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THE MEDICAL CHRONICLE.

VOL III.]

SEPTEMBER, 1855.

[No. 1

ORIGINAL COMMUNICATIONS.

ART. X.—*Malaria*. By DR. HENRY, Inspector General of Hospitals H. P.

The proper elucidation of this comprehensive subject, would require ten times the space of an article in a magazine, and also ten times the abilities of the writer of this. He presumes not thus far, and only ventures a few remarks on what may be called *vegetable malaria*;* founded chiefly on his own experience.

There are some well known unhealthy spots in Europe, possessing great unchangeableness of character, and retaining still the same insalubrious reputation that was attached to them many hundred years ago. In spite of repeated but futile attempts at draining, under the Republic, the Cæsars, and the Papal Government, the Pontine Marshes and the whole Maremma are at present, as unfavorable to human life, as they were before the Christian Era. Indeed, their deadly area seems to have extended during the present century, and to have invaded Rome itself, on one bank of the Tiber. It is said, too, that several of the elevated towns in the neighbourhood, to which in former times, the shepherds and peasants repaired at night, to pass the dangerous hours of sleep, no longer afford them protection. The river shores of the Danube, and the adjacent country, as we know by the painful military experience of the last year, are as unhealthy now as when Ovid was banished to Thrace. The South of Spain, especially the banks of the southern rivers, are infested by fevers; and Spanish writers assert that this has been the case from time immemorial. Yet, it may be reasonably doubted; for we can

* For a long time, it was believed that the decomposition of vegetable substances, combined with heat and moisture, gave rise to fevers of the Remittent and Intermittent type; but this has been much doubted since the publication of a striking paper by Dr. Ferguson, Army Physician, *Marsh Poisons*, in the *Edinburgh Philosophical Transactions*. The writer was well acquainted with Dr. Ferguson, in the Peninsula in 1812 and 13, and served as his assistant. Notwithstanding, that clever and amiable, but somewhat crotchety gentleman's specious arguments in this matter, the writer adheres to the old faith.

scarcely believe that, if the Province had then as bad a sanitary character as now, so well informed and sagacious a Monarch as Charles the 5th would have chosen, after his resignation, to pass the rest of his life in Estramadura.

The writer has witnessed much of this malaria, and its consequences, in the south of Spain. The river Guadiana, which runs past Merida and Badajoz, is a sluggish stream, with low banks, for the greater part of its course, and its marshy shores, and the neighbouring country are, in the warm autumnal months, very unfavourable to human health. After the Battle of Talavera, in 1809, the British army lost 5000 men by remittent fever, in August and September; when quartered on the line of the river, between Merida and Badajoz. And it is painful to see children, as well as adults, affected, and to feel induration and enlargement of the liver and spleen in these poor little patients.

In the treatment of those fevers, during the peninsular war, arsenic not unfrequently succeeded, when peruvian bark failed. It is true we did not then possess quinine, as it was yet undiscovered. Since its introduction, the writer has no recollection of any failure of this kind, in remittent or intermittent fever, when uncomplicated with organic disease.

The Tagus, in Spain, is generally a rapid river, and its banks are healthy. Yet, some of its main tributaries, even with a considerable current, run through a malarious country. Of this description, are the Allagon and the Gertes; the former passing by the city of Coria, and the latter Placencia and Galisteo, in Estremadura, and joining the Tagus near Alcantara.

In the spring of 1813, when quartered with his regiment in Galisteo the men suffered much from intermittent and remittent fevers, with a strong tendency to become continued. The hospital, and a couple of supplementary hospitals, were full, many officers, women and children were attacked, and the doctors had plenty of work and little sleep.

Under these circumstances the writer contracted tertian intermittent, and notwithstanding bark, Fowler's solution of arsenic, and other medicines, he had an attack at noon, every second day, for more than a fortnight; the medicines, apparently, possessing virtue enough to prevent the intermittent assuming a worse type, but not sufficient power to cure it.

This was unpleasant, and provoking besides, the disease, as it were, flying in the Doctor's face; and the Patient taxed his ingenuity to dis-

* In all marshy European countries, autumn was of old, as it is still, the unhealthy season. The lines of Horace, to this effect, have been often quoted.

"Frustra per autumnos nocentem
Corporibus metuemus austrum."

cover some mode of baffling the adversary, as he could not overcome him by main force. It is true, the *modus medendi* which he adopted suited more a cavalry than an infantry surgeon, but that was of little consequence.

About half an hour before the accession of the fit there was generally a premonitory shiver and pain in the back, with an incipient chatter of half a dozen teeth. One warm day at this time, the writer ordered his horse, and, an instant before mounting, swallowed a tumbler of hot, spiced wine and water. He then left the town, and cantered and galloped over an extensive heath for more than an hour, under a powerful sun. The plan succeeded perfectly: the cold fit was skipped, or evaded, and natural heat and perspiration were brought on. Two days after, just before the critical hour, the same plan was tried, and with like success. The ague fiend was again distanced, and has never since been able to make up the lost ground.*

The writer passed several months in other parts of Spain liable to endemic fever, but fortunately during a great part of this time the weather was cool and the fevers were rare, mild and curable. At Coira we had the anomaly of remittent alone, neither preceded by intermittent, nor followed by continued fever.

In 1815, and the two following years, the writer served in Bengal, and had an opportunity of witnessing the operation of tropical malaria on a large scale. By a most unwise order, notwithstanding the remonstrances of the medical officers, our regiment was ordered to embark on the Ganges at Dinapore, for Cawapore, at a most improper time, when the river was falling rapidly, and every day a large segment of the bank, on each side, reeking with animal and vegetable putrescence, was left by the receding water to dry in the sun. The Ganges is the sacred grave of the Hindus; consequently millions of dead bodies are cast into the river, and are left in loathsome numbers on the banks, as the water falls. We had to sail up this polluted stream, and to anchor nightly near the shore for 600 miles, amongst the most fetid and noisome exhalations.† When we reached Cawapore, about a third of the men, and a large proportion of the women and children, were in the sick list with remittent fever. We had two large hospitals for the soldiers, and another for the women, children and civil servants, containing 150 beds each.

* It is on record that in 1822, a Mr. Blachet, a medical gentleman of Lyons, also cured himself of intermittent fever by a hot ride. His fever had been produced artificially by a cold bath in the Saone.—*Watson's Practice of Physic*, fol. 405.

† The Ganges is a Hindu God. Idolatry throughout all time has reacted in terrible punishment on idolators; but, probably, never so directly and fearfully as in the valley of Bengal. There cholera was first seen.

It may be added here, though irrelevant to our subject, that at this time the exhibition of stimulants, in fever, was carried to a great length in India. In fact, the system then known as *Brunonianism* was rampant, and wine was given in large quantities, and it is to be feared, without sufficient judgment and discrimination. Antiphlogistic ideas were sadly in the minority; and even when some local engorgement, threatening inflammation, or positive organic inflammation itself, appeared urgently to require the lancet, or leeches, or both, general or local depletion was scarcely ever practised; and the superintending surgeon of the station cautioned us strongly against such heretical practice; which, he said, though suited to Europe, would be fatal in India.

For two or three weeks the writer, then an assistant surgeon, acted in accordance with established rules; but finding the mortality in his hospital, and that of the surgeon large, he proposed prescribing according to English ideas. This was done without delay, *non obstante* the principal medical officer; and a considerable saving of human life was certainly the manifest result.

Soon after the cessation of this extensive sickness, the Regiment was ordered to Calcutta. The contrast was very striking between descending the full stream now, and our slow creeping up the river the year before. Then we moved amidst the gloom of extensive and increasing sickness, and a thousand disgusts and obstacles, offending every sense, and depressing our spirits. Now we had no sick, we felt joyous and elated in our escape from danger; the voyage was exhilarating in all its accessories; the weather was brilliant and not too hot, and the magnificent river, in its greatest volume and strength, bore us to Fort William with great rapidity. Indeed, the prevalent feeling was regret at the shortness of the voyage.

The writer has had a good deal of experience, connected with the subject of this paper, in France and the British Islands, during service at the different military stations. But as the topographical characteristics of all these are well known, and he is not able to add anything of importance to the numerous publications relating to them which have already appeared, the remainder of this communication will refer to Canada.

In new countries the cutting down of timber, and consequent drying of the ground, by the admission of air, light and heat, with draining and other agricultural labors, are commonly believed to be, not only directly advantageous to human health, but also indirectly. It is supposed that the sources of malaria are thus dried up, and, in addition, the climate improved, the atmosphere permanently warmed, and rendered more genial, and the length and severity of the winter softened and abated.

It would be pleasant to believe all this; yet, although the good consequences of cultivating wild lands, as respects human health, admit of little doubt, the effect of such cultivation on climate, and more especially the Canadian climate, would appear to be infinitesimally small.

It is to be feared that the enormous frozen surfaces, for three-fourths of the year, to the north, north-east and north-west of Canada, that are the main sources of our winter cold, can be affected little, if at all, by narrow selvages of cultivation along the St Lawrence and its tributaries for five months in the year; or even the broader area of the Upper Province. And we know that this cultivation cannot extend northwards, over the lines of rocky and irreclaimable mountains.

As far as the writer has been able to discover, after paying much attention to the subject, no proofs exist of any greater winter severity two or three hundred years ago than at present. The severe and unaccustomed cold would naturally be exaggerated by the first European visitors; yet we find that the snow disappeared, the rivers opened, and, after intercourse with the white men had been established, the ships arrived nearly at the same time as now. Making due allowance for traveller's stories, and the inflated descriptions of these hyperborean regions, it may be fairly questioned whether Captain Jacques Cartier's winter was as cold as our last. The writer knows by personal experience that the winter of 1827-28 *was not*. Still, the idea of a climate gradually becoming milder and more genial, even though unsupported by evidence, is a harmless and agreeable delusion.

But although no evidence of any change of climate since the time of the Indians has been brought to the writer's knowledge, he is certain that a change for the better, in a sanitary point of view, has taken place in several parts of the Province; and that some spots, which so late as twenty-five or thirty years ago, were very unhealthy, have decidedly improved, and deserve this character no longer.

For instance, in 1830, when a company of the 66th was quartered in Isle-aux-Noix—a small alluvial island in the river Richelieu—intermittent and remittent fever attacked half the men, and twenty-four of them for whom there was no hospital accommodation at the place, were brought into the Regimental Hospital in Montreal. This happened in May and June, and several other cases occurred in the autumn. Since that time a great sanitary change has taken place, and during the last seven or eight years there has not been a healthier station in Canada than Isle-aux-Noix.

This appears strange and paradoxical, considering the topography of the island; and it is not probable that the clearing and drying of the neighbouring country has tended to this improvement, for the swampy banks of

the Richelieu, for several miles above and below, appear now in the same state they were in thirty years ago, absolutely irreclaimable by draining, or other agricultural labor, and hopelessly swampy. Nor are these extensive swamps and marshes the only probable sources of malaria: there is one nearer home, though fortunately at present latent, and probably innocuous. The barracks occupied by the garrison are surrounded by a broad ditch of stagnant water, eight or nine feet deep, which is half filled with animal and vegetable putrefaction. Yet this rotten sediment appears to be harmless beneath four feet of water. As the deposition increases and approaches the surface, it may no longer be in this state; but at present it would be most unwise to disturb it. And it is to be hoped that no ultra-zealous and unscientific commandant will venture to clear out the ditch.

From its position and accessories Isle-aux-Noix might be considered a favorite *nidus* for cholera; yet that disease has never extended there, even though brought in accidentally. In July, 1854, a soldier of the garrison came in to Montreal, caught cholera, returned to the Island, and died the same night. His body was buried in the military burying ground the next day, but no other case occurred.

On the banks of the Don and Humber, near Toronto, and in the bay above the bridge, at Kingston, great sanitary improvements have taken place within the recollection of the writer. In 1830, and some years before, remittent and intermittent fevers were of common occurrence, in the autumnal months, amongst the troops in the Tête-du-Pont barracks at Kingston, and the civil population of the eastern part of the town. The 71st Regiment in 1828-9, and the 46th a few years after, suffered much from these fevers in Kingston. Now a case rarely occurs amongst the towns people or the military. The marshes above the bridge are contracting and drying up under the labor of the farmer; and this appears to be the secret of the important changes for the better that have taken place in different parts of Canada.

It has puzzled, and still puzzles eminent men to account for the comparative exemption from endemic sickness which boggy districts possess, in Ireland, Scotland, the North of England and other parts of Europe. The writer believes he has seen the same thing in some parts of Nova Scotia, New Brunswick, and one or two places in this Province. Persons residing in the middle of swampy districts of Peat Bog in Ireland, enjoy excellent health; and when wet to the middle, half the day, in their hard labor, the turf cutters rarely catch cold. In fact they appear to think that such wetting cannot injure them, this condensed moss being as conservative of human health, as of the innumerable trees, which it

has embraced during many ages, and which are dug up every day, in a state of high preservation.

Remittent and intermittent fevers are generally believed to be the usual consequences of vegetable malaria amongst mankind; and in tropical countries, when in a condensed form, these noxious exhalations also affect monkeys and other mammalia; and, it is said even birds. In Europe some diseases of sheep appear to be referable to the same cause. Malaria from animal putrescence seems to be influential in producing continued fever and dysentery, and predisposing cholera. Occasionally malaria, of unquestionable vegetable origin, passes over the two stages of intermittent and remittent, and produces continued fever.

When the writer was in charge of the Army Medical Department in Nova Scotia, in 1846, a medical officer, stationed at Annapolis, reported to him that six or seven cases of continued fever, in succession, had occurred in a farm house near the town, in a most healthy part of a very healthy country, where fever had never been known before. He added that the farmer's family were well lodged, clothed and fed; the men being of good character, and in easy circumstances. Also that the disease was mild continued fever, with no character of typhus, and that there was no indication of contagion or affection.

After reflection it struck the writer that there must be some local source of mischief, and instructions were sent to the medical officer to make a careful examination of every part of the premises, to discover, if possible, any local origin of the disease. This was done without delay; and a cellar full of decaying potatoes—the lower rows quite rotten—was found, directly under the sitting and bed-rooms of the family. The cellar was immediately cleaned out, ventilated, white washed, and well sprinkled with chloride of zinc fluid. There was no more fever. All the patients recovered.

Montreal, August 22nd, 1855.

ART. XI.—*Extirpation of the Submaxillary Gland.* By WILLIAM H. HINGSTON, M.D., L.R.C.S.E., &c.

The extreme infrequency with which removal of the submaxillary is attempted, may be inferred from the fact, that no mention is made of the operation, by any British or American writer on surgery whose work I have been enabled to consult—Pancoast alone excepted. French authors have been more explicit, and we find mention made of the operation by Velpeau and Malgaigne. Velpeau thinks that the observations published in France by Cloquet, Amussat, &c., do not re-

late to the submaxillary gland at all; he says—“c'est un exemple pur et simple d'extirpation des ganglions sus-hyoidiens; celle de M Amussat rentre, probablement dans la même catégorie. J'en dirai autant du fait relaté par M. Warren. Il me paraît en outre évident que la tumeur aussi grosse qu'un œuf, extirpée par M. Sacherer sous le titre de ‘glande maxillaire,’ n'était qu'une tumeur lymphatique; n'en était-il pas de même du kyste enlevé par M. Malcolmson!”

’Tis thus this hercules in surgery, with a few strokes of his pen, disposes of the operation—leaving his readers to conclude that Cloquet, Amussat, Warren, &c., were ignorant of anatomy. He concludes notwithstanding—“Après tout, que le mal ait son siège dans la glande ou dans les ganglions qui l'entourent, une fois qu'on a résolu de l'enlever, le procédé à suivre est à peu près le même. Malgaigne's allusion to the matter is much more hurried—“Il n'offre rien qui le distingue de la dissection ordinaire des tumeurs; il suffit de connaître la position des vaisseaux et des nerfs pour les éviter, et pour les lier avant d'en faire la section.” The observations of Velpeau and Malgaigne are both equally well calculated to mislead; those of Velpeau to lead persons to believe that the removal of the submaxillary has never been effected; while from those of Malgaigne, one might infer, that extirpation of this gland was a trivial matter, and as such, requiring no lengthy notice. Conclusions equally erroneous.

That the operation is not void of difficulty, nay, even of danger, those acquainted with the anatomy of the part will readily admit. Covered in by the body of the lower jaw, and the deep cervical fascia; the facial artery coursing along it internally, and lying imbedded among its lobules; the lingual nerve and artery passing below it, and having the facial vein between it and the integument.

This is the position of the gland in the natural condition of the parts. But when the gland is increased in size it encroaches upon the parotid, and upon the jugular and carotid, as in the case which came under my observation. The difficulty increased chiefly with the size of the tumour.

CASE.—William Stewart, æt 20, placed himself under my care, some time in December, 1853, when he related the following:—One day in autumn, while working in the field, he was struck lightly by a farm servant with a potatoe upon the jaw. Very little inconvenience was felt at the time; but a few weeks after the part beneath the jaw, appeared red, tense and swollen. In the region corresponding to the posterior angle of the submaxillary triangle of the neck, a tumour is visible, causing slight fulness of that part of the cheek. The tumour is painful on pressure. Its upper border is covered in by the body of the lower jaw.

During a period of 4 or 5 weeks, every attempt at discussing it was made, but attended with no beneficial results. At the end of that time, I proposed its removal by the knife, to which Stewart readily consented. The sight of the instruments, however, weakened his resolution, and he left promising to return on the following day. I saw nothing of him until the 5th March. During the interim, the tumour had increased to twice its size, was more painful, and what was to him a source of much grief apparently, he thought it looked "unco bad." He was now eager for its removal: With the assistance of my friend Dr. Wright, I commenced the operation by carrying an incision of about 1½ inches in length along the base of the left side of lower jaw, commencing at the angle.* The platysma, superficial and deep fasciæ were divided and the tumour exposed. It was found to be bound down on all sides, by condensed areolar tissue which yielded only to the edge of the knife. This made the dissection more hazardous. The facial artery was tied and cut; facial vein also was divided. Hæmorrhage from the latter and from some other small venous branches was profuse, and greatly impeded our dissection, but by firm traction, downwards and forwards, it was isolated by the knife from its deep attachment. The edges of the wound were then brought carefully together, and union by second intention took place in seven days.

It is now nearly eighteen months since the operation was performed, and the patient tells me he experiences no inconvenience whatever. A white seam alone indicates the former situation of the wound.

The tumour (which was about the size of a walnut,) was of a whitish colour, and very hard, creaking under knife like cartilage. A section of it showed it to be made up of concentric layers, having in their centre a nucleus of pus.

ART. XII.—*Iodine as an Ectrotic in Small Pox.* By JAS. CRAWFORD, M.D., Prof. Clinical Medicine, McGill College.

To the Editors of the Montreal Medical Chronicle.

GENTLEMEN,

Having read in one of your "Exchanges," [(the Glasgow Medical Journal,) an article by Dr. J. Wallace, "on some of the means recently proposed, for the prevention of pitting in small pox," and remarking that he says, in offering his opinion, of the comparative merits of the

* Pancoast and Velpeau recommended a second incision from the posterior of the first to the os hyoides. But finding that the tumour could be exposed by a single incision, at the suggestion of Dr. Wright, I was induced to adopt this plan.

several "ectrotic" remedies, that "the *tincture of iodine* labours under a serious drawback in the *necessity*," there is "of its being employed immediately on the appearance of the eruption," he adds, "this it is plain, must confine its application, to a comparatively small number of those afflicted with the disease, for it is well known, that in the vast majority of instances, admitted into hospitals, as well as in many occurring in private practice, the early stage is passed, before the patients come under treatment." Now, although I cannot gainsay the difficulty the Dr. may have found, in getting his patients under his care, in the early stage. I cannot say that I have experienced this difficulty, nor should I think it is the experience of the generality of medical men. I should have supposed that the severe premonitory fever, of three or four days, with most generally the excruciating epigastric pain, so frequently felt, would have been reason enough, to induce the patients, to make timely application for medical aid, and that (as the case is with us,) the Doctor would have had even an opportunity of seeing the *very earliest* appearance of the eruption, in most cases, and even be familiar with the precursory eruptive fever. The excellent descriptions of which we find in all works on the subject, would also point out that the same difficulty has not arisen to all writers on the subject. I protest, therefore, for many reasons, against the limitation, Dr. W. would place on the application of tincture of iodine, and neither my communications, nor the writing of any of my friends, who have seconded my recommendation, of the application, can authorize him to draw any such conclusion. The cases I have given will show, that the great majority of them were painted on the *first* or *second* day of the eruption, and that it was commenced in one, on the *fifth* day, being that on which I was first called into consultation, by the attending physician, who had not tried the remedy previously, and if I have not been explicit enough, I might add, that I would apply it on *any day* of the eruption I first had the opportunity of doing so—and I should have hoped that the instruction I gave in your Journal, namely, to brush the tincture freely over the face, once or twice daily, from the *earliest day* of the eruption, *that is practicable*, and *continuing* the repetition of the application daily, or oftener, during the earlier period of maturation, would at least have shown that *in my view*, its use is not limited to the earliest days of the eruption. As your Journal, (now so extensively circulated,) may again meet the eye of Dr. Wallace, I would desire to point out, that on two occasions in 1844, and 1853, on which I drew the attention of the profession, to this application, I recommended it on account of its antiphlogistic properties, which I had previously fully tested in erysipelas, and other cutaneous diseases; now I should almost deem it superfluous to point out, that all applications of this character, are most effectual in the early stages, and

should on many occasions (especially the present,) be persevered in, during the inflammatory stages, till the period of maturation, when the only application then requisite, will be a coating, *which, I am of opinion, the iodine will produce, as efficaciously as any of the various applications for that purpose will do, whether it be collodion or gutta percha.* Now I maintain that this application, besides possessing the only sanative property that can be laid claim to for any other, except nitrate of silver, (its prototype,) has a great advantage over all others, in its antiphlogistic properties, and its power of allaying the intolerable pruritus, and the consequent disposition to scratch and tear as may also be observed, in cases of erysipelas, and where its power of reducing the other characteristics of inflammation, viz., *swelling, heat, and redness,* is very remarkable, we find that in proportion to the violence of the inflammatory stages, in smallpox, will be the degree of ulceration, and consequent pitting; and generally, also the dangerous maturative fever, all of which events I have every reason to believe. the iodine mitigates and moderates.

Two trials of this remedy does not do it justice, especially as one was a fatal case; and it may be that the pain Dr. W. witnessed, being unusually severe, the application was not persevered in, *secundam regulam.* With respect to the pain consequent on its application, on some occasions, I have reason to believe it is very burning, at the first or second application, but generally it is only for a short time, seldom exceeding half an hour, and always decreasing on the subsequent application; and which, as a full compensation for the pain, is followed by a subsidence of the itching. I must say that I never have been obliged to desist from a repetition of the application, *even to young and tender subjects,* nor have I ever had a patient who did not, after convalescence, rejoice that it was persevered in; and, as I have formerly stated, many desired a repetition of the application, and, on some occasions an extension to other parts of the body, which, except with the object to remove the pruritus, I would not otherwise have thought it necessary.

Dr. W. further remarks, "that the favorable estimate we often make of the success of the ectrotic treatment, immediately after convalescence, would not be borne out, if the patient was seen 'long after,'" and "that there is strong reason to suspect the advocates for these *abortives or ectrotics,* as they call them, overrate their value very materially;" and he adds, "the face may undoubtedly appear when the patients are fit for dismissal, smooth, and free from all trace of pitting, but after some time depressions will to a certainty ensue."

I must say that I cannot coincide with this view; my observation would lead me to the conclusion, that the elevated margins of the appa-

rent pits, immediately after desquamation, are gradually removed by the slow process of absorption, and that both the peculiar stain, and the appearance of pit, which often exists at this period, will be eventually removed.

There has not been any severe epidemic of small pox within the last two years, and I have therefore only treated a few cases, the issue of which has added much to my confidence and satisfaction.

JAS. CRAWFORD, M.D.,
Professor Clinical Medicine, McGill College.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XIII.—*Treatise on the Diseases, Injuries, and Mal-formations of the Urinary Bladder, the prostate Gland and the urethra.* BY S. D. GROSS, M.D., Professor of Surgery, in the University of Louisville; one of the Surgeons of the Louisville Marine Hospital; Member of the American Philosophical Society; Author of "Elements of Pathological Anatomy;" "A Treatise on Foreign Bodies in the Air Passages," etc., etc. Second Edition, revised and much enlarged, with one hundred and eighty four illustrations. Pp. 925. Philadelphia: Blanchard and Lea. Montreal: B. Dawson.

There can be no better evidence, in the present day, of the sterling merit of a medical work than its rapid sale. The profession soon ascertain whether or not a book is entitled to their confidence; and we venture to affirm, that there is not a more unsaleable article on the shelves of the merchant than a flimsy superficial work on any subject connected with the science of medicine. The first edition of Dr. Gross' treatise, has been exhausted in the short space of four years, and a second one has, consequently, been demanded. We are pleased with this, for, without controversy, it is the best work extant on diseases of the urinary organs. The style, moreover, in which it has been issued by Messrs Blanchard and Lea, reflects credit on this celebrated American publishing house. The paper is good, the type clear and distinct, and the wood-cuts excellent.

The second edition has been augmented by upwards of two hundred pages, and by seventy-eight illustrations. Appended to it, is a chapter, "on the prevalence of calculous disorders in the United States and Canada," which contains much interesting and valuable information. Kentucky, Tennessee, Virginia, North Alabama and Missouri, are the states

in which calculous affections most prevail. Throughout the remaining parts of the union, they are comparatively rare. The same obtains, in England and on the Continent of Europe. In certain districts, the population suffer severely and extensively from calculus, whilst in others, an operation for stone in the bladder is seldom or ever witnessed. This proclivity, then, to calculous concretions being confined to persons inhabiting tracts of country, the geographical limits of which can be readily ascertained, one would infer that the causes of this disposition might be discovered in existing climatic differences, or in the peculiar geological formation of the place, or in the habits and manner of living of the people. Professor Gross has found, however, that there exists "no essential variations in any of these particulars," between those states which suffer and those which are exempt from these affections." "The food," he says, "of the inhabitants of the calculous regions does not differ from that used in some of the other states where the disease is more rare. The most common articles are wheat and corn bread, unleavened biscuits, potatoes, herring, tomatoes, cabbage, turnips, apples, and meat; with coffee, tea and milk at breakfast and supper. Corn bread and pork, fresh, salted and smoked, are consumed in large quantities by the negroes, as well as by the whites. Much of the food is taken hot into the stomach, as well as hastily, and consequently without due mastication. Many of the families, even among the lower classes, eat meat twice and even thrice a day. In the western and south-western States generally, a vast deal of poultry is consumed; eggs are also freely used; and there is, perhaps, no portion of the globe where milk enters more profusely into the diet of the inhabitants.

Lime water is used by a large majority of the people in the calculous districts; but, what is remarkable, it is as freely employed in other portions of the country, where stone in the bladder is altogether unknown, or where it exists only rarely. Malt liquors are not much used, except in our towns and villages. Our German emigrants consume large quantities of beer, and are, I am inclined to think, singularly exempt from calculous disorders. Ardent spirits, in the form of grog, juleps, toddy and bitters are very commonly used by the lower orders in almost every section of the country, and not a little is drunk by the higher and middle classes. The consumption of wine, varies in different parts of the union, but is probably, as compared with alcoholic drinks, nowhere very great. Cider was formerly a good deal employed, especially in several of the States, as New Jersey, Pennsylvania, and Ohio, but is not much in vogue as a table drink. The use of tobacco, is almost of universal prevalence among males.

The climate is essentially the same in the calculous regions of this

country. Abrupt and extreme vicissitudes of temperament are common during the winter months. The summers are usually very oppressive and characterized by protracted droughts. The late autumnal, the winter and early spring months are unfavourable to an active condition of the cutaneous perspiration, owing to the chilly and humid state of the atmosphere, which forms so remarkable a feature of the climate of the south-west. Hence, the vicarious office of the kidneys is often called forth, and a pre-disposition established to calculous disorders.

The prevalent diseases in the calculous regions, are intermitting and remitting fevers, neuralgia, pneumonia, dysentery, rheumatism and dyspepsia, the latter of which is exceedingly frequent in both sexes, and at nearly all periods of life. Urinary deposits of various kinds, especially the lithic acid and urates, are common.

How far, and in what respect, the developement of stone is effected by food, drink, occupation, and climate must, for the present, remain a matter wholly of conjecture. That they do exercise an influence, and that an important one, would seem probable, and yet no one has ever succeeded in determining its character, or the share which each of these circumstances has in the production of the malady. If the use of corn bread, herring and bacon induce stone in the bladder in Kentucky and Tennessee, why do they not cause it in Indiana and Illinois, where these articles are consumed quite, or nearly quite, as freely as in the former states? So in regard to climate, humidity of the atmosphere and the sudden vicissitudes of temperature are not greater in Kentucky and Tennessee than in her neighbours. Corn bread is wholly unknown in the calculous districts of Europe; and in the East Indies, where, according to Mr. Brett and other writers, stone in the bladder is sufficiently frequent, a "hoe cake" has probably never been seen. Besides, the negroes of the south live almost exclusively on corn bread, herring and bacon, and they are much less liable to disease than the whites of the same region. In Norfolk, England, where the disease is so frequent, its developement has been ascribed to the employment of the course dumpling, so common in that country; and in India to the derangement of the digestive apparatus occasioned by the constant use of unleavened bread and various kinds of varied sweetmeats.

"Causa latet," is as true of stone in the bladder as of a hundred other diseases, and it is therefore idle to speculate concerning it.

XIV.—*Clinical Lectures on the Diseases of Women and Children.* By GUNNING S. BEDFORD, A.M., M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery in the University of New York. New York: S. S. & W. Wood. Montreal: B. Dawson. 1855. Pp. 563.

Hail! wayward Gun'
 "Parent of vapors and of female wit,
 Who give th' hysteric or poetic fit,
 On various tempers act by various ways,
 Make some take physic, others chatter plays."

Professor Bedford claims for himself the merit of having established in New York an obstetric clinique. Intending it to be an organization worthy of its founder, it was necessary it should present a few distinctive features. It was reserved for extern patients; these came regularly once a week, were prescribed for and descanted upon, they were restricted to females and to children; men, students and young practitioners, also came, observed, and went away gratified. In these *reunions* no reserve was manifested, delicacy was unregarded. The diseases peculiar to females were those most desired, and their ocular proof was the only one of any value. A central eminence was raised; upon this the suffering martyr was conveniently rested; her nakedness exposed; the throng of men and boys gathered around the shrine, and bowed themselves down in token of assent as the words of guidance fell from the lips of their showman. The scene was vivified by colloquial interlardings, and the statements, as they were uttered, fell like treasures into the expectant hearts. Infants, too, were offered up as sacrifices; their baby brows were wreathed with sickly interest, while cries and tears declared their passage through the tormenting ordeal. The enterprize thus ventured was shortly found most encouraging; the original expectations in no wise fell short, and the founder rejoiced in his rising offspring. Patients increased, while students crowded together, and the clinique was decidedly the most popular in the city. Advertisements went abroad telling of the allurements that were in store, and admission was for all, without exception, who could spare a little fee. Reports followed of the most flattering kind; common talk enlarged upon the objects of interest that had been beheld, and upon the knowledge most recently attained. Even accounts fell into print of the descriptions given, and these were arranged to resemble lectures. The latter were first sent out to the subscribers of a magazine that was widely distributed for a small price. As they came, the hot fire of enthusiasm swelled the veins of readers, and expressions of admiration were ejaculated. Desire was not satiated, and now the second time these lectures have

been issued from the press, gathered together in a single volume for more general circulation.

Our own opinion of this clinique and its teachings we will now proceed to give. To the clinique we think no commentary more suitable than that which its projector passes upon Madame Restell, the well-known criminal abortionist, also a resident of New York. "It indeed seems too monstrous for belief, that such gross violation of the laws of both God and man should be suffered in the very heart of a community professing to be Christian, and to be governed by law and good order. Yet these facts are known to all who can read. This creature's advertisements are to be seen in most of our daily papers; there she (he) invites the base and the guilty, the innocent and unwary." Even in the recorded cases, the unblushing proceedings are broadly stated. In a case of serous infiltration of the labia externa in a married woman of 27 years, six months pregnant, the Professor says to the multitude about him: "You also *perceive* the œdema has extended to the labia majora, enlarging each one of them to the size of an ordinary foetal head." An unmarried woman on another day enters, and having hypertrophy of the nymphæ, the doctor again speaks to the lookers-on: "I am *gratified* in being able to *show* you so complete an example of it as is presented in the case before us." A young wife of 20 also enters; she has pruritus pudendi, and after some introductory remarks, we are told,—“Here the patient was placed on the bed, and the Professor proceeded with the examination. . . . You perceive, gentlemen, as I *separate* the vulva, the extent of morbid action in which these parts are involved." These extracts will serve to prove that the character of the clinique is as the Professor calls it, truly practical, and, as we would stamp it, an outrage on female modesty. Were such a violation of decency necessary for professional instruction, some excuse might be offered for its perpetration. But we know that it is not. Of the peculiar colloquies that have gone on in the same public way, we are also not without illustrations. Here is one—"Do you wish, my good woman, to recover your health?" "Indeed I do, Sir." "Then I would recommend you to send your husband to Texas for twelve months." "Oh, sir, I would not like him to go so far; but he has an offer to go to Pennsylvania to work in the mines." "Well, Pennsylvania will do as well as Texas, provided he leave you at home." "I am not going, sir." "That's right. Good morning."

We cannot forbear expressing astonishment that women could be found to submit to such public debasements, and to attend in the numbers represented. But we believe many of the assertions are gratuitous. In the announcement of the New York University, issued last spring,

it is stated that from the first establishment of Professor B.'s clinique in October, 1850, up to that time, "there have actually been presented to the classes of the University, between 8000 and 9000 cases of the most interesting diseases of women and children." A little arithmetic will prove this to be impossible. The time specified is four years; the duration of each year, minus the recess, 46 weeks, the holding of the clinique once a week, and the length of each meeting two hours. Now, if these periods be multiplied together, we have a sum of 368 hours. The residual time of the year being otherwise spent: if, now, there had been 8500 cases, the mean number, there could, on the average have been devoted to each about the time of two and a half minutes, which is altogether too short to permit of an inquiry into the history, symptoms, &c.: of prescription, of registration, &c., of clinical observation, of examination by the teacher and students generally, much less individually: of a short lecture: of the performance of an operation; of desultory conversation and other things, all of which are stated to have occurred. We therefore think the statement of the faculty self-contradictory.

But let us next proceed with the teachings. We object to them for many reasons: Firstly, on account of their style. It is too excursive and flimsy, and in searching for substantial matters we too often meet with only fine sentiments. Thus, in commenting upon a case of retention of menses, nearly a page is taken up with remarks such as these: "There is in this city many a bruised heart under a fashionable exterior: the tinsel of dress and ornament may deceive the spectator, but it cannot appease the anguish of a broken spirit. Too often, indeed, in my professional rounds, has occasion caused me to bear testimony to this truth! Our profession opens to us, if I may so speak, the portals of the human heart—its joys and its sorrows, its longings and its prejudices, its natural and its forced impulses, its outward demonstrations and its secret pinnings, are all so many points worthy of the profound attention of the practitioner." And shortly after, in reference to these observations, he tells his pupils to apply them to the case before them. Apply what! The circumstance of the woman being too well dressed for her station, or the gaudiness of her exterior not corresponding to the sadness of her heart. Admitting this, which is more than is stated, how or to what, is the application to be made? And when made, what is the deduction that follows! On all these points there is a strict silence. The whole passage is a mere pop, without meaning and without end. It contains no clinical instruction, and has no practical tendency. Again in lecturing upon a case of lactation, the professor enters into the following reflections, which, however, creditable to his pathos, are out of place and exclude matter more utilitarian. "There is something beautiful.

but at the same time heart-rending, in the contemplation of this undying affection of woman. Nothing can abate it but the grave! Whether in poverty or under the weight of mental depression, in sickness or in the midst of the keenest physical suffering, Woman's heart still beats for her child, and her last breath is but an aspiration to heaven for its protection and guidance." The remarks made frequently savor of silliness; thus, at page 396, we have a long harangue upon the question, why does a child cry? and after much talking we are told the causes may be three—1st, bad temper; 2nd, positive pain; and 3rd, but this requires the most lengthy introduction and much capital is made of it. A pin may be sticking the infant.

The Professor evidently plumes himself on being "a talking man," and with the view of impressing his book with a clinical character, makes each case contain a true recital of what words passed between him and the patient, of what he said and of what she said. However amusing this may have been to his class, it cannot fail to disgust his readers, most of whom will soon tire of a few perusals, and rise from the book with the opinion that its author is a weak, fulsome, bombastic man. As examples—"Well, Madam, when I told you that if you would consent to an operation I would certainly relieve you, I did not speak falsely did I?" "Indeed you did not, Sir? and I am very sorry I cannot remunerate you for what you have done; but you shall have my prayers?" "Madam, we take no remuneration here. To relieve the poor, and receive the oblation of their thanks and prayers is far more acceptable than money; and I would not exchange for gold the heartfelt pleasure I derive from this spontaneous offering of your gratitude, good morning, Madam." p. 203. Nearly the same words are used on another occasion, vide p. 257, and several others of the same kind present themselves to our notice, but our readers will let us off with one more. "Now, Madam, have I given you any pain?" "Oh no, Sir." "Do you feel happy that you are relieved?" "Indeed I do, Sir, many blessings on you?" "go home and give yourself no concern," and then he moralizes thus. "The poor are entitled to our benevolence" - a great fact! "They, like the wealthy of this world, are subject to disease and suffering," what a hidden truth brought to light!! "and they too have their keen sensibilities." Why the writer is a Daniel!!! "To allay these sensibilities and smooth the pillow of the sufferer laboring under the double affliction of disease and poverty, is the duty of the Christian; it should, too, constitute the pleasure of the Physician." Oh for the world that there are not more Christians in it—but confounded be the passage which makes all Christians Physicians, and Physicians not Christians!

Secondly, we object to the teachings because of their bad pathology. Anæmia, as we understand the word means a diminution in the quantity of the blood, and is observed after hæmorrhages, &c., With less regard to accuracy of definition the same word has been extended to cases of impoverished blood, or blood of deteriorated quality, but never before have we heard anæmia stated to be a total and an utter loss of red corpuscles; nor never till now have we read that a person could be deprived of every drop of blood and still live; and this is our last discovery, that by a process of separation every red corpuscle could be taken away from the blood while the other elements of this fluid continue in circulation, and with the ability to maintain existence. Yet judge if whether we are or are not sanctioned in making one or more of these discoveries from this remarkable passage. "She is perfectly anæmic; the red corpuscles which formerly were in abundance, are now *no longer* to be recognized." no *not* even in the color of the tongue, or in the blood transferred from a vein to a microscope. A few pages after this we meet with *an idea* upon paraplegia in the adult. This disease is said "to be *commonly* connected with some cerebral disturbances, and is generally permanent." The causes of paraplegia are generally situated in the vertebral region, being either an affection of the bones, of the spinal membranes, or of the cord, and consisting in some alteration in the amount of pressure borne on the latter part— as by softening, inflammatory enlargement, effusion, hæmorrhage, &c. Dr. Watson says, "in very many cases we detect no alteration that seems adequate to explain the paraplegia." But he no where refers it to the cerebrum, and the statement above, we are sure will be as novel to him as to ourselves. Perhaps in no place does the Professor display greater ignorance, than while treating of a case of scarlatina! dropsy. He says, such cases are easily understood because the skin is affected, "its function, perspiration, is for the time being arrested, and the consequence is an increased quantity of serum in the blood; and at the same time an increased exhalation of watery particles through the walls of the vessels." That the perspiration for the time being can be arrested is an impossibility. The researches of Dr. W. F. Edwards of Paris, shew that in no case can the perspiration be suppressed, as it always proceeds under the most adverse circumstances, either by evaporation or by transudation, and as it referring to the very case in point, this able physiologist says, in his treatise, "we ought, therefore, to be careful how we take literally what we find in medical books, respecting suppressed perspiration. There can be no such thing." If, therefore, there can be no stoppage of this excretion, it follows that there cannot be as its consequence, an accumulation of serum in the blood: disposing to dropsy. Our author apparently has no accurate knowledge

of the *modus operandi* of scarlatinal dropsy. It is an affection far from being uniform in character, and presents itself under different and opposite states. The more acute cases are usually dependant upon acute desquamative nephritis, which is a very different disease to that form of kidney affection, called after its discoverer Dr. Bright. But our space does not allow our extending this point further. In another lecture the subject of anæmia is again introduced. The author now admits another form of this lesion, besides that in which he still persists in saying, there is "a loss" of red corpuscles—it is dependent upon "a loss of albumen, such for example, as in the exhaustion following profuse sanguineous losses, an impoverished appetite, &c." We might feel disposed to let this pass unnoticed—were it not that there is evidently a wish to make it appear anæmia consists of but *two* forms, *i.e.*, "loss" of red globules, and "loss" of albumen. The loss of albumen can only be relative not absolute, it is an event, per se, of rare occurrence, but often it co-exists with other abnormal states of the blood, and its exact morbid position may then be mistaken. It is not a cause of anæmia, but it is a necessary concomitant of this state. It is not a cause of diminished number of blood globules, but frequently is found simultaneously with this change. That a less proportion of albumen alone will not produce anæmia, is exemplified in inflammations of serous membranes terminating in copious serous effusion, in serous diarrhœa, in pyrosis, and other cases, where much of the serum of the blood is removed without entailing any anæmia, therefore we conclude "loss" of albumen is not a form of anæmia. With blood pathology the professor has not much acquaintance; of spæmia and its phases he gives no witness. His pathology, when not directly erroneous, is sometimes so loosely worded as to be very unmeaning. "In jaundice," he says, "the bile does not pass in its usual abundance through the ductus communis choledochus into the duodenum, but mixes with the blood." Now this is true "the bile mixes with the blood," but how entirely different it appears to the full state of the case; which is that the bile is first produced from the blood where it exists naturally in a disintegrated state, after secretion it is retained in the biliary ducts, but not finding any outlet therefrom, it is absorbed and retaken into the blood to circulate with it, now unnaturally, and in an elaborated condition—the color of the skin in jaundice is ascribed to this mixture of bile and blood—such a notion is gross enough to countenance the absurdity that the colors black and white in animals are due to one set having black matter and the other white matter "mixed" with their blood. The case now noticed is one of jaundice in a woman seven months pregnant; and although highly important the mechanism, whereby bile is prevented from finding an out-

let and is made to mix with the blood, receives no notice—there is truly a great desire at avoiding difficulties, and escaping profundities. But several liberties are also taken for which no warrant can be offered. Thus, at page 211, we are treated to a case of “*abdomino rectal hernia*.” In the old nomenclature an abdominal hernia, signifies a rupture of the belly and a rectal hernia, a rupture that protrudes at the perineum, in the vagina or in the rectum; but what does this “*abdomino rectal*” mean, does it imply that there is a double rupture—a compound of the two. Not at all, it only denotes the “*pot belly*” which some females have after several births, to quote the words before us. There was “*an extraordinary flaccidity of the abdominal integuments—they hung in large folds,*” from having lost their elasticity. The opinion that this is an hernia, is certainly not consonant with the usual accepted definition of this accident; and Professor B. has undoubtedly the full right to the honor of its discovery, which, like Dr. Pangloss’ title of A.S.S., no one will try to deprive him of or share with him. To strengthen his views he explains the hernia thus—it is due to “*the separation of the two recti muscles, and through this opening there is a protrusion.*” Now this cannot be—the tendinous expansions of the oblique muscles and the inner borders of the sheaths of the recti which intervene between the muscles, are not *extensible*, being composed of white fibrous tissue; so whatever spreading out, or separation, may occur during enlargement of the abdomen, this mesial part always remains the same in dimensions both in length and breadth; and therefore there can be at no time unnatural separation of the recti muscles, whether the belly be swollen or flat. In states of distension the length of the fibrous centre appears to increase, but it only appears as in reality, the addition is due to the stretching of the pyramidales muscles, and this, although a use never before stated, seems one of the chief uses of these muscles, *i.e.*, to permit of abdominal enlargement anteriorly in the mesial direction.

Thirdly, we object to the teachings because of the ignorance they display of a knowledge of causes.

The causes of physometra are paraded so as to appear completely enumerated, but only the more common are mentioned—an important omission occurs in the suction of air into the uterus from without. But we do not complain so much of this, as of the way in which the last cause is announced. “*May not a secretion of gas have taken place in the womb, such for example, as occasionally occurs in the stomach of dyspeptic patients.*” This way of putting it carries the impression to the reader, that a cause not hitherto recognised, had occurred to the writer, and that the non-detection of it by others was the more remarkable from its resemblance to an ordinary event. It may be that this was actually the belief

entertained by the author, and if so, he will be glad to be informed aright concerning the subject. This cause of physometra is one which has long been understood. Burns in his *midwifery*, 1811, says, "Sometimes air is secreted by the uterine vessels, and comes away involuntarily but not always quietly." He quotes from Vigarou's *Maladies*, Tome I, Pp. 401. Another testimony to the same charge—ignorance of causes—is furnished by a case of suppression of menses, followed by an attack of scurvy. The question is asked at the outset, and printed in capitals to arrest examination—what is the true cause of scurvy? An answer is surely demanded. The Professor says, "the exclusive use of salt provisions produces this disease, through the changes they produce on the blood." What these changes may be he does not state, so that his reply may in truth be reduced to the piece of vulgar information that salt provisions produce scurvy. But like other articles of common belief this is wrong. Dr. Garrod has clearly demonstrated that scurvy does not depend, as was formerly considered, upon an excess of salt provisions, or a deficiency of a vegetable diet alone—but is as sure to arise after confinement to any kind of food whether animal or vegetable—fresh or stale—that is wanting in the salts of potash. He has further shown that those substances which contain the largest proportion of this salt, and the various preparations of the salt itself, are those which are most efficacious in removing the disease. He has also conducted experiments which prove that in the blood of scorbutic subjects, there is a deficiency of the salts of potash, and this is the main abnormal state of this fluid. We have only time for another evidence. Of displacement of the uterus, mention only occurs in the present work of ante-version, retroversion and two forms of descent—while there is no allusion to inversion, lateral obliquity, or ante-flexion, or retro-flexion; although these, especially the latter, have recently received much attention. To whatever the omission may have been due, it has clearly not arisen from want of opportunity.

Fourthly and lastly, we object to the teachings, because they furnish examples of defective diagnosis, of improper treatment, of lame explanations, of imperfect descriptions, and of untold symptoms. It was our intention to have illustrated each of these counts in this indictment, but already has our pen outwritten its prescribed limits.

XIV.—*Medical Lexicon of Modern Terminology*: being a complete vocabulary of definitions, including all the terms employed by writers and teachers of Medical Science at the present day, and com-

prising several hundreds of words not found in any other dictionary. Designed for the use of students and practitioners. Third edition. By D. Meredith Reese, M.D., L.L.D., resident physician of Bellevue hospital, N. Y.. Editor of Cooper's Surgical Dictionary, &c. Pp. 240. New York: Samuel S. and Wm. Wood. Montreal: B. Dawson.

"It is simply as a vocabulary of definitions" says the author, "that the present vade-mecum is commended to the profession and the public without any claim of novelty or other merit, except convenience, brevity, simplicity and accuracy. If in these attributes it shall be deemed worthy of approval, it cannot fail to be useful as a help to students and junior practitioners, for whose benefit it has been prepared." We have looked over the work carefully and find the definitions, though brief, to be clear and trustworthy. We strongly recommend it to the student, certain that he will find it a convenient and valuable pocket companion.

CLINICAL LECTURE.

On Delirium Tremens. By Edward Stanley, Esq., F.R.S., Surgeon to St. Bartholomew's Hospital.

(From *Medical Circular*.)

GENTLEMEN.—In individuals who are so unfortunate as to have been long the subject of habitual intemperance, there results a susceptibility of the nervous system, which, when aroused into action, gives rise to a set of symptoms known as delirium tremens. For reasons at present to appear, it is necessary you should know the circumstance in which this affection arises. A man with all the appearance of full health, but who is addicted daily to drink large potations of porter, and other fluids, gets this nervous susceptibility, which subsequently give rise to delirium tremens. Delirium tremens, why has it been so named? Because there is delirium, quivering of the tongue and lips, and trembling of the hands, which we observe in the majority of cases. Of the causes which give rise to delirium tremens, it may be the consequence of the abstraction of the patient's customary drink, or a lowering diet, or a sudden abstraction of a large quantity of blood for the reason that he has been an intemperate man; or a local injury of any kind may operate to bring on all the symptoms of delirium tremens.

There are two cases in the hospital at the present moment, one in Kenton's ward, and another in Darker's ward, consequent upon the operation for hernia, to which I wish to draw your attention. Of the first case, in Kenton's ward, the following is the history. A man, aged forty-five, was admitted, June 11th, by occupation a wine cooper, and

had been in a wine merchant's establishment five years, through which he has been accustomed to drink liberally. On admission, he was perfectly sober, having suffered from an injury to his leg, from a cask falling upon it, with a punctured wound on the side of it, which was produced by a portion of the hoop. The hæmorrhage was so profuse from this punctured wound, that we suspected it was from the anterior tibial artery; compresses were applied to arrest it, and on examining the leg further a fracture of the fibula was found, which was put up in the usual manner. Next morning he complained of pain in the head, he had headache and giddiness, pulse was 140, bounding, but easily compressible; suddenly he became unconscious, and remained so for some minutes, and during it a sharp crack was heard, supposed to be from the leg; on partial recovery of his consciousness, the man was confused, his language was incoherent, and remained so till next morning. The bowels were well cleared out by calomel and colocynth, and a sustaining diet of broth and tea was allowed.

Towards evening of the second day he became restless, his tongue was covered with a creamy fur, he talked incessantly, another feature of the disease. He was ordered fifty drops of laudanum, which was repeated three hours afterwards.

On the third day after admission, his pulse was 140; tongue dry, with a dry brown fur; skin clammy and relaxed. This is a constant accompaniment of this state of nervous system. He was to have forty drops of laudanum and brandy if necessary, continuing his broth and beef tea, 8 p.m. Pulse 160, still increased in frequency and very feeble, as might be expected. Half a grain of morphia was now ordered in place of laudanum, as a test to see which was the most likely to act on the nervous system. During the night he had four ounces of brandy, and still later, the following mixture, chloric ether and sulphuric ether of each 20 minims, laudanum 30 drops, every three hours. Shortly after this he became quieter, he dozed off to sleep by twelve o'clock the next day—this was on the fourth morning. On the evening of this day, his symptoms were slightly improved, he continued to sleep. His medicine and brandy were diminished. 15th. Is much improved, pulse 120, medicine to be taken every six hours, with the 30 drops of laudanum; from this time he progressed favourably. 18th. Pulse 100, tongue clean but still tremulous; still improving. 19th. Became again restless, the brandy and opium were again repeated. And yesterday, he was improving considerably, the symptoms of delirium tremens had almost entirely subdued, and the discharge from the wound is healthy in character.

The *second* case is one where I performed an operation for hernia; on the evening of the second day, no medicine having been given—and this leads me to contrast the treatment for hernia now to what it was formerly; no evacuations from the bowels are now sought for, aperient medicine after the operation for hernia is therefore almost entirely laid aside. On the night after the second day of operation, he expressed such discomfort that a common enema was given, and the bowels were moved, freely and healthily. Subsequently he had a dose of castor oil. The wound was going on well. The day before yesterday, on going through the wards, I observed a hurriedness about his expression, and I

found him suffering from delirium tremens. About his previous history we do not know much, but we learnt his occupation was that of a sawker. The operation was performed on the 13th; on the 16th he had twenty drops of laudanum; on the 17th castor-oil, the only dose of aperient medicine; on the 18th a pint of milk; on the 19th the symptoms of delirium tremens appeared, and he was put on the anodyne medicine: and on the 20th he had four ounces of brandy, a pint of beef tea, and a pint of porter, with sulphuric ether 20 minims, chloric ether 15 minims, liquor opii sedativus 10 minims, the prescription of yesterday, every six hours in camphor mixture. To-day he is decidedly better.

Formerly this disease was looked upon as inflammation of the brain. Until twenty-five or thirty years ago, this collection of symptoms was regarded as inflammation, and treated as such, with a result that almost invariably proved fatal. The first notice of this disease is in an excellent little work; Dr. Sutton published a little essay on delirium tremens; he had a large number of cases among smugglers, and he had an idea that it did not depend upon inflammation. There is no doubt upon the form of treatment, that it is not by depletion; it is by opium in one form or the other, as laudanum, morphia, liquor opii sedativus, &c., according as the preparation acts. In one laudanum fails and morphia succeeds, in another morphia fails and the liquor opii sedativus succeeds. You need have no great fear here of accumulative doses of opium, they should be suffered fully to produce an effect, and be given at intervals until sleep is induced. Besides brandy, beef tea should be administered, and advantageously chloric and sulphuric ether: both of these have a peculiar efficacy in tranquilizing the nervous system with the opium, alone they would not have this effect. The spirit of chloric ether is supposed to be analogous to the liquor anodynus mineralis of Hoffman, a medicine which has had great celebrity. So much, then, for the principal circumstances connected with delirium tremens.

There are still one or two other points; when the symptoms have subsided, it is necessary to watch the patient carefully, as they sometimes return as in the first case. The man in the first case had two punctured wounds on the side of his leg, and arterial blood streamed from both of them. Now, I must draw your attention to the remarkable bleeding from these punctured wounds, which was arterial blood; there is a remarkable freedom of bleeding in such cases of injury, and you would be under the impression that some large artery had been wounded, when only some little branches were bleeding.

I will read you a case which I recorded some years ago, as it presents such a good example of the disease. (The lecturer here read the case of a coal porter with delirium tremens.)

There is another point of danger worthy of attention. In some cases so great is the violence of the patient, it is thought necessary to strap him down with a strait waistcoat; it was not necessary in the two cases in hospital, but there is a strong objection to this, it is found to fret the nervous system, and makes the patient very angry and excite him. In hospital practice it is well simply to confine him to his bed. (Mr. Stanley then read a second case which he said was one of the first cases recorded in his case book, of a man who was admitted with a fractured

limb, and it was necessary to confine him, not with a straight waistcoat but with a band around the chest; and when thus fixed he was seized with sudden vomiting, he could not raise himself in bed, and suddenly expired. At the post-mortem, the bronchial tubes were found filled with the vomited matter. He was kept confined on account of the fracture.

Now this applies in other cases. In ordinary vomiting the body bends forward, and the matters are easily expelled, but it is not so if confined on the back. Let me strongly impress this important point on your minds. Mr. Guthrie mentions in his clinical lectures the case of a soldier admitted into a military hospital in the night time, violently drunk; he was bound hand and foot to the four corners of the bed, and a strong dose of tartar emetic ordered by the medical officer was given to empty the stomach; two or three hours after he was found suffocated. It is essential therefore, gentlemen, not to confine your patients.

There is a patient in hospital who fell from a third story window, a height of thirty feet, who came in with a wound of the scalp, with apparently no other injury, but she complained of acute pain about the abdomen. The prominent symptoms have been tenderness over the walls of the abdomen, extreme pain on pressure, also present over the symphysis pubis. In addition, there was a difficulty of micturition, and of moving the lower extremities. My opinion is, there is injury to the walls of the lower part of the pelvis, which could exist without detection; if it was in the upper part, it could easily be detected, but it is not so in the lower. I shall now relate a case to show the difficulty of diagnosis; it is one of dislocation of the head of the femur into the sciatic notch, but nothing was found by careful examination on account of the complete mobility of the limb. The man died. (The details of the case were read.) We discovered dislocation of the sacro-iliac symphysis on the side of the dislocation of the thigh, also fracture at the back of the os pubis, not yet discoverable by examination during life. Extension of the limb brought it to its proper length, and the moment we thought the dislocation had been reduced, it relapsed to its original position. In the woman at present in Queen's ward, I shall not take upon myself to say what there is, but we shall be very cautious before we allow her to sit up. Mr. Stanley read the particulars of another case in a boy, showing the difficulty of diagnosis; dislocation of the symphysis pubis, and of both sacro-iliac symphysis was present, and no fracture of the bones)

THERAPEUTICAL RECORD.

(From Virginia Medical and Surgical Journal.)

Extirpation of the Uterus.—A writer in the Deutsche Klinik, Dr. Reiche, unlike most of the late reporters of this formidable operation, who always succeed in extirpating the uterus and never lose their pa-

tients, gives the history of seven of his cases. *They all died.* Our readers have now heard both sides of the question.

Nævus.—The application of iodine paint to the nævus maternus, which is sometimes so situated as to render the knife almost inadmissible, is spoken of very highly in the *Med. Times and Gaz.* by Dr Edwards of the Samaritan Hospital. Two cases are detailed, in which the nævi were driven away under the influence of this valuable agent.

Neuralgia.—Dr. Peacock at St. Thomas's Hospital frequently promises his treatment of neuralgia by an eliminant and purgative course, before proceeding to the use of quinine. He has found that the use of colchicum and iodide of potassium especially favour the action of the quinine, and produce a speedy cure.

Piles.—Injections of the sulphate of iron two grains to the ounce, are often ordered at St. Bartholomew's by Mr. Womald of that institution, in combination with a blue and taraxacum pill. Among the many prescriptions for this very common affection, we think it well to notice the practice pursued by one of the experienced surgeons of this ancient hospital.

Pneumonia.—Dr. Hutawa (*Medic Zeitung*), reports twelve cases of pneumonia treated with inhalations of chloroform. The patients inhaled at first from 20 to 30 drops every hour of the day and night. No other medicines were resorted to in uncomplicated cases. General bleeding even in the severest cases was not employed, and convalescence in every instance ensued.

Stomatitis.—The chlorate of potass has been administered by M. Herpin of Geneva and M. Blacke of Paris as a remedy in ulcerated stomatitis with admirable results. The salt is given in half drachm doses every three hours in some mucilaginous vehicle. The topical application of the salt was not found so efficacious.—*London Lancet.*

Umbilical Hemorrhage.—Dr. Smith of the *New York Journal of Medicine* gives us a table of 79 cases of umbilical hemorrhage, including those described by our corresponding editor in a contribution to this journal. 10 in 79 recovered under various treatments, and the author arrives at these conclusions, that general treatment, as mild cathartics and anti-hemorrhagics are of use, whilst the treatment by ligature of the umbilicus, offers the best chance of permanently checking the hemorrhage.

PERISCOPE.

Food for Infants.—Prof. Bedford, in the *American Lancet*, makes some judicious observations upon this subject. Human milk contains 32 parts of caseine to 65 of sugar and butter. Cow's milk contains 63 parts caseine to 68 of sugar and butter, while the proportion in goat's milk is 80 to 80. The reason of this difference is, the young of these

animals are required to expend their muscular power in walking as soon as born, and therefore require this abundance of caseine for the development of muscular fiber. Whilst the infant does not need this, it requires an abundance of respiratory or calorific food, and hence the large proportion of oil and sugar. If an infant must be fed on any other than human milk, it should be made to resemble the latter by adding one or two parts water, and a due proportion of sugar. No greater mistake is apt to be made, however, than feeding infants too early and largely with solid food. Until they have teeth, nature has given no indication for other sustenance than the mother's milk, and even the appearance of the first or milk teeth can scarcely be considered a hint that the child should be fed on materials, which require the grinding power of the bicuspids and molars. Much of the extraordinary mortality among children depends, doubtless, upon a disregard of the indications of nature in the matter of feeding.—*Memphis Medical Recorder.*

Catheterism of the Bronchi.—Dr. Horace Green, of New York, who has gained celebrity by the introduction of the sponge probang into the trachea, charged with a solution of nitrate of silver, now assures us that he has succeeded in numerous instances, in the introduction of a flexible tube into the bronchi, through which he has injected from one to two drams of a solution of nitrate of silver, of the strength of two scruples to the ounce of water. The most soothing effects have resulted, not only in cases of chronic bronchitis, but also in cases of tubercular ulcerations relieving both cough and pains. This operation, he says, may be performed with ease and facility, and with perfect safety to the patient; and the practice has afforded the most gratifying indications, that practical medicine will be greatly advanced by this discovery. It is very remarkable that while Dr. Green has been engaged daily, and almost hourly, in thrusting his probang into the air passages of patients in New York, to the entire satisfaction of his professional associates there, that he was really doing what he professed to do, some of the magnates of the profession in England and France were contending that such a thing never had been and never could be done, either upon the living or the dead; and that Dr. G. had deceived himself and his numerous witnesses, by passing the probang down the œsophagus! Even in this country, doubts appear still to be entertained as to this fact; and although it may be presumed that such an adept as Dr. Green is rarely mistaken in this respect, there is reason to suppose that persons less practised and skilful may have amused their patients and deceived themselves, by merely sponging out the œsophagus. The application of remedial agents to the bronchi and air-cells by inhalation, would seem to be the more certain method.—*Ibid.*

Dislocation of the Femur.—Dr. Reid, of Rochester, has published a paper on dislocation of the femur on the dorsum ilii, reducible without pulleys or any other mechanical power, showing that the displacement

can best be reduced by flexing the leg on the thigh, carrying the thigh over the sound one, upwards over the pelvis, as high as the umbilicus, and then by abducting and rotating it, and by this means bringing the head of the bone into the acetabulum. This operation has been successfully performed in numerous cases, and will probably supersede the use of the pulleys entirely. The use of anæsthetic agents no doubt lends great assistance to these manipulations, by relaxing the muscles. Dr. Reid is supposed to have derived a hint of this plan from the teaching of Dr. Nathan Smith, of Yale College, as long ago as 1816.

Whitlow.—An English journal recommends a solution of three grains burnt alum, and two grains each of sulphate of zinc and acetate of lead in an ounce of warm water, to be applied frequently, as tending to prevent the formation of matter. Frictions with mercurial ointment and the extract of belladonna are also advised, and we have found the application of caustic potash to the surface sometimes effectual; but dis-cient remedies of all kinds require to be applied at an early stage of the disease. Whenever there is reason to suppose that pus has been formed, a deep incision is the only certain and effectual remedy.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

CORONER'S INQUEST ON THE BODY OF JOB BROOM.

The Medical Profession of Toronto are attaining an unenviable notoriety. It is not long since the superintendent of the Lunatic Asylum slanderously insinuated that a certificate of insanity might be obtained from some physicians in Toronto for "a consideration," and that consideration not more than the paltry sum allowed by the city corporation for such documents. This calumny was met in a spirited manner by a number of his confreres, who not only publicly asserted that Dr. Workman was quite as mad as his patients, but also convened a meeting of the profession, at which resolutions were passed calling the attention of Government to the "unsatisfactory condition" of the Provincial Lunatic Asylum, and praying for the appointment of a commission to enquire into its state and management.

In these disgraceful criminations and recriminations, we first observe

a division of the Toronto profession into two parties. The party who felt themselves aggrieved by the superintendent's insinuations, and who called the meeting of the Medical Faculty, consisted of the professors of Trinity College, the ex-professors of University College, their friends and supporters; whilst the members and friends of the Toronto, or Rolph's, School of Medicine, sedulously held themselves aloof from all participation in the proceedings of the meeting. This division, however, became quite palpable during the investigation into the charges made against the management of the Toronto General Hospital. Here the parties appear opposed to each other in bitter hostility. The evidence given in this enquiry is a melancholy exhibition of inflated self-conceit, envy, jealousy, and all uncharitableness, such as would scarcely be expected from members of a liberal profession. In this medical tilt, or, rather, professional *raie*, the Universities, as our readers are aware, came off victorious, two of the Hospital staff, teachers in Rolph's School, being dismissed their situations. The agitation excited by this enquiry had not yet subsided—the bitter feelings of enmity still rankled in each breast, when the event occurred which we now intend briefly to notice, viz., the death of Job Broom.

After a careful and unbiassed examination of the whole proceedings of the Coroner's Court, we have been forced to the conclusion, that parties have forgotten the golden rule in medico-legal cases—that the medical jurist ought to consider himself solely as the scientific witness of truth, and not as a biassed supporter of any party, or the opponent of any particular class. They have forgotten that "their evidence should always be given with a view not to the acquittal or conviction of a particular individual, but to the vindication of justice and the protection of society."

The following is an outline of the inquest held in view of the body of Job Broom, condensed from a report furnished by the "Toronto Globe." It was deposed by John Broom, son of the deceased, that his father was 59 years of age, he usually enjoyed good health; he took ill Wednesday, the 18th July and complained of a slight attack of bowel complaint, and towards night felt worse. I was recommended by a friend to apply to Drs. Rolph and Aikin for medical advice. I went to their office on Queen Street, about half-past nine the same evening. The first person I saw was a gentleman, who has since called himself Dr Dickson. I thought at the time he was one of the firm; I asked him to come and see my father and stated the complaint. I thought at the time that Dickson was either Drs. Aikin or Rolph. Dr. Rolph was in the hall when I first went in; Mr. Dickson requested me to take a seat, and said that he would come with me. Dr. Rolph who was standing by, gave his consent that Dr.

Dickson should go with me: Dr. R. then left the office; I remained about 20 minutes, during which time Mr. Dickson appeared to be making up medicine for another patient then waiting, after which he came up to me and made some enquiries as to what my father had passed. I answered him, and he went and got some powders, put on his hat, turned off the gas, and came along with me. He brought with him 6 powders which were of a reddish color. After asking my father a few questions he gave him one of these powders, and ordered them to be repeated every two hours, but if the disease was checked, they were to desist; and remarked, that if he took the whole of them he would be all right. During the night, the deceased took the whole of the 6 powders, and towards morning he appeared to be getting much worse, the complaint not being checked. I went down to the doctor's again in the morning at about 7 o'clock. I met Mr. Dickson again in the office: I told him to come up and see my father, as the powders had not checked the complaint. He came up about half an hour after, and brought some more powders with him; these were white powders, and four in number. Mr. Dickson gave my father one, with directions to give the others every half hour. About four or five minutes after he went off in a kind of stupor—Mr. Dickson was present then, and raising his eyelid, remarked, "you are very weak. I expect we will have to bleed you, I will go and fetch Dr. Aikin to look at you." He immediately left, and during his absence my father spoke and said, "I think I am going." About half an hour afterwards, Dr. Aikin and Dickson came and said, "let us look at him, raise him up on the bed." He was raised to a sitting posture. Dr. Aikin took out of a case in which was a stomach pump, a piece of black wood, which he told Dr. Dickson to put in his mouth. Dr. Dickson could not get it into his mouth, and Dr. Aikin and myself assisted him. It had the appearance of a gag, with a small hole in the centre.

His father was insensible during the whole time. The stomach pump was used for about an hour and a half. After the removal of the stomach pump, Dr. Aikin applied hot water to different parts of his father's body. This roused him and he frequently cried out during its application "don't scald me to death." The cuticle peeled off on removal of the cloth. Dr. Rolph called and advised them to throw cold water in his face. He was held in a sitting posture, and to rouse him they trod upon his toes, slapped, pinched and shook him. At four o'clock on Friday morning he was allowed to sleep. He slept for two hours, and awoke restless and delirious. Dr. Rolph attended him from Sunday until his death, which occurred on Tuesday, 24th July, at 7 p.m.

Dr. Rolph corroborated what had been stated regarding the granting

of his permission to Mr. Dickson to accompany young Broom. He called subsequently on Mr. Job Broom, because he had understood from Dr. Aikin, that Mr. Dickson had by mistake given fifteen grains of morphia. Any student of the Toronto School of Medicine, attending a poor person, has liberty to take medicines out his surgery. He considered Mr. Dickson quite as well qualified as the general run of students to attend sick persons. He was of opinion that Mr. Broom died of dysentery. He also thought that he had typhoid fever. "On Thursday evening, and more especially on Friday morning, when I saw him, he was awake, rational, and conversed freely with me. The subsequent symptoms and course things took, arose, in my opinion, from the fever and dysentery under which he laboured, from the Sunday week preceeding the day of his death. He was free, in appearance, from the effects of morphia, when I saw him on the day of his death. But I learned he had been attacked with severe diarrhœa, from the Sunday week; that it was with suffering that he continued his work at the house, where he was labouring, on Monday. He gave up work, I understood, on Tuesday, and was very ill throughout the Wednesday—his evacuations being frequent, painful and bloody. When I took charge of him, I learned these particulars. I found pain upon pressure, which I pointed out to Mrs. Broom, throughout the whole course of the colon, one of the large intestines; the tongue was covered with brown fur; and the evacuations were copious, consisting of a sanguineous fluid, of a peculiar odour, such as that from a person under typhus fever."

Dr. Aitkin deposed that fifteen grains of morphia had been administered; and that he did not have recourse to the hot water until he had tried cold, and found it ineffectual in rousing the patient.

Dr. Telfer was sworn, and his evidence was read. The main points brought out in the evidence were that he was asked to a consultation, on Saturday, on a case of dysentery, of a person who had received an over-dose of morphia from a student, and whose complaint still continued. We held the consultation on that day at 2 p.m., and found the man labouring under dysentery, and prescribed an injection, which was given by Dr. Rolph. From what Dr. Aitkin told me and from what I saw myself, I am of opinion that Mr. Broom died of dysentery. I think that the administration of the morphia did not cause the typhoid symptoms which I observed.

The report of the post mortem examination was, then read by Dr. Philbrick on behalf of himself and Drs. Ha' well, Grant and McMurray. After stating minutely the appearance presented by the body, the report concluded as follows:—

"From the well nourished condition of the body and the absence of

evidence of material internal disease, natural or adduced, we cannot infer the cause of death. The unusual and extensive vesication upon the external parts of the body, we presume will be explained by some collateral evidence, as we have none to adduce in explanation. We deem it our duty, however, to direct attention to this condition of the body, as we consider the surface involved in vesication sufficient to cause very grave consequences."

The following is the report of Drs. Hallowell and Philbrick of the post mortem appearance of the stomach, and chemical analysis of its contents:—

"Internal mucous coat was sound, slightly congested, especially towards its cardiac orifice, and more towards the pylorus; it was otherwise healthy. The organs contained from one to two drachms of dark grumous fluid which was removed for the purpose of analysis. The contents being submitted to a careful examination, were not found to contain the slightest trace of any animal, mineral or vegetable poison."

After the above was read, a number of questions were put to the medical gentlemen, with a view to elicit their opinion as to the cause of death. Finally they adhibited their names to the following statement:—

"We are of opinion individually and collectively that the late Job Broom came to his death from the combined effect of an overdose of morphia, and the means subsequently resorted to in the treatment."

After this, the jury could not but return "that Job Broom came to his death by an overdose of morphia, administered to him by Mr. Dickson, &c."

A very important question here presents itself. Do, or do not the facts elicited in evidence, or the appearances presented by post mortem examination, warrant the opinion which Drs. Philbrick, Hallowell, Grant, and McLlmurray pronounced after a number of questions had been proposed to them? We have not the slightest hesitation in saying, that they are not supported in their conclusion, either by facts of evidence or by necroscopic appearances. When a poisonous dose of morphia has been taken by a person, giddiness and stupor set in at some time within an hour, generally in from ten to twenty minutes. The stupor gradually increases until the person becomes insensible to all external impressions: he lies motionless, with his eyes closed, and he breathes slowly as in a deep sleep. From this state he merges into a state of complete coma. His countenance alters; his surface becomes cold and pallid, and his breathing stertorous. If measures be not adopted to relieve the patient, death usually ensues in the course of twelve hours. Now in the case of Broom, four or five minutes after he had swallowed fifteen grains of morphia, in the words of his son, "he went off in a kind of stupy." Observing this, Mr. Dickson immediately sought the assistance of Dr. Aikin, who at once adopted measures to save the

life of the patient. In this he was undoubtedly successful, as Broom recovered his consciousness, and remained sensible, according to Dr. Rolph's testimony, from Saturday until Tuesday, during which period he was under this gentleman's care. With these facts before him, we cannot conceive how a medical witness could affirm that death was caused by the effects of the dose of morphia. All the leading toxicologists hold the opinion, that if a person lives over twelve hours from the time of his taking a poisonous dose of opium, the chances are altogether in favour of his recovery. A few fatal cases have been recorded which extended beyond twelve hours. Taylor and Réaumur each mention a case which terminated fatally in fifteen hours; Orfila and Leroux each one which terminated in seventeen hours; Alibert one which terminated in twenty-four hours. "An instance has even been related," says Dr. Christison, "which appeared to *prove fatal* not till towards the close of the third day; but the whole course of the symptoms was in that case so unusual, that some other cause must have co-operated in occasioning death." We have italicised the above quotation. All these cases have been noticed and published as unusual, because of the time which elapsed before death ensued; and the last, which extended over a period of three days, appears so extraordinary to one of the greatest toxicologists of the age, he is obliged to attribute the death to some other cause not made out. Broom, however, lived from Friday morning, when the dose was administered, until the subsequent Tuesday at 7 p.m.; a period of *four days and a half*. Are we not right then in saying that he did not die from the effects of morphia? Or, will the opinion of the four medical witnesses be considered superior to those of the eminent men we have referred to?

From the meagre account furnished by the public press of the post mortem appearances, it is quite impossible to say, whether or not any disease existed sufficient to cause the patient's death. There is no mention made of the brain having been examined; and turgescence of the vessels of the brain is the only appearance which can be relied on in poisoning by opium, and even that is not always present. The condition of the large intestine is not given. A very important omission, as Drs. Rolph and Telfer deposed that Broom died of dysentery. Indeed, the appearances observed at the post mortem, as published, do not afford the shadow of a reason for the opinion that the deceased died from the effects of morphia.

A difference of opinion appears to exist regarding the effects of the treatment adopted by Dr. Aikin. Drs. Rolph, Telfer and Ogden state explicitly that Broom died of dysentery; whilst the four medical witnesses who made the autopsy affirm that the extensive vesications partly

caused his death. Here we have medical evidence, so far as we know equally entitled to credit, in direct opposition. We can form no idea, from the evidence given, as to the extent of surface denuded of cuticle, and, therefore, would rather not hazard an opinion on the subject.

We cannot close our remarks, without denouncing in the strongest terms the conduct of Drs. Rolph and Aikin, in encouraging medical students to practice on the poor, and in allowing them free access to the medicines in their surgery. Has it come to this, that two medical teachers, and one of them an honourable too, have no hesitation in permitting first-year students to tamper with the lives of their fellow beings? What does a student on the termination of his first session, know of the symptoms of disease, or the nature, properties and doses of medicinal agents? And who should be better acquainted with his ignorance of these matters than those who are yearly in the habit of examining medical classes? If blame lies at any door, it is not so much at that of the unfortunate young man, who by his mistake has for ever ruined his professional prospects, as at that of his teachers who countenanced and encouraged him in his irregular proceedings.

ANOTHER INQUEST AT TORONTO.

We had just finished the preceding article, when a bundle of seven numbers of the Toronto Daily Globe came to hand, containing full details of an inquest held by Coroner Duggan, in view of the body of John Blackie, who had been attended in his last illness by Dr. Philbrick, one of the principal medical witnesses in the case of Broom. The investigation extended over a period of seven days, and was marked by the occurrence of scenes, disgraceful to all who took part in them. Coroner Duggan was rather "bothered" by the gentlemen of the long robe, and at length became so exasperated as to lose all command over his temper. He had no great objections to a round or two, and thought, notwithstanding his age, he was a match for the best of them. He had been asked by Mr. Eccles, "a scoundrel who would not dirty his fingers on him," to make friends, by drinking brandy with him; but having been treated like a "blackguard" by Eccles, he had no idea of condescending so far.

The medical evidence places beyond doubt the truth of what we have stated regarding the existence of two hostile parties among the practitioners of Toronto. It would appear to be the determination of all to injure, in every possible way, the professional reputation of any one belonging to the opposite faction. We warn those, however, who would seek to bring about investigations into the re-

sults of treatment in the private practice of a confrere, that their unmanly, and unprofessional conduct, will certainly recoil on their own heads. Let it once be admitted, that a hue and cry should be raised whenever a sudden death, or one from coma, occurs in the practice of a physician, and who would not, at some time during his career, be liable to have his reputation injured? It needs only, under such circumstances, that an enemy speak mysteriously to the friends of the deceased of the strength and effects of the remedies which have been administered, or hint obscurely that he died with suspicious symptoms, and forthwith the body will be exhumed, and the unfortunate medico obliged to sustain a harrassing and an injurious prosecution. Every one in the profession, possessed of honest, manly purposes, and gentlemanly feeling, should frown down all such partizanship as would not hesitate to defeat the ends of justice, by giving evidence either to protect a friend or condemn an opponent. "We ought not to hear, as we have done in recent times, of a medical prosecution, and a medical defence. Under such circumstances, a medical jurist can be regarded no longer as the witness of truth, but as the biassed advocate, who will spare no effort to extricate the party for whom he appears."

Dr. Philbrick treated Blackie for what he believed to be delirium tremens. He gave him large doses of morphia, or, as he told the people in attendance, of what "killed Broom." We think, from this, that the Doctor has to thank himself mainly for the subsequent Coroner's inquest. Blackie died comatose. An inquest was held; a post mortem made, and, among other appearances, congestion of the brain found. Medical evidence was conflicting. One party believed that Blackie had suffered from meningitis, and was killed by the morphia administered; the other, that he died of "epileptic apoplexy," caused by the prolonged sleeplessness induced by delirium tremens. The jury returned the following very singularly expressed verdict:—"That John Blackie came to his death by drunkenness, hastened by a drink of cold water."

We may have more to say on the medical evidence in our next.

TAPOTOPATHY.

We learn from the Dublin Medical Press, that another *pathy* is on the wing. A Swedish Doctor named Engelstroem has introduced a new mode of treating disease, called "Tapotopathy." It consists in striking the parts affected gentle blows at first, these being gradually increased in intensity, until the patient can no longer bear them. To the pain thus caused, an agreeable warmth and indescribable beatitude

succeed, which cause the patient to desire a continuation of the treatment. Arrived at this point, the rapping physician does not hesitate to declare that the cure is complete.

Professor Skoda of Vienna.—Professor Skoda is a Bohemian by birth, and descended from poor parents, is now forty two years old, unmarried, very rich, drinks enormous quantities of beer, and suffers much from gout. He made his studies in Vienna, was first appointed Secundarium in the department for skin diseases, then Primarius, and finally, in 1847, clinical professor, and became the most renowned physician in Austria. Since the publication of his work on auscultation and percussion, he has abandoned hard study. A new edition of his book is just published. His practice is confined almost entirely to consultation cases, for which his fee varies from 5 to 200 guilders. Outside of the profession of medicine, Skoda is not a learned man, and it is particularly in diseases of the chest that his reputation has been attained. In private society his presence overwhelms every soul with the deepest melancholy. Apart from his speciality, he is, in all respects, as dry and uninteresting a being as it is possible to imagine. He lectures almost eternally upon the organs contained in the cavity of the chest, and always in that sing-song, monotonous voice which is peculiar to himself, and which no one who has still a particle of fire and energy in his soul, can endure without the greatest pain. There he stands by the bed-side—a pair of spectacles across his nose, the glasses of which approach the size of a common saucer, his eyes forever fixed upon a point of the floor slightly in front of his great toe, a pleximeter in one hand, and the little hammer, armed with india rubber, with which he thumps the patients, in the other—for half or three quarters of an hour, talking in a dry, never-changing tone, and then prescribes *Aqua Lauracea*, and walks slowly and quietly to another bed to repeat the same solemn ceremony. In accuracy of diagnosis Professor Skoda is perhaps unequalled; but he has not the slightest confidence in the efficacy of medicine, hence the peculiarity of his prescription.—*Nashville Jour. of Med.*

The Rev. Sulney Smith.—Lady Cubebs had a great passion for the garden and the hot house, and when she got hold of a celebrity like the Reverend Sidney, was sure to dilate upon her favorite subject. Her Geraniums, her Anriemas, her Dahlias, her Carnations, her Acacias, her Lillia Regia, her Ranunculus, her Marygolds, her Peonies, her Rhododendron Procumbens, Mossy Pompone, and Rose Pubescens, were discuss-

ed with all the flow of hot-house rhetoric. 'My Lady,' asked the Reverend wit, 'did you ever have a Psoriasis Septennis?' 'Oh yes—a most b-e-a-utiful one. I gave it to the Archbishop of Canterbury. Dear man! and it came out so in spring!'—*Nashville Journal*,

OBITUARY.

It is our painful duty to record the occurrence of a melancholy accident on Monday the 27th August, 1855, whereby three young gentlemen, who had been students of the Medical Faculty of McGill College, were suddenly deprived of life. It is only a few months since the names of two appeared in this Journal as having passed their examinations.—Mr. Henry M. Webster having been recommended for graduation, and Mr. William H. Keeler having satisfactorily completed his study of the elementary branches; the third was younger to the first and his only brother, Mr. Wm. Webster. With two others—a companion, Mr. Chs. Atwater, and a Pilot—they were sailing on Lake Champlain, and while veering a headland, an unexpected wave overturned their boat, and with the exception of the last mentioned, all perished. After outtiring nature by endeavors to surmount their danger, they sank exhausted and helpless into the destroying waters. The bodies were ere long recovered, and immediately brought home to be committed to their mother earth. And thus

" Cropp'd like a rose before 'tis fully blown,
Or half its growth disclosed."

they were destined to see time no more. Their conjoint ages scarcely reached the period which the stronger of the sons of men are sometimes permitted to attain. Each was barely the senior or the junior of his comrades by a few years, and individually not one had seen his twenty-first year.

ANSWERS TO CORRESPONDENTS.

Dr. Codd, Osgoode. We have never met with the mention of the remedy in our readings, and would feel obliged for a detailed account of its employment. We have no doubt the discovery will be gratefully appreciated by the profession generally.

Dr. Peltier's communication will appear in our next.

BOOKS RECEIVED FOR REVIEW.

'Todd on the Nervous System. From Messrs. Lindsay & Blakiston. Philadelphia.

QUARTERLY REPORT OF THE MONTREAL GENERAL HOSPITAL, ending
26th July, 1855.

Patients remaining from last Quarter.....	79	Died during Quarter.....	9
Admitted present Quarter....	266	Remaining in Hospital,.....	69
		Discharged.....	267
	345		345

INDOOR PATIENTS.		OUTDOOR PATIENTS.	
Males.....	159	Males.....	490
Females.....	107	Females.....	494
	266		984

DISEASES AND ACCIDENTS..

DISEASES, &c.	Admit.	Died.	DISEASES, &c.	Admit.	Died.
Abscessus.....	4		Hepatitis.....	19	
Ambustio.....	3		Hypochondriasis.....	6	
Amputatio.....	1		Hysteria.....	19	
Anæmia.....	2		Icterus.....	3	
Anasarca.....	1	1	Inebritas.....	1	
Apoplexia.....	1		Luxatio.....	1	
Ascites.....	1		Morbus Cordis.....	1	
Bronchitis.....	12		“ Coxæ.....	2	
Conjunctivitis.....	5		Mania.....	19	
Contusio.....	1		Obstipatio.....	2	
Cornelitis.....	5		Ophthalmia Gonorr.....	1	
Debilitas.....	1		“ Purulent.....	4	
Delirium Tremens.....	3		Orchitis.....	5	
Diarrhœa.....	9	1	Paralysis.....	4	
Dysenteria.....	2		Paraplegia.....	1	
Dyspepsia.....	3		Paronychia.....	1	
Ectropion.....	1		Pericarditis.....	2	
Eczema.....	1		Periostitis.....	1	
Emesis.....	1		Pertussio.....	1	
Epilepsia.....	3		Phthisis.....	5	3
Erysipelas.....	2		Pneumonia.....	3	3
Febris Com. Cont.....	12		Purpura.....	12	
“ Intermit.....	6		Rheumatismus.....	24	
“ Remit.....	1		Rubeola.....	1	
“ Typhoid.....	8		Sciatica.....	2	
“ Typhus.....	1		Stricture Recti.....	1	
Fistula Lachrymalis.....	1		“ Urethæ.....	2	
Fractura.....	5		Syphilis.....	8	1
Gonorrhœa.....	1		Tonsillitis.....	1	
Hæmatemes is.....	1		Ulcus.....	16	
Hæmoptysis.....	1		Varicocele.....	1	
Hæmorrhoides.....	2		Variola.....	8	
Hemicrania.....	1		Vulnus.....	5	

Operations, &c.

Amputation of thigh. 1 : Ectropion, cured by Taliacotian operation, 1; operation for prolapsus ani, 1.—Total, 4.

Fractures Treated.—Indoor, 5; Outdoor, 7.—Total, 12.

Minor Operations.—Cupping, 62; Venesection, 9; Teeth extracted 154; Abscesses opened, &c., 93.—Total, 318.

Physicians in attendance—Drs. Fraser and Sutherland.

ROBERT CRAIK, M.D.,
House Physician and Surgeon.

MEDICAL NEWS.

The size of the Vienna General Hospital may be imagined, by the bulletin of the 2nd May, which states there were 1122 male and 968 female patients under treatment.—Dr. Easton who has lectured 14 years at the Andersonian University, has been awarded the vacant chair of materia medica in the University of Glasgow.—The strawberry if applied to the teeth with a brush, will remove tartar as effectually as any other dentifrice that can be applied.—Hippocrates lived 109 years.—In 1850, in the United States, there was a medical man to every 650 of the population.—A writer in the Hydropathic Review says—“a man in absolute health would not blow his nose once a year, and a healthy man never spits.” to which it is retorted, “an entirely healthy man is above the necessity of continual ablution to keep himself clean.”—The animals of the desert are noted for their longevity, and yet have no use whatever of water as an outside hydropathic agent.—Dr. Lee has lately concluded an article against the speculum in these words, “the speculum affords no assistance in the diagnosis and treatment of uterine disease, and its indiscriminate use is otherwise objectionable.—Port wine is largely adulterated both in Portugal and in England by a decoction called “Jeopiga” or “Jeitopig” which is made up of elderberries, brown sugar, grape juice and brandy.—Cholera is not abating in the Crimea according to the latest advices. Some say that 1000 cases occur every day.—Of 1203 candidates who presented themselves during the session of April 1853, in France, for the Baccalaureate examination, 143 were rejected on the written examinations, and 136 adjourned after an oral examination, 529 being successful.—Sir Robert Carswell, the eminent pathologist has been on a visit at Buckingham Palace, and has had the honour of dining with Her Majesty several times during the month.—Up to the latest accounts from the time of landing in the Crimea, the British army has lost about 50 medical men and the French only 28.—M. Flourens has been appointed Professor of Natural History, in the place of M. Duvernay deceased.—It has been proposed to add tartar emetic to the phosphorus paste in making friction matches, in order by inducing vomiting to prevent the accidents which sometimes occur to children from eating them.—The probable hietime in Sheffield and such towns is only 6 years, while in Surrey it is 52.—A draehm of aqua ammonia added to a gallon of syrup will frequently prevent its fermentation.—A committee of the academy of science New York, have reported that it is a matter of impossibility to pass a sponge probang through the maglottidis below the chorda vocales; this failed in 18 attempts.—“I cant bear children,” said Mrs. Pinn disdainfully. Mrs. Partington looking over her specs mildly, replied “Perhaps if you could you would like them.”—M. Dayot saw a colt 11 days old which could be milked like a cow, but the flow was stronger than the little animal drew from the mother, fluid of the same kind then flowed in abundance from the colt's own breast, each time the sucking aspiration was made.—The insect which is so well known as being the cause of scabies, has been proved to have been derived from the lion, to which noble animal it is a natural parasite.—James Roberts minister of Ipswich attests this certificate of one Brian Heathcote a Quack, “This is to certofoy That i have attended Josh. Ashmoor, since the time of his misfortun And he is very promising according to The time the Bone is knit, and growne verry nicely, and the arm straight, The Elbow is tight in its proper place.”—Dr. Chas. Bale of Concord, N.H. has been associated with Dr. G. N. Hubbard, as editor of the New Hampshire Journal.—The American Journal of Dental Science records the fact of a whole family who have not, nor ever had any teeth, although they are full grown, and some have families. Their gums have become so hard that the cracking of many kinds of nuts is quite possible.—The Cholera has been raging with destructive violence in the capital of Russia.