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THE
MEDICAL CHRONICLE

OR,

MONTREAL MONTHLY JOURNAL

OF

MEDICINE & SURGERY,

VOL. I.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

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WILLIAM WRIGHT, M.D., & D. C. MACCALLUM, M.D.

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THE MEDICAL CHRONICLE.

VOL. I.]

MONTREAL, JUNE, 1853.

[No. 1.

ORIGINAL COMMUNICATIONS.

ART. I.—*Case of Diffused Popliteal Aneurysm, cured by Compression.*

By JAMES CRAWFORD, M.D., Lecturer on Clinical Medicine, McGill College, &c.

Aneurysm is a disease of extremely rare occurrence in Canada; at least I have reason to conclude that it is so, from having only seen two cases in Montreal during twenty years, and having heard of only three others. Having been successful, lately, in treating a case of diffuse popliteal aneurysm by compression, I would beg leave to record it in your journal. This mechanical mode of treatment, from its safety, simplicity and efficacy, bids fair to supplant, on most occasions, the more brilliant and scientific surgical plan of ligature of the vessel; and while it disarms the disease of much of its dangers and terrors, almost places the cure in the hands of the patient.

At the end of December, 1852, I was called to see F. R., the subject of the present case—a healthy, muscular man, aged about 36, by trade an ironfounder. In the previous November his attention had been drawn to his right thigh, by a painful sensation at the inner edge of rectus femoris, about four inches above the knee, which was accompanied by a slight swelling of that part, and which he supposed was a bruise; caused by hammering bricks in his hand, supported between his knees, while shaping them for the object of lining his furnace, during which operation he was obliged to sit in a very constrained, crouching posture, within the furnace, and which, in all probability, explains the cause of the accident. The tumor rapidly increased, and is said to have attained the size it presented when I first saw it in about a week. It was all along supposed to be an abscess, and treated accordingly. The pain, inconvenience and tedious nature of the disease, induced him to send for me. At the time I first saw him, the tumor extended from the knee upwards for about seven inches, spreading along the front and inner side of the thigh, and also occupying the popliteal space, (but not prominently.) It was flat, hard and firm, except at one part, about the size of half a dollar, four inches above the inner condyle of the femur, where fluid could be dis-

covered, and where the surface appeared inflamed and red. The circumference of the limb over the tumor measured $3\frac{1}{2}$ inches more than that of the sound limb, and the calf of the leg of this side measured $2\frac{1}{2}$ inches more than the left one. The foot was slightly œdematous; there was a good deal of pain in the limb, and the knee was semiflexed, and could not be straightened. No pulsation could be discovered. The tumor appeared either to be an abscess, or bloody tumor, accompanied with inflammation and formation of matter. After a short observation, an exploration was made, and a small quantity of dark blood issued, which suggested that a more searching examination should be made with the stethoscope, which, after some trials, detected a slight *bruit de soufflet*, and a slight pulsation *could be observed*, by the motion of the applied instrument, although it could not be heard, nor felt by the finger, and was evidently synchronous with the systole of the heart. Strong pressure over the artery in the groin, stopped the pulsation and bruit, but did not affect the size of the swelling.

Having ascertained that it was an aneurysm, although first having appeared in such an unusual situation, and notwithstanding the extent and diffused character of the tumor, I decided on attempting to effect its cure by compression, providing I could have a suitable instrument contrived for the purpose. After an unsuccessful attempt with wooden cramps, I got two iron rings made, with compressing screws and pads, which were found effectual in controlling the circulation in the vessel, one of which was applied about three inches below the pubes, the other between two and three inches lower, which placed the lower one a short distance from the margin of the tumor. At this time the bruit and pulsation had become much more distinct, and the *soft* part of the tumor appeared more thinned. The pain was generally severe at night, interrupting sleep. He was ordered to take an anodyne each night, if he found it necessary.

The application of the pressure commenced on the 15th January, 1853, and gave considerable pain at first, so much so, that he could not bear it for any time; but he soon could continue it for a half or three quarters of an hour. He was entrusted with the charge of the instrument, and maintained the pressure constantly by relieving the instrument occasionally. By this means he kept up a pressure sufficient to remove the bruit while the pulsation remained; besides his feelings as a guide to determine the amount of pressure, he kept a measure of the extent to which the screw required to be pressed. In about ten days from the first application of the cramp, the bruit had disappeared, except slightly in the popliteal space.

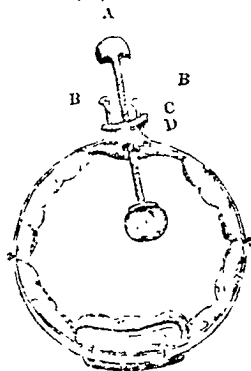
On the 17th day, he was suddenly seized with an agonizing, indescribable pain of the leg, throughout its whole length. It was of a thrill-

ing, burning character, and so torturing that he tossed about in agony. The relaxing of the tourniquet at once relieved it, and it did not return immediately on the reapplication of the pressure, but at uncertain intervals for a few days, when it subsided. The tumor rapidly *increased* in size, spreading upwards, till there was not space for the application of the *two* instruments. It was 19 inches in circumference, and required to have the cramp enlarged. The whole limb was swelled and œdematous up to near the groin, and was hard and resisting to the touch. The leg and foot were occasionally hotter or colder to the feeling of the patient, but in general they maintained the proper temperature, and were free from any numbness. The rapid increase of the tumor, and general swelling of the limb, with pain, alarmed the patient much; but being assured that all was going on well, he steadily persisted in the pressure, perhaps longer than was necessary, from fear of danger, as I had reason to believe that the circulation through the sac, was arrested in three weeks, as neither bruit nor pulsation could be perceived at that time, the œdema had subsided, and the limb was assuming a natural size. Since that period, he has been gradually improving, and the tumor decreasing, It now measures round it $\frac{3}{4}$ of an inch, more than the same part of the sound limb; the fullness in the popliteal space is disappearing; the hamstring tendons are prominent. There is still a little stiffness in the joint, but he has been moving about, and attending to his business, for nearly three months. He has acquired 18lb. of additional weight since his convalescence. No particular or rigid constitutional treatment was deemed necessary in this case. As there was a remarkable *smallness* of pulse, throughout all the arteries, it could not be felt at the inner ankle nor instep. An occasional mild purgative, and a nightly anodyne, constituted the medical treatment.

The case, although it terminated favorably, was not encouraging, from its diffused character, its extent, and the accompanying and increasing œdema. It however adds the more to the reputation of the *bloodless* cure, as these characters are deemed unfavorable, even by its enthusiastic supporter, Dr. Bellingham. An amount of pressure, sufficient to stop the pulsation, caused so much pain, that he could not bear it, and if this had been requisite, the treatment must have been discontinued. The lesser amount of pressure, (sufficient to remove the bruit) could be borne about three-quarters of an hour, at a time when he was obliged to relieve the cramp, by changing to the other. I may here notice a very ingenious contrivance, as a substitute for the *ball* and *socket* joint, depicted in Ranking's abstract No. 8, Cartes' instrument, by which all its advantages can be obtained; this modification of the instrument being to enable the pressure to be made more directly against the os femoris; by changing the angle of the pressing screw, out of the cen-

tre. As all the advantage, therefore, must be confined to a *lateral* inclination, a hinge joint will equally obtain this object, and is preferable to any *fixed* inclination, which could otherwise be given to the screw.—The idea is not new, but the construction of the instrument and the principle is simple and easily accomplished, which is a desideratum in a country where surgical instrument makers are as rare as cases of aneurysm. I would here remark that the size of the cushion and plate supporting it, as shown in Cartes' instrument, would have rendered it inapplicable in the present case, from want of space, as there was scarcely three inches at one time, for the application of the two instruments, and even after a reduction in the breadth of the cushions and plates of the instruments was made, one of them had to be removed, to give room, as has been noticed, and the other shifted a little occasionally to relieve the parts, and prevent excoriation. However, at this period the sac had become sufficiently obstructed, so that this could be done without risk. Another advantage was found in having the instrument made with *two lateral joints*, to allow of their being separated into two semi-circles for the facility of removal and re-application: the joints were easily secured by pins.

The instrument consists of a ring of iron, 26 inches in circumference, about half inch broad and a quarter thick; a hole sufficiently large to allow of the free play of the pressing screw is made through the ring; at each side of this hole, a small piece of iron is dovetailed, being about three-quarters of an inch in length and half an inch in breadth; in the upper part of these shoulders, there is a small hole, to allow two pivots to play, and support a small bar of 1 and $\frac{1}{2}$ inch long, between them, like the centre of an ordinary balance beam: in the centre of this bar there is a female screw, through which the long compressing screw (A) works; at each end of the bar (C) there is a small adjusting screw (BB)



[A, compressing screw; BB, adjusting screws; C, balance bar; D, supporting shoulders.]

to regulate and confine the pressure screw at any angle, the lower surface of this bar being bevelled or filed away, towards its ends, allows of more play, the compressing screw and pad may be about 6 inches long. These measurements, however, may be varied, the object of the present description being only to afford an idea—a broad plate which can be made to shift on the ring, so as always to be placed opposite the pad, (with a good cushion), is attached to the ring.

Montreal, 15th May, 1853.

ART. II.—*Severe Constrictive Disease of the Mitral Valve and Orifice, without a direct but with an indirect Mitral Murmur, non-persistent, and probably of Dynamic origin, with Remarks.* By R. P. HOWARD, M.D., L.R.C.S.E., Physician to Montreal General Hospital, and Montreal Dispensary; Demonstrator of Anatomy, McGill College.

Ellen Cassiday, seamstress, aetat 22, nervous temperament, tall, slight, but well proportioned, consulted me this day, Nov. 7th, 1852, on account of cough, palpitation, and dyspnœa. States that about last Christmas was attacked with pain in left side, which was called pleurisy, and for which she was bled and sent to Hospital, where she was treated for the chest affection; but since that period has experienced shortness of breath when walking. Not long after leaving the institution, she was seized with subacute articular rheumatism, of severity to prevent her attention to domestic duties, and which obliged her to re-enter it. On this occasion she suffered from palpitation and amenorrhœa, and was treated ineffectually with iron. For last six months has had dry cough without expectoration. Never had hæmoptysis. Her mother died of "decline" at 53, but no other member of her family.

Present State.—Suffers from short, dry, hacking cough; habitual dyspnœa and palpitation on the least exertion. The subject of amenorrhœa since coming to this country, now 18 months ago. Pulse 123, regular, not large. Great excitement of heart's action; no marked increase of cardiac dulness; impulse strong and quick; rythm natural; *systolic murmur* at left apex, and two inches to left of this—nowhere else; second sound clear and loud; pulmonary percussion natural. Inspiration louder in right infra-clavic. region than in left, but loud here also. Inspiration somewhat rough in left infra—spinous fossa on forced breathing, without any dulness on percussion. Weak, but not emaciated. She was to have called again for some medicine, but did not do so until the 14th instant, when the following additional points were noted. Pulse 114, regular. The systolic mitral bruit not audible at left spine, but heart's sounds are. No thrill over cardiac region. No turgescence or pulsation of cervical veins. No œdema of ankles or anasarca. The same palpitation and dulness as before.

Diagnosis.—*Mitral regurgitation. Suspicious as to phthisis.* Prescribed a mixture of iron, digitalis and hyoscyamus; a belladonna plaster over heart; rest.

Nov. 27th.—Called on me to say that her weakness, palpitation, cough, and general distress, oblige her to enter hospital. On her admission, both Dr. Crawford, and our intelligent House-Physician, Dr. Reddy, failed to detect the mitral murmur. The same result attended a careful examination instituted by myself. She was greatly agitated. Pulse over 120; respirations 50 in minute. Purple aspect of face and hands. Great excitement of heart's action—the organ thumps away violently. Loose sub-crepitant r le on left infra-clavicular region.

Diagnosis.—*The murmur before heard was doubtless owing to unequal closure of the mitral segments from disturbed action either of columna carnea or ventricular wall.*

Some time after this she left the hospital somewhat relieved, but returned on the 23rd March, under the care of my colleague, Dr. Scott, (to whose kindness I am indebted for an examination of the heart after its removal.) I learn from the House-Physician, that on the day after her admission, the respirations were 50; the heart's action was most tumultuous; a *systolic mitral murmur* existed; bronchitic ronchi were heard at base of left lung and apex of right, and there was frothy mucous expectoration. On the 24th, she was attacked with severe vomiting, and on the 25th the sputa were bloody. On the 3rd April, was attacked in the night with h moptysis which continued free for 12 hours, about half a pint of clear frothy blood having been ejected in that time. Respirations were 63 per minute. Loose sub-mucous r le heard during whole of inspiration, and occasionally during the entire of respiration, with dulness over same region, the left base. The bloody expectoration and other symptoms continuing, on the 5th, 8 ounces of blood were taken from the chest by cups, and it was also dry cupped. She was much exhausted on the 6th, and the systolic bruit which had been heard by Dr. Scott, Dr. Reddy and others, on several occasions since this her last admission, became again inaudible. She died on the 7th, apparently of exhaustion.

Sectio Cadaveris, 11 hours after Death.

Thorax.—Right pleural surfaces adherent, except at apex of lung. Left pleural surfaces universally adherent. No effusion in pleur e. Active congestion of upper part of right lung, rendering it of bright red color, heavier than natural, but still crepitant and lighter than water. Postero-inferior aspect of same lung also much congested with some dark spots scattered through it, as if the h moptysis had originated here.

Pericardium contained 8 oz. of serum. No adhesions. Two smooth old white patches, size of 6d. on front of right ventricle. Heart some-

what enlarged—chiefly the right cavities. Weight 11 oz., and allowing $\frac{1}{2}$ an oz. for the absent portion of left auricle, = 11 $\frac{1}{2}$ oz.

Walls of left ventricle, which is not dilated, measure at base, 10-16. at middle 8-16, and at apex 4-16 of an inch. Those of right, which are more capacious than left, are very thick anteriorly and towards the base, and measure at base 7-16, at middle 6-16 at apex 2-16.

Left auricles lining membrane corrugated, thickened and of pale color. Its appendix large and well developed, but its own cavity not notably large; however, as a portion of it has been cut away in removing the organ, I cannot say whether its capacity was increased or not. Its parietes are thicker than those of right, say threefold. Right auricle much thinner, and apparently more capacious, than left; so thin is its appendix, that between the fibres of the muscoli pectinati, the wall is quite translucent, being formed solely of the opposed endo and pericardium. The left auriculo-ventricular orifice so contracted by thickening of the auricular lining, and of the fibrous ring surrounding the orifice, and by binding down and together of the mitral segments, that it just admits the point of the index finger as far as the root of the nail. On the auricular surface of the constriction, which is dense and fibrous generally, and almost cartilaginous at some points, there is one small denuded patch of calcareous deposit. The mitral flaps are thickened, especially at their free edges, and held down into the ventricle by thickened and shortened chordæ tendineæ, so as to form a funnel-shaped prolongation. (*retrecissement infundibuliforme of Cruveilhier*) the wide part of which faces the auricle, and the narrow the ventricle; and yet, so closely do the free edges of the two segments meet, when their ventricular surfaces are pressed against, that regurgitation could scarcely have occurred between them, or if possible, certainly to a very slight extent. The serous covering of the thickened valves and chordæ tendineæ in the ventricle is quite smooth. The semilunar valves somewhat thicker than usual, but otherwise natural, close the aortic orifice; and that vessel is so much smaller than the pulmonary, that while its ascending and transverse arch only admits the index finger, the corresponding portions of the pulmonary artery receive the index and middle fingers together, and by measurement, the former vessel is to the latter as 1 to 1 $\frac{1}{2}$. The coats of the pulmonary artery are nearly as thick as those of the aorta, but less firm and more yielding; its valves normal in all respects. Right auriculo-ventricular orifice 4 $\frac{1}{2}$ inches in circumference; the tricuspid flaps, and chordæ tendineæ healthy, and close the orifice; their united diameter about 1 $\frac{1}{2}$ inch. The columnæ carneæ very highly developed. }

(To be continued.)

ART. III.—*Wound of Intestine and Scrotum—Recovery without establishment of artificial Anus.* By D. Bergin, M.D., Cornwall.

I was sent for, on the evening of the 5th January last, to see James McIntosh, blacksmith, of St. Andrews, C. W., who had, about an hour previous, met with a very serious accident.

On visiting him, I found him almost in a state of collapse; his skin cold, pulse weak and tremulous, &c.; he, however soon rallied sufficiently to give me an account of the accident. He said, "that he had been in Cornwall at mill; that while in town, he purchased a bar of horse-shoe iron, and placed it between some of the bags in the sleigh; that it was about five feet in length, one inch in width, and about half an inch in thickness; that one end of it rested upon the bag on which he sat, and that somehow or other the other end slipped through the bottom of the sleigh-box, until it reached the road, where it stuck fast, and in consequence the end upon which he sat was forced, or rather drawn up through him by the horses; and that it completely tore off his privates. It was very fortunate that it did not enter his belly, but only strike him on the side, when it knocked him out of the sleigh." He pulled the bar out of his pantaloons before he received any assistance. He was then helped into the sleigh and drove home, a distance of about three miles and a half from where the accident occurred.

On examination, I found that the bar had entered the lower portion of the scrotum on the right side, and had literally torn it to pieces; the testicle was hanging out, deprived of all its covering, skin, cellular tissue superficial fascia, tunica communis or cremaster, and tunica vaginalis; and considerably swollen. The cord and epididymis, although exposed, were uninjured. There was no appearance of any farther injury to the right side; but on the left side, about two inches above the anterior superior spinous process of the ilium, was a small hard swelling, about the size of a bean, and immediately in front of and above it a small spot about half an inch in circumference, somewhat discolored, slightly painful to the touch, and communicating a sort of crackling sensation to the fingers, and also a feeling as if there were a small fissure or opening underneath. From these circumstances I concluded that there was an injury to the bowel at this place, although there was no rupture of the integuments, and that it was produced by the force of the bar acting upon the abdomen from without. The result proved that I was correct, in so far as my diagnosis was concerned, but wrong as to the mode by which it was produced.

Having examined the parts carefully, and satisfied myself that there was no farther injury, I proceeded to dress the wounds, which I had some difficulty in doing, as from the extreme laceration of the scrotum, it was almost impossible to bring the parts properly in apposition. After

the dressing was over, I administered a full opiate, ordered him to be kept perfectly quiet, and to apply warm water dressings to the scrotum. His diet to consist solely of very thin gruel or barley water, but only in small quantities at intervals.

January 6.—On my visit today, I found my patient tolerably easy; complained somewhat of thirst, but there was no fever, his skin was moist, his tongue clean, and his pulse soft and regular. He slept well last night, and does not complain very much of the pain of the wounds. No tenderness of the abdomen. Continue same diet, and repeat the opiate in the evening.

January 7.—Slept well last night, but is more feverish to-day the wound does not look so well, emits a bad odor, and the edges are evidently about to slough. He had a slight motion of the bowels about half an hour previous to my visit. Ordered charcoal and yeast poultice to be substituted for the warm water dressings to the scrotum. The opiate at bed time as last night. There is today, extending across the abdomen, a yellowish-green streak, as if the result of the bruise made by the bar in its passage; did not, however, order any special treatment to be directed to it.

January 8.—The color of the stripe across the abdomen has changed to red; and the abdomen along its track is somewhat swollen; otherwise as yesterday. Continued yeast poultice to scrotum, and directed them to apply bread and milk poultice along the swollen parts of the abdomen. The opiate to be continued at bedtime as before.

January 9.—The wound of scrotum looks well, and is healing nicely. Complains, however, a good deal of the abdominal swelling; the swelling and redness are rapidly increasing; the small button-like hardness or tumor is no longer to be felt; and suppuration is evidently about to take place. I am now satisfied that the bar must, as I had at first supposed, although I failed to trace it, have passed *into* instead of outside the abdomen. Its track is well indicated by the swelling. To continue same treatment.

From this time the swelling increased rapidly. Poultices were kept constantly applied to hasten suppuration, until the morning of the 12th, when an opening was formed in the left side, and about three quarts of greenish and very offensive matter discharged; a small quantity of feces also escaped through the opening, just previous to my visit. The wounded bowel was now quite visible through the opening, which was very large, and a small portion of it protruded. As it was about to separate, I removed it with a dressing forceps: it came away quite easily, and caused no pain. Ordered the poultices to be kept up as before until my next visit.

January 13.—Scrotum healing rapidly—wound in the side discharging

well. When the poultices were removed in the morning, felt something hard near the opening, which his wife laid hold of with the forceps and removed. It proved to be a small portion of the pantaloons, which the bar had driven before it. This composed the hard lump already spoken of on the left side, and was conclusive proof that the bar had *entered*, not passed over the abdomen. A small portion of the bowel protrudes through the opening in the muscles of the parietes. He had an evacuation this morning, but no portion escaped through the opening in the side.

He continued from this time forth to improve rapidly until the 22nd, when I discontinued my attendance. The wound of the scrotum had healed perfectly. There was still, however, a small opening in the side, but it had nearly closed. I saw him about a week afterward in the road, when he told me that it had healed.

Remarks.—The points most worthy of note in the foregoing case are, the singular course of the bar beneath the abdominal parietes; the subsequent sloughing of intestine; the escape of fæces through the opening; and its final perfect recovery without the ordinary result, artificial anus.

The rapidity with which the wounds healed is also worthy of attention, and is another proof of the rapidity and certainty with which Nature sets up and carries through the reparative process, when not impeded by meddling surgery.

ART. IV.—*Cases of Tetanus.* By JOHN REDDY, M.D., L.R.C.S.I., &c.
No. 1.

IDIOPATHIC TETANUS.

Luke Lacy, laborer, aged 26, admitted into the Meath Hospital, 26th December, 1845, under the care of Mr. Porter, complaining of great pain along the spine, and at the epigastrium, with inability to swallow or open his mouth.

States that on Sunday evening last, (five days previously), immediately after a meal, he was seized with a sensation of great tightness in the throat, with pain and difficulty in attempting to swallow, which became worse at every trial, the next day he was barely able to swallow liquids, and but little at a time. On the third, all attempts at swallowing were ineffectual. He continued in this state for two days longer, when he determined to come into hospital. He had been admitted nine years previously, under the care of Surgeon Colles, for a similar attack, but not so severe as the present. He is unable to account for the present seizure, having neither received a wound or bruise of any kind; nor can the slightest abrasion be discovered upon his person, after the most careful examination. It is

somewhat remarkable that his father died some years ago of tetanus, and apparently without any exciting cause. His face has the peculiar sardonic expression. He is constantly frothing from the mouth, and rejects the smallest quantity of liquid. He feels great distress from acute pain at the epigastrium, which shoots across to the spine, while at rest, (which he can hardly be said to be.) He lies on the left side with his legs drawn up, his eyes all the time closed. On opening the door, moving about in the ward, or even addressing him, he becomes instantly convulsed with spasms, which are very frequent. Pulse ranges between 100 and 116. Ordered Hirudines C. along the spine at intervals. App. Emp. Belladonæ nunchæ et Emp. hydrarg c Emp. opii., aa. eq. part epigast. The ungt. hyd. fort. to be freely rubbed into axilla and scrotum. To have the following pill every hour:—R Protochlor. Hyd. gr. iij., Pulv. Opii gr. i., Ant. Tart. gr. $\frac{1}{4}$ m. No amendment throughout the day.

27th—Pulse 100; no perceptible change; cannot swallow the medicine. Slept none since admission; bowels confined. Spasms occur every 5 or 10 minutes, and last from 10 to 20 seconds. Cannot lie more than a few minutes in any one position, and keeps rolling and turning about, when not suffering from spasms; his eyes always closed; answers questions with the greatest reluctance, and never speaks, unless to complain of insatiable thirst. Ordered enema terebint. Continue mercurial frictions.

28th—Pulse 108, feeble. Slept none during the night; bowels relieved by injection. Spasms during the night very severe, and the pain most acute, shooting across from epigastrium to about fourth dorsal vertebra. At 2 o'clock p.m. today, mercurial factor perceptible, with appearance of amendment for the first time, he being able to swallow a little beef tea, the spasms occurring from about every 25 to 45 minutes. Continue frictions.

29th—Pulse 40. A marked improvement this morning in his appearance. He was not attacked with the spasm more than about every two hours during the night. He appears quite free from them just now, the face has lost the peculiar expression noticed on admission; the thirst is nearly gone; can swallow a little better, and speaks when spoken to; complains that the pain is not quite gone from the epigastrium. Bowels confined. To have an aperient draught. Omit frictions.

30th—A marked improvement this morning; can open his mouth a little and swallow occasionally during the night; spasms declined in intensity and duration, occurring slightly about every three or four hours. He appears quite easy and in no pain. Ordered arrow root and 4 oz. of wine. From half-past 9 a.m., to 3 o'clock p.m., there has been but one very slight recurrence of the spasms. Though weak, he appeared to be getting on well, being quite free from pain and spasms, but at 10½ same evening, he was suddenly seized with violent pain in the chest, and difficulty of

breathing. Respirations rose to 60, pulse 160 in the minute. From this period he continued to sink, and died comatose at 12½ a.m. There was no post mortem examination.

Remarks.—In the preceding case, which was one of an unusually severe character a few circumstances may be noticed:—

1st, The severity of the spasms, which in idiopathic tetanus, are generally of a milder description, declining in severity as the paroxysms recur.

2nd, This form of tetanus not being, generally speaking, fatal, and apparently more amenable to treatment.

3rd, The amendment which took place was evidently owing to the effect of the mercury, and solely to its external employment. The leeches did not appear to give the slightest relief.

4th, The length of time, (nearly nine days) that the system was unsupported by nourishment.

5th, Death occurring by coma, which forms the exception in tetanus. In any of the fatal cases that I have seen, death seemed to take place from apnœa, or from an apparently sudden sinking of the entire system.

ART. V.—*Observations on Tumors.*—*Cystic Sarcoma of the Neck, successfully removed by extirpation.* By E. BENZEL SPARHAM, M.D., Brockville, C.W.

The subject of Tumours must ever be one involving much interest, not only from the frequency of their occurrence, their varied characters, the situations they may occupy, but also from the obscurities with which they are oftentimes veiled. That they are abnormal adventitious growths, arising from a blastema, the product of perverted or diseased nutrition, becoming benign or malignant, and exhibiting their variety of character according to the peculiar idiosyncrasy of the patient, and the nature of the parts with which they may be associated, seems to be the established doctrine. Thus the lymph or blastema, may, if the blood be healthy, form a simple tumour, which, if arising from adipose tissue, may be of an adipose character. If, on the other hand, there be congenital or hereditary taint, or impairment of the vital energies from any cause, it may be converted into a malignant growth, become scirrhous, medullary, colloid, or melanotic. So also, if the person be of a scrofulous diathesis, the tendency to strumous deposits will be increased.

Microscopic researchers are fast elucidating many points, hitherto but little understood, leaving even strong evidence that tumors are capable of changing almost completely their original characters. In the lymph exuding from the capillaries, the cells, or cytoblasts of early development, may pass into the encysted form, and ultimately during its progress, assume other characteristics, as a combination of sarcomatous

and cystic, and cystic and adipose. Advancing in metamorphosis, it may be converted into a solid production.

Dr. Wm. Budd, I find, has lately advocated that cancers even, are at first of a local character, and not the effect of a constitutional disease. If removed, therefore in this incipient stage, before the system becomes contaminated and the cancerous cachexia is established, they would be far less liable to return, or leave seeds of future growth elsewhere. But all surgeons, even those believing them to be hereditary or constitutional, have long since agreed upon the propriety of early extirpation. But whatever may be their true pathology, it would lead me into a discussion of unjustifiable length, to pursue it further at present. To distinguish readily which are malignant or otherwise, is often a difficult and important question. And as patients are naturally disposed to put off the evil day, with the hope that one time will do as well as another, there is much danger of its being deferred too long. Slowly and insidiously those which are prone to degenerate, may render the operation either worse than futile—the original malady recurring with renewed and lethargic vigor—or, though successful, far more formidable, to both patient and surgeon. Even if of a harmless nature, its approximation to important vessels, its complications, and perhaps its stronger adhesions, may render the delay the more hazardous. There are some, however, so benign, that if their size be unimportant, their removal may be left optional with the patient, as nothing worse than deformity need be apprehended. Where so much, therefore, depends on the variety, stage, situation, size, and progress, it may be said with Fergusson, “Operations for the removal of tumors may be amongst the most simple, or the most difficult and dangerous which the surgeon is ever called on to perform. The smallest possible amount of skill or manual dexterity may suffice in one instance, whilst in another, anatomical knowledge, facility in the use of instruments, judgment to plan, and courage to execute all the steps of the operation, are indispensably necessary.” We should, therefore, feel it more forcibly incumbent upon us, foreseeing the eminent peril of delay in some cases, to duly warn the patient of the consequences. The hap-hazard charlatan methods, so applauded by ignorant nostrum worshippers and so often finding deluded victims in the country, of attempting to drive them indiscriminately away, thereby prolonging the agonies of a patient, as well as enhancing his dangers a thousand fold, cannot be too strongly discountenanced by the scientific surgeon.

This introduction may, in many respects, seem completely out of place, and foreign to the individual case which follows, but the history of that case so impressed me at the time, that the above train of ideas, heterogeneous though they seem, were forced upon me.

My patient, Alice Taylor, a very pretty and interesting little girl, of

eight years, (born of healthy and robust parents, the mother, however, somewhat of a lymphatic temperament), presented soon after birth a small swelling on the neck. I could obtain no precise account of its mode of origin. On inquiring for a history, I ascertained that in gestation of this child the mother suffered from extreme mental depression and anxiety, took sick soon after its birth, and did not recover for six weeks, during which period, the child did not receive the attention requisite. She herself nursed the infant during her illness. Was always a more delicate, nervous, and fretful child than the others. First discovered the tumour when the infant was about three months old. She consulted various practitioners at different times, each of whom gave a version of the case different from that of the others, and suggested for its cure, the adoption of a plan peculiar to himself. It would be profitless to enumerate them, as the plans, when followed, turned out to be quite ineffectual, casting in their train more or less doubt on the correctness of the accompanying opinions. Two of them, however, are so peculiar, I cannot forbear selecting them for a passing notice. In the one, codfish-skins moistened constantly in a strong solution of chloride of sodium, were kept constantly applied for a period of six weeks, at the expiration of which time the tumor broke and discharged, but shortly afterwards it returned, the breach having quickly cicatrized. The other adviser, who had frequently seen the sure and certain means proved, recommended the no less revolting and superstitious relic of the darker ages than the application of the hand of a dead person to the tumour. How long she had to wait for so grim and appalling an opportunity, I am not prepared to say. Thus several years were passed away in fruitless endeavors to remove it, by means more congenial than those which art takes up as a last resource. But one spoke of an operation—which, however, he feared, could not be easily accomplished from the close attachment of the tumour to the “chords of the neck.”

It is difficult to trace the progress of the tumor, commencing at the period formerly named, it was found to be half an inch in diameter, when the child was nine months old, and to have acquired double this size, when two years old. It was then moveable apparently superficial covered by healthy undiscolored skin, and not causing pain. This also was the time when it was made to inflame and ulcerate. Having recovered from these severe morbid actions, the solutions in its continuity were healed, and again as a tumor it slowly and gradually enlarged, projected and became more diffused, its border becoming less clearly defined, and at the time I saw it could only be moved with considerable difficulty, seeming to have a deep root in and strong adhesions to the parts beneath. It, however, preserved its original characters as they have been stated above.

The tumor I excised, on the 28th ult., assisted by my brother Dr. E.

Bayard Sparham, was situated upon the side and slightly upon the dorsal aspect of the neck. In a line drawn from the internal border of the mastoid process of the occipital bone to the centre of the supr. edge of the scapula, lay deeply embedded between the sterno-mastoid and trapezius muscles, also upon and slightly overlapped by the splenius cap. and lev. ang. scap. The anterior portion of the tumor closely approximated the carotid artery, while the posterior reached the transverse processes of the vertebra. Was over three inches in length by two in breadth and thickness.

Having every thing in readiness, and the girl in the proper position, I put her under the influence of chloroform. The steps of the operation, I need not detail. The tumor was of the encysted variety, but having evidence of an adipose nature; the latter occupying about one-tenth of its capsule, the remainder being densely fibrous and intersected within by many bands giving it the appearance of containing a variety of cysts. These were readily communicable with each other, and were filled with a liquid resembling venous blood. The adhesions were very strong, and the attachment of the condensed cellular tissue to the surrounding parts, with no little difficulty separated. A few small arteries were divided during the operation, which required the ligature. To two or three minor ones, we adopted torsion. One of the muscles upon which the tumor lay, seemed to be extremely vascular. The little girl readily got over the effects of the chloroform, and the wound is healing admirably. Having made so many prefatory remarks, and given a full description of the case, I will now conclude, leaving it to present its own deductions.

Brockville, May 9, 1853.

REVIEWS & BIBLIOGRAPHICAL NOTICES.

I.—*A Practical Treatise on Disease of the Skin.* By J. Moore Neligan, M. D., M. R. I. A., &c. Pp. 334. Blanchard & Lea, Philadelphia. B. Dawson, Montreal.

Dr. Neligan is favorably known to the profession as a writer. His work entitled "*Medicines; their uses and mode of administration*" has passed through two editions, and is an admirable text book of *Materia Medica*. He is the author of an excellent monograph on eruptive diseases of the scalp, and was associated with that distinguished Physician, the late lamented Dr. Graves, in bringing out the second edition of his "*Clinical Medicine*." After a careful perusal of the work, the title of which stands at the head of this article, we can confidently state that it will add to his reputation as a writer, and accurate observer.

There is probably no group of diseases, in which the importance of a

classification, at once correct and easy of comprehension, is so manifest, as in those which form the subject of the treatise under review. We have said *correct* classification, as, unfortunately, *incorrect* nosological arrangements have done more to establish and perpetuate erroneous opinions of various morbid states of the body, than any other single cause with which we are acquainted. Up to the latter part of the 16th century much confusion existed in this department of dermatology. The attempts to arrange diseases of the skin in some kind of order, made previously to this time, were few and exceedingly imperfect. Nor was the *topographical system*, proposed by Girolamo Mercuriali, the Paduan Professor, and published in 1623, calculated to remove the uncertainties in which the subject of cutaneous diseases was involved. It was, however, a step in the right direction. By this system, all diseases of the skin were divided into those which had their seat on the scalp, and those which affected the general surface of the body. A classification simple enough, but obviously open to serious objection. It was adopted afterward, with modifications, by Turner, and subsequently by Alibert. The latter, however, soon threw it aside, and proposed in its stead the elaborate classification with which his name stands connected. About the same period, the beginning of the 17th century, Willan published his *artificial system*, which, for simplicity and conciseness of arrangement, and the facilities it afforded to the profession to acquire a proper knowledge of cutaneous affections, far surpassed the more pretentious *natural system* of his learned contemporary. To Professor Plenck of Vienna, Willan was indebted for the idea of arranging those affections in groups, determined by their character and external appearances. Plenck divided them into fourteen groups or orders: Willan into the following eight: 1 Papulæ; 2 Squamæ; 3 Exanthemata; 4 Bullæ; 5 Pustulæ; 6 Vesiculæ; 7 Tubercula; 8 Maculæ.

Dr. Neligan, in common with the great majority of modern dermatologists, has adopted the Willanean system as the basis of his classification. He makes ten groups:—1 Exanthemata; 2 Vesiculæ; 3 Pustulæ; 4 Papulæ; 5 Squamæ; 6 Hypertrophie; 7 Hemorrhagiæ; 8 Maculæ; 9 Cancerodes; 10 Dermatophytæ; and adds “two supplementary groups, Syphilides, and diseases of the appendages of the skin.” It will be seen that Doctor Neligan omits the fourth and seventh orders of Willan, and introduces four new ones. He adopts from Rayer’s classification the appellations Hypertrophie and Hemorrhagiæ. In the former order he includes, with the diseases which Willan, Gilbert Cazenave and others place under the caption of Tubercula, those affections which Mr. Erasmus Wilson, in his excellent natural system, arranges in a group under the designation of “Hypertrophy of the Papillæ of the Derma.” Purpura is the only disease in the order Hemorrhagiæ. As Purpura is essentially a blood disease, of which the sub-

epidermal hemorrhagic spots and effusions are mere indications, it might, we conceive, be removed entirely from the group of cutaneous diseases. We feel the more surprised at Dr. Neligan having retained it, creating at the same time a special order for it, from the fact of his having excluded small pox, measles and scarlatina from the exanthemata, because, "to consider them still as diseases of the skin, is directly opposed to the advanced position of modern pathology, and can only tend to diffuse incorrect ideas as to their essential nature" (p. 24.) Moreover, the objection which he offers to the admission of "the frambesia or yaws of South America and of the Coast of Africa, the radesyge of the North of Europe, and the pellagra of Italy and of Austria," into the catalogue of skin diseases, applies with equal force to the disease called purpura, viz: that they are constitutional affections, of which the eruption "is a concomitant symptom, and as regards the peculiar affection, is but secondary, and more or less unimportant."

"The order CANCRODES contains those diseases of the skin in which many of the features resemble cancerous affections. It contains two genera: LUPUS, KELOIS."

The establishment of the remaining order was rendered necessary by the facts which modern microscopical investigation into the pathology of skin diseases has brought to light. The term dermatophytæ originated with Dr. Hughes Bennett, "It includes those diseases of the skin which depend on, or are characterized by the presence of parasitic plants. It contains two genera: PORRIGO, SYCOSIS."

Having now examined, as fully as our space permits, the very important subject of classification, we shall pass on to the review of some of the individual diseases. Two opinions, as to the essential character of Erysipelas, have, for some time, divided the medical world. One class of writers contend strongly for it being considered a *sthenic* disease; whilst the other class assert as strongly, that it is an *asthenic* affection.—This difference has led to the recommendation of treatment of the most opposite and contradictory character. The question, then: which is the correct idea? becomes an important one. We cannot agree with Dr. Neligan that, because the opposite plans of treatment have been attended with success, constitutional treatment must, of necessity, be "of little importance." We are rather more inclined to regard constitutional treatment, as of great importance, and to refer the difference of opinion and success of treatment to other causes. It will be found, on enquiry, that the great majority of practitioners in the present day, do not follow out a routine plan of treatment in this disease; that, although they may find a certain class of remedies more frequently indicated, from the effects of local modifying causes on the disease, they nevertheless, are occasionally obliged to have recourse to other and opposite kinds of treatment; which

kind of treatment on the other hand, may be demanded in the majority of cases, occurring at places distant from the scene of their own labours. Independently of the "general type" of diseases being, at present, adverse to powerful depletory measures, the habits and pursuits of those who live in towns induce a "constitution" not tolerant of antiphlogistics. We observe, therefore, that most modern writers recommend mildly antiphlogistic treatment to be adopted under certain circumstances; but tonic and stimulants to be administered, as a general rule. The constitutional treatment which we have seen most successful in this city, is that recommended by Mr. Albert Walsh, viz: tartar emetic in minute quantities—one grain, in divided doses, during the twenty-four hours; administering tonics and stimulants, and omitting the tartar emetic, "as soon as we find the erysipelatous surface to be getting a yellow tinge, the tongue cleaning, and the pulse becoming more frequent."

Dr. Neligan mentions the treatment proposed by Mr. Hamilton Bell of Edinburgh:—20 to 25 drops of the tincture of the sesquichloride of iron, every second or third hour. "When erysipelas is spreading rapidly, although superficially, over the cutaneous surface, the inflammation still persisting in the parts where it first appeared, imunction with mercurial ointment has," says our author, "in my experience more effect than any other local application in checking its progress. The ordinary mercurial ointment, to every ounce of which a drachm of glycerine has been added, should be smeared thickly over all the inflamed surface, and on the sound skin for a considerable distance beyond; it need be applied only twice in the twenty-four hours, and if any symptoms of salivation be produced, its employment should be at once stopped." (p. 47.)

We consider the tincture of Iodine, first recommended by Dr. Crawford of this city, as good a local application as any other.

There are few affections which are so intolerable, absolutely rendering the life of the unfortunate patient miserable, as those distinguished by a hyperæsthetic condition of the skin. Prurigo when situated on some parts of the body, as the *pudendum* of the female, gives rise to symptoms of the most distressing nature. Frequently it resists all forms of treatment. Dr. Neligan has found that, "when prurigo has lasted for any time, or has resisted other plans of treatment, more active medicines of the class which especially influences the nervous system should be prescribed: nux vomica or its alkaloid, and tincture of aconite, thus often prove useful; the former has succeeded in my hands when all other remedies seemed to fail; it may be given in the following form, a combination which will be found to promote a healthy condition of the digestive organs, and to correct the loss of tone which they exhibit usually in this disease. R Extracti Nucis Vomice, gr. iii; Pellis Bovini Inspissati, gr. vi; Extracti Taraxaci, gr. xxiv; Pulveris Myrrhæ gr. xviii to be made

into 24 pills; "one to be taken three times daily." (p. 165) The tincture of aconite should be given in the ordinary doses, from two to four minims of Fleming's tincture, and its effects carefully watched." His favorite local application is chloroform in the form of ointment. "In very obstinate cases the chloroform may be combined with the Iodide of Lead, as follows:—R Iodidi Plumbi, gr. xii; Unguenti Cerae Albae, ʒi; Chloroformi, m viii ad xii; Glycerinae, fl ʒi; Misce." (p. 167.)

Scorpias and Lepra, he properly regards as one and the same disease. There is probably no cutaneous affection, scabies excepted, of more frequent occurrence in Canada than this scaly disease. Its inveteracy, occasionally resisting every description of treatment, is well known. Statements, then, from good authority, holding out prospects of aid from new remedies, or new combinations of remedies that have been already employed, are entitled to our earnest consideration. Dr. Neligan still entertains the opinion which he expressed in 1849, regarding the inappropriateness of the exhibition of mercurials in this eruption. "From my own experience" he says, "I do not think that mercurial preparations in any form are generally applicable for scaly diseases, except in the local forms appearing in children, and I have not unfrequently seen their use followed by an aggravation of the symptoms. I have consequently, for some years back, substituted for Donovan's solution a compound in which mercury is replaced by the iodide of potassium; this mixture may then be termed an *Ioduretted solution of the Iodide of Potassium and Arsenic*; it is prescribed in the following form:—R Liquoris Arsenicalis, m lxxx; Iodidi Potassii, gr. xvi; Iodinii Puri, gr. iv; Syrupi Floram Aurantii, fl ʒ ii. Solve. Forty minims may be given three times a day in simple water, or in any tonic or diaphoretic vegetable infusion or decoction, as individual circumstances may indicate, and the dose gradually increased to eighty minims. In cases in which from any reason it may be advisable not to prescribe arsenic, the Fowler's solution can be omitted from the above mixture, and unless in the inveterate forms of the eruption, or when it has been of very long standing, the iodine preparations, should in the first instance be tried alone." (p. 185.)

M. Cazenave has lately recommended the carbonate of ammonia in doses of about two and a half grains from one to three times a day. When it occasions diarrhoea, preceded by head-ache, lassitude, colic, &c., its use is to be suspended for a few days.

Oil of turpentine, first introduced by Dr. Nicholl into the treatment of purpura, was strongly recommended by our author in an essay published by him in the 28th vol. of the first series of the "Dublin Journal of Medical Science." His "additional experience," acquired since then, "is fully confirmatory of the views then propounded. It must be given in doses sufficiently large to act as a purgative—from one to two ounces ac-

ording to the age and strength of the patient for adults, and a proportionate dose for children. I prescribe it, combined simply with mucilage as in the following form:—*R* Olei terebinthinae fl ℥ i; mucilaginis, fl ℥ i; aquæ menthæ piperitæ fl ℥ iss. *Misce. Fiat haustus.* This draught may be taken once or twice daily, according to the degree of its action on the bowels; and should there be much hemorrhage from the intestinal canal, or the stomach reject the draught, the same or a larger quantity of oil of turpentine, suspended by means of the yolk of an egg in decoction of barley, may be administered as an enema. • • • Should there be extreme debility present, preparations of iron—those which are astringent being preferred—or other tonics, may be administered conjointly with the turpentine; but on the other hand, when there is much vascular excitement, or general plethora, bleeding or other evacnants should be had recourse to at the same time that it is prescribed,” (p. 235.)

There are many other points in this excellent treatise that we would like to bring before our readers. We must, however, refer them to the work, which we can fully recommend as a complete practical exposition of those diseases of which it treats.

II.—*What to observe at the bed-side and after death in Medical Cases.*—

Published under the authority of the London Medical Society of Observation. pp. 296. Philadelphia, Blanchard & Lea. Montreal, B. Dawson.

The society, under whose auspices the above work has issued from the press, was established in London in the year 1850. The objects of the society, as they are set forth in the laws appended to the volume which lies before us, “are to promote the advancement of accurate Pathology and Therapeutics, by clinical and allied investigations, the value of which shall be estimated by the numerical method; and to exhibit the special advantages which may accrue to the science of medicine, by the co-operation of several persons working on a uniform plan towards the elucidation of given medical questions”

The majority of the present members are eminent Physicians, and well-known in the medical literary world. The names of Walshe, Beck, Jenner, Ballard, &c., &c., are, in our opinion, a complete recommendation to a work purporting to direct the student and practitioner “what to observe at the bed-side,” &c. The work is divided into two parts. Part I refers to the “Clinical examination of a patient.” It has four sections:—1. The personal description and peculiarities of the patient in health. 2. The previous history of the patient. 3. The course of existing disease prior to the patient coming under observation. 4. Condition of the patient at the time of observation.” Each section has divisions, some of which, are, in their turn, sub-divided. For in-

stance, in the second section, are included, "A. Hygeia; B. Previous general health; C. Previous sexual condition; D. Family history of patient." The points to observe, arranged under Hygeia, are "Parentage, infantile management, place of birth or former residence, present residence, trade or occupation, food, drink, clothing and firing, cleanliness, exercise, sleep, study, medicines, habitual use of narcotic drugs, peculiar habits, venereal indulgences." Part II. refers to the "Examination of a body after death." It has two sections:—1. Points to be ascertained and noted prior to commencing an examination. 2. Points to be noted during an examination."

To the student desirous of forming correct and systematic habits of observation at the bed-side, this work will be of the greatest assistance. To the physician it will, without doubt, "be a useful remembrancer."

CLINICAL LECTURE.

Clinical Lecture on Laryngeal and Throat Affections. By R. B. Todd, M. D., F. R. S., Physician to King's College Hosp. (Condensed from Medical Times and Gazette.)

Laryngeal disease is greatly influenced by diathesis in its origin and in its duration so that in the strumous and gouty it is shaken off with difficulty, indeed, some times not at all. One of its most formidable forms, less frequent now than formerly is the inflammatory or membranous croup—a disease characterized by the rapid formation of a false membrane or layer of coagulable lymph that moulds itself to the interior of the larynx and will extend down the trachea even into the bronchial tubes: its pathology is not settled, it is peculiar to childhood for some unknown reason, but it is less often associated with peculiarity of diathesis than other Laryngeal diseases. The adult is liable to a disease somewhat like it in being accompanied by a membranous exudation, but it is called Diphtheritis, and affects the pharyngeal rather than the laryngeal membrane, and is a malady in close alliance with Erysipelas.—Can it be that the cause and pathology of croup and diphtherite are alike? This is a subject for careful investigation, the more so, as the treatment of croup is far from satisfactory. The scrofulous or tubercular are liable to a peculiar form of Laryngeal disease (Phthisis Laryngea) which is usually associated with tubercular deposits in the lungs. The syphilitic cachexia often causes laryngeal disease, generally chronic, but sometimes exhibiting very acute and urgent symptoms. These two forms may be confounded with each other. The erysipelatous poison is very prone to attack the mucous membrane of the Fauces from which it may extend forwards to the face and head through the nostrils or downwards into the larynx—erysipelas of the larynx is apt to induce acute œdema of the submucous areolar tissue by which the rima glottidis is encroached upon and the difficulties of a severe and rapid dyspnoea superadded to the depressing influence of the erysipelatous poison speedily destroy life. To these affections may be added a chronic inflammation

of the mucous membrane akin to that condition of the throat so apt to occur in clergymen frequently described as a relaxed condition with considerable enlargement of the mucous follicles: it is not destructive to life nor to the tissues, often connected with the lithic or gouty diathesis, also frequent in debilitated states of the system from various causes; it is sometimes associated with a peculiar state of the nervous system, a form of Hypochondriasis.

I shall illustrate to-day Phthisis Laryngea and the affection last referred to.

A delicate girl of 18, whose mother and sister both died of phthisis, was admitted with phthisis laryngea, a disease which is badly named, as I believe it never occurs without the presence of tubercles in the lungs and is not limited to the larynx as you might suppose. In some cases the laryngeal symptoms are the first to show themselves, and which from being slight, a hoarseness and cough, may be referred to exposure to changes of temperature. In other cases the symptoms of phthisis precede the laryngeal; in the present instance the laryngeal appeared first, and at an early period might have been viewed as simple laryngitis. She said that some months previously, soon after exposure to cold and wet, she had a feeling of soreness about the throat, followed by hoarseness and loss of voice, accompanied with dry suffocating cough and severe pain in the larynx.

Pain referred to the larynx is so constant a symptom as to be seldom entirely absent; usually it causes great distress. The affection of the voice depends upon the seat of the disease, it is trifling, probably, if the epiglottis and adjacent folds of membrane only are involved and most severe the farther down the inflammation extends, varying in severity according to the extent to which the ventricles of the larynx, or the vocal cords are involved.

She soon became subject to difficulty of deglutition—she was unable to swallow any solid food, even the passage of liquids caused much pain, with a choking sensation and the food was often forcibly ejected from the mouth in the effort of deglutition and much of it passed through the posterior nostrils. Dysphagia is to be regarded in a serious light, for when it occurs from disease of the larynx, the epiglottis or the aryteno-epiglottidean folds of mucous membrane, but especially the former, are affected, and it is greatest when the epiglottis is so swollen or irritable that the actions necessary for deglutition are impeded through a mechanical obstacle, or through extreme sensibility of the surface of the mucous membrane, preventing perfect opposition of the root of the tongue to the glottis, on which perfect closure of the glottis, and consequently perfect deglutition depends. The importance of this perfect opposition is shewn by Magendie's experiments, when after removal of the epiglottis, deglutition was not interfered with. The nature of the dysphagia is peculiar; it is not often extremely painful, nor is the actual effort difficult, but it is of an inverted kind; when the epiglottis is swollen and rigid, the attempt to swallow is followed by great irritation of the glottis, and by a powerful expiratory effort by which the food or fluid is ejected upwards partly through the mouth, and partly and most painfully through the posterior nares—when this kind of dysphagia occurs with other signs of laryngeal disease it is always an indication of a diseased state of the epiglottis and points directly to the larynx as the seat of disease.

But to proceed with the case. Since her attack she had lost much flesh and had had night sweats—experienced pain between the shoulders, and her breath has been gradually getting more and more short.—She never spat blood. As winter came on the pain increased, she lost her voice, she could only whisper, and her breathing became stridulous, a symptom directly pointing to the larynx either as primarily or secondarily diseased, it never disappeared and was so loud and peculiar as to arrest attention upon entering the ward. She also suffered from a troublesome hacking cough with expectoration of a greenish mucopurulent matter—her deglutition got worse and she swallowed even very small quantities of liquids or solids with great difficulty and pain.

The first question which proposed itself for our consideration, was whether the laryngeal symptoms arose from disease of the larynx, or from the pressure on the left recurrent nerve of some intra-thoracic tumor as an Aneurism.

The Aneurisms which usually cause such pressure are small globular dilatations of the vessel occurring about the bifurcation of the trachea.—Some years ago I met a case of this kind which exhibited all the chief symptoms of Chronic Laryngitis. There was great emaciation, stridulous breathing, dyspnœa with chronic cough, hoarseness, and pain referred to the larynx. She died soon after admission, probably from exhaustion brought on by moving her, and before thorough examination could be made. At the autopsy an aneurism was found just behind the bifurcation of the trachea, which pressed upon the left recurrent nerve so forcibly as to cause complete obliteration of the nerve tubes, hence these muscles supplied by it were completely paralysed, small, ill-nourished, and shrivelled. In another remarkable case the precise nature of which during life was doubtful, the man had symptoms clearly referrible to the larynx and trachea. He had violent irritative cough, and the expectoration was bloody, but the voice was only slightly affected and the breathing was not stridulous. He died suddenly by hæmorrhage, and a little above the division of the trachea was seen a small perforating ulcer which had incidentally been made by the pressure of an aneurism of the arch of the aorta against the trachea.

How then are we to diagnose inherent disease of the larynx from that simulated by a distant lesion? Symptoms alone are not to be trusted to—these, as we have seen, are common to both, you must add to their examination, inspection with the finger which alone will often enable you to decide. With the forefinger of the right hand you will generally be able to reach the epiglottis with great ease and you may often feel its laryngeal surface and the aryteno-epiglottidean folds. When the epiglottis is much thickened, it is more or less rigid with rounded edges or so swollen as to be like a small ball between the tongue and larynx.—The mucous covering of the epiglottis when diseased feels uneven or rough, or hollowed into small pits with irregular and perhaps callous edges. Generally, when the mucous membrane of the larynx is chronically inflamed that of the fauces sympathizes, and by looking into the mouth its injected state is seen. When there are laryngeal ulcers, there is usually some purulent expectoration; if they be syphilitic, it is derived wholly from the larynx, but if they be tubercular a part of it may come from the lungs. In Phthisis, expectoration is only met with during softening of the tubercles, there being none while they are crude. If the larynx-

geal symptoms proceed from an intrathoracic tumor the fact may be evident from a bulging of some part of the chest ; if there be none such, and the tumour be small and placed near the division of the trachea the diagnosis is difficult and is for the most part of a negative kind. The want of laryngeal pain and purulent sputa points to the chest : so also the kind and degree of dysphagia it being seldom so great or prominent and consists in a feebleness and difficulty in using the muscles, while the passage is quite unobstructed, whereas in laryngeal diseases the dysphagia is obstructive so to speak, the food is apt to go the wrong way and sputter back into the mouth and nares. In aneurism the respiratory movements are more hurried and otherwise impaired than when the larynx only is affected although air passed freely into the lungs or the greater part of them. In laryngeal cases the dyspnœa arises from the want of air and depends upon the amount of narrowing of the glottis impeding the passage of air to the lungs. Auscultation indicates in laryngeal disease feeble breathing and faint respiratory murmur which are uniform if there be no tubercular deposit ; in intra-thoracic tumor general rhoncus accompanying a paroxysm of dyspnœa, or if the tumor press on one bronchus more than on another the rhoncus will be greatest on that side or the sounds of breathing most feeble, as less air enters into its lung. In the present case we had no difficulty in coming to a conclusion the tubercular diathesis being well marked both in the patient's history and by physical signs, moreover her age was against the presence of aneurism—an important adjuvant—for aneurism seldom occurs before the age of thirty.

In our patient it was a question at first whether the disease was syphilitic or tubercular. But there was no history of syphilis ; no symptoms and no marks of syphilis, while there could be no doubt of the existence of tubercle, as we have formerly shown. The physical signs were dullness of the upper part of the left side of the chest on percussion both in front and behind. Here the breathing, though very feeble, was distinctly tubular, and increased resonance of voice, at least so far as the sign could be depended on in a case where voice was at a minimum ; on the right side over the apex of the lung were rhoncus and some crepitation.

From these data we set the case down as one of tubercular disease of the lungs, in which there was a chronic thickening of the mucous membrane of the larynx and epiglottis, and probably ulceration in or near the ventricles of the larynx, impeding the movements of the chordæ vocales. Although in laryngeal cases the precise seat of the disease can be assigned generally, we cannot always predicate its particular nature, which may sometimes be merely thickening, at others ulceration of the mucous membrane. I know of no definite sign of ulceration, but it exists in most cases connected with pulmonary phthisis, and probably always, if there be blood and pus in the sputa : tubercular ulcers appear to be formed by irritation and inflammation, consequent upon tubercular deposit in the follicles of the mucous membrane ; though Louis holds they may be caused simply by irritation from the contact of the tubercular matter spat from the lungs ; and this seems to be supported by a fact I have more than once noticed, that only the bronchus leading from the lung in which the tubercles were softened was ulcerated, while the opposite was healthy as long as the

tubercles were crude in the lung from which it led, owing, no doubt to the passage of sputa along the one, and not along the other.

In our patient we inferred there were crude tubercles in the left lung, softening tubercles, and possibly a small cavity in the apex of the right. I thought the larynx might be affected with aphthous ulcers, very similar to those so common on the tongue and fauces. The mucous membrane of the epiglottis felt much thickened, and no doubt that of the lips, of the glottis was in the same state, so as to narrow the chink very much. On the epiglottis, particularly its laryngeal surface, I thought I could detect a number of small ulcerations, these would readily increase the dysphagia and pain be suffered as things passed over them. The mucous membrane was so irritable that the attempt to swallow liquids was followed by the ejection of a great part through the posterior nares.

The symptoms did not vary much in the further course of the case. Treatment was of very little use, we only attempted to uphold the strength with nourishing food, and relieve the distressing pain and irritability of the throat, which prevented sleep, by giving small doses of opium at night. The extreme irritability of the larynx was temporarily relieved by applying to the epiglottis a strong solution of nitrate of silver by a sponge tied on a probang, and allowing some of it to trickle down into the glottis.

The dysphagia and dyspnoea increased, the vomiting persisted so that she could not take much nourishment. The exhaustion increased, and she was gradually worn out, death having been preceded by convulsions.

In the upper lobe of the right lung was a cavity the size of a filbert, filled with pus; the rest was infiltrated with tubercle. In the upper lobe of the left lung were crude tubercles, so that tubercular disease was not far advanced. As you may now see, there were numerous aphthous ulcers on the mucous membrane of the ventricles, chordæ vocales, and laryngeal surface of the epiglottis. The mucous membrane covering the epiglottis and upper part of the larynx was much thickened, and the glottis very much contracted.

Of the frequency of ulceration in different parts of the air passages, Louis states that of 71 cases it occurred in the trachea in 31, in the larynx in 22, and in the epiglottis in 18.

The next case for notice is one of a very common affection of the fauces and the larynx very manageable and therefore more deserving of attention. It is that of the man Osborn who has considerable hoarseness, a harsh irritative cough with slight mucous expectoration not at all proportioned to the violence of the cough. The mucous membrane of the fauces had a dusky red blush and a number of red points which are the follicles enlarged and swollen, it appeared generally very lax and the uvula was more or less elongated: in some the uvula is so long as to reach the glottis and excite cough. The inflammation upon which this depends never leads to the formation of lymph or pus; it may, however, run into slight oedema, but this is rare; it is not always confined to the pharynx but often extends to the larynx or trachea, and even into one or more bronchi. It is very common in gouty men and women of relaxed habit, negligent of their health: they often get attacks of hoarseness and catch cold upon the slightest exposure and even without any apparent cause. The hoarseness remains long after the other symptoms have disappeared in spite of treatment, accompanied with a cough which is

very harrassing. Persons thus affected are often treated for bronchitis and take large quantities of expectorant and other cough medicine, the real seat of the diseases being over-looked. Examine the lungs and you will find them quite sound, the bronchi free from irritation, look into the fauces and they appear as I have described them. By the character and concomitants of the cough you may distinguish this affection: it is highly irritating, he coughs with all his might to dislodge something which irritates the fauces or larynx and upper part of the trachea. The sputum is very trifling a little saliva and mucus, (throat and nasal) in London often mixed with sooty matter, the quantity infinitely small compared with the vehemence of the cough. The cough is always excited and aggravated by exposure to air, it is often particularly troublesome when the patient first goes to bed either from change of temperature from warm to cold, or from the assumption of the horizontal position the uvula dropping upon the glottis.

Cases of this kind are most rife during the cold winter months and in the early spring when the cold north or east winds prevail.

With regard to our patient he was a hard working man with somewhat of the lithic acid diathesis. Three years ago he was in hospital with several hard tumors the size of marbles, whether they were syphilitic or not was very doubtful, but they disappeared very quickly under iodide of Potassium. Early this winter he got a cough from exposure to cold air on his return home after working hard all day in a close room.—The cough became irritative and obstinate, resisting the usual remedies. On examination there were no indications of bronchial irritation but the fauces presented the look already described.

I treated him with the local application of solution of nitrate of silver (3ss to ʒi) the plan of Dr. Green of New York. The sponge must be applied to the glottis, to do this requires a good deal of steadiness and expertness for as it passes in, it excites a great irritation and in the withdrawal, it is partly arrested by the muscles of the larynx by which we know it has not passed into the œsophagus. The application was continued for three weeks every morning either to the glottis or to the neighbouring mucous membrane and chiefly from this and partly from his avoiding exposure to the cold air, he then left the hospital very much relieved.

We have here a good example of that particular affection of the throat and mucus membrane of the larynx which is not benefited by the taking of any drug but which is almost always relieved by the local application of nitrate of silver, sulphate of copper, or even simple astringents.

This treatment has been long known to practical men in this country and was long ago practised by the late Mr. Vance of this city. Dr. H. Green passes the sponge into the glottis, but this procedure is not wholly devoid of danger and has no proportionate advantages, it is quite sufficient in most cases to pass it down to the glottis and swab well about its neighbourhood and sometimes you will thus do more good and cause less irritation.

For some years I have been in the habit of applying the solid nitrate of silver to the mucous membrane of the fauces, the velum, uvula, the pillars of the palate, and it may be brought very near the laryngeal membrane by sliding it some way down the posterior pillars. By this plan, results may be obtained quite as satisfactory as by pushing the probang

into the glottis and in many instances more so, and it is on the whole safer and more manageable.

A modified portecaustique by Mathews of Portugal street, useful for this purpose has a case of platina for containing the caustic; this moves on a ball and socket joint, and may by that means be fixed at any angle: its handle is constructed in telescope fashion and may be drawn out to any length than can be required.

Great caution must be observed in using nit. silver, if applied too freely it causes too much inflammation and ulceration. In some cases indeed this cannot be avoided but with due care they need never be so much as to be troublesome and very often they are salutary. I always make the patient gargle very frequently with the coldest water, iced if it can be had, for some hours after the application: by those means inflammation is limited and the parts strengthened. If time permitted I could detail numerous instances of the most troublesome and pertinacious coughs which after resisting the usual medicines yielded to three or four applications of the nit. of silver made as I have advised.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

The present age has, not inappropriately, been termed "the age of journalism." Every profession has now one or more organs. Many affect to sneer at the rapid multiplication of quarterlies, monthlies, bi-monthlies, and weeklies; and the question, *cui lano?* is instantly propounded by such persons on the appearance of any new publication. We will not attempt to deny that it would be difficult in a few instances to give a satisfactory answer to this query. Journals of questionable utility are sometimes to be met with. The periodical literature of the day, as a general rule, however, is distinguished for sterling worth and excellence. As to the necessity and importance of a Medical Journal in Canada, there cannot be two opinions. A profession, numbering at present in this Province, upwards of 800 members, and receiving at stated periods important accessions to its ranks, intellectually as well as numerically, must have a medium through which its members may communicate, for mutual instruction, the results of their observations. Scattered over an immense extent of territory of diversified physical aspect and character, the medical practitioners of Canada, cannot but meet, occasionally, with diseases that are purely *endemic* in their nature; and, what is of equal if not greater interest, the modifying power of local physical causes over certain well-known affections, frequently falls beneath their notice. To carefully record these, whenever found to exist, is the duty of every physician in the country. The hospitals and dispensaries which are now established in our cities, and more particularly *individual prac-*

lice, constantly furnish cases worthy of publication—Cases rendered interesting by the presence of some anomalous features, or important as illustrating obscure points in the diagnosis, treatment, or pathology of disease. As a mark, moreover, that the active spirit of inquiry which is so rife throughout every department of the arts and sciences in other parts of civilization, is not wholly without existence in the medical world of Canada, a periodical devoted exclusively to the interests of the science of medicine, and receiving the warm support of the profession by literary contributions, and prompt pecuniary remittances, is absolutely demanded.

That there are medical men in this country of brilliant talents, and high literary and professional attainments, the columns of our predecessors abundantly prove. The decision of medical criticism abroad has been favorable to them, as many of their communications have been extensively copied into the journals of the Mother Country, and those of the neighbouring Republic. The Editors of the **MEDICAL CHRONICLE** having received assurances of support from many of those gentlemen, and trusting that all will avail themselves of their columns whenever they have matter to record which will be interesting or instructive to their professional brethren, feel not the slightest hesitation in saying that the Original department of the Journal will be well sustained.

Whether the profession will sustain us pecuniarily remains to be seen. We have made arrangements, by which, with a moderate *paying* subscription list, the **MEDICAL CHRONICLE** will be a *permanent* publication. We are determined, therefore, to send the journal only to those who comply with the terms mentioned on our cover. After the third issue the Editors will not consider themselves obliged to transmit the fourth and succeeding numbers to any gentlemen except those who have sent in their subscriptions. As they undertake the management of the journal, not expecting the least remuneration for the time and attention they bestow on it, they hope that few members of the profession will refuse to become subscribers; and should the receipts at any time exceed the expenditure, they intend to appropriate the surplus sum either in materially increasing the number of its pages, or, publishing it in its present form, reducing the terms of subscription to one dollar per annum.

The **MEDICAL CHRONICLE** will contain a few new features. An abstract of a clinical lecture, selected from those delivered by eminent physicians of other countries, will appear in each number. These lectures usually embody all that is new in regard to the symptoms, treatment and pathology of the affections, which, at the time, engage the lecturer's attention. The Editors have thought, therefore, that such abstracts, although entailing a considerable amount of labor on themselves, would be acceptable to the majority of their readers. A page or two of the Editorial department will be set apart for the record of medical news

—items of intelligence, gleaned from various quarters, and which they believe will be found to include matters of great professional interest. It is their intention to publish medical reports, at regular intervals, from as many of the hospitals and public institutions as will furnish them.

And in conclusion, the Editors can only assure their readers that no effort will be wanting on their part to render the *MEDICAL CHRONICLE* in every way worthy of the patronage of the profession at large.

CONVOCAATION OF M'GILL COLLEGE.

At a Convocation held in the University buildings, 6th May, 1853, the degree of M. D. was conferred on the gentlemen whose names with the subjects of their theses and places of abode are given below. We congratulate them on the event, and hope it is the presage to future fame and fortune. The ceremony of graduation is short and simple, consisting in the introduction of the candidates, their taking a vow "Sanctorum coram Deo" to continue grateful to their *alma mater*, and at no time do her an injury, to practice their professions to the best of their ability, and not without sufficient reason divulge the secrets of the sick entrusted to their keeping. They then sign the College register and each in turn is "capped" by the presiding officer being made a Doctor, while kneeling, by the authority of the University, and in the name of the Holy Trinity.

A valedictory address was next delivered by Dr. Crawford, which we have been permitted to append to this notice, it was listened to with deep attention and warmly applauded at its close.

GENTLEMEN.—I am deputed by the Medical Faculty of McGill College, to offer you their congratulations, on your having obtained your degrees of Doctors in Medicine and Surgery in the University, and I have much pleasure in thus publicly testifying to the very creditable manner you have acquitted yourselves, at your late examination. It may be satisfactory to you, if I here state, that it has not been alone from the rigid and scrutinizing examination of two hours, by the several Professors and Lecturers of the College, in the various branches of your study, that we have ascertained the amount of your acquirements, your whole course of study has been observed, and the progress you have made has become known to us, by the weekly class examinations. We are, therefore, enabled to speak with confidence, and willingly testify to your qualifications, and your just claim to the honors which have been conferred on you to-day.

The ambition which has prompted you, to aspire to the highest honors of your profession, is wise and commendable. I regret to say there are some who would desire to repress, and discourage this laudable aspiration. It is not for me to fathom their objects, it cannot be for the public good. A "little learning is a dangerous thing," even in corporate bodies, while "knowledge is power," it is a light load and easily carried.

Gentlemen, the relation in which we have hitherto stood, as teachers and pupils, has now ceased, and we have received you, as brethren, into our body. I trust that a union of feeling and confraternity, may hereafter bind us in the closest ties, and I hope the solemn pledge of attachment you have given to your "Alma Mater," may never be lost sight of.

You are now about to separate, perhaps to scatter into various, and distant parts of the globe. Already one of your number has commenced his journey to the "far west," (to Vancouver's land.) I regret that he is not now present, as none has better earned this complimentary notice—he has our best wishes for his prosperity and success. Before we part, I would desire to offer you a few words of friendly (or paternal) admonition. I have said, you have ceased to be pupils, you must still continue students. Your whole life must be one of study, of observation and reflection, whether in your closet, or at the bedside of your patient; if you hope to attain eminence, or success. The "tactus et visus eruditus" cannot be acquired without long and patient observation, and close attention. Experience is not the offspring of a day, you must keep acquaintance with the professional novelties, which you can do with ease, by means of Retrospects, Abstracts, and other periodicals, means not so abundant in former times, as they are at present.

You are now about to assume an honorable, and useful (may I not add a God-like) profession, one of many cares and anxieties, but still not devoid of gratification, and much must depend on yourselves, whether there may be frequent. I would here notice besides your professional requirements, there are many requisites necessary to a physician. You have now taken a solemn obligation, to practice

your profession,—"Cave caute et probe," a brief but comprehensive pledge, which never should be forgotten.

The virtues of delicacy, secrecy and prudence, are absolute requisites to the physician. He is admitted freely and unreservedly into the family confidence, and on many occasions becomes the depository of matters of extreme delicacy, and necessary secrecy, perhaps upon which the happiness of the family may depend; requiring, not only secrecy, but also prudence, on the part of the physician. He often has the power to heal the family breach, and restore harmony and happiness, or "minister to the mind diseased," as well as to "all the ills that flesh is heir to"; delicacy and propriety of conduct, and demeanour will ensure the respect of all that is amiable. No one requires more than the physician to bear in memory, the old adage,—"a close mouth is the sign of a wise head." He who desires to make himself agreeable, or acceptable by gossip, will soon find himself feared and shunned. I would now offer a word or two, with reference to your conduct, and demeanour towards your professional brethren. We are all rivals, it cannot be otherwise.—let, however, our rivalry be carried on honorably and fairly—let us ever adhere to the golden rule.—never let the success of another excite your jealousy, nor cause you to forget your propriety. However, justly or not, the public may judge of our qualifications and claims, it must determine the question of preference, and we must submit to decision.

I must not close without noticing to you a habit which is injurious, both to health and morals, ruinous to the physician, and disgraceful to the gentleman. I mean indulgence in vinous and spirituous liquors; what little dependence can be placed in the "tippler"? How much is he to be feared in the sick chamber, where all our reasoning faculties and presence of mind, are required, where life or death may be the stake: who can answer for the evil consequence, of this degrading vice,—sobriety is an essential requisite, to the physician, and ought to rank foremost among his virtues, and the severest visitation of public opinion, should follow any departure from it.

I have no doubt you will rejoice with me, at the new era, which has now commenced in the annals of our College, and its brightening prospects, since it has been taken under the fostering care of the Royal Institution, some of whose zealous members have honored us by their presence at this ceremony. Heretofore we have struggled on, through many difficulties, and against much opposition, almost unaided, while a rival University has enjoyed a liberal support, in a large endowment, I think I may claim some merit for the Medical Faculty, for having placed the College in the present enviable and much envied position. We can boast of having had numbers of Alumni from the most distant parts of the Province, even from the portals of the more favored institutions; this, I think speaks volumes for the reputation of our College—adversity is said to sharpen wit—it may have been so in our case. I trust, however, that prosperity may not cool down our zeal, nor lessen our exertions, and we may hope ere long, to see our University in a still more flourishing condition.

I have only to add my own congratulations and best wishes for your professional success and prosperity.

Benjamin Workman, of Montreal, Thesis on Scarletina.

Adolphe Bruneau, of Montreal, on Cancer.

Stephen Duckett, of St. Polycarpe, on Apoplexy.

Colin MacDonald, of Cornwall, on Pertussis.

Richard Moore, of Brandon, Ireland, on Cholera.

The honorary degree of M. D., was awarded to Walter Henry, Esq., Inspector General of Military Hospitals, and ——— Rae, Esq., the renowned Arctic traveller. Mr. Henry being present, returned thanks for this high honor in an appropriate speech happily conceived and truly eloquent which he terminated by referring to the elevated position of the University and its bright prospects.

Initiatory to the graduation in medicine, Mr. T. Brown obtained the degree of A. B., and read a latin oration followed by one in the vulgar tongue of a farewell character.

On Saturday the 30th April, a special convocation was held to confer the degree of M. D. on Henry Atkinson Tuzo, of Quebec, to enable him to proceed to Fort Vancouver on the Columbia River where he has received a surgery in the Hon. Hudson Bay Company. This gentleman's thesis was written on Pulmonary Hæmorrhage.

COLLEGE OF PHYSICIANS & SURGEONS, C.E.

The Semi-annual Meeting of the Governors of the College of Physicians and Surgeons of Lower Canada was held in this city on Tuesday the 10th May, at which the following gentlemen were present:—Drs. Morin, Sewell, Russell, Von Iffland, and Bardy of Quebec; Drs. Gilmour

and Badeau of Three Rivers; Drs. Johnston, Chamberlin, and Brigham of the Townships; Drs. Bouthillier and Wilbreiner of St. Hyacinthe; Drs. Holmes, Sutherland, Campbell, Hall, Smallwood, Peltier, Arnoldi, Bibaud and David of Montreal.

Excuses were offered from several gentlemen who were unavoidably absent.

After the usual business had been gone through, the board proceeded to examine the candidates, when the following were admitted to the practice of the profession: Benjamin Workman, M.D., Stephen Duckett, M.D.; Colin McDonald, M.D.; Thomas Blatherwait, M.R.C.S.L.; Louis B. Durocher, Joseph H. Laurandean, John C. McFarland, James A. Grant, A. H. Paquet, Chas. F. Robinson, Wm. McBean, John Jones Ross, Romuald Tassé, H. E. Gaudette, Arthur Delisle, and J. O. Beers, as Chemist and Druggist; and the following having passed their preliminary examination, were allowed to enter upon the study of Medicine: R. T. Howden, Louis Bacon, Arthur Ricard, Moyse Longtin, Laurent Gelineau, R. F. Hendler, Adolphe Dagenais, Theodore Robitaille, Theophile Tetu, Auguste Contant, Alexis Puré, Jas. Duncan and Ls. Trudeau.

MONTREAL DISPENSARY—SEMI-ANNUAL REPORT.

Patients admitted from 1st November, 1852, to 1st May 1853, 230: of these there have been discharged—Cured, 167; Relieved, 44; Dead, 5; for non-attendance, 3; sent into Hospital, 4, and 7 remain under treatment, 27 were attended at their own residences. Their ages were—Under 2, 20; from 2 to 8, 25; from 8 to 20, 42; from 20 to 40, 82; from 40 to 60, 47; over 60, 14.

DISEASES AND ACCIDENTS.

Febris Com. Cont.	8	Dysenter Chr.	1	Porrigo Favos	1
“ Typhoid	1	Diarrhœa	12	Rupia	1
“ Typhus	1	Constipatio	9	Scabies	1
Variola	2	Helminthiasis	8	Strophulus	1
Scarlatina	4	Ascites	2	Tinea Capitis	2
Rubeola	12	Congest. Hepat.	1	Pediculi	2
Varicella	1	Icterus	1	Palpebr. Contus.	3
Yacinia	1	Morbus Cordis	3	Conjunctiv. Cat.	1
Rheumatismus	12	Pericarditis Rh.	1	Ophthalmia Scrof.	1
Cynanche Trach.	1	Debilitas	1	C. t. tis	1
Laryngism Strid.	2	Paralysis	1	Otorrhœa	1
Catarhus	18	Hydroceph. Acut.	1	Scrofula	1
Bronchitis	15	Cephalalgia	1	Contusio	6
Pleuritis	1	Odontalgia	1	Vulnus	5
Phthisis	6	Sciatica	1	Fractura	2
Pertussis	2	Hysteria	1	Subluxatio	3
Dentitio	4	Chlorosis	1	Gelatio	2
Stomatitis	1	Dysmenorrhœa	2	Ambustio	1
Tonsillitis	1	Abortio	1	Phlogosis	1
Dyspepsia	8	Gestatio	1	Abscessus	1
Scirrhus Pylori	1	Oxaluria	1	Furunculus	2
Gastro-Enterit	1	Syphilis	8	Gangrena Pedum	1
Duodenitis	1	Gonorrhœa	1	Adenitis	3
Enteritis	1	Orchitis	1	Hydrarthus	2
Enteralgia	1	Eczema	2	Hæmorrhoids	1
Colica Crapul.	1	Erysipelas	1	Ulcus	9
“ Pictonm.	1	Herpes	1	Tumor	1

Diseases proving fatal—Typhus, Acute Tuberculosis, Ascites, Paralysis, Acute Hydrocephalus.

We have merely room to notice, that Dr. MacDonald's motion, “that the Committee on Dr. LaTerriere's Bill do rise”, was carried; and consequently the Bill is thrown aside for this Session.

His Excellency the Governor General has appointed Dr. A. Von Iffland to be medical assistant at the Quarantine Station at Grosse Isle, and Dr. Philip Wells to be Secretary and Treasurer of the Marine and Emigrant Hospital at Quebec, in room of Napoleon Casault, resigned.

MEDICAL NEWS.

A Committee has been formed for the purpose of raising subscriptions wherewith to procure a portrait and erect a marble bust of the late Dr. Pereira, which are to be placed in the new College of the London Hospital, with which he was for some years intimately connected, both as a Lecturer and Attending Physician.—Dr. William Munk has been elected physician to the London Small Pox Hospital in the vacancy occasioned by the decease of Dr. Gregory.—Lord St. Leonards intended bringing three bills before the House of Lords to amend the Law of Lunacy. They related to the regulation of lunatics, proceedings under commissions, and to the care and treatment of lunatics; they have no reference to criminal lunatics, nor do they include Bethlehem Hospital.—The SUGDEN PRIZE of 20 guineas has been awarded by the College of Surgeons of Ireland, to Joseph Williams, Esq., M. D., for his essay on "Hypochondriacal Insanity."—The JACKSONIAN PRIZE has just been awarded by the Council of the College of Surgeons of England, to Mr. Henry Thompson, for the best essay on "The Pathology and treatment of stricture of the Urethra."—The latest Jamaica papers state that the Yellow Fever is raging there to a fearful extent; the average daily admittance to the Kingston Public Hospital alone being six or eight. The disease has begun to attack the Coolies, two of whom have died from it, a circumstance declared to be without precedent in the annals of medicine in the island.—591 Cholera patients were under treatment at St. Petersburg on Jan 29. On the same day there were 55 new cases—28 cures and 21 deaths.—Mrs. Emma Erbert, of 65 Oxford Street, London, gave birth last February to a female infant with two heads and two necks. One head came into the world nearly four hours before the other. The infant had full vitality two minutes before birth. The accoucheur, Dr. Richards, had to use instruments. The body, which was well proportioned, measured nineteen and a half inches in length, and 9½ from shoulder to shoulder across the back. The mother dreamed a fortnight previously, that she would give birth to such a monster.—Mr. Lewes concludes two letters to Charles Dickens on the subject of Spontaneous combustion, with the following deductions:—1stly. That the human body is not such as to render spontaneous combustion possible. 2ndly. That there are no known conditions of disease which can make it so. 3rdly. That there is no possibility of the presence of inflammable gases in the body (save occasionally in the colon)—and 4thly. That all the theories advanced in its favor are in violation of fundamental laws.—The United Service Gazette says, Sir Wm. Burnett has not on his list two eligible candidates for assistant surgeoncies in the navy.—Dr. R. B. Todd has resigned the Professorship of Physiology in King's College, London, held by him during the past 17 years, owing to the increasing cares of a very large private practice, which demands almost all his time and attention. He will continue to hold his appointment to the Hospital connected with the school, and to give clinical instruction. Mr. Bowman, who had the Professorship for the last 3 or 4 years jointly with Dr. Todd, will be offered the vacant chair.—Andrew Smith, M.D., Superintendent of the Army Medical department, has been made Director General of the Army and Ordnance Medical Departments.—The Queen has conferred a Baronetcy on Dr. Holland, the well known author of "Medical notes and reflections" and one of the most eminent practising physicians in London.—M. Orfila, in a letter which he recently read before the Academy of Paris, stated that he assigned the sum of \$24,000 to different public establishments; 12,000 dollars to Government for the completion of the museum which bears his name, so as to endow France with a scientific college which will be unparalleled. Over the principal entrance to the museum is to be placed the following inscription: "To Students in Medicine. I founded this museum in 1810 for promoting Medical studies and solely to be useful to yourselves—ORFILA." He has also founded a small academy in favor of the keeper; instituted two prizes, one to be given by the academy of medicine (100 dollars), on subjects "which have fixed my attention through life." He has, moreover, given to the University School of Bourdeaux and Angers, 200 dollars to the former, and 400 dollars to the latter, which were organized upon a principle of his own. To the Benevolent Medical Association of the Department of the Seine, he gave 80 dollars a year "in proof of the high estimation in which I hold this Society, which I am proud of having founded in 1833." Various other acts of kindness and benevolence of smaller importance were likewise mentioned. M. Orfila has since died. He was a lecturer for 34 years, and acquired a world-spread reputation by his Toxicological researches, and investigations in Science generally.