Technical and Bibliographic Notes / Notes techniques et bibliographiques

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

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

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

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

THE

MEDICAL CHRONICLE

OR

MONTREAL MONTHLY JOURNAL

OF

MEDICINE & SURGERY.

VOL. IV.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

EDITED BY

William Wright, M.D. & D. C. MacCallum, M.D.

MONTREAL:

Printed for the Proprietors by Owlett & Stevenson, at their Steam-Press Printing Establishment, Transcript Buildings.

1857.

Contributors to the Fourth Volume of the Medical Chronicle.

BARNSTON, J., M.D.
BROWN, V. A., M.D.
CHRISTIE, THOS., M.D.
CUNYNGHAME, T., MR.
DE COUAGNE, A., M.D.
FRASER, DR. N. S.
FRASER, W., M.D.
GIBB, G. D., M.D.
GIBSON, J. B., M.D.
GRANT, J. A., M.D.
HINGSTON, W. H., M.D.
LANE, ALEX., M.D.
LEE, J. C., M.D.
MacCALLUM, D. C., M.D.
RAE, JOHN, M.D.
ROWAND, ALEX., M.D.
SEWELL, J. C., M.D.
STRATFORD, J. S., M.R.C.S.
STEVENSON, J. M., M.D.
STEIN, A. B., Dr.
SHAVER, P. R., M.D.
VON IFFLAND, A., M.D.
WIGHT, R., DR.
WRIGHT, WM., M.D.

INDEX.

THE

MEDICAL CHRONICLE.

VOL. IV.] JUNE, 1856. [No. 1.

ORIGINAL COMMUNICATIONS.

ART. I.—*A few Notables from my Case Book.* By S. C. SEWELL, M.A., M.D., &c., Ottawa.

1. HÆMORRHAGIC DIATHESIS.

In the township of Cumberland are two families of first cousins, children of a brother and sister, who shew no more disposition to hæmorrhage than is usual. Two or three out of each family have died of traumatic hæmorrhage from very trifling cuts, and the others have been at death's door from this cause. A boy, aged six was brought to me. He had been bleeding for five days from a scratch on the hand, I bound finely powdered ergot on the wound, and gave him ol. terebinth internally; he did well, but I learned that he died six months afterwards from a trifling wound. These cases are interesting from the circumstance of this strange idiosyncrasy appearing, throughout the whole of the members of the two families of first cousins, while the parents showed no such tendency.

2. CASE OF UNRECORDED FRACTURE AND DISLOCATION, VIZ.: FRACTURE OF THE ANTERIOR HALF OF THE GLENOID HEAD OF THE SCAPULA, AND ANTERIOR DISLOCATION OF THE HEAD OF THE HUMERUS.

On the 24th February, 1855, Mr. Burns, of Kemptville, æt 65, was thrown out of a cutter in such a manner that he fell on the back of his right shoulder. On his arrival in Ottawa, I was sent for. On stripping him, the right arm hung *perpendicularly* down by the side, voluntary motion gone, passive mobility great, crepitus occasionally detected at the shoulder, when I raised the arm. The head of the humerus was under the clavicle. It was evident that there was fracture. I ascertained that there was no fracture of the head of the humerus, or any part of the bone. The acromion and coracoid processes were intact. The neck of the scapula evidently was not transversely fractured, and I

was pretty certain I could feel the head *in situ*. I should have mentioned that the patient was very thin, and the muscles much atrophied. I only suspected what was the matter, and endeavored to get the head of the humerus into its place. I employed first one and then two powerful men to make the extension without succeeding. I then put him under the influence of chloroform, and applied the same force with no result. The direction of extension was varied, but still I was baffled. The head of the humerus could be drawn even beyond the point where it ought to have slipped into its place, but it refused so to do, and seemed to be kept at a distance anteriorly from the head of the scapula. I now employed three powerful men to make extension, and three counter-extension, giving them directions to pull *very slowly*, and to keep it up, so as to tire the muscles. When the head of the humerus came on a line with the glenoid cavity, I pushed it forward, when a loud grinding crepitus was heard by all present, and the bone slipped into its place. The power of moving the arm immediately returned to the patient, but on my moving the arm, crepitus could be plainly distinguished in the shoulder. I asked Dr. Grant to look at the case, who was quite satisfied that there was fracture in the shoulder. If this was not a case of fracture of the head of the scapula, what was it?

The points to be noted are:—

1. That the arm hung perpendicularly down by the side, not the position of simple dislocation of the head of the humerus forwards.

2. Active or voluntary motion (except slight movement of three fingers) lost.

3. Great passive mobility, not found in simple dislocation of humerus forwards.

4. When replaced, the humerus remained *in situ*, but crepitus was still distinct on motion whether active or passive.

3. IODIDE OF ZINC AS A TOPICAL APPLICATION IN VENEREAL SORES.

Having noticed that iodide of zinc was very strongly recommended as possessing the power of resolving enlarged tonsils, I instituted some experiments with a view of establishing its virtues, with but indifferent results. During this investigation three cases of syphilitic ulceration of the throat happened in my practice. It occurred to me to try it in these cases, and I had reason to be surprised at the rapidity with which the cure was effected. Since that I have used it in syphilitic ulceration of the nose and tongue, some very bad, with equally satisfactory results. In fact none seem to resist it. It is now three years since I have used it, and every fresh case only confirms its great powers. My opinion is entitled to some weight, as, since 1836, I have used Ricord's Acid Ni-

trate of mercury in similar cases, and am able to contrast the relative merits. Of its value in primitive chancre I am unable from experience to decide, but am certain that within the period of incubation it has equal powers to, if not greater than the nitrate of silver to destroy the specific character of the sore, and I am inclined to think that on trial, its powers will be found to extend beyond the ten days allotted by Ricord to the period of incubation. I could cite the approving testimony of medical men who have tried it at my suggestion, but I would recommend the members of the profession to try it for themselves.

As the way of preparing may not be generally known, it may be well to describe it.

Take a piece of bright zinc plate, place it over the mouth of a jar and sprinkle it with iodine, the brown liquid that runs into the jar is iodide of zinc.

ART. II.—*Diseases peculiar to the Sandwich Islands.* By JOHN RAE, M.D., Kaoli Hana, Mani, S. I.

Cutaneous diseases are very rife among the natives. These have been generally all classed by travellers under the head of scrofula; yet I do not think I have seen a case of the scrofula which is so frequent in Great Britain, and sometimes is seen in Canada. There are several diseases, however, having some analogy to it, and to which the natives give various names. One of these is the *puupuu*, which, with some latitude of translation might be Englished, as a constant springing forth of fleshy knobs. The first cases of this disease that presented themselves to me had this appearance. Over the whole body, or over the lower limbs, there were sores, generally circular in form, and varying from a quarter of an inch to an inch and a half in diameter. The general skin was little affected. There was a slight ichorous discharge from the sores, and flabby granulations shot out from them all, so as to project a line, or a quarter of an inch from the surface. An intolerable itching beset some, partially covered with a scaly cuticle, and evidence of new ones coming out, was afforded by red looking boils appearing at various points. I conjectured that the malady was connected with some venereal taint, and applied an iodine wash externally, and gave mercury internally (blue pills.) Under the stimulus, the superfluous granulations subsided, the discharge became less and less thicker, and in a fortnight or three weeks the sores were covered with a pretty firm coating of new skin and cuticle.

I was here first led to remark the extraordinary vigor with which the renovation of skin and cuticle goes on among this race. Although, in these cases, the original skin had been completely destroyed, yet, in a month or two, the scars were scarcely perceptible, being only noticeable, on a cursory view, by a more polished surface, and requiring a close inspection to trace the line of demarcation between the old and newly organised substance.

I subsequently found many varieties of this, or a similar affection. On the scalp it assumes the appearance of scaly blotches. Frequently it shows itself in a swelling, accompanied at points with acute pain over a large extent of the areolar tissue. For instance, the whole extent of one upper extremity, including the fingers and shoulder, or all the space occupied by one or both scapula, and part of the back, or one cheek may seem greatly swelled. There being no discoloration, one would fancy this to be produced by simple œdema; but on grasping the part, though it yields to the impress of the finger, it does not pit, but possesses an elasticity, which enables it, on the pressure being withdrawn, immediately, to resume its preceding form. If not checked, this swelling points at one or more places, and a copious thin discharge, with a gaping sore or sores, gradually assuming the appearance of those I have described, is the result. Sometimes the muscular fibre seems to be involved, and then, though the external sore skins smoothly over, there is a considerable depression under it, marking the loss that has taken place.

On more extended inquiry, I was led to doubt the connection of the affection with venereal, and am not yet satisfied as to this point. I tried various other methods of cure. I found several more or less effectual. Thus applying cautiously, and to portion by portion, a solution of cor. sublimate, or, sometimes, simply touching the part or parts affected with lunar caustic, would check, or remove it. But I think on the whole my original treatment, by some combination of iodine and mercury, succeeds best with me. I have indeed never found a case that has withstood the united action of the two. I ought, however, to add that I have seen cases, in elderly people, where the malady affecting one or both of the lower extremities, has assumed a form, very closely resembling elephantiasis, as it appears among the Spanish, or rather negro population of New Grenada—the limb permanently swelled and stiff, with deep scars, apparent loss of muscle, and a toe or two dropped off. I have wished to essay the effect of a similar treatment on some of these, but have not found any willing to try it, and very much doubt if it would have any considerable success.

Akin to the *puupuu*, is an affection of which the native name is *alaala*, that attacks the neck. When at its *acme* it stretches from ear to ear in front, in a sort of very large, and very rough necklace. Were one to make a string of smallish unopened oysters, by piercing a hole right through each, and arranging them by putting them back and belly, and with their edges, therefore, outward, and were he to place this on the bare neck, in the position I have indicated, it would closely resemble the appearance presented by very many cases of *alaala*. Add to this, that the neck is stiffened, the face swollen, and a feverish state induced, and you have the characteristics of the complaint. After continuing for months, or years, the necklace slowly drops off, leaving a wide scar, which is gradually almost completely obliterated. I have not treated this complaint, as the natives seem to think that its nature is to come and go of itself. It seems generally to attack boys, when at the age of puberty, and to prevail most in rainy districts. At Helo it is said to be very rife.

These are the more prominent varieties of cutaneous disease, but I may add, that itch is rather common, and often seems to be the exciting cause of *puupuu*, making a troublesome combination.

You will observe that all this differs from scrofula. The glands are not peculiarly affected, and the discharge, in so far as I have seen, is not charged with curdy flocks. It may be, however, that in some of my cases, this characteristic feature might have appeared, had it not been that the treatment seemed rapidly to affect the discharge, converting it into proper, or as it used quaintly to be termed, laudable pus.

Though the two cutaneous affections of which I have spoken may be made to comprehend the mass of such complaints, yet, were one to attempt a minute description of all in which the skin is more or less involved he might perhaps find something analogous to whatever nosologists have noted from ring-worm to leprosy and scrofula. In fact most of the natives have, or have had, some skin disease or other. A scaling off of the cuticle, leaving but a thin remnant that easily bleeds, is common among the aged. Their predisposition to these diseases is indicated by their uncomfortable feelings when deprived of the fresh water bath, and by the quantity of old cuticle which rolls off their skin when for a few days they have been unable to obtain this luxury of a tropical climate.

One would suppose that in a climate of so equable temperature as this, diseases of the lungs would be rare, but the fact is that they are by no means so and that many of the race, especially young women, are carried off by consumptions.

Affections of the bronchial tubes—colds and coughs—are frequent, from exposure to wet and consequent cold. If these are attended to, and

squills and laudanum are almost specific for them, they pass away; but, recurring frequently and being neglected the bronchial affection becomes deeper seated, pus is brought up, and things go on much as they do elsewhere, until death closes the scene.

My stethescopic perspicacity is not sufficient to speak with certainty as to the existence of tubercles, and the strong prejudices of the natives run altogether counter to any *sectio cadaveris*, but I believe they would be found, and that their presence is, in many cases, the predisposing cause of this disease.

The malady in question, in the opinion of old residenters, and I know some who have dwelt on this island for forty or fifty years, has become much more frequent than formerly. They assign several causes for this. First, since the breaking up of the old order of things the condition of the female sex has undergone a change. In some respects they are more restrained, but in others less so, and on the whole an intercourse of the sexes more promiscuous and premature than before, is very common, and a cause of a waning in the vigour of the female frame. The constitutions of many of these has also suffered from the inroads of venereal maladies. But to this I shall afterwards recur.

The diet also, from circumstances the detail of which would lead me too far out of my road has become less abundant. The people eat less fish and pork than formerly, and sometimes are pinched even for tœro.

Again, the general adoption of something like the dress of civilised men, seems to have produced a change in their habit of body, which, physiologically and perhaps ethnogically, is worthy of notice. Their hue has less of red and more of black in it. It would seem, that, when the surface of the body is exposed to the skyey influences, there is a greater rush of blood to the minute external vessels, reddening the hue. The whole person becomes, in a measure, face. May not this be one cause of the change of complexion which to a great extent has taken place in the Celtic and Germanic races? We know from Cæsar and Tacitus, that even in the severe winters of the Germany and France of those days, the hardy natives scorned much encumberance of clothing as a mark of effeminacy, and that fair hair and blue eyes were universal, cœrulei oculi rutilœque comœ. The present Gaul is generally swart, and so are very many Germans. And civilization a thousand years since gave these a general and warm covering to the whole person. However that may be, the alteration in hue, which I have noted, is a fact of which I have no doubt. It has been accompanied by a greater susceptibility to cold, and to the inroads of those diseases, which that susceptibility produces.

Venereal diseases in some modification or another, are very widely

spread. For this the voluptuous propensities of the women, and the concourse of sailors to these parts sufficiently accounts. Were I to attempt a description of all the modifications these assume, my epistle would swell to a treatise. I shall confine myself to one or two remarks:—

When such diseases are promptly met by proper treatment, they very readily yield to the simplest means of cure; but, if neglected, or ineffectually tampered with, they become both severe and obstinate. Strictures, connected mostly with the growth of large warts, and tumors in the urinary passages, are very common among females; and, for want of proper aid, have been very fatal. One man, when speaking on the subject, told me, and as a thing by no means remarkable, that he had thus lost two of his sisters. In the male sex, such strictures obstinately recurring, and complicated with affection of the bladder, are also frequent and difficult to treat. Deep seated, and very malignant ulcers in the throat, and other parts, with total derangement of the system, have carried off, and still carry off, many. But I believe there are few of these latter cases that would not yield to the persevering use of the appropriate remedies.

Of imported diseases, the measles was, some years since, one of the most fatal, sweeping off whole families. The large developement of the areolar and kindred tissues, for which the natives are remarkable, may perhaps explain this fatality. To the same constitution of body I am inclined to attribute the peculiar phases assumed by the small pox in its recent visitation, and by the cow pox, its preventative. I had sufficient opportunity to remark these, having been sent by the board of health of this island round the larger part of it, for the purpose of attending to the sick and vaccinating the well.

You have probably heard that this scourge made a fierce inroad on Oahu in 1853, beginning at Honolulu, the capital of these islands. By the returns, the number attacked was about five thousand; the deaths about two. In the other islands the deaths reported amounted to two or three hundred. It is suspected, however, that these reports fall considerably short of the reality, and from the returns of the census for the year 1854, not yet completely made up, it is calculated that the whole amount of the population will appear to have fallen from 80,000 in 1849 to 70,000 in 1854. The deficit mainly attributable to the small pox.

The mortality at Honolulu was, I believe, augmented, as generally in such circumstances is the case, by a sort of panic terror that seized the natives, and seems to have had its influence even on the medical and other authorities. What gave greater force to this was, [illegible] to think fact, that vaccination was no protection. Those [illegible] tive renders it not

cinated, it was said, fell equally with those who had not. It was not for some time that this assertion was proved erroneous, and that it was shown that vaccination, properly performed, and the vaccine disease running its due course, is a real preventative here as elsewhere. It is, however, in so far as my own experience enables me to judge, and as I have learned from others, a thing well ascertained, that, to carry vaccination properly through, is a matter of much greater difficulty with this than with other races.

The main difficulty, as it appears to me, arises from the peculiar constitution of the natives rendering them so propense to skin disease. In consequence of this, if the vaccination be successful it is very apt to awaken some other affection of the skin which may be a sequel to it or a concomitant of it. For instance you may see the vaccine disease running its due course. The scales even may fall off leaving only a slight swelling of the part, but, instead of this disappearing it may be the prelude to a troublesome sore of an inch or perhaps two in diameter, which finally healing up, the diseased surface contracts, the skin smooths over, and but very slight trace of a scar remains. More frequently the supervening diseases come on when the vaccine vesicle is in progress, and a compound and disagreeable sore from which large quantities of lymph like fluid may be discharged, is the consequence. It is apparent that if lymph be taken from such an arm it may produce either a true vaccine vesicle, or a compound, but yet truly prophylacteric disease, or may give rise to a sore, which, though troublesome is no preventative. Now a good deal of vaccination has been performed by the natives, and their idea is, the larger and more severe the sore, the more trustworthy. This I believe to have been one considerable cause of mistake and failure. The safest plan, if practicable, is to vaccinate from infants. In them the lymph is generally pure. It is less to be depended on in children, and, in perhaps the majority of adults, is more or less contaminated. Another, and I believe a frequent cause of partial failure, is the vesicles not being allowed to reach complete maturity. Children, and grown boys and girls can scarce restrain themselves for a week or two from plunging into the frequent streams, in which it is their daily delight to gambol. And if one go all follow. At night, too, between sleeping and waking, their habit of scratching every diseased surface recurs on natives of all ages, and, unwittingly, they destroy the forming vesicle or scab, which they may have been really desirous of preserving intact. I conceive that, when the progress of matters has susceptibility broken in on, the prevention is not perfect, and was unable to susceptibility of an attack, proceeding from the concentrated viru-

Venereal diseases raging almost uncontrolled, in the crowded suburbs

of such a city as Honolulu. I may add that I have probably examined some thousands of arms and that the general appearance is this: The traces of a sore much larger than among whites, but smooth and level with the adjacent surface, towards the edges of it the slight traces of the diagnostic pits, often only perceptible by turning the arm so that the light strike obliquely on it. To the central space, void of pits, they give the name of the sunburnt spot, from a notion of the missionaries, that it was produced by exposure of the arm to his rays. This is the most usual appearance, but it varies considerably in numerous instances. If having examined such an arm you learn on inquiry that the constitutional symptoms had run their due course, you will generally find the system of the individual resist fresh vaccination.

The small pox itself, as I have seen it attack the native race, has these peculiarities: The eruption considerably less than in whites, and seldom confluent; but, the pustules not so prominent, often flattened, and then blackish, in which cases the fever assumes the typhoid type, the patient sinks, and generally dies.

I believe the practice with the profession in these islands has not varied much from what is usual, with the exception of a more free use of wine and other stimulants.

The mortality seems to have been about 40 per cent. At Lahaina owing to the judicious measures of the authorities, ably seconded by the exertions of the medical men there, not only was the disease altogether confined to the strangers who brought it, but among them the mortality was less, say about 25 per cent.

The idiosyncrasy of the Kanaka, the vigorous life in him, and the great resources of the areolar tissue, are marked by the singular fact, that, however much or deeply pitted when he first leaves his couch, yet, in nine cases out of ten, these pits fill up, the skin smooths over, and in a few weeks there are no vestiges of the disease, or only slight discolourations, which probably the course of time, will, in a few months or years, completely obliterate.

Before concluding I ought to add that a new mode of treatment, or rather, as concerns Europe, the revival of an old one, was adopted by Ra Makau a native friend of mine of considerable intelligence, and whose influence is extensive over a large portion of this island. It is this: The patient is sweated by being laid on mats over a heated bed of stimulant native herbs. This, he tells me, has the effect of bringing out a large and *prominent* eruption, in which case no typhoid symptoms supervene, and recovery under his hands was *universal*. I have had no means of investigating the matter sufficiently, but am inclined to think there is some truth in it. The idiosyncrasy of the native renders it not

improbable, and the inquiries I have made are confirmatory of the success. But, I should feel more confidence in the statement, had some unsuccessful cases been confessed.

Rheumatism is not uncommon among the natives, and very frequent with the whites. I have not found it hard to treat with the former. I do not recollect prescribing for a white man. The former generally, in their own practice, resort to bathing in a torrent of cold water, and what they call *loomy loomy* a sort of vigorous shampooing of the parts affected. One or two friends of mine, who were long laid up with it in Honolulu, and under the best medical treatment there, have assured me that they have found no relief till they adopted this plan. Among the white race also, there is a proneness to genuine scrofula, if there be any taint in the system, and cases of consumption also occur. Disorders of the bowels, diarrhœa and dysentery, are sometimes fatal, but there is perhaps nothing in these, or two or three other maladies, worthy of being noted.

The case is different with regard to a malady which spread over this Island and Oahu in 1852, and the history of which seems to me to present some remarkable and instructive features.

I have next to notice the existence of considerable tracts of low lands devoted to the cultivation of taro, and the existence, in such situations of extensive fish ponds. When I first cast my eyes over these Islands, I could not but think that these muddy pools, full of decaying vegetable matter, were likely to be productive of disease, of ague perhaps, or of more malignant fevers. I was assured that the salutary influence of the trades, sweeping rapidly all miasma into the wide ocean, secured from all such attacks, and had reason to think that this notion was, to a certain extent, correct. Still two circumstances induced a shade of scepticism in my mind, as to the absolute immunity of the Islands from any such attack, one of these was that the native language recognizes the existence of chills and fever, and the other characteristics of ague, and that, in fact, I had cured a native woman, who had been much reduced by febrile attacks, chiefly I think by the administration of quina. Another thing was the admitted prevalence, during the season of the *Konas* or south-winds, of a malady, which the Missionaries termed influenza, and which was said to be almost universal in its attacks. I had, however, seen nothing positive, until the summer of 1852, when a gentleman from California, when sitting in the same room with me one morning at Wailuku, called my attention to his hands, the fingers and nails of which I found assuming the appearance characteristic of immediate ague. They were cold, so was his face, the features of which were sunk and pallid. I told him that he was probably in for a fit of ague, and asked

him if he had had it in California. On his answering in the affirmative, and informing me also that he had come over the mountain from Lahaina the morning before, I imagined that the fatigue and cold of the ride, had brought on a return of a complaint which keeps so tenacious a hold of the system. I told him he had better get to bed, he said he would, but must go out first, and moving for this purpose, I made way for him to pass, and waited his return. This lasting longer than I thought necessary, I went after him, and found him lying on the grass insensible with blood flowing from his nostrils. We had him carried in and placed in bed, where he soon somewhat recovered. He said he knew nothing of the fall, but recollected having been seized with a strange dizziness as he was going out at the door. He had a slight shake and considerable fever with much pain of head. The fever continuing long, towards afternoon I gave him a few grains of James' powder, of which I happened to have some that was very good. This bringing out slight moisture and producing abatement of fever, I gave him a full dose of quina. As his tongue was very foul, I had sometime before given him a few grains of blue pill. In the evening he felt better, but complained of pain in the forehead and strange restlessness. He suggested opium. I asked him if he had often used that drug, and, on his replying in the affirmative, and finding his pulse nearly natural, I gave him two teaspoonfuls of paregoric. This was about 11 at night. He slept pretty well, felt tolerably comfortable in the morning, and after a slight dose of salts, which brought off one or two dark and fœtid stools, his tongue cleaned, and his appetite returned. I gave him another full dose of quina, and afterwards repeated it in smaller quantities being under the impression, all the time, that it was scorium of ague, somewhat modified.

Soon after this, I heard from a missionary friend, that the influenza, had been for some weeks prevailing in Lahaina. From the description, I judged the disease, so named, was some sort of fever. Soon afterwards it got the name of the Lahaina, and, finally, in this island, of the Boho fever. There is much intercourse between Lahaina and Honolulu. It reached the latter port in about two months. Gradually it spread over this island of Mani. Its progress was very slow, it being Christmas before it reached Hana, the north eastern division of the island, though the distance of that region from Lahaina, in a direct line, is considerably under sixty miles. But it made at last the whole round. It was two months before it crossed the mountain intervening between Lahaina and Wailuku, where I then resided, the distance in a direct line being under eighteen miles. The attack was sometimes very slight, sometimes severe, and attended with much suffering, but seldom protracted, most individuals getting over it in a week or two, and there

being almost no fatal cases. The whites were always first seized, and very few of them altogether escaped. Next it spread among the natives but very sparsely, here and there only a case occurring.

The first patients I had, after the case I have described, were whites, who had come out of Lahaina, or had been there. After about half a dozen such cases, it spread among those who had not been there. They had pain, sometimes excruciating, in the forehead, just over the orbits, reaching from temple to temple. The eye had a great deal of the peculiar aspect I told you of, in my former letter, as diagnostic of the Panama fever. This orbital pain was universal, and in some cases was the only symptom of disease. One friend of mine had even this only in a slight degree, with some intolerance of light, difficulty of reading, a flow of tears occasionally, and a little loss of appetite. He took no remedies, and these symptoms went off in a few days. Bleeding at the nose was very common, and, in some cases even alarming. There was a dead heavy pain in the back, in severe cases becoming acute, described as intolerable, and shooting through to the extremities of the ribs. There were also pains in the legs. The pulse was quickened, the tongue slightly furred, and the alvine evacuations were for a few times dark, coloured, and offensive. Oppression of the chest and cough sometimes supervened, especially among the natives. The first attack was very commonly attended with chills. It was altogether sudden and without premonitory symptoms. Two or three friends of mine were seized when riding on horseback, and got home with great difficulty. One of these recalled only that he had felt a sensation of giddiness, and then there was a blank, and he found himself lying on the middle of the road, and his horse strayed away.

I believe wherever it prevailed the phenomena presented were very similar to what I have described. I followed a similar treatment to what I had chanced to adopt at first, giving James' powder, slight doses of mercurial and saline purgatives, and finally quina. Sometimes when there was great redness, I added opium in the form of Dover's powder. The last I found of great service among the natives. Under this treatment the attack did not last over thirty-six hours. The quina prevented relapses which were apt to occur if omitted. I believe the disease had the same character, and the mode of treatment was very similar, all over this island, and in Oahu. It seemed rather more severe in Honolulu, where almost every white man was simultaneously seized, so that the stores were almost all closed for a week or two. The population of that port was then something over twelve thousand, about a fifth being foreigners.

I very soon came to the conclusion that the malady was identical

with the Panama fever, only much slighter, and told my patients so. I soon afterwards saw the same remark made in the *Polynesian*, the only English newspaper at that time published in Honolulu. This similarity is one among other reasons, why I have wished to give you a sketch of the progress of a malady, so little serious in its effects. It seems to me that the beginning of diseases, and the aspect they assume when putting on their most deadly forms, are particularly deserving attention. The former correspond to the *instantia incipientia* of Bacon. Now here it was evident that the first impression was on a certain part of the brain, and then extended to the nervous system in general. Such I apprehend is the case in the far more severe Panama and Chagres fever.

Again it seems to me that the progress of the malady serves to show how those forms of disease which we attempt to classify under the terms contagious, epidemic, endemic, &c., blend and mingle together. I have said it first broke out in Lahaina. That port is on the south-west of the Island. The small town stretches along the margin of the sea. Immediately behind, around, and on it, are tara patches, and large fish ponds. About a mile inland the mountains rise up and surround it like a wall of some thousand feet in height. The heat is generally great, and, this season, no trade-winds or land breezes had been felt for many weeks. I should add, that the de-composing lava mountains form beds of ferruginous clay. Thus, it was a fit nucleus for febrile disease. There was sufficient pabulum to feed it on should it be once generated. The predisposition of a single individual gave it birth, and, possibly, form; for, a few days after that first case, the malady with which he had been seized spread around. Having thus, shortly, as it were, grown into strength, it was able to progress beyond its birth place, and make way in regions that never would have first produced it. Undoubtedly individuals carried it from point to point, for it never progressed where there was not free intercourse. It was thus carried from Lahaina to Honolulu, yet it was not strictly contagious. Amongst the natives, for instance, it attacked only individuals, here and there, a quarter or half a mile distant, and having had no recent communication, and when it once reached Honolulu it was a real epidemic. It never reached the other islands because the intercourse is much less free between them.

(To be continued.)

ART. III.—*Case of Arm Presentation with prolapsus of the Cord.* By P. R. SHAVER, M. D., Stratford, C. W.

On the 4th instant I was summoned to attend Mrs. F——, in labour with her *primipara*. When I arrived (a distance of 10 miles) I found the patient had been in labour some 15 hours, and that the waters had been evacuated 10 hours prior to my arrival. Upon a vaginal examination I found the left arm protruding from the vagina, with prolapsus of the umbilical cord to the length of about six inches and perfectly *pulseless*. I immediately informed the friends of the patient that the child was dead, and the mother in a very critical situation. Her pulse was 120, face flushed and hurried breathing, the vagina dry, hot and swollen, and the uterine action very powerful, but of course ineffectual.

I immediately ordered hot fomentations to the region of the uterus to produce relaxation of that viscus if possible, so as to enable me to perform version if practicable. The uterine contraction had been so energetic that the child was crammed into the pelvis like a wedge.

I then administered tinct. opii i3 cum tart. ant. gr. ss. After waiting until I had induced quiescence of the organ, I then administered *chloroform* until I had produced the full effects of the anœsthetic. I then introduced my hand to turn, but upon the introduction I found the uterus so firmly grasping the body that I could with great difficulty insinuate my fingers between the uterus and child; but after some delay (keeping my hand in utero) I succeeded in obtaining the feet, and by a gentle waving motion I brought them into the vagina, the contractions then were re-established, and before the patient became conscious the body with the head were expelled. In five minutes after the expulsion of the child the placenta was detached, and the uterus firmly contracted. The recovery was rapid, and the patient now is quite well.

Stratford, C. W., April 20, 1856.

REVIEWS & BIBLIOGRAPHICAL NOTICES.

I.—*Manual of Chemical Physiology.* From the German of Professor C. G. LEHMANN, M.D. Translated with notes and additions. By J. CHESTON MORRIS, M.D. With an introductory essay on Vital Force. By SAMUEL JACKSON, M.D., Professor of Institutes of Medicine in the University of Pennsylvania, &c. Illustrated

with forty wood-cuts. Pp. 331. Philadelphia: Blanchard & Lee. Montreal: B. Dawson. Quebec: Middleton and Dawson.

In the January number we reviewed Dr. Lehmann's large work on physiological chemistry. The one now before us, is an epitome of that work, and contains "the positive facts which can now be looked on as the certain possessions of physiological chemistry, in as compressed a form as possible." The American edition contains two chapters from the pen of Professor Jackson of Philadelphia. 1st. Introductory essay on the human organization and its forces. 2nd. Remarks on Dr. Lehmann's doctrine of vital forces.

The philosophic mind in all ages has been earnestly directed towards the elucidation of the mystery which involves the subject of the material and the spiritual. What is mind, and what is matter? What their nature, and what their relations? Are they distinct entities, or are they not? Is mentality a mere property of matter? What is life? These, and many questions of similar import, have stirred the souls of men, and the midnight oil has burned—the patient investigation has been accomplished—the musty records of the past, and the ever fresh tablet of nature have been deeply read—the body of the student has become bent, his brow furrowed and his hair sprinkled with grey—and what availeth it? Much of great and glorious knowledge has certainly accrued to us; but still we only begin to perceive the heighth, depth, and extent of our ignorance of nature—her workings and her mysteries. True, enthusiasts now and then startle us with the cry of "*Eureka, Eureka*"—and we sieze their volumes with avidity, eager to know if the standing enigma of compound man has at last been solved—if the interior arcana of nature have finally been penetrated and forced to yield their secrets; but, alas, we read few chapters ere we discover that, although apparently satisfactory to the writer, there is naught for us save wild conjecture, or, at the best, a plausible and decent hypothesis. That man is made up of a perishable material body, and an imperishable immaterial spirit, we fully believe. Our convictions, however, have not been formed from, or strengthened by the perusal of the writings of philosophers, or the researches of science. They are solely based on the authority of that Book whose teachings we are ever ready to receive with unquestioning confidence. The Scriptures teach it, therefore, we believe it.

Our author, like many others who have made one branch of science their constant study, thinks that vital phenomena are quite explicable by the principles of his favorite science. Whilst, however, he labors to prove that physical forces are sufficient for the production of all the vital processes, he clearly cannot divest his mind altogether of the idea that there is some force operating in the human organism, which

differs in its manifestations from any known physical force. "The correctness of the view," he says, "which ascribes vital phenomena to mechanical conditions cannot be purely tested till the existence of this new force has been proved; but how can such proof be adduced in reference to a force the simplest effects of which are unknown to us, and which differs from other forces merely by its disregard to all restrictions, and of the limits prescribed by physicists to laws? It may be briefly asserted that the exclusion of physical agency affords no proof of a purely vital force, and yet there is no other means by which its existence can be established. The physicist who rigidly follows the leading maxims of his own science, must admit the possibility of a vital force, although, he may regard any proof of its existence as at present impossible." In discussions of this nature too much importance is placed upon terms. Men will contend for precisely the same thing but in bitter hostility to each other, merely from the fact of their having called the same thing by a different name. Now Dr. Lehmann, and his critic Dr. Jackson both agree that the physical forces, as far as they are known, do not suffice to explain life-processes; that although they enter very largely into their production, there is beyond them, and apparently distinct from them, another dynamical agency. This, which Dr Jackson, with other physiologists, calls vital force, Dr. Lehmann supposes may yet be found to be a physical force, whose manifestations are different from any that we are now acquainted with. Here they differ merely as regards terms; for what matters it, whether this force be called vital or physical so long as it is recognized as the power which operates through matter, and by its relations to other forces, or modes of force, produces that arrangement of matter to which the term organic has been applied for the purpose of distinguishing it from the inorganic, in the formation of which we perceive the operation of the physical forces only.

Dr. L. asserts that the idea of vital force is illogical; for a force is merely the abbreviated expression of a law from which the causal connection of certain phenomena may be deduced; and that a vital force is no law. We agree with Dr. Jackson that this statement proves Dr. L. "has not investigated the physiological facts of embryology or organic development, or he could not have so broadly asserted that the vital or organic force corresponds to no law, and is not a necessary cause of multitudinous consequent phenomena. So far is this statement from being correct it may confidently be asserted that the evidences of law, of causal connection and dependence are as strong, as palpable, in the phenomena, the direct results of organic or vital force—those of organization—as are to be found in any of the physical forces. A few facts will prove this position. Prevent the spermatozoon from reaching the egg,

no monadiform germ cell, the primary form of all animals, is produced. Let this germ cell be artificially broken or injured, and no blastoderm will be formed; injure the blastoderm, and either no embryon and chick will be developed, or this last will be imperfect." P. 44.

Force, according to our conception, is the energy of the Almighty Will operating through the *material substrata* of the universe. As the substrata differ widely from each other, so the manifestations of force differ, constituting what Physicists describe as the phenomena of so many different forces. The source or origin of force being one and indivisible, unchangeable; force, in simple terms, being God in nature, it follows that it can never be lost, but, so soon as it ceases to exist in one form it must, of necessity, manifest itself in one or more different forms. Every change in the relations of the material substrata through which it operates will give rise to a change in the phenomena. Hence we find that all the so-called separate forces are readily convertible one into the other. —that they are strictly co-related, and "possess equivalents of power in their action." We would not have it for a moment supposed that in giving expression to this view, we are inculcating any thing savouring of Pantheism. Nothing is further from our purpose. God, undoubtedly, is in all things, or rather, all things are in Him. He pervades all nature. He is the great life-organ, whose pulsations send streams of vivifying energy to the ultimate ramifications of every extremity of His mighty universe. But, He is more than that—He is the incomprehensible Soul; the Eternal first cause, the Creator, Upholder and Director of all things.

II.—*The principles and practice of Ophthalmic Medicine and Surgery.* By T. W. Jones, F.R.S., Professor of Ophthalmic Medicine and Surgery in the University College, London; Ophthalmic Surgeon to the Hospital, &c. With 110 illustrations. Second American, with additions from the second and revised London edition. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson. 1856.

We have always regarded Mr. Jones' Ophthalmic Medicine and Surgery as incomparably the very best manual ever published, in the English language, upon the subjects of which it treats. The second edition appears under many advantages over the first; and we may safely assert of it, that we know of no other work on the eye we can so confidently recommend to the student for study, or to the practitioner for practice. Without extending our approbation further, we propose relating a brief

account of the ophthalmascope, one of the latest marvels in ophthalmic practice, for the edification of our readers:—

The ophthalmascope is employed for a two-fold purpose: 1. To illuminate the *fundus of the globe of the* eye, and 2. To *obtain from the* foregoing result a clearly defined view of the ocular surfaces presented. It is variously constructed, the more commonly used on the European continent are those of Anagnostakis and of Jaeger. The former, which is probably the more superior of the two, consists of a round concave mirror, having a diameter of 2 inches, and a focal distance of 4½ inches, the silvered surface being protected by a blackened copper plate. The centre of this mirror is perforated in a round hole of the diameter of ¼ inch. The instrument is, lastly, set in a handle, and is then complete with an ordinary spirit lamp. In order to use it, the pupil first having been dilated by atropine, the patient is seated, the lamp ignited and placed upon the side of the eye to be examined, and in front of the latter the ophthalmascope is held, the Surgeon looks through the central aperture, and notes the appearances presented. The principle upon which the practice is founded is equally simple: the rays of light from the lamp are concentrated by the mirror, and are deflected thence upon the cornea, where, in consequence of their intensified illuminating powers, the deeper parts within and behind the posterior chamber become visible. An extemporaneous instrument may be made at any time by scratching off from near the centre of a fragment of common looking-glass a little of the silvering; this, with a lamp, suffices for myopic eyes, but presbyopic eyes will require, in addition, a convex lens placed between the lamp and glass. In using either of the foregoing some little difficulty will, at first, be felt—thus the exact distance may not be readily got, when this is too great, a mere reflection will be perceived upon the cornea; when less, a kind of red glare is brought out from the fundus of the eye; and when still less, the *different textures of the retina will become conspicuous*. Of course these variations require to be performed carefully and gradually. Instead of a spirit lamp, a wax candle or an argand burner, or a solar burner, may be used. The candle suffices for the examination of the crystalline lens. The flame of the lamp should generally be a little in advance of, and quite near to the ear of the patient, and always in the same plane with the eye of the patient and of the observer. In order that different parts of the interior may be successively seen, the patient is to roll his eye about in various ways, according as directed, or if he is incapable of doing so, the Surgeon may obviate this difficulty by a little change in the position of his own eye, and ophthalmascope. Again, as the nearer the lamp approaches to the mirror, the more the focal distance is elongated; so the further is the lamp to be

placed from himself, the nearer the observer desires to look. And, lastly, in making the variations, the mirror and patient may be kept fixed, after the focal distance of the former is determined, while the shiftings are confined to the illuminator.

Several cautions are to be observed in ophthalmoscoping, and these refer principally to cases of amaurosis, which is the disease, for the discovery of which it is chiefly intended. Thus, according to Dr. Dix, who has an article in the *Virginia Medical Journal* upon the subject, the instrument is not to be employed in "*First.* All cases of incomplete amaurosis which are of recent date, in which vision is but little affected, and which were preceded or at their commencement accompanied by severe pain in or near the eye, by intolerance of light, or by tenderness of the globe to pressure. *Second.* Recent cases attributable to exposure to excess of light. *Lastly.* It should never be used in cases of acute inflammation of any of the textures of the eye." The use of the ophthalmascope is not without its dangers to the operator himself; in no case is it advisable for him to prolong an examination much beyond one minute. Its too assiduous employment might not unlikely induce amaurosis in the same way as intense artificial light, when otherwise reflected or refracted, proves baneful to microscopists, watchmakers, sea captains and others. By this valuable speculum all the parts behind the iris are as clearly perceived through the expanded pupil as are the anterior textures to the unassisted eye, allowance, necessarily, being made for the refracting influence of the transparent humors of the eye that is under surveillance.

III.—*Atlas of Cutaneous Diseases.* By J. Moore Neligan, M.D., Edin., M.R.I.A., Honorary Doctor of Medicine, Trinity College, Dublin; Fellow of the King and Queen's College of Physicians in Ireland; Honorary Fellow of the College of Physicians of Sweden; Honorary Member of the Cork Medical Association; Physician to Jervis Street Hospital; Lecturer on the Practice of Medicine in the Dublin School of Medicine, &c., &c. Philadelphia: Blanchard and Lee. Montreal: B. Dawson. Quebec: Middleton & Dawson. 1856.

Neligan's atlas of cutaneous diseases supplies a long existent desideratum much felt by the largest class of our profession. It presents, in quarto size, 16 plates, each containing from 3 to 6 figures, and forming in all a total of 90 distinct representations of the different species of skin affections, grouped together in genera or families, in accordance with the classifi-

cation constructed by the author in his "Practical Treatise on Diseases of the skin," as published in the American edition of the latter. The illustrations have been taken from nature, and have been copied with such fidelity that they present a striking picture of life; in which the reduced scale aptly serves to give, at a *coup d'œil*, the remarkable peculiarities of each individual variety. And while thus the disease is rendered more definable, there is yet no loss of proportion incurred by the necessary concentration. Each figure is highly coloured, and so truthful has the artist been that the most fastidious observer could not justly take exception to the correctness of the execution of the pictures under his scrutiny. This production reflects the highest credit on the establishment of the enterprising publishers, who have brought it out, apparently, without sparing themselves either personal expense or great undertakings. It is worthy of remark that the illustrations were expressly taken in Dublin, from patients either under the care or inspection of Dr. Neligan, so that the work is eminently original. No pains were spared to obtain accuracy of finish with truthfulness of representation; and as an instance the following circumstance may be mentioned:—"The Daguerreotype has been employed in several of the illustrations, in order to aid the artist in accurately reducing the figures, and retaining the exact proportions between the size of the eruption and the part of the body affected." Accompanying each portrait is a short account of the chief facts of the case to which it refers, such as the age of the patient, the duration of the disease, the phases passed through by the eruption, the effect of remedial agents, &c.

The above publication is sold at the comparatively low rate of $4.50, and thus is placed within the reach of every professional brother. Both the student and practitioner whose pecuniary resources may be limited, and who do not enjoy the privilege of having the command of a well-stocked public library, will hail with great satisfaction the appearance of this work. And they may congratulate themselves at being favoured with what must soon be generally recognized, as not only one of the best books in its way, but also as one recommending itself to preference over longer known productions professing a similar object—viz., that of facilitating the comprehension of a most important class of affections, which without the proffered aid would often be either unintelligible or greatly misapprehended, since, then, their descriptions would only be conveyed by oral tradition or printed directions.

IV.—*Headaches.* Their causes and their cure. By HENRY G. WRIGHT, M.D., M.R.C.S.L., L.S.A., Fellow Roy. Med. Chir. Soc. Physician to St. Pancras Royal Dispensary. J. Churchill, 1856. From the author.

The reader is here presented with a work eminently practical in character. Its style is exactly that required by a subject so popular. And its matter is remarkably well arranged. We should be glad this treatise received a widely spread diffusion through the ranks of the laity as well as the professional circles of society, for to both it is capable of proving generally useful. We quite agree with the Doctor that people are too often disposed to put up in the best way they can with the aches of life they call minor, and which they, erroneously, suppose are either not within the province of medical treatment or else not fitting cases to engross the attentions of the Physician. A vast amount of human suffering might most unquestionably be prevented by a timely adoption of means adapted to nip it in the bud. And however indisposed the public are to accept this truth it is one upon which practitioners always endeavor to act when they are afforded an opportunity. The study of prophylatics is also, we are glad to know, rising of recent years in importance and interest, by the many valuable acquisitions brought within its folds by increasing experience and observation. Of the minor aches, headache is believed to be by far the most prevalent and the one met with under the greatest number of varieties. It sometimes constitutes the whole disease but more often is but a single symptom, and according to the other marks of disorder coupled with it, declares the particular lesion upon which it depends. Often, again, it is but a warning of many distant dangers, which, unless it be overcome, will surely follow. While at other times it is a symptom of present derangement. Were the laity aware of these essential differences in the import of headaches, we feel sure they would refrain from injuring themselves by their pernicious practices of treating each and every one upon some *simple* plan of their own. And, therefore, as we said, we wish this book were distributed among them to be learned and acted on. Practioners also will find much valuable information particularly in the symptomological and therapeutical portions, and the whole is enriched by a copious formula of useful prescriptions.

V.—*On some diseases of women admitting surgical treatment.* By ISAAC BAKER BROWN, F.R.C.S., Surgeon Accoucheur to St. Mary's Hospital, Vice President of the Medical Society of London, &c., &c.

Illustrated by twenty-four wood engravings. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson. 1856, pp. 275.

Some few months ago the London edition of this work was reviewed in the last volume of our journal, so that on the present occasion but little remains for us to do. It may, indeed, suffice for us to say we have much pleasure in renewing the favorable opinion of its merits that were formerly expressed. For the benefit of our readers we must, however, also add that the present edition is not a reprint of the English copy but appears to have been published on this continent, independently, of the latter and almost cotemporaneously with it. Purchasers in Canada will find it advantageous in an economical point of view to secure the American edition which compares very favorably with its associate—the text is clearly printed and well illustrated with explanatory wood cuts—while the selling price is much lower.

CLINICAL LECTURE.

(*Medical Circular.*)

On Modified Small-pox and Varicella. By M. TROUSSEAU, Physician to the Hotel Dieu, Paris.

Many physicians in our days still confound modified small-pox and varicella, and yet these two diseases are as unlike one another as vaccinia is unlike variola.

When an individual who has been vaccinated comes into contact with a person labouring under small-pox he becomes affected with small-pox of a particular kind. If the latter person come, in return, into contact with persons who have not been vaccinated, to these he communicates small-pox, usually distinct, but sometimes also extremely confluent. Small-pox and modified small-pox are one and the same disease, only the latter has been modified by previous vaccination.

Varicella occurs in individuals who have been vaccinated, as well as in those who have not,—in such as have had small-pox, and in such as have not. At the Hôpital Necker, where all the children had been vaccinated when a case of varicella has been admitted into my wards, I have seen the disease spread to every one of my little patients. Varicella never gives rise to small-pox or to modified small-pox. It becomes, then, highly important to know with certainty how to distinguish it from modified small-pox, which, you know, does not possess the same immunity. Let us pursue a little further the development of this subject.

MODIFIED SMALL-POX (VARIOLOID DISEASE).

When I began my medical studies, thirty-four years ago, it was generally admitted that an individual who had been vaccinated, could never afterwards have the small-pox. In 1825 a terrible epidemic small-pox broke out in Paris, when some individuals who had been vaccinated be-

came affected with a disease resembling small-pox. Mr. Husson, one of the physicians of the Hôtel Dieu, who had devoted much attention to the study of small-pox, denied the occurrence of small-pox after vaccination. The thing seemed so extraordinary, that when a vaccinated person labouring under small-pox was brought into an hospital, a volley was rung to collect the greatest possible number of physicians to consult on this anomaly. But after the epidemic of Edinburgh and that of Marseilles, this was no longer contested. The different Governments of the Germanic Confederation took, on that occasion, the following measure: They caused not only all the Military to be vaccinated, but every one who entered the Service, although he might previously have undergone that operation, had to submit to be vaccinated anew.

Small-pox may appear soon after vaccination. At the Hôpital Necker I saw a child seized with small-pox, whom I had vaccinated two years before. A woman and her children were attacked with small-pox after vaccination. The mother died; the children had only a benign varioloid affection.

The precursory forms of the varioloid disease are nearly the same as those of small-pox. Besides the initial fever, there is frequently seen a scarlatinous or petechial eruption, which, in a prognostic view, is but of slight importance. On the fourth day the eruption appears. In the variola discreta, the pustules are accompanied by a well-marked inflammatory areola; in the varioloid disease the pustules become slightly umbilicate, are not unequal, continue acuminated, are more or less projecting, and finally become encrusted. The ninth or tenth day of the disease—that is, the fifth or sixth of the eruption—shows the dessication complete, which is never the case in small-pox. When the tumefaction, in small-pox, ceases all at once on the ninth day, I have told you it is a sign almost always mortal. In modified small-pox, by the ninth day the whole is finished.

VARICELLA.

There are physicians occupying an eminent scientific position, who declare that varicella is only a modification of small-pox,—a particular form or variety of variola; a great and very dangerous error. When a case of varicella is received into my wards at the Necker—if, for example, it is the 1st of June—I direct this to be written: "From the 15th to the 17th of June there will be other cases of varicella in my wards." And this prediction has never failed. When the case was one of modified small-pox, eleven or twelve days afterwards I was sure to see the varioloid eruption appear. So you see how essentially different is the period of incubation in the two diseases.

A vaccinated child that has had variola will take varicella, should varicella be in the family; but the same thing does not occur in variola and in the varioloid disease.

Children suffering from varicella have, at the outset, fever, with small red spots; then bullæ are perceived—phlyctenæ of perfect transparency, without any surrounding inflammatory areola. What takes place in varicella, thirty-six hours from the outset of the disease, you do not see in small-pox till about the eighth or the ninth day. In small-pox the eruption is simultaneous: in varicella it is successive. You observe fever

and spots; and about the fourth or fifth day you see the fever entirely disappear.

The first day of the eruption in varicella, the bulla, is transparent; the second it is a purulent phlyctena; and the third it contains alactescent fluid. In variola discreta the pustule, in form, is round, like a drop of wax adhering to the skin. In varicella the bulla is unequal and jagged: in small-pox the pustule is umbilicate; the bulla in varicella is not, and leave behind a speck of a deep bistre colour, easily distinguishable from the yellow mark left on the skin by small-pox. Twelve or fifteen days are required for the complete evolution of the variolic pustule; four or five suffice for that of varicella.

Varicella is always a disease of little severity. I have never seen it terminate fatally, and I do not know that any one has ever sunk under the attack of a *verolette*, as it is still called.

As sequelæ of varicella in children, symptoms may be seen that may become fatal; as, for example, when there is a tendency to suppurate, a pemphigoid disease may arise, sometimes with very large bullæ, leaving extensive ecchymoses. The disease has then nothing in common with small-pox, from which it differs essentially.

Thus, then, small-pox and the varioloid disease (modified small-pox) are identical, whilst varicella is distinguished from them by dissimilarities in the period of its incubation and febrile attacks, in its form, the duration of its eruption, the nature of its pustules, and degree of severity.

THERAPEUTICAL RECORD.

(*American Pharmaceutical Journal.*)

On the Therapeutic Action of the Vapor of Bi-Sulphuret of Carbon.—Dr. Calvin G. Page recommends the vapor of bi-sulphuret of carbon to be applied externally, for neuralgic and rheumatic pain, by holding a wide-mouthed vial, containing half a drachm of that liquid, so that the vapor will be brought in contact with the part affected. The vapor produces at first a sensation of coldness, then a feeling of warmth with prickling, which rapidly increases until it can no longer be borne. Dr. Page believes it to be a valuable agent for the temporary relief of pain, and in certain cases with permanent benefit.

Fecula of Colchicum Autumnale as a source of Alcohol.—M. F. Comar says that the fresh bulb of Colchicum, yielded to him 21 per cent, of starch granules and that he was unsuccessful in detecting inulin, which has been announced as an ingredient of the cormus of this plant. M. Comar thinks this large percentage of starch is worthy of attention as a source of alcohol, and by an experiment, extracted 64 centilitres (1¼ pint) of that fluid from 14lb, of the fresh bulbs.

New Test for Nux Vomica.—Vielgruth has proposed the following simple test for nux vomica. A few grains of the substance supposed to

contain nux vomica is treated with proof spirit. The tincture is evaporated to dryness, at a temperature not exceeding 95° F. A drop or two of dilute sulphuric acid is added to the residue. The whole is again exposed to the above mentioned temperature; when, if nux vomica is present, a beautiful carmine-red color ensues. If the heat be stopped in ten or fifteen minutes, the color disappears, but will reappear with less brightness on reheating.

Oleo-Margarate of Zinc as a substitute for Lead Plaster.—M. de Mussey, during a residence at the Pyrenees, was struck with the fact that in those patients who make use of diachylon plaster, a black stain was caused by contact with the sulphurous water of the baths, in all places to which the diachylon had been applied. It was found that if the skin had been in contact with this preparation for a few minutes only, a sufficient quantity of lead would adhere to form a thick layer of sulphuret lead, after being plunged into the water which was with difficulty removed. Simply handling the plaster was enough to produce the same reaction with the mineral water on the fingers. This fact suggests that lead poisoning may occur by the external application of lead in this form. At the request of M. de Mussey, M. Boileau, Jr., of Luchon, in the Pyrenees, made some nice "zinc plaster" by precipitating white soap in solution with sulphate of zinc, and afterwards adding to the dried precipitate, resin, etc., as in diachylon. Its efficacy as a substitute for lead plaster has been tested affirmatively.

Action of Sugar on the Teeth.—M. Larez, in a course of investigation, arrived at the following conclusions, viz.—

1. Refined sugar, from either cane or beets, is injurious to healthy teeth, either by immediate contact with these organs or by the gas developed, owing to its stoppage in the stomach.

2. If a tooth is macerated in a saturated solution of sugar, it is so much altered in its chemical composition that it becomes gelatinous, and its enamel opaque, spongy, and easily broken.

3. This modification is due, not to free acid, but to a tendency of sugar to combine with the calcareous basis of the tooth.

Eau Sedative de Raspail is prepared of three strengths:—

Take of	Solution of ammonia (22°)	60	parts	80	parts	100 parts
	Tincture of camphor,	10	"	10	"	10 "
	Common salt,	60	"	60	"	60 "
	Water	1000	"	1000	"	1000 "

Dissolve the common salt in the water, then mix the camphor and ammonia together, and add them to the saline solution. M. Raspail intends No. 1 for persons whose skin is easily affected by rubefacients; No. 2 for allaying the pain from the sting of insects, and No. 3 for those patients who have a hard, callous skin. It is employed in hemicrania, cerebral congestions, and rheumatic affections. It is applied by compresses to the part affected, and when near the eyes care should be extended to protect them.

PERISCOPE.

Tapping of the Pericardium.—M. Aran, physician of the Hospital St. Antoine, at Paris, brought before the Academy of Medicine the case of a young man, 23 years of age, who was admitted under his care in July, 1855, with all the symptoms of severe pericarditis. The patient had been treated for pleurisy in the same hospital a few months before, and there was reason to believe that tubercles had formed in the lungs. As the young man was, on his second admission, very weak, and affected with diarrhœa, the antiphlogistic treatment could not be used with sufficient energy; and the inflammation of the pericardium, far from becoming subdued, was speedily followed by *effusion*. The liquid was so abundant, that very severe fits of dyspnœa came on, and M. Aran therefore resolved to tap the pericardium.

Though physician to an hospital, he performed the operation himself, with a small-sized trocar and canula, the direction being from below upwards, in the fifth intercostal space, a little below the spot where the dulness on percussion was well marked. The actual extent of the distended pericardium was figured by concentric lines drawn on the chest, and the actual situation of the heart carefully ascertained by auscultation. About twenty-eight ounces of a reddish transparent serosity escaped, with great relief to the urgent symptoms which had called for the operation. An injection was then thrown into the cavity of the pericardium, composed of an ounce and a half of water, half an ounce of tincture of iodine, and fifteen grains of iodide of potassium. The injection was well borne, and a few drachms of the liquid having been allowed to flow out, the wound was closed by compresses.

The symptoms, however, returned, and twelve days after the operation tapping was again had recourse to, when forty-nine ounces of a greenish albuminous liquid escaped. A stronger iodine injection was now used. The operation gave the patient neither pain nor uneasiness, and in the space of ten days the dulness had considerably diminished. But as the heart and pericardium improved the lungs grew worse; symptoms of tubercles became more plain, and dropsical effusions in various parts of the body appeared. The latter symptoms were removed by blisters and vapour baths, and the patient finally recovered so far as the affection of the pulmonary organs would allow; but the whole treatment used for the pericarditis with effusion was completely successful.—*Lancet.*

Chloroform in Intermittent Fever, by Dr. N. Dalton, of Logan, Ohio. Some time in September last, I visited a young athletic man, laboring under an intermittent, with general visceral congestion, which seemed to menace his life. I was convinced he must die, unless he was speedily relieved. For promptitude, I was induced to try the internal use of chloroform, and gave him about two drachms, with half gr. sulph. morphine. In a few seconds, he fell asleep, and slept soundly. His pulse, which could not be felt at the wrist, came up to about ninety, full and soft, and, when he awoke, to my astonishment, expressed himself perfectly well. All the unpleasant symptoms had given way, nor was the cold stage followed by any feverish reaction. This all occurred in less than an hour. I was so much pleased with its effects that I concluded to test its anti-periodic properties by risking the probability of its return.

From four to five weeks did elapse before it did return, during which time, and since, I have given it in the cold stage of quite a number of cases of simple intermittent, in doses varying from one to two drachms, in a little camphor water, both alone and combined with the morphine, and in every case have had the pleasure of witnessing the same prompt arrest of the disease; and in but two cases has there been any return of the ague, and in one only has there been any feverish reaction; but all are instantly arrested. I mentioned the matter to my partner, Dr. Hoffman, who has used the chloroform in a number of cases with the same happy results; also, to Dr. Pullen, who tried it on himself, with the effect of immediately arresting the chill, leaving him to feel as well as usual after an intermittent attack; but, being fearful of its anti-periodic properties, took from two to three grains of quinine the next day, and has not had a return of the ague since.

I will report more fully as soon as I can get time, possibly during the coming month. In the meantime, I hope you will lay this before your readers in some shape, that it may be more generally tried. If found to be as serviceable in the hands of others as in ours, it will be of incalculable benefit, both in relieving human suffering, and in a monetary point of view. Should it, on the other hand, serve no other purpose than promptly to arrest those alarming and so frequently fatal congestive chills, it will do much good.—*Ohio Med. and Surg. Journal.*

The Treatment of Hæmoptysis, by M. Aran. M. Aran agrees with those who entirely condemn the employment of blood-letting in the treatment of hæmoptysis, as it only temporarily arrests the bleeding, while it is dangerous, owing to the debility and increased susceptibility to the intercurrent affections it gives rise to. He has, for some time past, been engaged in testing the efficacy of the various hæmostatic agents employed in hæmoptysis; and in this paper he gives the results of his observations. He considers the essence of turpentine a most valuable remedy, gives it in doses of from 10 to 30 drops every hour, either in a spoonful of water, or mixed up with magnesia as a bolus. Marked amendment usually occurs in a few hours, and in from twenty-four to thirty-six hours the bleeding ceases. It is less suitable for young or plethoric subjects, with febrile action, than in weak, cachectic individuals, exhibiting atonic characteristics. Ergot of rye and ergotine are far less efficacious; but chloride of sodium, given in doses of 1 to 2½ drachms, proves very efficacious in some cases, and has the advantage of being always at hand. Among the astringents, tannin, and especially gallic acid, are to be recommended; the latter, while quite as efficacious, does not exert the same desiccating effect upon the tissues, or induce the obstinate constipation produced by tannin. As a mean dose, M. Aran gives 15 centigrammes (a centigramme is 1-7 grain) every hour or alternate hour. He has had little experience in the use of emetic and nauseating remedies; but, in three cases in which veratrine was employed, the bleeding ceased as if by enchantment. This class of remedies, indeed, would deserve to stand in the first class of hæmostatic agents, were there not others possessing like efficacy, and yet not giving rise to the painful nausea these produce. M. Aran has derived great

advantage from the combined use of digitalis and nitre. In ordinary cases, he gives, in the twenty-four hours, 30 centigrammes of digitalis, and 1½ gramme (a gramme is 15 grains) of nitre, divided into four doses; but, in very severe cases, these doses may be very much increased, so that the digitalis has been given to the extent of 1½ gramme, and the nitre to 4 grammes, without injuriously affecting the action of the heart, while the effect produced on the hemorrhage has been remarkable. Its arrest, never, however, takes place so suddenly under the use of these medicines, as when turpentine or gallic acid is employed.

In abundant but not immediately dangerous hemorrhage, we can choose among any of the above-mentioned means. In extremely abundant hemorrhage, we must arrest the flow as speedily as possible, by agents which do not depress the powers of the economy too much, and which are not too slow in their operation. Neither ergot, acetate of lead, nor alum is sufficient to meet the danger. Turpentine, gallic acid, chloride of sodium, or nitre with digitalis, can alone be trusted; but the necessity of increasing the dose with the intensity of the hemorrhage may perhaps render the chloride of sodium, and especially the nitre and digitalis, dangerous, through the possibility of a production of a too great depression of the heart's action. It is, therefore, to gallic acid or turpentine that we must chiefly trust in these severe cases; and we must not limit ourselves to their employment, but also endeavor to procure a temporary arrest of the hemorrhage by ligatures to the limbs, and the application of ice to the chest, allowing the means employed internally to consolidate this temporary cure.—*Med. Times and Gazette*, Jan., from *Gaz. Hop.* 1855.

A new mode of exploration by the simultaneous employment of Percussion and Auscultation.—Although but little practice is required to recognize, by the different degrees of sonoriety, intensity, and tone, the situation of the internal organs, and the marked changes which may occur in them, yet, to distinguish changes of function or structure, which occasion but very slight modifications of the normal sounds, the highest cultivation of the ear is essential. The means hitherto employed have not always enabled the most expert and experienced to detect the existence of internal changes. A very simple procedure, which, surprisingly, has not suggested itself before, has been recently proposed by an American physician, at present at Honolulu, on one of the Sandwich Islands.

Two persons are required to practice this mode of observation. One percusses whilst the other applies the stethoscope to the vicinity of the spot percussed. While he who percusses distinguishes only the coarse sounds, and the broad differences of sonoriety; to the ear of the auscultator is conveyed the faintest sounds and vibrations, with their minutest shades of variation. Dr. O'Rorke, who reports this method, in *La Lancette Francaise*, thinks that it will become exceedingly easy to trace, by its means, the exact limits of the heart, the liver, the different portions of the intestines, the course of the great vessels, and to ascertain the presence of liquids and gases in the internal cavities. The

fingers were used to percuss in these trials, but any substance may serve equally well as a plexímeter. The stethoscope is directed to be placed, according to the case, more or less near the spot percussed.

The only objection which can be urged against the method of exploration seems to be the necessity of having an assistant; but, as it will only be occasionally requisite to resort to this rigorous mode of investigation, it may be found generally inconvenient.—*Charleston Medical Journal and Review.*

Quinine in hooping-cough.—In some parts of Europe, after treating the preliminary stage of hooping cough with emetics of ipecacuanha, emollients, and revulsives, quinine is generally relied on to complete the cure. It is given immediately after the fit, in order to give time for the remedy to act before the succeeding paroxysm. Other remedies commonly employed, such as belladonna, assafœtida, sulphuret of potassium, coffee, cochineal, &c., do not seem to aid the curative action of quinine. All this may be received as evidence of the existence of periodicity in connection with the disease thus treated, which is often the case, doubtless in this country, also.—*Memphis Medical Recorder.*

On the Xiphisternal or Pericardial Chisel-Sound. By Dr. E. Smith.

The author commenced by laying down the following propositions, distinguishing between facts and hypotheses:—1. (fact.) A single chisel-sound is heard in the lower sternal region, in persons apparently healthy. 2. (hypothesis.) The sound is due to white pericardial patches, *plus* toxæmia. 3. (fact.) It is usually accompanied by a certain form of dyspepsia, which disappears with it under treatment addressed to the assumed pericardial lesion. 4. (hypothesis.) The attendant dyspepsia is only sympathetic. 5. (fact.) The disease, of which the chisel-sound is the manifestation, is almost confounded with ordinary dyspepsia, or some other disorder, although a diagnosis can readily be effected by observing the concurrence of the physical signs with the symptoms. 6. (fact.) The natural course of the disease is to persist; and, 7. (fact.) It is not dangerous to life. 8. (fact.) It requires no treatment when unaccompanied by disorder of digestion, or of any of the other natural functions. 9. (fact.) When it is present with any other disease, benefit to that disease usually results from cardiac treatment. 10. (fact.) It readily yields *to mild antiphlogistic treatment addressed to the assumed lesion.* 11. (fact.) It can only be diminished, but not removed, when the heart is diseased in its valves or muscular tissue. 12. (hypothesis.) The disease consists in general dyscrasia, with local perverted nutrition; the dyscrasia being allied to that of dyspepsia, gout, or rheumatism; and the local lesion consisting in milky patches on the pericardium. 13. (hypothesis.) Toxæmia invariably coexists with white patches on the pericardium, when the chisel-sound is heard. 14. (hypothesis.) White patches arise either by an inflammatory or a non-inflammatory process. 15. (hypothesis.) The chisel-sound does not follow upon the double friction-sound of mild subacute pericarditis, except when dyscrasia su-

pervenes upon the pericarditis. 16. (fact.) Pericarditis, mild and limited, will occur, and will disappear without giving rise to the chisel-sound. 17. (hypothesis.) The white patches on the pericardium are analogous to those observed on the liver and spleen. 18. (hypothesis.) The white patches that arise from a perverted nutritive process are attended during their formation, by hyperæmia and pain. Dr. Brown said that he did not attempt to explain the physical cause of the chisel-sound: it was a single sound, synchronous with systole, and resembled the noise made by a chisel or short plane used forcibly across the end of a piece of timber. It is heard at the lower part of the sternum, and over the xiphoid cartilage, and is most intense there even when it extends over the whole sternum. The extent of cardial dulness is sometimes increased towards the præcordia, but not always. The dyspepsia accompanying the chisel-sound is not amenable to stomachics and tonics, but is removed, together with the sound, by leeches, blisters, tartarized antimony, and iodide of potassium. The author related a number of illustrative cases; and concluded by desiring the assistance of the profession to investigate the subject.—*From Dublin Medical Press.*

Intermittent Opacity of the Cornea, Supervening after Sleep. By V. Rosas.

The following case is probably unique in the records of science, and we therefore reproduce it in detail:—

The patient is a man of 25 years of age; he dates his disease from about eighteen months anterior to the present time. He first perceived it on awakening from a sleep, which had been preceded by great fatigue of vision, almost uninterrupted for two days and two nights. Since that period, he experiences every day on rising from bed, obscurity of sight, attended with a corresponding want of transparency of the cornea of the right eye. This obscurity usually lasts four hours; it is only when the patient engages in violent exercises, or under the influence of other exciting causes, such as electricity, stimulating ointments, &c., that the opacity continues a little longer. Cold douches to the head, on the contrary, remove it in the course of half an hour. Immediately after awaking, the patient experiences nothing particular, so long as he remains in the recumbent position in bed; but as soon as he makes the least movement to raise himself, he perceives his sight becomes gradually obscure. The affection attains its maximum in five minutes; it remains in this state for an hour, and then decreases steadily until it wholly disappears, in the time already mentioned.

The right eye, when examined during the period of transparency of the cornea, presents a slightly injected state of the ocular and palpebral conjunctiva, the cornea, the lustre and degree of curvature of which have undergone no modification, being perfectly clear; the aqueous humour and the anterior chamber exhibit no abnormity. The iris is detached in many points, from the ciliary ligament, the chief solution of continuity being above; it, as well as the other, presents this peculiarity, that it engages only the anterior layer of the membrane; the pigmentary layer is not at all separated from its adhesions to the ciliary

ligament. The pupil is carried downwards and inwards; it has an oval form, but retains its normal magnitude, and contracts vigorously under the influence of light. The ophthalmoscope discloses a considerable injection of the retina and decided hyperæmia of the choroid; the latter is also easily seen without the aid of an instrument.

The treatment consisted at first in cold douches to the head; it has already been stated that they had the effect of reducing the duration of the attack to half an hour, but they did not prevent the supervention of the subsequent paroxysm. After having borne them for a fortnight, the patient refused to submit to them longer. Sulphate of quina, opium, morphia, iodide of potassium both internally and externally, were afterwards tried.

None of these means were successful. Mercurial inunctions around the eye and the application of electricity had the effect of prolonging the duration of the opacity by half an hour. Six weeks' treatment having failed to modify the symptoms, the patient was advised to try what rest alone would do.

What cause can be assigned for this singular affection? What explanation can be given of this periodical opacity of the cornea? In the present state of science it is impossible to say. The author for a time was of opinion that it proceeded from an accumulation of epithelium on the anterior surface of the eye; but he was forced to renounce this explanation after having ascertained that the vision became obscured, not during sleep, but at the moment when the patient was about to leave his bed.

Dr. Jacob pertinently observes:—In "Ophthalmology" just now some people are seeing too much and some too little, so let readers beware, for there is much nonsense current in print about things "unique" in this line. The eye in question has evidently undergone considerable change in structure from inflammation, from which it is not yet recovered, and will probably undergo more.—*Dublin Med. Press.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

NEW DRUGS IN THE PARIS EXHIBITION, 1855.

One of the most important appears to have been a new variety of opium cultivated in Algiers. Judging of its merits by the process of morphiometry, it is not inferior to some of the best varieties of smyrna opium; on the average 9.4 per cent. of morphia have been extracted from it, and the variations were from 7 to 11.3 per cent. Algeria opium as this species may be called, can be produced at comparatively a cheap

rate, viz., 18s. 4d. per lb.: as may be inferred, the crops must necessarily be luxuriant; in one year (1851) the poppies were so thickly set together, and so remarkably prolific that 17 lbs. 13 oz. of yield were obtained from a single acre of ground. Canadian Isinglass also attracted considerable attention; until very recently it was unknown or uncared for. Now, however, it is likely to fall into extensive and general demand. For its quality is very superior, and were the same skill and attention given to its dressing or preparation, as there is to the Siberian and East Indian varieties, there can be no doubt but it would most successfully compete with these in the market. It is procured from the swimming bladder of the sturgeons, (*Acipenser*) [Huso.?] which abound in the great rivers and lakes of this Continent. A farinaceous article, richly nutritious in character, deserves notice. The root of the plant yielding it, is enormous in size, and from a single one, from 20 to 50 lbs. of starch have been extracted. The vegetable grows in some parts of Jamaica, but its identity has not been satisfactorily settled. It is reported to be a species of the genus *Ipomœa*, but this opinion has been doubted, and the botanical source has been referred to a canna—the *c. achira*. The tubers of the latter agreeing most closely with the above; in the natural state being found as large as the human head, and leaving it probable that under cultivation they would attain the weight above indicated. An aromatic volatile oil, resembling the far famed otto of roses, was exhibited. It is the essence of geranium, and is got by distillation from the leaves of the *Pelargonium roseum and P. odoratissimum*. About 800 grains are afforded by 220 lbs of the materials, to which the petioles and herbaceous stems are allowed to remain attached. British Guiana among a host of curiosities, sent a specimen of caba calli bark; a decoction of which has the reputation of being an excellent lotion for ulcers of an indolent nature. The bark is separated from a tree which runs up to the height of 50 feet, and furnishes a very hard closely grained timber, that is well adapted for shipbuilding, The wood cuts into squares varying from 12 to 18 inches; it is not likely to fall a prey to insects, as it contains a bitter principle; and it is said it must be fastened with copper nails. Another bark from the same place was called cowechi bark. It is a valuable remedy in dysentery. The liber is to be scraped and mixed with cold water until the water becomes mucilaginous. One small tumblerful of this is to be drank every eight hours. Curarhuri bark from the same country is stated to used at home in the state of decoction, internally as an emetic, and locally as a wash for foul sores. It no doubt contains a peculiar acid principle that has not yet been isolated. Several other barks enjoying nearly similar therapeutical properties were associated with the foregoing, viz., hya-hya or milk tree, kirabelli, mora,

pacuri, soapwood, and wild cashew. These chiefly abound in an astringent matter, they are largely used in the cure of wounds, abrasions, ulcers, &c., and surprising effects are ascribed to their employment. The natives of British Guiana are very subject to a malignant ulceration of the rectum, and for relief of the distress, thus entailed, they resort to these drugs. Of the articles contributed by Jamaica two may be briefly noticed. One was a very fine sample of nutmegs. It appearing that the *myristica moschata* thrives admirably in Jamaica, more especially in a humid locality. A single tree 15 feet in height, puts out branches to the ground, and matured from 900 to 1000 fruits yearly. The other was a meal distinguished as "the Plaintain." It is prepared by slicing the immature fruit of the *musa paradisiaca* into thin pieces, drying them in the sun, and pounding or grating them. The starch constitutes a highly nutritious food for infants, and is excellent for puddings. A vast number of other drugs, equally novel, were also on sight, but we have not been able to learn enough of their properties or value, to permit our venturing any statement concerning them. The show of chemicals was described as very magnificient and complete.

INDECENT ADVERTISEMENTS.

A great deal of virtuous indignation has been expended by platform speakers and pulpit orators upon the immorality of the cheap literature of the day. Whilst some have unjustly condemned all "light reading," including under this head the best works of our most celebrated writers of fiction, others, with more discrimination, have separated the wheat from the chaff, and denounced only that kind of reading which is noted for its wild extravagances, false views of life, and immorality; and which is so well known as the "yellow-covered literature." No good man, no lover of his country or his kind, but must feel deeply pained to witness the number of filthy and obscene pamphlets which are yearly imported into Canada from the neighbouring Republic. The licentious creations of the polluted mind of a George Sand, a Paul de Kock, a Sue, a Reynolds, and a host of minor writers of the same stamp, are beginning to find numerous readers among the youth of our population; and thus, seed is being sewn broadcast, which is certain to yield, as it has already done in the United States, a luxuriant crop of infidelity and libertinism. Deplorable as are the effects on the morals of a community resulting from a wide-spread circulation of such novels and novellettes, it is not these that society has most to dread; it is rather the tenfold more abominable and insidious productions of the "manly vigour"

school of writers—those despicable panders to the lowest and basest passions of our nature. Had we anything to do with legislation we would certainly impose penalties of the severest nature upon those who, under the name of science and with the pretence of benefitting their fellow-men, send abroad works calculated to subvert everything that is lovely, virtuous, and of good repute in the human character. Nor would we spare their aidors and abettors—those publishers of papers, who, for the sake of filthy lucre, give place to their advertisements, and thus assist in scattering the germs of a moral plague throughout the land. The Montreal Press has, up to the present, kept itself remarkably free from the pollution of *indecent advertisements;* and it was, therefore, with feelings of sorrow that, in taking up a number of one of our hitherto respectable papers—a paper which we know is received into many respectable families, we observed no less than four filthy announcements in its advertising columns. Were we the head of a young family, we would infinitely rather place in the hands of our children the lightest of light reading, so long as it contained nothing offensive to morality, than a copy of the paper we allude to. One thing we would be certain of by so doing—we would not be placing in their hands a match to fire their dormant passions, by giving them directions where to obtain pictorial representations of the male and female organs of generation, &c., &c. The only one of these advertisements which we intend noticing, for they are all equally foul and mischievous, is said to be embellished by "100 *electrotyped picture representations,*" and among other things to contain--

"The anatomy of the generative organs of the male and female—Kidneys, Bladder, Seminiferous tubes, their number and length, impotence and sterility of Birds, Boar, Rat, Camel, Horse, Bull, Ram, Goat, Guinea Pig, Lion, Elephant, Panther, Cat, Doe and Fish—Prostate Gland, Puberty, the changes it produces in the system—Instinct, differences between Man and Animals, Womb, Pregnancy and Parturition, Ovum, Ovaries, Process of Impregnation, Fœtal Circulation, Puberty, Duration of Virile Power, Impotency and Emissions, Sterility, Causes and Cure, Barrenness, Causes of Unfruitful Marriages, Libertinism, Self-abuse, how to tell the sex of children before birth, Prevention of Offspring, Deaths in Parturition, Causes of Seminal Diseases and Debility, best mode of retaining Sexual Viger to old age, Children diseased by nurses, Child-bearing, Fruitful months, Color of Hair, Epilepsy, Temper, Total Abstemiousness, Choice of a Partner, Causes of difference of the Sexes, Royal Families, Persians and Mongolians, Marrying Age, Bachelors and Old Maids, Formation of Fœtus, Resemblance in the Offspring of the Parents, Quackery and Quacks, Specifics, History of Venereal diseases, Virulent and non-Virulent, Weakness peculiar to Females, Medicines in restoring Menstruation, Syphilis, Primary and Constitution Buboes, Gonnorrhœa, Gleet, Retention of Urine, Excoriations, Innocent,

and Unforseen Affections, Strictures, their symptoms. Inflammation of the Neck of Bladder, Varicocele, Hydrocele, &c."

What a fearful array of all that is essentially gross and lewd, is the above. And think, only think for a moment, that the sheet containing it lies every day within the reach of numbers of pure and unsuspecting youth of both sexes. Oh! if parents only knew, what is known to every medical man in the country, the desolating effects, physically, morally, and mentally, which these execrable works have produced in those who have perused and believed them, they would never allow a paper containing such an advertisement over the threshold into the sacred precincts of their home. Better never read a paper, if it were necessary, than to risk the introduction of a serpent into the bosom of their family, whose venom, when once infused, poisons the very springs of moral action, and serves to render the affected one an object of distress to his friends, a disgust to others, and a loathing to himself. There is one matter in the above advertisement which, we think, ought to subject all parties concerned in giving it publicity, to a state prosecution. For the protection of society, and suppression of crime, the authorities should take cognizance of, and vigorously put down, every attempt to give currency to plans for the purpose of effecting the "prevention of offspring."

From what we know of the publisher of the paper we have alluded to, we believe nothing is further from his intention than to aid in the increase of licentiousness in the Province. We believe he has allowed those advertisements to get into his respectable paper, either through ignorance of their contents or their bearing. We hope, therefore, that he will now see the necessity of immediately removing them from his columns, which are disgraced by their presence.

MEETING OF COLLEGE OF PHYSICIANS & SURGEONS, C.E.

MONTREAL, 13th May, 1855.

The semi-annual meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada, was held this day at the Mechanics' Institute, when there were present:—Drs. Holmes, Fremont, Robitaille, Marmette, Boudreau, Landry, Marsden, Von Iffland, Russell, Chamberlin, Foster, Fowler, Badeau, Brigham, Boutillier, Glines, Weilbrenner, Johnstone, Campbell, Munro, Bibaud, Sutherland, Boyer, Jones, Peltier, Sabourin.

Dr. Holmes, the President, took the Chair.

The minutes of the last semi-annual meeting, held in Quebec, in O tober, 1855, were read and approved.

Messrs. Lelievre and Anger's account for lawsuit expenses in t case of Dr. Lachance *vs.* Widow Crépeau was rejected, and it was d cided by the meeting that the said account should be paid by Dr. L chance.

Dr. Steine, a gentleman practising in Lachine for some time, appl to the Board for the License of the College, on the plea that he h already many years past obtained a certificate from the Board of E aminers, then in existence, and that having been obliged to return Europe soon after his examination, he did not apply for his License that time, but kept the certificate of his examination as a voucher.

Dr. Steine's demand was granted, and he accordingly received t License of the College of Physicians and Surgeons of Lower Canada.

Dr. Peltier, the Secretary, presented a petition from Mr. Moses May ball begging that a License be granted to him without examination.

Dr. Chamberlin moved, seconded by Dr. Bouthillier, "That a Com mittee of three members be appointed, to whom shall be referred a papers, petitions, communications, upon which they will report to t Board."

Drs. Bouthillier, Chamberlin, and Fremont were called upon to a on the said Committee.

The Committee, after having examined the petition and certificat of Mr. Moses Mayball, reported that in their opinion the College has n the power to grant the prayer of the petitioner.

The following gentlemen, with University Degrees, were sworn, an granted their Licenses:—Drs. Stevenson, J. C. Lee, W. J. Jones, A. H Kollmyer, Hamel, Labarge, Dupuis, Alex. Kirkpatrick; all graduates o M'Gill College.

Dr. Stein received also his License.

The Board then proceeded to the examinations.

The following gentlemen, after satisfactory examination, receive their Licenses:—Messrs. Ch. Augé, Th. Sauriol, Dufresne, J. Leblanc M. Palardy, St. Germain, DeMontigny, Lafleur, Tramblay, L. Cyr, J Stansfield, L. A. Weilbrenner.

The following young gentlemen, having passed their preliminary ex amination, were admitted to enter upon the study of Medicine:—Messrs. Lavallée, Leocault, Gludu, Gaviépy, Rousseau, Brousseau, Mathieu, Le claire, Coursol, Demers, Desroche, Lenoir, Lémery, Viger, Delvechis,

Tanguay, Brassard, Chevalier, Barcels, Desjardins, Fraser, M'Millan, Douglas, Duchesnay, Lachance.

There being no other business, the Board adjourned.

HECTOR PELTIER, M.D., Edin.,
Secretary for the District of Montreal.

M'GILL COLLEGE—MEDICAL HONORS—1856.

At the usual convocation of the University, at the end of the past Session, the following gentlemen, having fulfilled the requirements of candidates, received the degree of Doctor of Medicine and Surgery. To their names and residences are added the subjects of their inaugural dissertations:—

William Justus Jones, Brockville, C. W., Uterine Hæmorrhage.
Joseph Alexander Hamel, Quebec, C. E., Tubercle of the Lungs.
Edward Laberge, Chateauguay, Apoplexy.
Joseph G. B. Dupuis, Montreal, C. E., Puerperal Convulsions.
Alexander H. Kollmyer, Montreal, C. E., Syphilitic Virus.
Walter James Henry, Montreal, C. E., Iritis.
Alexander Kirkpatrick, Chippawa, C. W., Hydrocele.
James C. Lee, M. D., London, C.W., Diseases of Females.
James McGregor Stevenson, London, C. W., Asiatic Cholera.

The gentleman last named passed his examination last year, but was too young to be graduated earlier. He has been spending the interval in Great Britain, and while away became a Licentiate of the Royal School of Surgeons, Edinburgh.

To three of the above, Prizes were awarded—

1st. Prize for Thesis, Mr. W. J. Henry.
2nd. Do do Mr. W. J. Jones.
Prize for Final Examination, Mr. C. Laberge.

It was also announced that the students undermentioned had passed their primary examination.

Mr. Duncan Thomas Robertson, Quebec, C. E.
Mr. Andrew A. Boylan, Montreal, C. E.
Mr. Etienne R. Riel, Ottawa City, C. E.
Mr. Charles Glen, Chambly, C. E.
Mr. John McMillan, London, C. W.
Mr, R. Whiteford, Three Rivers, C. E.
Mr. Levi R. Church, Aylmer, C. E.

Mr. L. R. Church having exhibited most proficiency in his answerings, to him was given the Prize for the best prelminary examination.

APPOINTMENTS AT MONTREAL GENERAL HOSPITAL.

Dr. J. Reddy, of this city, has been elected by the Governors of this Institution as attending Physician in the lieu of Dr. Arnoldi, whose office was vacated by his removal to Toronto. We congratulate the deserving Dr. on having received this honorable appointment, and hope he will not let his opportunities slip by unimproved. Mr. A. H. Kollmyer having retired from the apothecaryship, left a vacancy which has been judiciously given to Mr. L. R. Church.

THE LOUISVILLE REVIEW.

We have received the first number of this new periodical. It is a bi-monthly journal of practical Medicine and Surgery, and contains 144 pages. It is edited by Drs. Gross and Richardson; the former of whom is favorably known to the profession by being the author of several excellent works. We have been much pleased with our perusal of the present work; the original articles generally—both communicated and editorial—are of a high order of merit, and in particular the retrospective review of Richter, which we think full of elaborate detail and critical acumen. The *Louisville Review* supplies the void left in medical literature by the suspension of the Western Journal of Medicine and Surgery, which was one of the most respectable journals issued in the South Western States. We have great pleasure in adding it, to our already extensive exchange list.

ANOTHER EXCHANGE.

The New Orleans Medical and Surgical Journal, edited by Bennet Dowler, M.D., &c. Bi-monthly. Pp. 145. $5 per annum.

This journal is one of the very best in the Union. Rich in first rate original articles and edited with an ability and vigor far above the ordinary range. We shall always anxiously look for its arrival.

BOOKS RECEIVED FOR REVIEW.

Curling on the Testis. Second American from the second and enlarged English edition. 1856. From Messrs. Blanchard & Lea, Philadelphia.

HOSPITAL REPORT.

MONTREAL DISPENSARY—ANNUAL REPORT.

FROM 1st MAY, 1855, TO 1st MAY, 1856.

Patients admitted, 1,364; discharged cured 223; relieved, 136; sent to Hospital, 3; died, 4; 25 were attended at their own residences.

AGES.—Under 2, 19; from 2 to 8, 42; from 8 to 20, 87; from 20 to 40, 98; from 40 to 60, 96; over 60, 22.

DISEASES AND ACCIDENTS.

Febris Com. Cont.	3	Dysenteria	3	Conjunctivitis	4
" Intermitt.	1	Dyspepsia	12	Hordeolum	1
" Remitt.	1	Emesis	2	Ophthalmia	1
" Typhoid	1	Gastralgia	2	Cophosis	1
Scarlatina Simp.	1	Gengivitis	2	Otitis	3
" Malig.	1	Helminthiasis	10	Otorrhœa	1
Variola Discret.	4	Hypochondriasis	2	Adenitis	2
Rheumatism	13	Tonsillitis	1	Abscessus	1
" Chr.	6	Tympanitis	1	Ambustio	1
Lumbago	5	Hæmorrhois Int.	1	Contusio	16
Pleurodynia	4	Prolapsus Ani	1	Fractura Clavic.	1
Cachexia	1	Uresis	1	" Manus	1
Chlorosis	2	Hydrops Renal.	1	Gelatio	1
Hæmorrhag.	1	Epilepsia	2	Hernia Inf.	1
Epistaxis	1	Hemiplegia	3	Hydrarthus	2
Debilitas	1	Hydroceph. Acut.	1	Inflam. Calc	2
Morbus Cordis,	3	Vertigo	1	" Cruris	2
Palpitatio	1	Melancholia	1	Injur Humeri	1
Asthma	1	Hemicrania	1	Morbus Coxæ	4
Bronchitis	9	Odontagia	2	Morsus Hominis	1
" Chron.	6	Sciatica	1	Labii Scrofulos.	1
" Senil.	3	Hysteria	1	Paronychia	1
Catarrhus	22	Alopoecia	1	Periostitis	4
" Chr.	1	Eczema	3	Phlegmon	1
" Tracheal	1	Ecthyma	1	Torsio	3
Influenza	2	Erysipelas	1	Tumor (Sper. Cord.)	2
Phthisis	23	Erythema	1	Ulcus	5
Pleuritis, subac.	1	Favus	1	Vulnus	6
Pneumonia	3	Herpes Lab.	1	Balanitis	3
Aphthæ	2	Intertrigo	1	Blenorrhagia	1
Cardialgia	2	Impetigo	1	Gonorrhœa	3
Cholera, Infant.	2	Lepra. Vulg.	2	Preputii Infl.	1
" Sporad.	2	Porrigo larv.	2	Syphilis Prim.	2
Colica Crapul.	1	" decav	1	" Consec.	4
" Pictor	1	Psora	3	Amenorrhœa	6
Constipatio	17	Tinea Capit.	3	Leucorrhœa	1
Dentitio	3	Vaccinatio	1	Mastoitis	1
Diarrhœa	24	Cataract	1	Uteri Relaxat.	3
" Chron.	5				

DISEASES PROVING FATAL. Cholera Sporad, 1; Hydroceph Acut, 1; Phthisis Pulm, 1; Sarlatina Malig., 1.

ATTENDING PHYSICANS. January, April, July and October, Drs. BOYER and WRIGHT. February, May, August and November, Drs. JONES and PELTIER. March, June, September and Decembr, Drs. FENWICK and R. P. HOWARD.

MEDICAL NEWS.

It has been proposed to add tartar emetic to the phosphorous paste employed in making friction matches, in order, by inducing vomiting, to prevent the accidents which sometimes occur to children from eating them.—The probable lifetime in Sheffield and such towns is only 6 years, while in Surrey it is 52.—A drachm of aqua ammonia added to a gallon of syrup will frequently prevent its fermentation.—A Committee of the Academy of Sciences, New York, have reported that it is a matter of impossibility to pass a sponge probang through the rimaglottidis below the chordæ vocales; it failed to pass in 18 attempts.—"I can't bear children," said Mrs. Prim, disdainfully. Mrs. Partington, looking over her specs, mildly replied. "Perhaps if you could you would like them better."—M. Dagot saw a colt 11 days old which could be milked like a cow, but the flow was stronger when the little animal drew milk 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.—Jas. Roberts, Minister of Quarnford, attests this certificate of one Brian Heathcote, a Quack. "This is to certifoy That i have attended Josh. Ashmoor Sine the time of his misfortun And he is verrey promising according to The time the Bone is knit and growne verrey nisely and the arm Straight the Elbo is right in its propre place."—*Mortality of medical men.*—Three-fourths die before the age of 50, and 10-11ths before 60.—Dr. Thos. J. Boyd, the oldest practitioner in New York, died lately at the age of 84, having been 63 years in practice. He died in harness, as within a week of his death he was seen tottering on his way to visit a patient, supported by a dutiful daughter.—Wm. Fred. Chambers, M.D., R.C.H.F.R.S., formerly physician to St. George's Hospital to William IV, Adelaide, Victoria, &c., who led London from 1836 to 1848, died on the 16th December last, at the age of 70 years.—Dr. H. Clutterback died lately in London at the advanced age of 89, the oldest and most respected of her physicians.—Paul Dubois received 30,000 francs from the Emperor for his services during the late accouchment; his father Antoine received 100,000 from Louis' uncle when he attended Marie Louise when she gave birth to the King of Rome.—It is now proposed to cure by "medical inhalation," not only consumption, but even diseases of the heart, liver disease, and chronic diseases generally. The great curer is a New Yorker.—John C. Warren, the eminent Surgeon at Boston, died a few weeks ago. He was born in 1777 and had been practising over fifty years. An American editor concludes his notice by observing, "when John C. Warren died a great man fell in Israel."—A Mrs. Phin, of Birmingham, England, showered into the fond lap of her happy lord, on a late occasion, 5 children, 3 boys, born alive and doing well, and 2 girls, born dead.—The various Colleges, &c., in the States, have sent forth, at the end of this last session, 1239 Doctors, with full power, if not skill, to drug and carve humanity.—Alexis St. Martin still lives, he is 52 years of age, and he is to be in Boston on show. No one has peeped into his stomach since Beaumont until latterly a Dr. Bunting got hold of him. *En passant*, Dr. B. is said to be of Montreal; this must be wrong, we know of no such party.—What is mind? Dr. Hunt has given this answer,—for the benefit of those who can understand it. Mind is the traditional impress of force progression through brain matter.—A male giraffe has recently been born at the Zoological Gardens, Paris, this is the first birth of one of these animals in Europe; he is 76 feet high.—3 young lions were born in the Managerie in Howard St. in Boston, 2 have died since.—Fish, having four distinct and useful legs, according to the Rochester *Union*, abound in a rivulet near Fort Defiance, New Mexico.—Dr. Vierardt, the inventor of a pulse indicating instrument, shows that in man the frequency of the pulse is diminished by increase of temperature.—Dr. Moleschott, of Heidelberg, investigating the influence of light on the phenomena of respiration, finds that animals breathe 1-5th less frequently in the dark than in the light.——A new thermometric agent has been invented by a Russian philosopher, an adaptation of thermo-electric currents, by which the temperature of the deepest parts of the ocean may be measured.——M. Gerdy, Professor of Surgery at the Faculty of Paris, &c., has just died, at Paris, of pulmonary consumption. The deceased would never believe himself laboring under this fatal affection.——The Philadelphia *Medical and Surgical Journal* says, that 300,000 ounces of quinine are annually consumed in the United States. It sells at from $3 to $4 an ounce.——The Empress of the French was delivered with long forceps. Chloroform was administered in small quantity, but it caused such great excitement and delirium that it was discontinued.——Mons. Jobard thinks the pyramids were built as signal heights and points of observation to ships, boats, travellers and armies.