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ORIGINAL COMMUNICATIONS.

ART. XXXII.—*Laryngismus Stridulus*. By JAMES BARNES, M.D.,
Edin.

As far as my information enables me to conjecture an opinion, *Laryngismus Stridulus* is a much more common disease in Canada than Great Britain, and its frequency in this country, as a complaint among children, seems to be much greater in summer than at any other season of the year. It is said, also, to be more prevalent in warmer climates than our own. It would be difficult to explain these two latter assertions, except upon the supposition that this disease is primarily and essentially of a *nervous* character. Assuming this to be correct, it can be readily understood how the nervous system, naturally so mobile in the infant and child, should become enfeebled and irritated by excessive heat, and thus predispose more favorably to the action of some general exciting influence which may cause the disease. There are many direct sources of nervous irritation which produce symptoms very analogous to those which characterize *Laryngismus Stridulus*. Indeed, so undoubted are these causes, and so evident the symptoms of laryngeal irritation, that many standard authorities in medicine have been led to view the disease we are considering, as altogether a secondary complaint, and one always symptomatic of some other affection, previously existing within the system, whether situated in a remote part of the body or in the vicinity of the larynx. Such causes, as have been described, may be enumerated as follows:—Mechanical irritation of the larynx either by a neighbouring tumour or by the impaction of a foreign body in the pharynx—irritation of teething—derangement of the stomach—hysteria—mental emotions and determination of blood to the head. It is convenient also, in such cases, to explain the connexion between the supposed cause and effect upon the modern doctrine of nervous reflex action. But, while fully acknowledging the secondary nature of

laryngeal spasm in these instances, we are not inclined to consider it in the light of a distinct disease, as it is obvious the affection is merely accidental, and claims no pretensions to regularity, either in symptoms or in period of occurrence. On the other hand, *Laryngismus Stridulus*, or *spasmodic croup*, as it is frequently called, is a disease which usually supervenes without any obvious exciting cause, attacks its victim during sleep, and observes a periodical regularity in its paroxysms. It is, moreover, a disease of childhood, and seldom or ever occurs, so far as we can discover, beyond the age of seven, even in children who have been constantly subject to it previously to that period of life. We believe it to be an idiopathic disease, and purely nervous in its character—dependent upon some specific cause, probably atmospheric, which produces primarily a general mobility of the nervous system, and a morbid irritation of the nerves supplying the larynx; the capillary circulation of a confined portion of the mucous membrane becoming secondarily affected. This opinion of the origin and nature of the disease is based upon the following considerations:—

1. The general absence of any evident predisposition on the part of the patient. It is not confined, as is supposed by some authors, to those constitutions which partake of the relaxed and irritable habit and in which there might be expected to exist a much stronger susceptibility to the display of spasmodic action. It appears to attack children generally, and even when in the most favorable state of health.
2. The absence of any apparent exciting cause, beyond what may be obscurely referred to some unknown atmospheric influence.
3. The periodicity of the paroxysms, and the marked tendency of the disease to return at the same particular time, in successive attacks.
4. The fact of its attacking, in some rare instances, not one, but several members of a family about the same time.
5. Change of locality has been shown to check the tendency to return.
6. Repeated attacks become gradually less severe, and the disease ultimately ceases altogether to affect its former victim.

The diagnosis of spasmodic croup is not always a matter of easy calculation, since there are two other affections of the air-passages, that produce somewhat similar local symptoms, but which it is of primary importance to distinguish, as they are essentially distinct. The first is *Inflammatory Croup*, described by authors under the name of *Cynanche trachealis*, and called *primary croup* by Stokes; the second is *Diphtheritis of Bretonneau*, called *secondary croup* by Stokes.

In order to distinguish spasmodic croup from these two diseases, the following points deserve attention:

In inflammatory or primary croup, the mucous membrane of the larynx and trachea is primarily affected, the attendant fever—symptomatic of the local disease—is of an inflammatory character, the exudation in the air-passages rapidly concretes to form an adventitious or false membrane, giving rise to the well-known symptoms, viz: the shrill croupy cough, stridulous voice, laborious and suffocative breathing, &c.; and lastly, the attack is generally the result of exposure to cold and wet, and is usually preceded, for a day or two, by symptoms of slight catarrh, as cough and hoarseness, &c.

In Diphtheritis, the affection of the larynx is secondary to disease of tonsils and pharynx, is preceded by general disturbance and accompanied by fever of a typhoid character. There is dysphagia and frequently a very fetid breath, and the disease, when it occurs, is epidemic and contagious.

In Laryngismus Stridulus, the most characteristic features are the following:—

1. The *suddenness* of the attack, without any premonitory symptoms, general or local, that would lead to the anticipation of its approach.

2. The *period* of its commencement, viz.: during sleep. As generally happens, the child is perfectly well during the day, plays about cheerfully and actively, becomes somewhat tired and peevish at night and impatient for bed, and probably after two or three hours' sleep, it suddenly awakes, labouring under the symptoms of laryngeal irritation and spasm.

3. The *rapidity* of its progress and of its fatal termination, which has been known to take place four hours after the commencement of the attack.

4. *Complete absence of the inflammatory pulse* and sometimes of the slightest febrile excitement. This is especially observed when the attack first comes on, but in a short time, the repeated spasms, the difficult and suffocative breathing, give rise to extreme restlessness of the patient, when the skin becomes warm and the pulse quick and irritable. Care must, therefore, be taken not to attribute this febrile disturbance to a local inflammation of the larynx which does not exist.

5. The local characters of the complaint are—the shrill trembling *stridulous* voice—the *croaking* sound, heard in the larynx during respiration, and becoming very distinct on coughing—the *paroxysmal* nature of the cough, which returns at different intervals, and threatens imme-

ate suffocation—and the expectoration of a thin glairy mucus from the larynx.

The remarks above made are well illustrated by the following case, witnessed in August, 1855:—

A girl, aged two years and six months, of thin frame and lively disposition, was suddenly seized at night with difficulty of breathing and a threatening of suffocation. It was stated by the mother that her child had previously suffered from three attacks of "croup," the last being the most severe, and that, during the day previous to the present one, the child was in perfect health, played about as usual and went to bed without showing any symptoms of being ill. About 12 o'clock she awoke suddenly, crying for breath and coughing with a sharp jerking motion of the throat. On my entrance into the house the child was asleep, having recovered from two attacks of coughing. In a few minutes, however, she started suddenly up, evidently in great distress from difficulty of breathing, cried with a shrill voice, and commenced a rapid harsh cough which was accompanied by a distinct croaking noise, lasted nearly two minutes and returned in twenty minutes or thereabout. During the interval there was comparative rest, but the breathing was short, hurried, and sometimes irregular, and the characteristic sound was heard in the larynx during respiration. There was absence of general fever, but the patient was restless and irritable. Watching the symptoms for some time and observing that the disease was of a spasmodic nature and likely to endanger the life of the child if no immediate relief were given, large doses of ipecacuan were administered till it produced a full emetic action, on which the patient was placed in a warm bath and retained there, covered by a blanket, till copious diaphoresis supervened. The relief obtained was almost immediate, and the patient fell into a deep and quiet sleep which continued till morning, only interrupted by an occasional cough. Towards morning a purge of calomel and rhubarb was given, and the next day the child was kept quiet in bed, and small doses of ipecacuan continued to guard against a return of the attack. The succeeding night, however, after about four hours' sleep, the symptoms suddenly recurred with their usual violence, but yielded readily to the prompt treatment previously adopted. The following day the child seemed perfectly well and as lively as could possibly be and the disease did not recur. Whether any subsequent attacks supervened, is not within my knowledge, as the family removed from town a short time after.

It may be said of the treatment of spasmodic croup, that, in few diseases are decision and promptitude of greater avail in averting im-

mediate serious consequences. We believe the administration of an emetic, as of tartarized antimony or of ipecacuan, and the use of the warm bath for the production of copious diaphoresis, are the most effectual means that could be employed, in children, to soothe the irritability of the nervous system and allay spasmodic action. This cannot be said of anodynes and anti-spasmodics proper, which, though often recommended, have been acknowledged by most authors, as of little advantage and very unsatisfactory in the results of their action. It may be also observed that blood-letting, which may be said to be indispensable in inflammatory croup, tends evidently to increase the irritability of the system in Laryngismus and consequently aggravates the disease. This should lead to a careful consideration of the case before any measures be adopted, since an error in diagnosis might lead to the severest disappointment in treatment.

ART. XXXIII.—A Case of Internal Strangulated Hernia, with some remarks. By V. A. BROWN, M.B., L.R.C.S.E., Surgeon of Enrolled Pensioners and Volunteer Militia Artillery, London, C.W.

On Monday, the 23rd ultimo, I was requested, in a great hurry, to visit a young man, *ætat* 21, residing about one mile from this city, who was reported by the medical gentlemen in attendance to be dying of malignant cholera. Before I reached the house the young man had breathed his last. The medical man in company with another, had left the house, having previously given directions to the family and friends of the deceased, to say as little as possible about the case, as it was one of cholera, and would cause great alarm in the neighbourhood, if generally known. I need hardly say that such an opinion, given by one of the oldest practitioners in this city, did spread a great deal of consternation in the neighbourhood, and very effectually verified the gentlemen's suspicions, as soon as it became known. On enquiry into the history of the case, I was informed that the young man had severely overstrained himself on the Saturday previous, by excessive jumping and swinging, an amusement he was very fond of, and being constantly in the habit of practising, was an adept in. On Sunday he was suddenly seized with pain of an excruciating nature in the abdomen, which he referred chiefly to the epigastric, right lumbar and iliac regions, the usual medical attendant of the family was then sent for and saw him at 5 o'clock p.m. He prescribed sinapisms, stupes and enemata, which were sedulously applied during the night, distressing vomiting of a dark

bilious nature set in, and continued unabated. The enemata administered at first brought away a few big, hard, dark scybala, but latterly were returned without any effect. Towards morning his countenance became very much altered, sunk, and indicative of great depression, his pulse could scarcely be felt, and slight cramps attacked the extremities, the belly at the same time was distended and tympanitic, he was then treated with stimulants, but without any avail, as he died at 12 o'clock retaining his faculties and voice to the last.

A case being one of very great interest, as well on account of its rapidly fatal termination, as the singular view taken of it in this season of the year; and being eagerly questioned as to the cause of death, I requested permission to examine the body, which, after some persuasion, was granted. I regret that I was unable at the time to procure the assistance of another medical man; in order to verify the following post mortem appearances; 6 hours after death. The examination was conducted in the presence of different members of the family-

Body well formed and stout, capillary system in general injected with dark coloured blood; in the abdomen, the omentum and peritoneal coat of the intestines were vascular in places, the colour of the vascular injection being more florid in the right iliac and lumbar regions than in others, upon some portions of the small intestines circumscribed patches of lymph, were in the first stage of effusion, the stomach, duodenum, jejunum, and a portion of the ilium were filled almost to distension, with a thin, yellowish, watery fluid, the whole tract of the large intestine from the caecum to its sigmoid flexure, was highly tympanitic, on carefully examining the right iliac fossa, the free end of the appendix vermiformis was found adherent to the mesocolon, the adhesion appeared to be one of old date and required considerable force to detach it. It formed a loop through which 2 or 3 coils of the middle portion of the ilium, about 8 inches in length, had passed, and become constricted, the part included within the constriction, was of a dark purple colour, precisely that of a grape, and smeared with a purulent fluid; the remaining portion of the intestine which lay on this side of the intestine, following the natural course of the channel, was inflamed, the inflammation being of a red colour, the part which lay beyond it, viz:—the caecum, ascending transverse and sigmoid flexure of the colon, was pale and distended with gaseous contents, the line of demarcation between the two was very abrupt and strong, and easily determined by the obstacle, the other viscera viz. the heart, lungs, liver, spleen and kidneys, were in a perfectly healthy state, the bladder was empty, no urine had been passed after 3 o'clock on Sunday night.

The post-mortem appearances, revealed here, present us with some interesting points for reflection, the suddenness of the attack, its exciting cause, its progress, and the singular and erroneous opinion given as to the pathological cause of death, are all satisfactorily explained. It is evident that an internal strangulated hernia had taken place, the spasmodic or peristaltic action of the intestine, which was excited by the unfortunate young man's favorite amusement, must have been the cause of forcing the portion of the intestine into the loop which had been formed by the adhesion of the vermiform appendix to the meso colon, this, from the difficulty met with in its detachment, and the fact of its having suffered from a severe attack of ileus, 6 weeks previous to his death, was of an old date, by this means the intestine was completely invaginated and could not possibly have been released, except by a surgical operation, the strangulation had taken place, in all possibility, on Sunday, at the time he was so suddenly seized with pain, the further progress of the case, viz: the bilious vomiting, the tympanitic condition of the bowels, the irregularity and cessation of the pulse, the sunken and altered condition of the features, the retention of his mental faculties and voice up to the moment of death, are all accounted for by the appearances which I have enumerated.

From the obscurity that must necessarily exist as to whether the phenomena of ileus be produced by intussusception or some other cause of obstruction, as in this instance it is a difficult matter to recommend any appropriate treatment. Should it be diagnosed or suspected, cathartics must, of course, be very questionable remedies. Blood-letting, both local and general, hot stupes, calomel with full doses of opium, with the warm bath, enemata of different kinds, administered by means of O'Beirne's long tub, as it is called, metallic mercury, cold water dashed suddenly on the abdominal parietes, have all, at different periods, severally had their advocates, and have proved successful in many instances. Where these have failed in affording relief, and evidence has happened to be very strong as to the existence of obstruction, either by intussusception or invagination, the operation of separotomy or cutting down upon the supposed seat of the structure, with the view of relieving the invaginated portion of the intestine has been recommended, but it has been wisely discontinued by most practical Surgeons. This expedient is feasible, in those cases only, in which the obstacle is situated near the termination of the large intestine, i. e. in rectum, or in the lower part of the descending colon, for here only can we ascertain with anything like certainty the exact place of the impediment, and the colon be pierced without much injury to the peri-

tonorum. If an attempt had been made in this manner, to relieve the stricture which here occurred, the operation could have been performed with facility, but in all probability additional fuel would have been added to the inflammation which already existed, and the fatal issue have been in no way changed.

It is difficult to conceive upon what grounds the diagnosis of cholera could have been made in this case. The symptoms enumerated are all so pathognomonic of a fatal attack of ileus; the unusual season of the year, the thermometer was 2° . above freezing. On the day of the seizure, the absence of the usual premonitory symptoms, viz: the diarrhoea and the characteristic rice water stools, the bilious vomiting, the retention of the voice, and mental faculties, to the moment almost of decease, and the proper secretion of urine are all directly contradictory to such a supposition. The lesson inculcated here is a useful one, and adds one proof more to the many which we already possess of the hesitation which we ought to exercise of giving a positive opinion as to the cause of death in any case, unless we have good grounds of doing so. It is to be regretted that so much useful information is lost to the profession, through the neglect of a more general performance of post-mortem examinations. It would have been more judicious on the part of the medical gentlemen who saw this case had they exercised that interest in the matter which they would wish us to think they possessed, in every thing connected with the profession which they practice, and first satisfied themselves by a necroscopic examination, as to the real nature of the lesion before they frightened any individual in the neighbourhood by declaring that cholera of a malignant type had made its appearance amongst them.

I am aware that many medical men in this section of the Province, never think of examining their fatal cases so firmly convinced are they of the inutility of asking for leave to do so. I can only testify to my own experience, having rarely failed to obtain permission, a little gentle persuasion, and mild perseverance, in most instances, will overcome all the scruples of either family or friends, the public mind would soon become accustomed to the idea of post-mortem examinations, were the profession to keep them more constantly before it, and make them, as in the mother country, the rule, and not the *exception*.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XLIV. *Clinical Lectures* on certain diseases of the urinary organs and on dropsies. By ROBERT BENTLEY TODD, M.D., F.R.S., Physician to King's College Hospital. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson. 1857. Pp. 283.

We have long had some old-fashioned notions about medical education in our head, which, from being pertinent to the subject of clinical teaching, may find a partial vent in the present place without transgressing against propriety. Beginning even in the cherished years of our own apprenticeship they soon found development in a seedling, which in turn has continued to manifest vitality, although its power has evoked little more than the roving disturbance of an occasional stray thought. Generally speaking, our views on things at large, and medicine in particular, are indubitably conservative, but we also confess that we are not so thoroughly ultra-toryistic in spirit as to frown down all reform, and oppose any change in time-honored usages. On the contrary, we would heartily encourage and vigorously prosecute every innovation which could be proved to be an improvement. Measured by this admission, we at once concur in the following observations, because they are akin to those that have occurred to ourselves, and as we presume, are expressed with no other feeling than a claim to careful consideration. "Much impediment is thrown in the way of clinical pursuits by the great number and length of the course of lectures which students are called upon to attend in the schools. . . . How unnecessary in the present state of literature are long courses on the practice of medicine or surgery. . . . How much better would it be to confine the lectures on these subjects to the discussion of difficult, doubtful, and important points of pathology and practice, preceded by a sufficient statement of first principles suitable for the uninitiated." These remarks of Dr. T.'s occur in his preface, and being his own views, naturally, as we would expect, have influenced his conduct as a great medical teacher. With opportunities of the most advantageous kind—the chances and changes of a metropolitan hospital—he has applied the abilities of a gifted and well cultivated mind to the careful elucidation of matters peculiar to clinical inquiry. The profession have already been favored with one volume embodying some of his lectures, and now encouraged by their welcome from his brethren at large, he has prepared a second volume. The latter embraces xvii lec-

tures, and a record of 55 cases. The subjects of the lectures are hæmaturia, various forms of disease of the kidneys, dropsies, gout in the kidney and bladder, and irregular types of this disorder.

But to return to our seedling. We hold that the matter which constitutes the teachings of a Professor should be principally confined to a statement of bona-fide occurrences that have been positively ascertained. The mind should be accustomed to watch for facts and to store them in its recesses. Nature should be the great book, as Bichat, we believe, before us said, from which the physician ought to derive his lessons. We would carefully confine his privileges to those of observation and annotation with the exercise under warrantable occasions of careful analogy and strict induction. By such a rigid discipline it is not proposed that every man is to be his own architect, and build up his own acquirements. But by its adoption, it is expected that he will be able in the course of his own experience, to corroborate and expand much of the knowledge, previously gathered by his predecessors. Books are unquestionably of the greatest utility, and no literary mind can survive without a library—but they should never take the place of original research and independent inquiry. The field of publication affords a vast territory wherefrom to select; but only those will be found most generally serviceable, that are like the one under notice of a clinical origin. Books may not be inaptly considered as the handmaids of true learning, by becoming necessary to instruct the reader in the pursuit he should follow, and display to him the advances that others have made before him. Particularly foreign, do we conceive the intrusion of theories and speculations in the matter of professorial teachings: life is too short, and the occasion too rare to be frittered away and wasted with such baubles. No greater proof of their vanity can be adduced than the circumstance that the same mind which has formed an hypothesis, at an early period of its development, has changed it at a later, and adopted probably the very antithetical explanation, to be retained also for a season, and then at a more posterior day, once more pass through a modification. If there be a blemish in Dr. T's work, we believe it will be found of this character. He has not confined himself with sufficient closeness to the legitimate objects of clinical teaching. From observation and induction he has wandered through the tempting field of hypothesis, and given imagination wing. It may be that in his flight of fancy he has not been more unsuccessful than others, and this is saying much for the contest is one in which success is not to be apprehended, because we are too ignorant of a knowledge of ultimate causes, to reach at true interpretations. We are permitted to witness the affairs of disease, as well as

those of health, but the intimate *materies morbi* and the ordinary *methodus agendi*, we only now see "as through a glass darkly." It is therefore better to avoid all unknown explanations and strictly hold fast to the truth—nor on any account travel beyond its precinct, after the transient splendour of an apparent mental meteor, lest we be beguiled and lost in error's mazy way. Speaking of the production of dropsies, Dr T. remarks, dropsy "is an indication of a disturbed state of the circulation—such as permits a portion of the serum of the blood, or of the liquor sanguinis, &c., to transude through the parietes of the small blood vessels." Subsequently he explains the vascular derangement by observing, it "is a retarded return of the blood through the veins of the parts, &c., the blood accumulates in the capillaries, which are, to a certain extent, relieved by the transudation of the liquid portion." Now we would observe that these statements do not really shed any light upon the *real* cause of the disorder, were they merely intended to be significant of certain links in the chain of causation, the last perhaps that is commonly appreciable, and to imply, that of other agencies, unknown, they were but the effects, or associates, they might pass unchallenged; but if, as they are considered to be, in themselves competent to account for the occurrences to which they relate, we must be permitted to record our dissent from such an opinion. To accept as sufficient such a theory, is much the same as the faith of the Eastern sages who believe the earth rests on a tortoise, and are so satisfied as to leave unasked what supports the tortoise. Injustice to Dr. T., it must be said that, elsewhere than in the passages quoted, he informs the reader that the derangement may be created by different agencies, as for example poverty of the blood, pressure on the veins, heart disease, inflammation in the superimposed, skin, &c. This is certainly progressing in the proper direction, but it is not right when stopped here to fall into generalizations. A careful perquisition of the entire subject of dropsies, particularly of a clinical kind, will declare that there are many phenomena in the supervention and progress of these complaints, which the above explanations, with all their extensions, fail to meet. Two or three occur to us at the present time, which may be briefly stated, as follows:—If dropsy be merely the result of an infiltration—mechanical as it is fashionable to say—of serum into serous cavities, or cellular tissue, or both; how is it that the fluid so extravasated, not only differs in its integrant composition from healthy blood-serum, but is also dissimilar to the serum of the blood procured from the patient immediately, or at the time, the subject of the disorder. If the dropsical fluid be a mere escape, at least it should be similar to the

kind last specified. Again pressure frequently appears inadequate to account for the supervention of dropsy. Cirrhosis of the liver, in its late stage, is considered to afford a striking instance of serous effusion, proceeding from impeded circulation,—the tributaries of the portal system are believed to be so hampered by the reduced liver, that a remora occurs in all the post-current branches of the vein, and ascites inevitably follows. We believe, however, that the mechanism of this occurrence is not of the simple sort described by this physical theory, for the latter is not reconcilable with various facts in the history of disease that occur from time to time. It does not accord, for instance, with the fact that livers equally atrophied, or even smaller in size than the cirrhotic, though necessarily affording as effective an impediment to the transit of blood through their parenchyma do not cause ascites—this is well seen in yellow atrophy of the liver; in different affections consisting of a heterogeneous deposit, in or about the portal canals; by the presence of which the jejunal tissue is both compressed and wasted often to a great degree; and lastly, it is also seen in some instances of cirrhosis itself where the patient enjoys an immunity from ascites, although, comparatively, the affected organ is of less capacity than the same viscus, in other subjects who have not experienced a similar exemption, but labored under dropsy. Once more;—to our minds there must be something more operative in the production of cardiac disease than the plausible mechanism popularly received, as set forth in Watson's practice of physic, and adopted by Dr. T. As our readers know it is based upon mechanical principles, and the idea is simply that—there is a dyke, here is the choked up current, and around about is the leakage. But disease laughs at such narrow conceptions. In a case of chronic heart disease with actual structural change of permanent continuance, where, notwithstanding the conservative tendencies of nature, to accommodate herself to the morbid accidents and repair them, the original lesion still advances *pari passu* and knows no alleviation;—in such an instance, it must be admitted, that the same or an equivalent state of physical obstruction to the circulation exists as long as the invalid survives. The difficulty is in no way really removed. The valve that once permits of regurgitation must ever afterward continue in the same incompetent state. Therefore we would expect that the results of such an abnormal condition should be as permanent as its cause. The dropsy of to-day should be present to-morrow, for it is owing to a valvular patency that is unchanging. Experience, however, demonstrates the error of these assumptions. By shewing that a person with heart disease and dropsy, may recover from the latter, while the former continues in ex-

istence, that still more wonderful, he may, if he live long enough, have a series of attacks and recoveries from the dropsy, while the heart affection is where it always was or perhaps a little farther onwards in the fangs of pathological deterioration.

XLV.—*On the Nature and Treatment of Club-foot and Analogous Distortions involving the Tibio-tarsal Articulation.* By BERNARD R. BRODTHURST, Assistant Surgeon to the Royal Orthopædic Hospital; Surgeon to the Honorable Artillery Company; associate of the Arcadian Society of Rome, etc., etc. P.p. 134. London: John Churchill, New Burlington Street.

Twenty years ago there was not a work in the English language on Orthopædic Surgery. Twenty years ago the leading surgeons of Great Britain, held out little hope of cure to those afflicted with club-foot or other deformities of the extremities. Indeed, such cases were placed among the "opprobria" of surgery, and willingly allowed to fall into the hands of the charlatan and the instrument maker. Twenty years ago, Dr. Little, who had previously consulted the most approved surgical authorities of London, regarding a talipes under which he laboured, and was told there was no prospect of cure, but that he must be content with the assistance afforded by wearing mechanical instruments, read with delight in the "archives générales de médecine," that Stromeyer, of Hanover, had successfully operated on two cases by subcutaneous division of the tendo-achilles. In 1835-36, he visited the continent, and being strongly recommended by Professors Muller and Fricke, of Berlin, to submit to an operation, placed himself at once under the care of Stromeyer. The success of the operation and the powerful effect produced on the mind of Dieffenbach, is thus graphically related by that illustrious surgeon:—A month had elapsed since Dr. Little had taken a letter from me to Dr. Stromeyer, in Hanover, when suddenly my door was opened, and the individual who had been a cripple, entered with a vigorous, rapid step. I cannot tell which was greatest, my astonishment or my joy, but I think the latter. Without delay, I examined his foot, and found the shape normal, the sole in contact with the ground, the arch of the foot less; the calf of the leg had begun to be developed, and the entire lower extremity had gained its normal length. A miracle could not have struck me more forcibly; and I must confess that I was never in my life so taken by surprise, at the successful result of a surgical operation as by this; and esteemed

Stromeyer, who had done it, even luckier than Little, who had been benefitted by it.

In conjunction with Dieffenbach Dr. Little, "apostel der tenotomie" as he was called, treated upwards of thirty patients affected with different forms of varus, in the city of Berlin. Subsequently he returned to England, and the first stromeyerian operation was performed by him in London, Feb. 20th, 1837. He did not, however, seek to monopolize the practice which was certain to arise from the introduction of this new and successful form of treatment in deformities of the body, as we find he relates, in his excellent work on club-foot, that he had the gratification of communicating the details of the stromeyerian method to at least fifty surgeons, amongst others to Sir Astley Cooper, Bart, Sir P. Crampton, Bart, Mr. Andrews, Mr. Key, Mr. Guthrie, Mr. B. Cooper, Mr. Tyrrell, Mr. Luke, Mr. Solly, &c., from whose exertions a still more extensive diffusion of the method might be anticipated. Since 1837, orthopædic surgery has made advanced strides, and has come into very general favour with the profession in Europe and America. Indeed a surgeon of the present day who is not thoroughly acquainted with all that relates to distortions of the various parts of the body and their means of cure, must be considered deficient in the knowledge of his profession. To those of our readers who do not possess works relating to this subject, we cordially recommend the one under review. It is a clear and concise epitome of one branch of modern orthopædy, well illustrated with excellent engravings by Bagg. Notwithstanding the dread expressed by many surgeons within recent years regarding the division of tendons, no simpler or safer operation can be performed. Inflammation and its consequences are results which seldom occur. "Certain precautions," says Brodhurst, "are necessary to be observed. 1st. The division of a tendon should be effected with a clean cut; and the knife should be a fine blade and well tempered. For my own part I prefer blades seven-eighths of an inch in length, one inch, and one inch and one-eighth, for general use in tenotomy. A straight blade or one nearly straight is more convenient than other shapes, although it is certain that the operator may accustom himself to any form which he may adopt. The width of the blade is, however, more important than its length or its shape; greater width than one eighth of an inch is never required; this affords sufficient material for strength, and more is unnecessary. 2ndly. In dividing a tendon, freedom of motion should not be permitted to the knife, but the point should be held close to, and made to sweep half round the tendon. Without attention to this point hemorrhage will follow the section. Division

of the tendo-achilles, the tendons, of the tibial muscles, the hamstring tendons, &c., is frequently, and should always be, perfectly bloodless. This cannot, however, invariably be attained, but, as has been shown, effusion of blood within the sheath interferes with the process of reunion, and consequently even slight hemorrhage should, if possible, be avoided. 3rdly. After division of the tendon the limb is to be retained in its normal position until reunion has commenced; extension is then to be made slowly and gradually, advantage being especially taken of the second and third weeks after the section, to secure the required elongation. 4thly. The integuments are to be divided by puncture and the blade is to be pressed beneath and beyond the tendon; the edge of the knife will then be turned towards the tendon, which will be divided in withdrawing the knife." P. 106.

XLVI.—*Unique congenital malformation associated with umbilical hernia and a pendulous artificial anus*, and other contributions to the seventh volume of Transactions of the Pathological Society of London. By GEORGE D. GIBB, M.D., M.A., F.G.S., Physician to the West London Dispensary; Physician Accoucheur to the St. Pancras Royal Dispensary, Fellow of the Medical and Pathological Societies of London; Member of the Canadian Institute; Honorary Fellow, Medical Society of Virginia, &c. London: J. W. Roche.

The extremely interesting malformation which Dr. Gibb brought before the Pathological Society of London, is well deserving of the honor that has been awarded it, of a place in the seventh volume of the Transactions of that very able and learned Society. Dr. Gibb says:—

“Projecting from the umbilical opening was a portion of the anus, the upper and anterior part of which was dilated into the form of a sac, which consisted of a fold of peritoneum, quite thin and transparent, and through which could be distinctly seen several folds of small intestine. Attached to the left side of this sac, was a blood-red triangular shaped mass, with a villous surface, like injected mucous membrane, terminating in two conical projections, with an opening at the end of each. This hung like a small bag partially filled with gas, which could be squeezed out on pressure, the contents passing into the transparent tumor, the bowels inside of which could be returned to the abdomen, with the exception of a couple of folds, which were evidently in connexion with the blood-red tumor itself. Behind the peritoneal protrusion the cord passed downwards. These parts are represented in the drawing made six hours after birth. The organs of generation

were natural; the root of the penis was three-quarters of an inch below the lower margin of the navel, the testes were in the scrotum, and the bladder I saw emptied in a full stream, and with much force. From the two conical bodies meconium was frequently passing in small quantities at a time, and on passing a probe into the anus it ascended an inch only, leading to the suspicion of deficiency, which was strengthened by fæculent matter passing from the spots just mentioned; but on the 24th, three days after, copious motions from the rectum took place, thus showing that the channel was clear, very little, however, passed during the remaining few days of life."

Remarks.—A large number of remarkable deformities have been recorded, but the present appears almost unique, and from a careful dissection of the interior of this strange tumor I believe the blood-red tumor to be nothing else than an inversion of the cæcum—the right conical body being a part of the ileum inverted, and the left the vermiform process. The large intestine has most probably become partially obliterated, and, in consequence dwindled into an insignificant tube, which would have become perhaps wholly obliterated in the course of time, had the child lived. This malformation I conceive to have existed from the earliest period of closure of the abdominal walls during the obliteration of the omphalo-mesenteric vessels.

20th of November, 1855.

To the same volume he contributes a paper on an immense ovarian tumor which he removed, after death, from the body of a female aged 31. The tumor weighed one hundred and six pounds and measured as follows:—

Circumference, vertically, over side and top.....	68 in.
Do do do not including the pelvic portion.....	63 "
Do do over anterior and posterior surfaces	55 "
Diameter, vertically.....	22½ "
Do transversely.....	20 "
Do antero-posteriorly.....	10½ "

CLINICAL LECTURE.

Clinical Remarks on the Employment of Iodine. BY M. CHAMPOUILLON, of the Hospital of Val de Grâce.

No medicine has yet, with the exception of sulphate of quinine, acquired such general reputation as iodine. If its use was in former times restricted almost exclusively to cases of engorgement of the thyroid body, it has now rapidly become extended—not only to diseases of the glandular system, to those of the serous membranes, and to pulmonary and abdominal phthisis, but also to the syphilitic, scrofulous, and

herpetic cachexies, to rachitism, &c., &c.; and we are not without expectation of hearing, to-morrow perhaps, that it has acquired new triumphs over white swelling and cancer. It is fatiguing even to enumerate the many instances of its success; and though doubts may again and again rise up, yet as all the instances have been guaranteed with such confident affirmation, it is not difficult to understand the general confidence they have inspired. It seems but natural, however, to ask—since we do not admit of any alchemy in therapeutics—whether it has been well and truly ascertained that one and the same substance can cure affections that in their nature differ so widely from one another? The thing asserted is by no means probable; but there are among junior practitioners more especially, minds easily led away—that believe everything on the bold and reckless affirmation of their teacher. The practitioner who carries about with him a consciousness of having been often deceived, if he become at last wary and circumspect, suffers the current to pass by, while he steps aside to examine deliberately, and to ascertain, if possible, and distinguish such conclusions as have been fairly sanctioned by experience, from such as have not this impress of legitimacy. And would we draw a broad line of demarcation between the real and pretended virtues of iodine, it is to experience likewise that we must have recourse. While clinical observation daily adds to the reputation these preparations have attained, there are facts also, on the other hand, that show in the most peremptory manner, not only the powerlessness of this medicament in certain cases, but the inconveniences also that may possibly arise from its use.

Case 1st.—In the early part of November, 1855, M. D. A., aged twenty-six years, of a slightly bilious temperament, was attacked with *rupia* on the anterior surface of both thighs. Iodide of potassium, which alone was employed in this case, was prescribed in doses of 2 grammes daily. At the end of three weeks, when the patient had taken 58 grammes of the iodide, he experienced headache, difficulty of deglutition and of phonation, to which gradually succeeded palsy, almost complete, of the tongue, the retina, the superior and inferior extremities, and the muscles of the chin. The appetite had become much impaired, and digestion slow and painful. In this state he was brought to the hospital of Val de Grâce in February, 1856. A regimen consisting of light aliments, combined with attempts to establish elimination by the intestines, the skin, and the kidneys, was followed by such satisfactory results, that this young man is now in the enjoyment of excellent health, but the *rupia* has not been cured.

It would be unreasonable from this single case, to draw any general conclusion as to the action of iodine on the human organism; but we may, nevertheless, from this example conclude—1st, That this medicament, in doses of two grammes daily, has no constant efficacy in cutaneous diseases;—2nd, That it irritates the stomach, and effects the nervous centres in such a manner as to induce dyspepsia, and to occasion morbid perversion of the functions of the motor nerves.

Case 2nd.—M. G., twenty-two years of age, in the enjoyment, usually of excellent health, and of a robust constitution, contracted in May, 1855,

an indolent gonorrhœa. Disquieted beyond measure on that account, and fearing the future consequences of syphilitic poisoning, this officer began the use of iodide of potassium, in doses of 5 decigrammes daily. At the end of a month of such treatment, M. C. found his digestion so impaired, that the only aliments he could make use of were *potage au lait* and baked fruits. *Everything besides gave rise to retching, which frequently terminated in vomiting or lenteric diarrhœa.* Of his own accord he now abandoned the use of iodine, when the digestive organs gradually recovered their wonted force.

It is well known that the iodide of potassium, in its action on the mucous membranes, exerts an extraordinary degree of energy; and it is not difficult to imagine that in doses of even one gramme, it would disturb, if not occasionally annihilate, the functions of the stomach. In this case, the dyspepsia was evidently owing less to the quantity than to the nature of the medicament.

Case 3rd.—In 1847, M. C., a surgeon and pupil of Val-de-Grâce, twenty-one years of age, tall, and of a feminine temperament, had suffered for some months from a sub-acute blenorhœgia, which had at first been treated with antiphlogistics, but in vain, and afterwards with cubeba and copaiba. Worn out with the obstinacy of his disease, and without consulting any one, he had now recourse to the iodide of potassium in doses of 5 decigrammes night and morning. Under the influence of this medicine, the urethritis quickly took on the acute form; but this did not deter the patient from continuing its use till the twelfth day, when an attack of fever of extraordinary violence was followed in a few hours by general lymphangitis, the most intense that can be imagined. Every lymphatic vessel of the trunk and extremities was seen in relief—red, and highly painful to the touch, and on the least movement. But the glands were more especially the seat of intolerable lancinating pains. In spite of copious bleedings, general and local, the use of tepid baths, and emollient applications to every part where their application was practicable, these symptoms did not subside but with a certain degree of slowness.

Whilst the exciting and deobstruent properties of iodine may be turned to such excellent account in surgery, here we see exemplified the deplorable consequences that may follow the internal use of this therapeutic agent, even in moderate doses, in cases where the lymphatic system predominates. Iodine has certainly for a length of time occupied a prominent place in the treatment of scrofula; but when we look more narrowly into its mode of action, it is seen to be entirely confined to cases of glandular enlargement, and that beyond this iodine possesses no specific virtue against that disease. Where is the physician who would undertake to prove that this medicine is capable of correcting the scrofulous diathesis?

Case 4th.—M. B., a training captain in a regiment of cavalry, forty-seven years of age, of a robust, plethoric constitution, had enjoyed excellent health during his whole life, excepting that, for the last two years, he had experienced some difficulty in voiding his urine. An examination of the urinary organs *per anum*, discovered a considerable enlarge-

ment of the prostate gland, brought on, it is highly probable, by too much horse exercise. A course of iodide of potassium was now commenced, and in three weeks eight grammes had been absorbed, when the patient was attacked with amygdalitis, diarrhoea and bronchitis, accompanied with a sensation of heat and constriction under the sternum. The use of iodine was now suspended, when the diarrhoea soon ceased; the tonsillitis resisted longer, but the bronchitis continued obstinate under every sort of treatment. The cough, at first dry, became moist, with an abundant expectoration, at first nummular, and then purulent, without appetite, and exhausted by nocturnal sweats, M. B. was then brought in less than forty days, into the last stage of pulmonary consumption. A few hours before death, this officer confessed that, during the course of this last illness, he had clandestinely taken every evening two decigrammes of the iodide in a glass of barley-water. The autopsy showed remarkable hypertrophy and induration of the prostate gland. The upper third of the left lung was strewed with tubercles in different stages of developement, and in the centre of the same region was seen a cavern of medium dimensions. The right lung was perfectly sound; and so were all the other viscera.

From January 1849 to December 1852, eighty-eight adults affected with pulmonary tubercles, were submitted at the Vale de Grace, to treatment with iodine, which consisted of potions with the iodide frictions with the tincture and inhalation of the vapour. To such treatment was submitted every form of phthisis, excepting tubercles with fever, and the iodine was itself exhibited in all cases with a prudent reserve. But of all these patients two only were benefitted by the treatment, which soon effected a diminution of the catarrhal expectoration of some months' standing. In twenty nine of these tubercular patients, the iodine was borne without any manifest effects. Its use, however, had to be suspended in fifty-seven others, in most of whom it produced a decided increase in the violence of the cough and in the progress of the disease, while in others it occasioned headache, diarrhoea, coryza, or a disagreeable and troublesome flow of saliva. Of all these patients not one was rescued from the lamentable and all but inevitably fatal consequences of phthisis.

It will suffice to glance at the many inquiries that have been made into the nature and development of pulmonary tubercles, in order to appreciate the pretensions that have been advanced in favour of iodine as a remedy for this disease. According to Vanderkolk and Reekhow, rudimentary tubercles have the appearance of reddish granulations composed of coagulable lymph, and adhere to the pulmonary parenchyma by a multitude of vascular tomentous filaments. Lebert found in tubercular matter, in its first stage, globules of a peculiar description as well as an interglobular hyelin fluid, furnished by the cellular tissue which surrounds them. It is to this mucoso-membranous covering that Kuhn gives the name of tubercous tissue, what it afterwards becomes is well known. Dalmaronne, Baron, Vogel and Nathalis, Guillot, adduce similar evidence as to the mode of formation and nutrition of the tubercular matter. Tubercle, then, has no sort of resemblance to a gland, with

which it has so often been compared, since the gland is an organ, and tubercle a morbid production.

Iodine belongs to the class of irritants, but is distinguished by its special action on the glandular system. All that can be conceded to it theoretically, as regards tubercle, is, that it promotes, in a certain measure, the antiphlogistic method of treatment directed against chronic inflammation of the bronchial mucous membrane, or of the pulmonary parenchyma surrounding the tubercular mass. But beyond that the most liberal induction does not advance one step. Can iodine, then, lay any further claim to the favour in which it is held by its partizans? The illustrious Laennec informs us that he made use of iodine in several cases of phthisis, without the least degree of success. Cooper and Bardsley were not more fortunate under similar circumstances. The iodide of iron, praised by Dupasquier in pulmonary tubercles, completely failed in the hands of M. Louis. Baudelocque declares that at the Hopital des Enfants iodine appeared to him to be more hurtful than advantageous. Mérindoc Launec and Flaudin have, on their part, made a similar remark. Recamier has seen scrofulous subjects when treated with the preparations of iodine, become phthisical with a degree of rapidity which plainly showed the pernicious influence of the medicine. Behold, then, a medicament, boasted of as an antidote to tubercles, but which may, to a certain extent, be the very instrument of calling tubercles into a state of active development! Is it not high time to stay and consider the propriety of a practice which every day brings with it such deplorable results? The question is one that well deserves consideration. If the utility of iodine, as a topical remedy in surgery, be well established, by observation, its reputation in the practice of medicine up to this moment has no other basis than the hypothetical importance it derives from blind imitation and prejudice.

THERAPEUTICAL RECORD.

(From *Virginia Medical Journal*.)

Acne Rosacea.—Dr. Morris (Lancet) commends the following local treatment:—Pulverize one drachm of camphor with alcohol, add two drachms of milk of sulphur, and enough distilled water to render the mixture liquid. Smear the eruption with this lotion at night, and apply it more sparingly in the morning; the effect is commonly soon apparent.

Convulsions.—Dr. McMeens of Sandusky, Ohio, declares (Western Lancet) that he has treated infantile convulsions arising from derangement of the digestive organs with *cannabis indica*, with most satisfactory results. He considers this agent counterindicated where there is much vascular disturbance or cerebral complication; in other cases it

may be advantageously employed. These views are illustrated by reports of four cases exhibiting the efficacy of the hemp treatment.

Covering pills with collodion.—M. Drude recommends that the pills, when rolled, should be well shaken in a box after having poured a few drops of collodion over them. They become in a few minutes covered with a fine coating of this, which gives them a shiny appearance, and wholly prevents their taste being perceived. They are to be left exposed to the air for a few minutes, in order that the smell of the ether may disappear.—*Buchner's Reporter.*

Creosote in dysentery.—In a very wide spread epidemic, Dr. Andree found the aqua creosoti of the Swedish Pharmacopœia (3i, ad ꝑxij. aq. dest.) very useful. A teaspoonful is given to adults every two hours, and a drop (for every year) to children. It is useful only at an early stage, opium being the remedy at a later. Dr. Hellmann has also found it useful; but some practitioners state that those patients who take the aqua as a prophylactic of their own accord, are oftenest seized with dysentery.—*Schmidt Jahrb.*

Herniaria glabra as a diuretic.—Dr. Van Den Brœck states that this substance, frequently employed by Matthiolus and Fallopius, but since fallen into disuse, is resorted to with great success at the Mons hospital; and that often, when reputed diuretics have failed of effect, the following forms a very excellent one: Infuse 30 parts of the herniaria in 300 of water for an hour, and add nitrate of pot. ʒ, tinct. digit. ʒ, and oxymel of squills 30 parts. Dose—a spoonful.

Pseudo-membranous inflammations.—Dr. Ozanam announces (*Comptes Rendus de l'Acad. des Sciences*, May 1856) that bromine is likely to prove a valuable remedy in those specific diseases attended with the formation of pseudo-membranous deposits. He adduces fourteen cases of success, two of which were examples of true croup. He uses bromine or bromide of potassium, one to ten grains daily, in dilute solution.

Remedy for cramps.—M. Sicre states that he has found very severe and even very obstinate cramps relieved by a very simple procedure. This consists in placing under the bed one or more bars of iron, or a portion of iron of any kind may be placed in the mattress or under the sheet, in such a manner that it gives firm support to the feet.—*Gaz. des Hôp.*

PERISCOPE.

•*Collodium.*—By EDWARD ZINKEISEN.—To detect the most advantageous process of preparing Collodium, the following trials have been made by me:

1. The Codex Medicam. Hamb. prescribes :

20 parts of dry Nitre,
30 parts of English Sulphuric Acid,
2 parts of Cotton,

which has been previously treated with soda—to be left in contact with the acids only a few minutes.

Four trials made according to this formula, yielded, after application of a temperature of from 45° to 35° R., during from 3 minutes to 1½ hours, very little more than 3 ounces of wool each, of which only $\frac{1}{2}$ could be dissolved in ether and 1-16 in alcohol at most, for there remained distinct undissolved filaments of wool. The quantity of cotton, therefore, appears too large in this process.

2. According to the prescription of Mann, there are to be taken :

20 ounces of Nitre,
31 ounces of English Sulphuric Acid (of 1.830 sp. weight),
1 ounce of Cotton,

which are to be left in contact for a "good while."

I had the acids working on the wool for one hour and a-half, at a temperature of from 45° to 35° R., and after drying, got 1 ounce and 1 drachm of a very fine, clear, and entirely soluble wool.

This prescription, however, is too expensive for manufacturing purposes.

3. Bertram's formula :

16 ounces of Concent. Sulph. Acid (1.850 sp. w. by mixing fuming and English acids,)
11 ounces of dry Nitre, and
1 ounce of Cotton.

While mixing the nitre with the acid, the temperature went up as high as 60° R., some brown bubbles of oxygen gas escaping. After cooling the mixture down to 45° R., the cotton was kneaded, and left in contact for one hour, at nearly the same temperature. After drying, it yielded 1½ ounces of wool, which exploded heavily, but was insoluble. A second trial, at which the cotton was put in at 60° R., yielded no better result.

In this formula the sulph. acid is too concentrated and its effects too violent.

4. Schacht's prescription :

24 ounces of Sulphuric Acid,
16 ounces of Nitre, and
1 ounce of Cotton.

Immediately after mixing the acids the cotton is to be put in at a temperature of 45° R., and left in contact therewith for one hour, during which time the mixture is cooled down to 35° R.

Result.—1 ounce and 3 drachms, easily and completely soluble, burning very slowly. This Colloidium answers every expectation.

5. Prescription of Bretschneider and Lüdersen :

6 ounces of fuming Sulph. Acid (1.850,)
6 ounces of fuming Nitric Acid (1.410,)
 $\frac{1}{2}$ ounce of Cotton,

the cotton to be put in in halves, 45 minutes in contact, at from 40° to 25° R.

Result.— $5\frac{1}{2}$ drachms, yellowish, quickly exploding, swelling to a gelatinous mass, with 16 parts of ether and 1 part of alcohol, and yielding, even with 32 parts of ether, a very thick collodium, the coat of which was very thin and transparent.

A second trial, at which the cotton had been left in the mixture only for ten minutes, yielded the same result.

6. Koing's formula :

8 ounces of fuming Sulph. Acid (1.840),
4 ounces fuming Nitric Acid (1.410.)
 $\frac{1}{2}$ ounce of Cotton, dipped in successively.

At the first trial 5 minutes' influence, at 45° R. ; at the second trial; one hour's influence, at 50° to 35° R. The first trial yielded an entirely insoluble wool; the second, a wool only partially soluble—both of them, however, very explosive.

The prescription of Schacht is, undoubtedly, the most advantageous especially in a pecuniary point. In eight trials, with $1\frac{1}{2}$ ounces of cotton each, I got $17\frac{1}{2}$ ounces of wool, and 20 pounds of very fine collodium. I have further to state that I made these trials with three different kinds of cotton. The chief points to be observed, in order to come to a satisfactory result, are, undoubtedly, the specific weight of the sulphuric acid, the temperature of the mixture, and the duration of the process.

According to my experience, the sulphuric acid should not weigh below 1.820, and not above 1.840; the most advantageous temperature is 45° to 25° R., which in general generates of itself, when the dry and completely cooled nitre is mixed with the acid. The time of contact should not be less than half an hour, in order that all the filaments of the cotton be penetrated. A good prepared collodium wool will, however, not be decomposed if left under the influence of the acids even for a long time.

It is advantageous not to dry the wool by heat, but by repeated pressure between blotting paper.—*Amer. Druggists' Circular.*

Iodoform.—A new preparation of iodine, discovered by Sevillos, and more especially brought to notice by M. M. Dumas and Bouehardat, possesses properties which promise to make it a valuable addition to our means of employing, with benefit, this important therapeutic agent. It presents itself in a solid state, in the form of small pearly particles, of a sulphur-yellow color, friable, soft to the touch, and with a very enduring aromatic odor. It contains more than nine-tenths of its weight in iodine. It is sweet to the taste, and is not corrosive.

It destroys animals in a smaller dose than iodine, after having produced more or less depression, and rarely produces vomiting. This depression is followed by a stage of excitement, convulsions, contractions, &c. Iodoform does not produce the least local irritation, not producing the slightest increase of vascularity of the mucous membrane of the stomach and bowels.

Its therapeutic properties are thus arranged: 1. In consequence of the large quantity of iodine which it contains, it can replace iodine and the iodides in all the cases in which these are indicated. 2. It is absorbed with the greatest facility. 3. It has the advantage over all other preparations of iodine of never causing any local irritation, or any of those accidents which render the suspension of iodine necessary in certain cases. 4. In addition to the properties it enjoys in common with iodine, it has advantages peculiar to itself; it allays pain in certain neuralgic affections, and produces a sort of local and partial anæsthesia of the rectum, when introduced into that organ. 5. It may be given in doses of from five to fifty centigrammes a day. 6. The principal diseases in which it has been employed with advantage are endemic goitre, scrofula, rachitis, syphilis, certain affections of the neck of the bladder, or of the prostate, and certain neuralgic affections. 7. It forms, with the greatest facilities, most important pharmaceutical preparations. —*Arch. Gen. de Med.*

Secondary Syphilis treated by a new preparation of Iodine.—The object of the paper by Mr. Christopher is to introduce to notice a new compound, which, combining the good effects to be derived from iodine, is devoid of its disadvantages—a preparation which he says, has proved valuable in curing cases of secondary syphilis which had previously resisted the beneficial action of iodine in all its usual combinations and forms—a preparation, moreover, which does not produce the evil effects of iodine in those constitutions with which that substance is known to disagree. The preparation or compound is named “liquor cinchonæ hydriodatus,” and contains in one fluid drachm of liquor, twelve grains of cinchonæ flav., and one grain and a half of iodine, in the form of hydriodic acid. Of this, the dose varies from one to three drachms, from which Dr. C. has not found any of the evil effects arise which smaller doses of other preparations of iodine have been known to produce. While using this compound in some of the successful cases treated, he also employed the hot air bath, of which he attached much importance, in order to produce profuse sweating, and always with marked good effect. Indeed, he says he does not know a more potent remedy for intractable and inveterate cases of secondary syphilis than this is. This preparation is produced by exhausting the powdered bark with an aqueous solution of hydriodic acid; then with water; and the liquor is subsequently evaporated to the above bulk.—*Lancet.*

Spender's Chalk Ointment in Ulcers of the Leg.—Dr. Patterson has collected 125 cases of chronic non-specific ulcers of the leg, in which, under this mode of treatment, the cure has been rapid and complete. The following formula he prefers; ℞. Cretæ preparatæ, 4 lb.; adipis suilli, 1 lb.; olei olivæ, 3 oz. Having heated the oil and lard, add gradually the chalk, finely powdered.

The ointment and a bandage being once applied, it is left until the cicatrix forms and becomes firm.—*Edinburgh Med. Journal.*

Aphorisms on the Hygiene and Nursing of Infants. From the last edition of Bouchut's "*Traité Pratique des Maladies des Nouveaux Nés et des Enfants à la Mamelle.*" Translated by J. C. R. Dayton, Ohio.—The child should be subjected to hygienic regulations from its cradle, in order to sustain its constitution if it is good, in order to ameliorate it if bad.

We must combat, in early infancy, the scrofulous, gouty, and syphilitic dispositions inherited from the parents.

A man with impure blood should never think of perpetuating his race.

A woman who becomes *enceinte*, should renounce those habits, pleasures and fatigues, which may exercise an evil influence upon the health of the fœtus, if she wishes to give birth to a healthy child.

Blood-letting has a good effect upon gestation, but it should not be used unless plethora, local or general, is present.

Denial of the unreasonable caprices of a pregnant woman cannot have any influence upon the health of the infant.

A woman can and ought to nurse her child, if she is in good health; and if her parents or immediate relations are not scrofulous, consumptive, or cancerous.

There are women of good constitution unable, nevertheless, to nurse, for their milk is small in quantity, badly elaborated, and dries up from the slightest causes.

A woman in whom the mammary secretion is very active previous to her accouchment, is almost always a good nurse.

A mother who nurses, can commence six or eight hours after the birth of the child.

A woman who nurses should not suckle the child oftener than every two hours.

An infant that takes the breast at regular intervals, sucks with more avidity than others, and drains the breast of all the milk it contains—and it is the part last obtained which is the best, as it contains more cream than the first parts of the flow.

Between eleven o'clock at night, and six or seven in the morning, a good nurse need only suckle the child once.

It is dangerous to take, for a hired nurse, a primiparous woman; she is necessarily inexperienced.

A good nurse is from twenty to thirty-five years of age, with brown hair, the gums bright red, the form inclined to *embonpoint*, the breasts well formed, firm, and with blueish veins.

A nurse should not have any mark, recent or ancient, of scrofula or syphilis.

The milk yellowish in the first months after birth, and bluish white afterwards, is an alkaline emulsion formed of water and solid principles dissolved or suspended.

The butter is only suspended in the liquid; the other principles are dissolved.

The milk should be abundant to be profitable.

The first part of the milk drawn from the breasts is serous; the second part is thicker, and it is the last part of the draught which is the richest and the most charged with cream.

The milk (examined by the microscope,) should be filled with globules, numerous, tolerably large, and well formed—for small globules, resembling dust, are a sign of its bad elaboration, and of its insufficiency.

Too few, or too many globules, are equally injurious.

The milk varies in its composition according to idiosyncrasy, temperament, constitution, the time elapsed since the accouchment, the time since the last repast, the regimen of the nurse, the action of the genital organs, etc., etc.; but the differences are not so great as to modify the precept; "If the infant thrives, then the milk is good."

The milk is altered in composition by the febrile state, and by acute and chronic diseases.

Fever diminishes the quantity of milk, reduces the number of globules, and concentrates its solids in a smaller proportion of water.

The effect is the same, in different degrees, in all acute affections and in some chronic ones.

Pus is sometimes mixed with the milk, in cases of abscess of the breast.

The influence of diseases upon the composition of the milk, is not special and specific, for they all have the same effect which is the same as that of fever.

The milk of a healthy nurse, which is too rich, or too highly charged with solid elements, is indigestible, and causes diarrhoea.

Milk altered, reduced and impoverished, by fever or by disease, also causes diarrhoea.

Milk altered in its composition by fever, or disease does not always exercise an injurious influence upon the health of the child.

Whatever may be the cause of alteration in the composition of the milk, the result is always the same for the infant—the accidents which arise have always for their seat the digestive canals, and diarrhoea is always the consequence.

Milk which does not present any alteration appreciable to chemical analysis, may yet be altered in its intimate elaboration in such a manner as to make it an injurious aliment.

Spasms, or instantaneous convulsions, result ordinarily from changes caused in the secretion of milk by mental affections, too lively emotions and impressions, agreeable or painful, experienced by the nurse.

Mental impressions dry up, suddenly, the secretion of milk, or modify, seriously, the proportion of its solid elements.

The happiness which a woman feels in fulfilling her duties of nurse, is the cause of the internal sensation, at the moment she is going to nurse the child, known as the *draught*.

The premature return of menstruation in a nurse, modifies, slightly, the chemical composition of the milk, and injures its elaboration; but if the infant does not appear to suffer, which often happens, the nurse may be retained.

A nurse should abstain from sexual intercourse, if she experiences great excitement.

A nurse should likewise abstain through fear of pregnancy, which modifies the milk in quantity and quality, so as to render it injurious to the child.

A change of nurses has no injurious effects, when necessary to replace a poor one by a better.

The nurse should be changed as often as may be necessary.

Suckling, by mother or nurse, may give place to artificial feeding.

Feeding by the nursing-bottle is far inferior to suckling—although when well carried on it sometimes yields highly satisfactory results.

Artificial food should be administered during the earliest periods of life, by means of nursing-bottle, filled with tepid milk, diluted with barley-water, or oat-meal gruel; afterwards with milk alone.

An infant needs nothing more than milk during the first months of life. At the age of six months it may commence to take light soups.

Greasy articles of food should not be given until after the first year.

The time of weaning should be fixed between the twelfth and twentieth month.

One of the periods of repose in the progress of dentition, should be chosen for weaning—that which comes after the appearance of the first twelve, or of the first sixteenth teeth.

Weaning should be commenced by keeping the child from the breast during the night.

After some weeks' separation from the mother at night, the child should be denied the breast in the day time also, and it thus arrives at an independent existence.

Infants and children should be carried into the sunlight and open air in all kinds of weather.

Clothes which fit the body, without constriction, are preferable, in all weathers, to loose ones, which expose different portions of the skin to the cold.

Infants should be washed in tepid water, every day, and as they become habituated to it, in water nearly cold.—*Western Lancet.*

Best Treatment of Varicose Ulcers and Varicose Veins.—The treatment of varicose veins is a practical every-day subject, inferior to none in interest for the hospital surgeon. Indeed, allied as this affection is, externally, to questions of practical surgery on the one hand, and depending for its causes on relations of the general venous system and general internal health on the other, a wide field of speculation is afforded as to treatment. In hospital practice, accordingly, as the practitioner may be more of a physiologist and anatomist, or more or less influenced by the ordinary routine of simple surgical treatment, ligature of veins, constitutional treatment, or means of blocking up these vessels, will be trusted to, previous to healing the varicose ulcer. A good deal of the danger of ligature of veins is found to originate in the fact that the vein is enlarged; and the ligature, when it should go deeper than the vein, will

be found to have wounded or transfixed the vein and caused phlebitis.

Mr. Paget's experience every year assures him more and more of the superior value of the treatment of varicose veins by the caustic issue, or the extemporized mixture of lime and potash. There is no mode of treatment yet discovered, according to Mr. Paget, which is entirely free from risk; but, from pretty extensive inquiries in the hospital practice of such surgeons as Sir B. Brodie, Mr. Lawrence, Mr. Skey, various hospital surgeons in the provinces, and in France and Germany, etc., Mr. Paget is inclined to the impression that the treatment of varicose ulcers and varicose veins is most safely and most effectually conducted by means of local applications of caustic issues on the surface, which thicken the coats of the venous trunk.

A very well-marked case of varicose ulcer of the leg and leg and foot, which incapacitated the poor young man from employment and deprived his family of support, has been for some weeks in St. Bartholomew's, as well as a second case, where the varicose vessel gave way, but has again healed up. The former case is that of A. D——, a young and apparently otherwise active and healthy man, aged 28. He has been all the present month (September) under treatment for a varicose condition of the veins of the lower extremity: his disease consists rather of a very troublesome ulcerated condition of the ankle and foot, which he cannot himself conceive to be dependent on the state of the veins. The history he gives of the case is not very defined, or is but a recapitulation of a set of abortive attempts to cure his ankle by ointments, lotions, salves, etc., each in its turn recommended to him as the most specific thing in the world for an inward disorder of the constitution, but still only making the disease worse.

The form of caustic used by Mr. Paget consisted of pottassa fusa ʒij, quick-lime ʒj, separately in powders in small phials, and subsequently mixed with a glass or asbestos rod at the bedside, with spirits of wine, when used. A dozen or two of small pieces of common adhesive plaster are next obtained, each the size of a penny, a small circular hole being cut in each, of the size of a pea, or a silver threepence. One of these perforated pieces of plaster is placed over each projection or varicose enlargement of the vein, a very small quantity of the caustic paste is next applied with a bone spatula to the skin over the vein, in the circular hole left in the plaster; ten to twelve or fifteen minutes will be sufficient time for the issue to produce its effect, at the expiration of which period, the whole limb is carefully sponged with warm water, and all the plasters and caustic washed away. Little else was necessary in this case, as in the general class of these cases, the issue merely requiring simple dressing, while the ulcers in the ankle went on healing *pari passu*.

As a local application to the ulcer during the action on the varicose vein of the issue, any simple ointment or black wash is all that is required.—*Association Medical Journal*, Sept. 27, 1856.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

CHARACTER OF EXAMINATIONS.

Whoever has spent any moments of thought upon the present system by which medical men are made, must have had his attention arrested by the great aim which is obviously the desire of both student and teacher. Need we declare it to be nothing else than the passing of a successful examination. Assuming that both parties were engaged in a field of archery upon a trial feat, we might then more correctly say the great aim was the central mark—the bull's eye of the target—and though, professedly, there are other attainments than the examination for which the wranglers and directors are striving, yet these are verily, in relation to the former, only in the position of the outer rings on the target which gradually widen their phylacteries, till they reach the outermost periphery, and then find a not unfitting termination in the nothingness of thin air.

The fact, itself, of examination, can never be objected against; it were vain to do away with this ordeal, and impossible to find a substitute. But the details—the components—as in most other circumstances, are the channels wherein exceptions may be picked out, and by which faults will be distributed. Looking at the door that opens into the temple of medicine, there appears to us, at least, evidences of intrusions by objectionable methods. We find the admissions to an elevated seat and a responsible position are governed by the production of passports which answer to an equivalent or *bon* for so much didactic learning. We know that encouragements are held out to the exhibitors of flippant answerings, entirely upon book-matters, so that the smartest responder, like the most pert conundrum-finder, is esteemed the best informed. And we can divine, in such procedures, no true test of qualification to practise a profession demanding prolonged observation and a well-digested experience, personally, from its expert devotees themselves. The root of the evil is widely spread, and lies in the fallacious assumption that theoretical knowledge is an index of practical capabilities. Pursuing this groundless idea, a premium is offered for the most ample exemplification of this kind of information—the student is invited to dwell on the refined abstractions of specialities, and compelled to master their subtle minutiae with a

delity or accuracy of the most unvarying kind. Assuredly thereby he undergoes an excellent mental training—the intellectual faculties generally are expanded—the memory increased “*ex colendo*”—and habits of study and industry formed, while, particularly, the powers of attention, concentration, and expression are greatly developed. Valuable attainments are also acquired, and much that is indispensable is received, without which, as Sydenham would have said, ‘*nulla medicina sit.*’ But beyond this extremity, few if any additional gains are obtained. First principles are grounded and the elements of science superadded, but the great superstructure is not yet built. The knowledge inculcated is but systematic, while the mode of its communication has been solely traditional, and therefore it could have satisfactorily been acquired by mere closet study, and the more direct perusal by the youth of the same books, from which the statements he receives at second hand are derived by his master.

While, as we have before implied, knowledge of this sort is necessary yet, comparatively, it forms but a tithe of what is really demanded in practice. The bulk of the information that should be required of the medical student is such as flows from demonstration and has been obtained by his own investigations. The more closely lectures, and other forms of conveying knowledge approximate this character, in other words, the more demonstrative their nature is, the more successful will they be in imprinting upon the acquiring mind that which will in after life prove to be most lasting and most profitable. The special senses are the veritable inlets through which the most powerful occupation of the inner sense can be engaged. What we see and hear we easily recollect, but what we take upon trust often vanishes and is quickly forgotten. Practical communications possess the important recommendation that they will upon the circumstances re-affording themselves, ensure a recognition of the various data from which they were originally derived. Whereas, under theoretical education, a man may in futurity absolutely not discern the very things he knows when placed before them; paradoxical, though this be, it is still true, and we are bold to say in attestation, that many a pupil will be found who will give a perfect description of the stereotyped symptoms of pyrexia and so fail, to realize them in practice, as not to know a case of fever when called to it. These evils are felt by teachers generally, and something we know is being done to avert them by giving to their lectures a more demonstrative character than was the custom years ago. Still, however, there exist great room for improvement, and we anticipate that, as time rolls on, yet further advances will be made in the right direction. Whatever improvement

is to be effected in the art of medical tuition, we are convinced must be founded upon the principles we have been considering, and it will yet appear that the Professor from whom his class learns most is he who has most largely supported his oral instructions by suitable demonstrations. It is not to be expected that in this place we should descend into any further extension of these general observations. But pending the original subject that drew them forth we may add—if be it conceded that teachings should be of this character, will it not, also, be granted that examinations should equally share in its participation. They are designed to be proofs of proficiency in the subjects of education, and ought necessarily to be similar in kind and manner. And now recurring to our primary objection, that examinations are improperly the great aim of both wranglers and directors, it will be seen that it is not the ordeal itself against which we declaim, but rather its style and character. We desire it should be more demonstrative. We wish that it should bring out the practical ability, the critical acumen, the *tactus eruditus*, the personal experience of the candidate. And we feel assured that by these desiderata, only can we judge of the competency of an individual to engage in professional vocations. We are aware that examinations must be in part theoretical, and this is the natural test for mere doctrinal and histological information, but as, when confided to alone, it merely is an evidence of scientific learning, it should, to make use again of our simile from archery, be in comparison to the former as the outer circles of the target. The relative position it now engages should be changed; and instead of occupying the bull's eye, let the practical tests be the central aim—let more be determined as regards the accuracy of the marksman from the frequency with which they are hit, than from all the wider balls that have battered down the external barriers beyond their sphere. Is it asked how can this be done? The reply is easy. Each department requires of course, its own mode of execution. Each Professor must shape his own course to achieve the practical modifications in the examination of his own branch. The transformations required for attaining this end will, upon careful reflection, present themselves to the contemplative mind. A suggestion or two from us alone will suffice. Let the obstetrician bring the candidate into the lying-in room, and there ascertain his efficiency in a few practical points—the simplest are often the most significant—does he know the os uteri, by *per vaginam* examination, and can he test truly its existent state? Has he positively defined the real presentation? Can he recognize the foetal pulsations? These are some of the most common circumstances that are sure never to want an opportunity at which to be elicited. And in turn they become suggestive.

and may be made subservient to others of a deeper research and more extensive accomplishment. Next let the examined accomplish on a phantom female the usual operations of turning, forceps delivery, &c.: such a practice has been followed in the hebdomadal examinations at McGill College, and with great benefit to the student. Then let the accoucher and his charge visit a puerperal female and observe his ability in medical catheterizing and diagnosis. And lastly, let a sick infant be confronted before them, and let his master hear what his *élève* has to think and say about the patient. In somewhat the same manner, as indicated by the two last portions of this testing process, the candidate's practical ability in medicine and in surgery might easily be known. The wards and the receiving room of an hospital always, at any time, afford the most ample opportunities; the most common, every day, kind of case may be made a mine from which a large store of information can by tact be elicited for through its veins run, as may be found, the elements that, together in description, constitute the bases of pathology and therapeutics.

BILL TO REGULATE THE SALE, &c., OF POISONS.

Mr. Alleyn has introduced a Bill into the House of Assembly to regulate the sale and delivering of poisons, and certain other drugs. It enacts:—

“No apothecary, chemist, druggist, vendor of medicines or other person in this Province shall sell, give, or deliver any arsenic, corrosive sublimate, strychnine, prussic acid or other thing, mineral or vegetable, fluid or solid, commonly known as poison, or which being incautiously or secretly administered may cause death, chloroform or any substance known to produce insensibility or stupefaction, to any person who shall not then produce and deliver a certificate from some Justice of the Peace or Physician resident in the locality, or some form equivalent thereto, addressed to such apothecary, chemist, mentioning the name residence, calling or profession of the person requiring such poison, and stating the purpose for which it is required, and that it ought to be sold to the person requiring it, &c. ;” and such certificate shall be kept by the person selling, who is to take other steps as “obtaining the party's signature for identifying the sale.” The bill also provides that “he shall cause the person bringing the same to write his name thereon, and the seller or giver shall also enter in his day book or journal the name and quality of the person receiving such poison or drug, the amount sold, &c. In the case of solids the poison shall be contained in a green colored wrapper, with the word poison written or printed thereon, and in the case of fluids each bottle or vial shall have green label with the same word written or printed thereon, and the same shall be followed in cases of chloroform

or other stupefying drug, save that instead of poison, the name of the drug shall be written thereon."

Every infraction of the above act, if it become law, to be a penalty not exceeding fifty pounds, in default, imprisonment for three months, recoverable before a Justice of the peace.

"From the passing of this Act, the second section of the 12 Vic., cap. 60, is repealed."

We are pleased that something has, at length, been attempted to place the sale of poisons on a less perilous footing than it, unfortunately, now has in this Province. Mr. Alleyn's motion deserves a careful attention, and we hope he will derive the support of his fellow members in obtaining the future passing of the Act. But before this event, it demands, from its great importance, a careful consideration. The council of others should be sought, and any suggestions thrown out duly weighed. In its present form we would certainly object to the Bill on account of several objectionable features that it possesses. These corrected, however, in any manner deemed best, we should heartily press its immediate enactment. The chief objections are these:—it is only a preservative against "commonly known" poisons, while it takes no cognizance of a number of equally deadly substances that are largely used in the arts and manufactures, and not popularly esteemed to be poisonous. We can understand the difficulty that was experienced in defining the substances designed to be proscribed, and perhaps a substitute is not easily to be found; but it appears to us if the word *professionally* were made to re-place "commonly" our objection would be met. Again, the Bill permits of the active continuance of one of the greatest evils that now pervades trade—by sanctioning the promiscuous dealing in poisons that prevails throughout the country. So far from being a monopoly, poisons come into the possession of an extraordinarily large number of different classes of business men, by whom they are not used for any purpose required by their own calling, but kept as a saleable commodity, and disposed of freely as simple articles of commerce. Until a prohibition is passed upon this wide-spread distribution, no Bill can ever diminish the occurrence of poisoning resulting from accident; or another, by no means rare, form which may be expressively called "suggestive poisoning." Mr. A.'s act is well calculated, *ceteris paribus*, to lessen the number of pre-meditated cases of suicidal and of homicidal toxication, but it will, with its present extensive permissions, fail to reduce the number of the former. We have elsewhere* pointed out the two intentions that we think should be first

* *Medical Chronicle*, Vol. IV., page 191, Sect. 1 and 2.

embraced by a poisons prevention Act, viz. : 1. To interrupt the promiscuous dispensing of poisons that now exists; and 2. To limit the disposal of them to one class of individuals.

A third failure in the proposed act is, that no provisions are made in favor of prescriptions. If it were legalized—in strict compliance with its obligations,—every time a physician ordered a dose, or compound, containing morphia, strychnia, tartar emetic, corrosive sublimate, nitric acid, and such like poisonous agents, which are in constant and repeated daily use among medical men in large practice, he would be compelled to send with his receipt a certificate “ mentioning the name, residence, calling, &c., of the person.” And upon the luckless apothecary an incredible amount of utterly useless labor would be superimposed, which could only be accomplished by employing one assistant, or even more, to do nothing else. And lastly, the production of a certificate in general cases is no protection. A man who desires to poison himself or kill another is not such a fool as to publish it about—but will hide his real object, and assign some wrong reason for wishing to obtain the fraudulent agent. He will give a pretext, and as such authorized orders for the sale of the poison may be got from any good natured, easy going justice of the peace, he will seldom fail in his design. The act does not define any particular use for which the poison *alone* shall be used, and therefore might be demanded: but permits a certificate to be given to any one who desires poison to kill wolves, exterminate rats, or destroy vermin. Causes that are ever rife and always afford an unsuspecting motive when alleged. Cognizance, however, of such excuses ought not to be taken in a contra poison act; and in our opinion, the use of poison should be confined to medicinal purposes, and only sold when required by prescriptions, and in the small quantities called for by such demands.

SOMETHING FOR THE COLLEGE OF PHYSICIANS, &c., C. E.

We understand that an application has been made to the Legislature to allow one Moses M. Mitivier, to evade the penalty to which he is now liable from the College of Physicians and Surgeons, C. E., by having practised, and continuing to practise medicine in a part of Lower Canada without their license. And further, he desires Parliament to place him in such a position of independency as shall enable him to place at defiance all the ancient usages of the aforesaid body, although in carrying these out she is only acting in accordance with her delaga-

ted authority from the Government, and agreeably to the act of organization in which she has been incorporated. And yet more, this audacious Moses asks both Houses of the Legislature to signalize him above all other persons, who, for the last 10 years or more, and probably those who may figure in the next 10 years, by conceding to him, only because he is presumptuous enough to ask for them, responsibilities and privileges which the said Houses have vested as a particular right in the institution before named. M. Mitivier can give no better account of this singularly indeferential and strangely illegal and most disrespectful act on his part, than that he presented himself before the above College, and, after an impartial and a simple examination, was rejected for sheer incompetency. There does not appear to be one palliative circumstance in his case. He asks to be authorized to practise physio, surgery and medicine in this province—without any regard to the lives of His Excellency's liege subjects! He admits he commenced the study of medicine after the passing of the act incorporating the College of Physicians, &c., which especially provides that any person desirous of practising physio in this province, must pass through a prescribed course of study in a university, college or incorporated school of medicine, giving lectures in accordance with her curriculum: he refers to some American tokens he produced in compliance with its demands—but, alas, they availed nothing. And this, with what we have already said, makes up the deed of M. M. M.

A DOCTOR A CRIMINAL.

In the Court of Queen's Bench, in this city, on Monday 23rd March last was commenced the trial of Dr. Jean Baptiste Théophile Dorion. He was indicted for having on the 23rd of April, 1851, in the parish of St. Eustache, stolen one valise, one promissory note for £50, one promissory note for \$50, one trunk, six fishing lines, six fish-hooks, five large silver spoons, five silver tea-spoons, five silver forks, one gold-headed cane, and six books, the property of the late Dr. Sévère Dorion.

It would appear by the evidence of Eustache and Firmin Dorion, two of the brothers of the prisoner, that the goods had actually been taken. Eustache, one of the witnesses, was present when the trunk was opened by the prisoner, and the goods taken, on the night of the death of Doctor Sévère Dorion whom the prisoner was attending during his last illness. Firmin Dorion testified as to the admission of the prisoner taking the same goods.

The defence was that there was a conspiracy between the brothers, &c.

ruin the reputation of the prisoner, and if they could not do that, their object was to send him to the Penitentiary to drag out a miserable existence. A space of five years between the day on which the theft was alleged to have been committed, and the bringing of this prosecution was sufficient to indicate the motive of the party in the case.

The trial continued during Monday, Tuesday and Thursday on which latter day —

Mr. Justice Aylwin in summing up intimated to the Jury his conviction of the prisoner's guilt. The delivery of the Judge's charge occupied three hours.

The Jury retired, and after an absence of five minutes returned a verdict of "Guilty."

Sentence will be pronounced the last day of the term.

From the standing and position of the prisoner, who, it is said, is worth upwards of £50,000, the greatest interest was manifested in this trial. During the three days which it occupied, the Court was crowded to excess.

REPORT OF THE MEDICAL SUPERINTENDENT OF THE PROVINCIAL LUNATIC ASYLUM AT TORONTO.

We glean the following facts from the very short report, presented by Dr. Workman, to the House of Assembly, during the present session. The total number of patients at present under the superintendent's charge is 428; of whom 198 are males, and 230 are females. The total admission from 18th October, 1856, the date of last report, to the present time 1st March 1857, has been 134. The discharges in the above period have been 51. The number of deaths in the same period has been 25, in a total of 504 patients under treatment. Of the 428 patients now remaining in, 4 have been inmates over 16 years; 20 from 12 to 16 years; 58 from 8 to 12 years; 54 from 6 to 8 years; 66 from 4 to 6 years; 48 from 3 to 4 years; 40 from 2 to 3 years; 39 from 1 to 2 years; 14 from $\frac{1}{2}$ to 1 year; 84 under $\frac{1}{2}$ year.

"The present ages of the above 428 patients remaining in are as follows:—6 are under 20 years; 98 from 20 to 30 years; 154 from 30 to 40 years; 108 from 40 to 50 years; 45 from 50 to 60 years; 23 are over 60 years."

"A Lunatic Asylum is," says Dr. Workman, "in many respects the best place for the treatment of the insane; but the transmission of every case of the malady to an institution of this character is neither necessary nor advisable; under no consideration other than that of unavoids-

ble necessity should any fellow-being be cast into a madhouse. The retrospect of even the most fortunate of those who have been subjected to this alternative must be distressing. No one who has carefully and with christian commiseration examined even the best wards of our most celebrated modern asylums will fail to shrink from the apprehension of so dire a calamity befalling himself as that of becoming an inmate."

With all due deference to the judgment of the superintendent of our Provincial Lunatic Asylum, we most emphatically dissent from the opinion expressed in the concluding sentence of the above quotation. We know not what maybe the condition of the "best wards" of the Toronto asylum, as we have never had the pleasure of visiting that institution; but as regards the "best wards" of some of the most celebrated modern asylums of Great Britain and Ireland, public as well as private, we can positively assert that there is nothing in either their appearance or arrangement so repulsive as to make any one shrink from the apprehension of so dire a calamity befalling himself as that of becoming an inmate; and this we say after having carefully, and, we trust, with "christian commiseration" examined them, and the treatment of the occupants thoroughly. It is certainly a dire calamity to have reason unseated, and every mind will startingly recoil from the contemplation of such a sad event being possibly theirs in the future of their life; but did one admit to himself the possibility of becoming insane, we are certain he would not shrink with apprehension at the idea of being treated in the well arranged private ward of a modern asylum.

What opinion are we to form, moreover, regarding the superintendent of a lunatic asylum in the 19th century—in which the benefits to be derived from the treatment of the insane when conducted in properly constructed and efficiently officered institutions are fully recognized,—who uses such language as the following:—"under no consideration other than that of unavoidable necessity should any fellow-being be cast into a mad-house?" What sad and melancholy visions are conjured up by these few words? Gloomy prison-like buildings—iron barred gates—grated windows—dark and filthy cells—cruel keepers—clinking chains—fearful shrieks—emaciated bodies, and all that went to make up the idea formerly held by the public, concerning those places denominated "*mad-houses*," into which poor unfortunate humanity was "*cast*."

OBITUARY.

THE LATE DR. TELFER OF TORONTO.—This Gentleman lately deceased was one of the oldest practitioners in Toronto. He was a native of Scotland, was educated in Edinburgh, and passed the Royal College of Sur-

geons, of that City, in 1824. He shortly afterwards came out to Quebec as a medical officer, in charge of a passenger ship. He went to Upper Canada and finally settled in Toronto.—A notice of his demise, in the *Globe* says:—In regard to the general character of our departed friend it becomes us to say that his nature was generous, in the extreme. He was utterly indifferent to money, if he had only as much as would supply necessary wants; and we have heard it stated that out of a practice that should have yielded £1,500 per annum, he did not trouble himself to collect more than £500 or £600. The poor he was ever ready to help, both with advice and medicine, and often when in the abodes of poverty gave money to procure other necessaries. Many took advantage of his kind heart, and with a tale of distress escaped payment of their bills. Another feature of his character was that he was devoid of even any approximation to professional envy, and was ever ready to give a cordial welcome to any honourable and skilled practitioner.

One fact we have learned, and which in honour to the pious sentiment of the dead, we may make known that, for some years past, unless confined to bed or hurried away by some urgent case, he made it a rule to spend one hour alone every morning in his surgery for devotion, religious reading and meditation. From his closet he went out to his duties, and many know that he has sat at their bedside and combined the Christian monitor or sympathizing friend with the accomplished physician.

LONGEVITY.—The nature of the employment has, proverbially, a great influence over the duration of the individual's existence. But though the broad fact is thus generally recognized: yet the order or relative effect of different trades on life is not accurately known.

The Registrar-General of England and Wales concludes that of twelve classes of occupations, farmers have the longest lives. The order of longevity is as follows:—

1—Farmers,	5—Blacksmiths.	9—Miners.
2—Shoemakers.	6—Carpenters.	10—Bakers.
3—Weavers.	7—Tailors.	11—Butchers.
4—Grocers.	8—Labourers.	12—Innkeepers.

The extraordinary mortality of butchers is a fact for which we are indebted to the last census. Their red-flushed face has produced it seems, a wrong idea as to the healthful nature of their business. Whether it is their excess of animal food, their proneness to drink, or their exposure to the decaying matter that surrounds the slaughter-house, that is the cause of this newly discovered mortality, is yet to be investigated. The highest rates of this mortality are found in the class of

inn-keepers and licensed victualers;—not a bad argument for the teetotalers,—though their exposure from frequent intercourse with large numbers of people should not be left out of account.

“ JOURNAL DE L'INSTRUCTION PUBLIQUE,” AND “ LOWER CANADA JOURNAL OF EDUCATION.

We have received the first numbers of the two above-mentioned journals, and willingly place them on our exchange list. The advent of two periodicals devoted to the interests of education, simultaneously with the opening of two Normal schools in the city of Montreal, is an event which cannot but gladden the heart of every lover of his country. The future historian of Lower Canada, will, we are certain, have occasion to point to this event as the first dawn of a bright day in the intellectual history of the people, in the noon-tide glory of which he will himself live. The talented and indefatigable superintendent of education, Hon. P. J. O. Chauveau, who has done, and is now doing, so much for the furtherance of education amongst us, is editor in chief of both Journals; the assistant editors being Messrs. Joseph Lenoir and John Radiger.

HOSPITAL REPORT.

Monthly Return of Sick in the Marine and Emigrant Hospital, Quebec, from the 19th January to the 4th March, 1857.

	Men.	Women.	Children.	Total.
Remained,	22	17	2	40
Since admitted,	10	18	3	31
	<u>32</u>	<u>34</u>	<u>5</u>	<u>71</u>
Discharged,	9	12	0	21
Died,	1	1	0	2
Remaining,	22	21	5	48

DISEASES.

Fever,	6	Hæmorrhoids,	1
Inflammation of Bowels,	1	Frostbite,	2
Rheumatism,	1	Asthma,	1
Syphilis,	3	Gastritis,	1
Abscess,	2	Chorea,	2
Ulcers,	1	Scarlatina,	1
Pregnancy,	6	Erysipelas,	1
Coruitis,	1	Phthisis,	1

C. E. LEMIEUX,
House Surgeon.

Marine Hospitals.—We understand that Mr. Guthrie, secretary of the treasury, who directs the administration of the marine hospitals, has recently issued a code of regulations designed to increase the efficiency of these institutions. These rules contain provisions for the formation of libraries for the use of the convalescent, and directs the appointment of visiting boards for each hospital. Dr. Nott has been designed as the medical visitor for the Mobile hospital, and Dr. Blaney for the Chicago hospital.

Louisville Medical School.—The building occupied by the medical department of the University of Louisville, the "old school" of that city as it was called, was burned down on the 31st December last. By this disaster, the laboratory, museum, and library, procured by the professors mainly at their own cost, were completely destroyed. It is said the library embraced the most complete collection of French medical works that existed in this country.

A good Collector.—The celebrated Dupuytren had a faithful servant, who was always stationed at the door of his hall. There were two bells fixed over the porter's head, communicating with the consulting room. On bowing the patient out, Dupuytren rang one of the bells. If the fee had been paid, one particular bell was rung, and the servant understood that all was right, and the patient was allowed to depart without any interruption. If the patient forgot the baron's fee, the "no pay" bell was tingled, and the servant addressed the patient very politely in the following manner: "Mille pardon, Monsieur, I think you have forgotten to give the baron his fee." "Ciel," exclaims the patient, "*quelle négligence, le voici, avec mille apologies au baron.*"

Tit for Tat.—A few years before Dr. Baillie's death, during a visit which the late Professor Gregory of Edinburgh made to London, these eminent physicians, each distinguished in their several departments, conversed together on several occasions, and the judgment they jocosely passed upon each other was expressed in the following manner:

"Baillie," said the accomplished and classical professor "knows nothing but physio." "Gregory," exclaimed the experienced and skillful London practitioner, "seems to me to know everything but physio."

Jenner's Epitaph.—The following appropriate lines are engraved on Jenner's monument:

Within this tomb hath found a resting place,
The great physician of the human race—
Immortal Jenner, whose gigantic mind
Brought life and health to more than half mankind.
Let rescued infancy his worth proclaim,
And disp out blessings on his honored name,
And radiant beauty drop her saddest tear,
For beauty's truest, truest friend lies here.

A Good Diagnosis.—A lady whose fondness for generous living had given her a flushed face and a carbuncled nose, consulted Dr. Cheyne. Upon surveying herself in the glass, she exclaimed, "Where in the name of wonder, doctor, did I get this red nose from?" "Out of the decanter, madam," replied the doctor.