted to extended trial in every conceivable quantity. Spirits of turpentine was perseveringly used, and in enormous doses, but the relief was partial, and only temporary.

As the last experiment, one fourth of a pound of *granulated tin*, was divided into three portions, one to be taken every second night. On the second morning after the exhibition of the first dose, several yards of *tape worm* were voided, the two remaining doses were taken as directed, but no trace of worm was afterwards seen. The patient has had no recurrence of the disease.

Case 2.—In 1843, Mr. ———, laborer, afflicted with *tape worm*, applied to Dr. Raymond. *Granulated tin* was administered in exactly the same way, and with the same results as in case first. Three months after, the patient becoming uneasy by fear of a return of the disease, applied, and received the same quantity of the tin, but no worm followed its exhibition. One year subsequently had had no return, and was then lost sight of.

Case 3.—Mr. H. ———, aged thirty-five years, a merchant, native of Ireland, at the age of twenty years, discovered that he had *tape worm*. Has been treated in Prussia, England, and in this country, with occasionally relief, for a

few days at a time, has not been under treatment for the last two years.

In January, 1850, made application for treatment. I resorted to Dr. Raymond's method, and prepared the article by melting the common metallic tin, and stirring it till cold. The coarser portions were rejected, and a quarter of a pound of the residue, divided into three portions.

January 26th, patient took one portion at evening; the following morning, about a foot of worm was discharged; on the 27th, a second; and on the 28th, a third dose was taken but no more worms were voided.

A month after, the patient becoming apprehensive that there might be a recurrence of the disease, applied for and took the same quantity as before.

There has been no indication of the existence of *tape worm* in this case to this date.

The mode of administration in these cases was by taking the portion on the tongue, and washing it down with water.

It will be perceived that in all the cases, the worm was voided before a second dose was given, warranting the inference that a single dose would have been sufficient.—*Western Lancet*.

---

## MEDICAL JURISPRUDENCE.

*On some points in Medical Jurisprudence deduced from a series of Post-Mortem Examinations for Judicial Purposes.* By DR. CASPER.—1. Wounds inflicted during life.—These are usually stated to be distinguishable from wounds inflicted after death by the sigillation which is met with around their edges. In those wounds, however, which are inflicted by shooting or puncturing one of the large internal vessels, in which death takes place suddenly, without even agony, this sign will be wanting.

2. External signs of violence absent.—It is customary, where no external signs of violence are exhibited by bodies found dead, to infer that violence has not been done, and burial is ordered accordingly. Over how many murders has mother earth in this way spread her mantle! In many cases rupture of the ribs, liver, spleen, heart, &c., have caused death, and exhibited no outward signs of the fatal injury.

3. Death from loss of blood is usually characterised by the anæmic aspect of the body. It has been stated as a rule that the veins of the membranes of the brain do not partake of this character of bloodlessness. In many cases of rupture, or wounds of the large vessels, these veins have been found completely empty.

4. The tongue in death by drowning is said to be always protruded beyond the teeth. Dr. Casper does not deny that this is very often the case, but refers to the details of several instances in which it was found behind the teeth, and to others also of death from different causes—*e. g.*, wound of the heart, poisoning by sulphuric acid—in which it was found protruded.

5. The uterus *putrefies* last of all the soft structures, except the lungs.—This is often seen in the dissecting-room, and more especially so in the bodies of the dead by drowning. Owing to this circumstance the presence or absence of pregnancy can be determined with certainty.

6. The mark of the umbilical cord on the neck is not difficult to distinguish, in new-born children, in cases of intentional strangulation, though of considerable importance in a forensic point of view. There will be found in such cases a furrowed, roundish, white mark the width of the cord, certain parts of the neck being slightly sugillated, usually doubly, in many cases trebly. This mark also presents parchment-like spots in different parts of its course, seldom any ecchymosis of importance, and never to the depth of the constriction. The fat of the folds of the skin may in winter assume a parchment-like hardness which might be mistaken for strangulation, but the absence of other signs besides the depression is sufficient to prevent error on this account.—*Casper's Wochenschrift.*

At length the Homœopaths have built to themselves an hospital, and have elected a staff composed of eleven worthy companions, not of the Order of the Bath, but of the high order of Humburg. We can fancy with how loud a shout these worthies must have uttered "Eureka!" when—not like Archimedes of old, they found the method of testing the excellence of gold, but the real philosopher's stone,—the art of making the precious metal. The desire of notoriety stimulates these gentlemen; their names follow each other in the columns of the *Times* newspaper, at once puffing themselves and advertising their hospital. If a man's name appear pretty often in a daily journal, no matter though he pay the paper for its insertion, the non-professional at last say, "Ah! Dr. So-and-so must be very clever, I have heard of him;"—the how and the where slip the memory, the name alone lives in recollection. We will aid the public, not only in learning the names of the clever, but also in appreciating their merits. Here is a list of them, and their contributions to the science of medicine appended—if such there be.

J. Chapman, M. D.

M. Roth, M. D.

H. V. Malan, M. D.

D. Wilson, M.R.C.S.E., *i. e.*, Member of Royal College of Surgeons of England, but, in reality, is a *licentiate* of the Royal College of Surgeons of Edinburgh (that college has no members.)

E. C. Chepmell, M. D. Has written a little book on Domestic Homœopathy.

R. E. Dudgeon, M. D. Edits a homœopathic journal, and writes on homœopathic treatment.

P. F. Curie, M. D. Has written a book on Domestic Homœopathy.

T. E. Engall, M.R.C.S.E.

A. Henriques, M.R.C.S.

J. Hands, M.R.C.S. A writer, we believe, on Mesmerism.

Henry Kelsall, M.D., F.R.C.S.

So that not one has written a line calculated to advance the progress of the science of the profession of which they profess they are heads.

We not long since witnessed the following scene in the shop of a Quaker: Joseph ———, a staunch advocate of the "Early Closing Movement," asked John ——— to sign a paper in favor of the same. John refused. "I tell thee,

MISCELLANEOUS.

*Homœopaths.*—The following notice, taken from the *London Medical Times*, will show that the homœopaths have instituted an hospital in London; and it also shows what will probably be denied here, that the medical staff is composed of very obscure and unimportant personages:

friend John," said Joseph, "it is the love of *cash* that sways thee." "I tell thee, friend Joseph," replied John, "it is the love of *notoriety* that prompts thee." The members and the Fellow of a Royal College of Surgeons, who figure in the above list (the others are illegal practitioners, and therefore unworthy of farther notice), having failed to gain *the loves*—i. e., notoriety and cash—of our two Quakers, by the aid of legitimate medicine, appear to have been stimulated to offer themselves up, for the purpose of securing their, on the shrine of Homœopathy.

*Attending Families by Contract.*—This is a practice which obtains, in some places, and is productive of very considerable evil. It is calculated to produce a cheapening of the services of physicians, which must react upon the employer, in the form of neglected patients and deficient attention. A wrong relation is established between the employer and the physician, detrimental to the interest of both. This custom should be universally reprobated, and to make it more certain, every respectable medical society should condemn it expressly. The following remarks from the St. Louis *Probe* are to the point:—

"The plan of attending families by the year is dictated by a trading, mercenary spirit, unworthy of members of a dignified profession. It has too much the air of pelf about it, and should at once be abandoned. It may suit the dealer in matches, the butcher, or the iceman, but is clearly out of place among physicians. We are glad to hear that notwithstanding the efforts of some members to have it recognized by the Medical Society, that respectable body unhesitatingly condemned it."—*Western Lancet.*

*Colored Students in the Medical College.*—We understand that the Medical Faculty of Harvard University have signified their intention to exclude *colored men* from their classes hereafter.—Although it is highly desirable that colored men should be properly qualified to act as physicians in the flourishing colony of blacks at Liberia, it is doubtless considered by the faculty inexpedient to admit them into our public schools of medicine.—*Boston Med. Jour.*

## British American Journal.

MONTREAL, MAY 5, 1851.

### CANADIAN ECLECTIC MEDICAL SOCIETY.

"How fluent nonsense trickles from his tongue!  
How sweet the periods neither said nor sung!"

The Canadian Eclectic Medical Society, alias the Thompsonians, appear to be in the field, as respects an incorporation for their sect, and have thrown out, as a skirmisher, the following Address to the Governor General, in advance of their main body, which will subsequently appear in their appeal to the Legislative Assembly, endorsed, as a matter of course, by some thousands of signatures, collected from all parts of the Province, among which, as usual, we will find the names of Ministers, J. P's. et *id genus omne*. The Address, most speciously worded, yet teeming with absurdities from beginning to end, comes in as a set off to the letter of *Dr. Lawson*, (one of this body,) of St. Catharines, published in the March number of our last volume; and bears internal evidence of being the composition of Robert Dick, editor of the *Unfettered Canadian*, a gentleman of considerable ability, who, up to the period of his joining the Thompsonian ranks, was a Preacher at Brockville, and a school-master in that city. His talents appear remarkably versatile. What his profession was, before he became a Preacher, we know not; but not only has he changed his profession, but he appears also to have changed his local habitation; for, commencing his Thompsonian career at Brockville, he is now pursuing it at Toronto. Nor does here appear to be an iota more stability in his bantering society, than in himself, or his place of residence—for it commenced under the name of the Thompsonian Medical Reform Association, at

Brockville, in October, 1818, and in September, 1849, at Kingston, it was made to rejoice in the higher sounding designation which heads this article.

It comports not either with our space or our inclination to expose all the fallacies which are enunciated in the address; we will confine ourselves to a couple. First, as regards the name "Eclectic;"—a name as old as Archigenes, and applied to him and his followers, because they selected (*eklego*) from *all* other sects what appeared to them the best and most rational. The science of medicine at the present day is peculiarly so, and was never more so, since medicine has become a special object of study. How the Thompsonians—a sect themselves, and a very degenerate one—can arrogate to themselves the title, is an incontestable proof merely of the amount of effrontery to which empirics only can pretend. The spirit of eclecticism is opposed, *toio cælo*, to the following extract from the Address:—"These practitioners by adopting the medium course of *American practice*, (save the mark) which repudiates blood-letting, and the use of poisonous substances (mineral remedies?) in common medication," &c. And yet, no fact is more fully established, than that the action of their Lobelia is usually most efficiently promoted by *unlimited* quantities of *Tartar Emetic*, for which the whole praise is given to the Lobelia, and the vegetable doctor's reputation is thus fully maintained.

Secondly.—At the conclusion of the third paragraph of the Address, we find the following:—"Which give to the medical productions of Canada a marked superiority over the drugs and patent medicines which now flood our land, by the constant use of which

thousands are daily aggravating their physical maladies, and precipitating themselves, unwittingly, yet certainly, into the resting place of the dead." With the sentiments of this quotation we cordially concur; and yet, on the outside sheet of the eighth number of the *Unfettered Canadian*, edited by R. Dick—to exhibit how far his practice keeps pace with his profession—there are only two advertisements, both of which are *quack*, and of the highest order of the kind—the one being that of "Dr. Hope's Vegetable and Purifying Health Pills and Oriental Balsam," the other "Sir Henry Hallford's Imperial Balsam for cure of Rheumatism," &c. Verily, an indictment should be laid, by the Grand Jury of the Home District, against Robt. Dick and his quack confreres, for aiding, abetting, and assisting to "precipitate," an unlimited number of Her Majesty's lieges into "the resting place of the dead," by recommending for their use, and in being directly instrumental in their purchase of, "patent medicines by which thousands are daily aggravating their physical maladies," &c.,—for most unquestionably, on their own confession, they are "accessories before the fact," and therefore "participes criminis." But, probably, we are in error again; they, in their own view of eclecticism, are enabled to discriminate between noxious and innocuous quack remedies; and dive into the arcana of that science, of which Paracelsus was chief, and extract from it its only good.

We regard the Address as a warning, and as such give it to the readers of this journal:—

SECOND ANNUAL MEETING OF THE CANADIAN  
ECLECTIC MEDICAL SOCIETY.

The report of the Committee appointed to prepare for the society an address to His Excellency Lord Elgin being called for, the following was duly presented:—

*To the Officers and Members of the Canadian Eclectic Medical Society, in Annual Session Assembled—*

Gentlemen,—Your Committee to whom was assigned the duty of preparing an address to His Excellency, beg to present the following:—

*To His Excellency Lord Elgin, Governor General of the Province of Canada, &c. &c. &c.*

MAY IT PLEASE YOUR EXCELLENCY—

The Canadian Eclectic Medical Society in annual meeting assembled, beg leave, most respectfully, to address your Excellency, for the purpose of acquainting the head of our Provincial Government with the existence and objects of our association.

From the earliest period of the settlement of Canada, its inhabitants have, from necessity or choice, depended much upon the natural medicinal resources of their own woods and fields for the cure and alleviation of disease. When at length a Medical Board was established by law, the members of that Board, and their licentiates, paid little or no attention to the domestic medicine and practice, which the people have shown some disposition to encourage. Other persons than medical licentiates were, therefore, necessarily employed in this comparatively neglected field of medical research and labour. These practitioners by adopting the medium course of American practice, which repudiates blood-letting, and the use of poisonous substances in common medication, and by bringing into use many less hazardous but more efficient remedies, have succeeded in curing some forms of disease heretofore regarded as incurable, and contributed to render the cure of others far more certain and safe. But the existing law of this Province, (passed in a less enlightened period of Canadian history,) regulating the study and practice of physic, tending to suppress this necessary spirit of medical inquiry and enterprise, and efforts having been made to render the medical laws of this Province still more restrictive and intolerant, the practitioners of the reformed system of medical practice have deemed it prudent to form themselves into an association, the objects of which, as set forth in their published constitution, are "Mutual improvement and support in acquiring and diffusing a more accurate knowledge of disease and medication, directing our inquiries more particularly to the diseases and natural resources of our own country, and to procure the enactment of

equitable laws relating to the study and practice of Physic, Surgery, &c."

In adopting the name Eclectic, the members of this society would not be understood as committed to the abandonment of original research, or of any established principle. Whatever has been fully proved true by Thompson, or any other founder of a medical system, they gladly cherish; and, as Eclectics, hail with delight whatever is practically demonstrated to be safe and efficient in the cure of disease. And, thus uniting freedom of inquiry with stability of principles and purpose, we cordially invite the attention of our government to the results of the practical application of these principles and purposes, in full confidence that an impartial investigation would show the inexpediency and impropriety of past class legislative policy, and of all policy which aims to establish any species of medical despotism in this Province, curbing the spirit of free inquiry, and forbidding, under the plausible pretext of elevating the medical profession, the application by the domestic practitioner, of the results of his investigations and experience in the cure of disease—which give to the medical productions of Canada a marked superiority over the drugs and patent medicine, which now flood our land, by the constant use of which thousands are daily aggravating their physical maladies, and precipitating themselves, unwittingly, yet certainly, into the resting place of the dead.

But addressing, as we are, the head of a professedly liberal Government, we are, therefore, permitted to appeal to higher motives than mere wordly policy or expediency. Our government places in the hands of every incumbent of office, legislator, and juryman, a copy of the Scriptures, and requires him, ere he enters upon the discharge of his duties, to appeal to the Searcher of Hearts, that he will discharge them in accordance with the requirements of Divine Law. This we regard as a tacit acknowledgment on the part of our government that no neglect, or violation of that law, will be required of any individual. We open the Bible containing the revealed word of God, as well as on account of the introduction of moral evil, and consequent physical and mental suffering, and therein find as positive an injunction *to relieve the afflicted*, as to instruct the ignorant, or feed and clothe the destitute. While, then, we rejoice in seeing our government so far respecting the Divine Law, as to allow the ministers of the various sects to engage in the "cure of

souls," without imposing upon them the necessity of seeking license from some dominant, opposing, or rival sect, we confidently trust that our equal rights and obligations, respecting the cure of the body will soon be fully recognised.

We have seen, with great pleasure, your Excellency giving countenance to agricultural, educational and mechanic associations, encouraging them to develop the natural resources of our country, and thus promote the welfare of the people; and hence we venture to hope that our humble efforts in an equally important branch of the same work, will not meet with less encouragement from Your Excellency, seeing we claim no exclusive privilege. The freedom of research and action we ask for ourselves, we wish to see freely accorded to all others.

That Your Excellency may long enjoy the ability, as well as the disposition to promote the happiness and the best interests of all under your Excellency's administration, is the sincere wish of this association.

Respectfully submitted.

JOHN G. BOOTH,  
A. D. SKELLENER, } Committee.  
ORIN FORD,

On motion, the address was adopted, and the Secretaries appointed a committee to secure its due presentation.

On motion, the society adjourned to meet in the city of Toronto, during the next Session of Parliament, as previously resolved.

ROBT. DICK, Cor. Secy:

SECRETARY'S OFFICE,  
Toronto, 11th Jan., 1851.

SIR,—I am commanded by the Governor General to acknowledge the receipt within the last ten days, of an Address of the Canadian Eclectic Medical Society, bearing date the 24th September last, setting forth the existence and object of that Association, and signed by you as President thereof.

I have the honor to be, Sir, your obt. servt.,

J. LESLIE.

J. G. Booth, *President.*

*St. Lawrence School of Medicine.*—We understand that there is some purpose of establishing a third school of medicine in this city, under the foregoing title. The rumour has received substantiality so far, as that premises have been taken, and lecturers nominated. Of the latter, we have heard of

the following:—Dr. R. L. MacDonnell, to the Chair of Surgery; Dr. David, to the Chair of Medicine; Dr. Gibb, to that of Institutes of Medicine; and Dr. Horace Nelson, to the Chair of Anatomy. The last named gentleman is a resident of Plattsburg, but favourably known as a successful lecturer in this branch of medical science, when in connection with the School of Medicine in this city. An attempt has been made to secure the services of Mr. Hunt, Chemist to the Geological Survey, as Lecturer on Chemistry—but that gentleman declines. The other chairs are not yet filled.

Since the foregoing was written, the advertisement of the school has come to hand, with Dr. Arnoldi's name as Lecturer on Midwifery; that of Dr. Fenwick on *Materia Medica*. The establishment of the school is therefore "un fait accompli."

*Spurious Diplomas.*—We understand that the Montreal School of Medicine has issued, very lately, a *diploma* to a student of the name of Robillard, after the formalities of examination, thesis, &c. We cannot deprecate too severely the issue of worthless documents, under guise of an authority, pretended to, but wanting. It is a quackery too gross to be misapprehended, except by those unacquainted with facts. The School of Medicine of Montreal has no authority to grant a diploma whatever. It has, by its Act of Incorporation, a power to grant "a certificate of attendance,"\* upon its lectures, after an examination; but in what manner, the latter can demonstrate or prove the former, we leave to its own logic to determine. We apprehend that the regular attendance of a student at his lectures is one thing, his proficiency in medical practice another. But possibly we are mistaken. Let the gentlemen of the School of Medicine enlighten us. ¶

\* Act of Incorporation.



Peter Perry, Esq., M.P.P., has been dangerously ill. Four physicians were in attendance, who gave up his case as hopeless. Drs. Rolph and Morrison, of Toronto, were sent for by telegraph, but they could give no relief. An express was then dispatched, at midnight, to Newmarket, for Dr. Ford, a botanical physician, under whose treatment the patient rallied. We are happy to state that Mr. Perry is now considered convalescent.—*U. C. paper.*

A botanical physician, in ordinary acceptation, is a Vegetable Doctor, or a Thompsonian. Poor Peter! Why wert thou so long stunted alike of medicine and food! A bran mash, a wisp of hay, and a thistle for digestion, would have brought thee to a state of convalescence any time.

*Notice to Publishers.*—By the recent Post Office regulations, the greatest facilities are now afforded to the reception of exchanges, and books, pamphlets, &c., for review. Publishers in the United States and England, have now only to enclose their works intended as specified, in covers open at the ends or sides, and, containing no writing other than the address," *addressed to the editor of this Journal*, and they will come duly and regularly to hand. The old Post Office regulations weighed most heavily and injuriously on the interests of the medical publisher on the one hand, and those of the profession of the Province on the other. They proved an incubus, and a check to the dissemination of that knowledge, which is frequently of most practical value, and which is mainly to be met with in works of most recent date. The profession can only become acquainted with them through the legitimate channels, the periodicals; and it hence must be an object of importance to the publishers to have their works early and widely known. We respectfully call the atten-

tion of publishers to the altered regulations of our Provincial Post Office; and to our exchanges, generally, we beg again to reiterate a request previously made more than once—to address their journals *directly to the office* of this journal, or to the editor, as we then receive them postage free; and it will spare our Agents—Messrs. Wood & Co., of New York—a very considerable amount of trouble, which, under present circumstances, is quite unnecessary. We trust our American exchanges will attend to this.

## CORRESPONDENCE.

*To the Editor of the British American Medical and Physical Journal.*

MR. EDITOR,—In your number for this month, page 515, headed "A License Faculty in Principle," the attention of your readers is directed to the "license to Wm. H. Evatt, Gentleman, of Port Hope, to practice Midwifery in Upper Canada." The writer also states, that the said Mr. Evatt has "been licensed to practice one branch *only* of his profession."

As I am the person alluded to, in your 11th No., by the writer of these animadversions, I beg leave to inform him that I obtained the degree of M.D., in the University of Pennsylvania, on the 5th April, 1839; and a license to practise Medicine and Surgery, September 3, 1840, from the College of Physicians and Surgeons of U.C., which branches I have been practising in Port Hope since April, 1843. Finding it inconvenient to be without authority to practice Midwifery, I took out the license in January last, which has been the object of so much imprudent acerbity. He should have informed himself of facts before he gave publicity to statements which I forbear to characterize, and which gentlemanly feeling must urge him to retract. On future occasions, he will do well to possess himself of facts, rather than publish statements injurious to others, and making himself liable to action.

You will oblige me by giving this letter a place in your number for next month, by which you will also afford the writer of the

remarks, which call for this communication, an opportunity of removing any erroneous impressions which he may have made on the public.

Your's truly,

W. H. EVATT, M.D.

Port Hope, March, 23, 1851.

[The foregoing letter was received at a period, two late by far for insertion in the last issue of the journal, having come to hand on the 29th ult. Our observations under the head of "a license faculty in principle," appear to have been most singularly misunderstood by Dr. Evatt.

On referring to the list of Licentiatees of the College of Physicians and Surgeons of U.C., we do certainly find Dr. Evatt's name there recorded; and that record is his full and sufficient guarantee for the *practice of Midwifery*: and his *especial license* for that branch was at least a work of supererogation. What we found fault with, is the granting of such licenses by the Medical Board of U.C.; and the sooner the law is altered in regard to the matter the better. With reference to our observations, as they were all levelled against the principle of the Bill, under which these licenses were granted, we have no hesitation whatever in reiterating every remark made in regard to the matter, as we cannot but view the Bill, under which they were accorded, as most "unprincipled," and injurious, to the highest degree, in its practical effects upon the profession and the public.—*Ed. B. A. J.*]

To CORRESPONDENTS.—*Dr. Hill's (Bytown,) paper on "Strangulated Hernia," has been received, and will appear in our next.*

*Dr. Fenwick's case of Urethral Calculus has been postponed, from press of matter, but will appear in the following number.*

*Dr. Stuart, (Kingston.) Answer immediately returned. Dr. Beck, (Albany.) Having noticed in letter and Journal of Insanity, the missing numbers have been posted. The notice had attracted our attention only a day before the reception of the letter. The*

*missing numbers of the Journal of Insanity have come to hand, for which we sincerely thank Dr. B. Letters have also reached us from Dr. Painchaud, (Quebec); Dr. Baker, (Kingston); Dr. Richardson. Their requests are complied with. Dr. Mayrand, (St. Andrew.) Much obliged for prompt reply. Capt. Lefroy, (Toronto.) We will write in a few days. We hope that the missing copies have come to hand. From his silence in his letters, we presume they have.*

*Books, &c., Received.*—Lectures on the Eruptive Fevers, by George Gregory, M.D. First American Edition, with notes, &c., by H. C. Bulkely, M.D. New York: S. S. & W. Wood. 1851.

On the Diseases of Menstruation and Ovarian Inflammation, &c., by Edward John Tilt, M.D. New York: S. S. & W. Wood. 1851.

Transactions of the Medical Society of the State of New York. Albany: 1851.

The Upper Canada Journal of Medical, Surgical and Physical Science. Toronto. Vol. 1, No. 1.

Reduction of Strangulated Hernia in Mass, by George C. Blackman, M.D., &c. New York: John F. Trow. 1851.

## OBITUARY.

At 12, Leroy Place, New York, on the 9th April, Professor John B. Beck, aged 56.

The deceased was early distinguished for great talents and application. In 1813, he graduated in arts in Columbia College, with great distinction at the head of his class. In 1817, he graduated in medicine, to obtain which he defended a masterly thesis on infanticide, which afterwards expanded into the elaborate dissertation on the subject,—which forms so valuable a chapter in his elder brother's great work on "Medical Jurisprudence." He immediately commenced practice in New York, in 1822; became one of the editors of the "New York Medical and Physical Journal," and published many valuable papers, particularly one on the yellow fever that had lately ravaged the city.

In 1826, he was appointed Professor of *Materia Medica* and Botany in the

College of Physicians and Surgeons, to which, on the death of Dr. Torrey, was added Medical Jurisprudence.

After his marriage, in 1831, his practice became very extensive, but he did not neglect his literary labors. He published various essays, among which that on "Infantile Therapeutics," stands very high. About three years ago, his health failing, he made a voyage to the West Indies, with however but little benefit; and since the beginning of the year he has been confined

to his chamber, where he found consolation in that religion, which, in health, he had not been ashamed to profess. He died, surrounded by his sorrowing relatives, repeating, by his request, those hymns which had been taught him in his childhood by his widowed mother, who still survives in a green old age.

His remains were attended to the grave, on the 11th April, by one of the largest and most respectable processions ever seen in New York. S.

**General Statement of Baptisms, Marriages, and Burials, in the District of Montreal, for the Year 1850.**

[FROM THE "MONTREAL HERALD,"]

COUNTIES.	BAPTISMS.		MARRIAGES.	BURIALS.		INCREASE.
	Males.	Females.		Males.	Females.	
Montreal.....	1726	1718	816	1117	960	1367
Ottawa.....	133	127	37	29	28	203
Vaudreuil.....	488	468	142	157	154	645
Lac Des Deux Montagnes.....	624	609	224	210	174	849
Terrebonne.....	797	753	219	294	221	1035
Leinster.....	733	668	207	317	293	791
Berthier.....	857	838	217	348	328	1019
Richelieu.....	415	397	139	157	156	499
St. Hyacinthe.....	958	845	246	412	302	1089
Rouville.....	527	522	158	198	188	663
Vercheres.....	318	343	96	125	112	424
Chambly.....	512	439	141	142	137	673
Huntingdon.....	997	1008	301	333	341	1331
Beauharnois.....	822	767	200	272	195	1122
Missisquoi.....	124	115	50	29	26	184
Shefford.....	216	194	56	61	34	315
Stanstead.....			4	4	3	18
Total.....	10,248	9,811	3,253	4,205	3,652	12,209
Deduct Decrease in Stanstead.....						7
Total Increase.....						12,202

*De'crs-7*

METEOROLOGICAL REGISTER at MONTREAL, for the Month of MARCH 1851.

DATE.	THERMOMETER.				BAROMETER.				WIND.			WEATHER.		
	7 A. M.	3 P. M.	10 P. M.	Mean.	7 A. M.	3 P. M.	10 P. M.	Mean.	7 A. M.	3 P. M.	10 P. M.	7 A. M.	3 P. M.	10 P. M.
1	+10	+24	+22	+17.	29.79	29.78	29.68	29.75	W	S W	S W	Fair	Fair	Snow
2	" 28	" 34	" 24	" 31.	29.69	29.55	29.64	29.59	S W	S	S	Snow	Snow	Snow
3	" 16	" 23	" 19	" 19.5	29.71	29.72	29.79	29.74	N W	S b W	S b W	Fair	Fair	O'rcs't
4	" 22	" 32	" 29	" 27.	29.82	29.78	29.03	29.74	W N W	W N W	N	Fair	Clo'dy	Snow
5	" 20	" 25	" 18	" 22.5	29.89	29.92	29.67	29.83	N	N	N	Fair	Fair	Snow
6	" 29	" 34	" 25	" 31.5	29.50	29.75	29.88	29.71	W	W	W	Snow	Clo'dy	Fair
7	" 19	" 34	" 20	" 26.5	30.12	30.13	30.14	30.13	W	W	N	Fair	Fair	Clo'dy
8	" 10	" 27	" 21	" 18.5	29.96	29.77	29.70	29.81	N	N	N	Fair	Fair	Snow
9	" 20	" 23	" 24	" 21.5	29.80	29.76	29.74	29.77	S W	S W	S W	Snow	Fair	Clo'dy
10	" 26	" 38	" 26	" 32.	29.75	29.79	29.86	29.80	S	S	S	Snow	O'rcs't	Fair
11	" 21	" 38	" 30	" 30.5	29.60	29.42	29.69	29.54	S W	S	N W	Fair	Clo'dy	Fair
12	" 3	" 13	" 8	" 8.	30.15	30.18	30.13	30.15	N W	S S W	S S W	Fair	Fair	O'rcs't
13	" 9	" 16	" 12	" 12.5	30.06	29.94	30.02	30.01	N	N	N	Snow	Snow	Clo'dy
14	" 0	" 13	" 7	" 6.5	30.32	30.11	29.86	30.06	N E	W	W	Fair	Clo'dy	Clo'dy
15	" 13	" 38	" 23	" 25.5	29.74	29.60	29.79	29.71	S	S	N E	Fair	Fair	Fair
16	" 18	" 31	" 20	" 24.5	29.91	29.83	29.78	29.84	N W	S	S	Fair	Fair	Fair
17	" 15	" 34	" 25	" 24.5	29.74	29.70	29.68	29.71	W N W	W N W	W N W	Fair	Fair	Clo'dy
18	" 20	" 38	" 33	" 29.	29.69	29.50	29.55	29.61	W N W	W N W	W N W	Fair	Fair	Clo'dy
19	" 29	" 37	" 31	" 33.	29.48	29.43	29.42	29.44	W N W	W	W	Fair	O'rcs't	Snow
20	" 32	" 42	" 34	" 37.	29.41	29.41	29.48	29.43	S	S	S	Clo'dy	Clo'dy	Snow
21	" 35	" 46	" 40	" 40.5	29.60	29.67	29.72	29.66	S W	S W	S W	Fair	Fair	O'rcs't
22	" 37	" 47	" 40	" 42.	29.80	29.77	29.80	29.79	S W	S W	S W	Fair	Fair	Fair
23	" 35	" 49	" 36	" 42.	29.85	29.78	29.67	29.77	N W	N W	W N W	Fair	Fair	Fair
24	" 31	" 53	" 35	" 42.	29.40	29.38	29.54	29.44	N N W	W	N	Foggy	Fair	Fair
25	" 19	" 34	" 28	" 26.5	29.85	29.98	30.05	29.96	N	S W	S W	Fair	Fair	Fair
26	" 25	" 50	" 40	" 37.5	30.01	29.77	29.72	29.84	S W	S W	S	Fair	Fair	Fair
27	" 39	" 57	" 48	" 48.	29.67	29.62	29.46	29.65	S	S S W	S S W	Fair	Fair	Clo'dy
28	" 47	" 38	" 33	" 42.5	29.48	29.75	30.06	29.76	W S W	W S W	W	Rain	Fair	Fair
29	" 29	" 40	" 31	" 34.5	30.20	30.08	29.95	30.08	W	W	N	Fair	Fair	Fair
30	" 38	" 51	" 46	" 49.5	29.87	29.76	29.65	29.76	W	S	S	Fair	Fair	Fair
31	" 46	" 48	" 40	" 47.	29.60	29.81	30.02	29.81	W S W	W by S	W by S	Rain	Fair	Fair

**THERM** { Maximum +61° on the 30th, at 3 P. M.  
 { Minimum, - 0° " 14th, at 7 A. M.  
 Mean of the Month, +30.°

**BAROM.** { Maximum, 30.22, in, on the 14th, at 7 A.M.  
 { Minimum, 29.38 " " 24th, at 3 P.M.  
 Mean of the Month, 29.445 inches.

