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THE MEDICAL CHRONICLE.

VOL. I.]

MONTREAL, NOVEMBER, 1853.

[No. 6.

ORIGINAL COMMUNICATIONS.

ART. XXI.—*On the application of Tincture of Iodine as an Ectrotic Remedy in Small Pox.* By J. CRAWFORD, M.D., Professor of Clinical Medicine, McGill College, and Physician to the Montreal General Hospital.

It is now upwards of nine years since I first recommended the application of tincture of iodine as an ectrotic remedy in small pox, and although I observe that the suggestion has been noticed by Dr. Copland, in his Dictionary of Medicine, and by Dr. Dunglison, in his work on Therapeutics, and also by some others in the United States, I would nevertheless desire again to draw the attention of the medical profession to the benefit that a more extended experience has convinced me would follow a general application of the remedy.

Epidemics of the dangerous malady of small pox, have been fortunately rare amongst us, and therefore the opportunity of further testing this remedy had not been afforded me, till the latter end of the last year, and earlier months of the present, during which period I have had occasion to treat, both in hospital and private practice, several cases of very grave variolous disease, and would desire to lay my further experience before the profession, anxious that a fair trial and just estimate of the application should be made, while I feel fully confident that it will maintain the reputation I have deemed it deserving of. I would here appeal to those who have seen much of the natural small pox, or its effects, how few cases escape pitting and unseemly scars, when the disease is allowed to run its course without interference, and I would also ask, how many attempts have been made in consequence, to supply an ectrotic remedy, and how difficult of application, or disagreeable, and even inefficacious, are any that have been hitherto recommended. The Herculean undertaking of cauterizing the several individual pustules, in severe cases, quite precludes its application. I have reason to think the compound tincture of iodine, a very powerful and efficacious remedy, which has been tried with very satisfactory results in the Montreal General Hos-

pital, by my friend Dr. Campbell, but from my being under the impression that the addition of the hydriodate of potass caused more pain, I have not employed this form. The disagreeable mercurial mask, the *inefficacious* covering of gold leaf, cotton, or collodion, are now in a great measure laid aside. I stated formerly, on the occasion of my first suggestion of this application, in the Medical Gazette published in this city in 1844, that I was led to try it in small pox from the very marked benefit I had derived from its use in erysipelas, and various other cutaneous diseases, for several years previously. I was then satisfied of its *antiphlogistic* powers and *soothing* effects, and trusted that a more general employment of it in variola would establish its claims to general confidence.

During the late epidemic of variola, I have had several opportunities of trying its powers, and my cases have been observed by many members of the profession, to whom the issue has afforded every satisfaction. I have reason also to know, that several medical practitioners have followed my example with success, while others have made only a very *imperfect* and *insufficient* occasional application, which neither could afford a satisfactory result, nor determine the advantages derivable from it.

I have been favored with the opinion of several physicians of this city, of the highest standing in the profession, on the advantage of using this remedy, which I subjoin.

The application I have used is a saturated solution of iodine, in spirit of wine, *which is to be brushed freely over the face once or twice daily, from the earliest day of the eruption that is practicable, and continuing the repetition of the application daily, or oftener, during the period of the maturation of the pustules. The earlier the application is commenced, the more efficacious it proves. The inflammatory and ulcerative processes are controlled, and the intolerable itching relieved, by which means scratching, and its evil consequences, are obviated.* For some time I was disposed to confine the application to the face, as being the part most disposed to ulceration and pitting, as well as that, most desirable to be preserved from marks. I have, however, on many occasions applied it to various other parts, for the sake of experiment, or contrast, and also to relieve the intolerable pruritus, and have even extended it over nearly the whole body, at the patient's desire, without any evil consequence or inconvenience from the most extended application. The relief it affords to the itching, (if it conferred no other boon), would of itself be a sufficient recommendation of the application. Its antiphlogistic and febrifuge properties, however, are very manifest, and I have no doubt *modify* and *moderate* the fever, and thereby operate in a most salutary manner. The medical treatment I have combined with it is so simple and mild, that a great deal cannot be attributed to it; being merely small doses of calomel and

Dover's powder occasionally, during the day, and at night, as a sedative. When pits are left, I have observed that they principally occur on the nose, and I am inclined to think that this may in some degree be owing to the insufficiency of the application to this sensitive part, or from the disagreeable vapor causing irritation of the Schneiderian membrane, or eyes, which makes the patient more desirous to escape from its application; but even this inconvenience may be easily obviated, by keeping the eyes shut, and, if requisite, stopping the nostrils.

The immediate effect of the application is pain, which is more complained of by some than by others. It speedily subsides, and gradually abates in severity, after the first few applications; and the relief to the itching it affords is so gratifying to the patient, and the effects so manifest to the friends, that they always remark the contrast of the parts "painted," with those left "unpainted;" and frequently request a further extension of the application. I will record very briefly, a few of the cases, some of which were treated in the Montreal General Hospital, and some in my private practice:—

Case 1.—*Variola Discreta*.—J. H., aged 19, admitted into the Montreal General Hospital on the 31st October, 1852, under my care, on the third day of a variolous eruption, which covered the face and limbs very profusely, although distinct. The face was swelled, the tongue covered by a pustular eruption, and there was salivation. The initiatory fever had been severe. He complained much of the itchiness of the face, his pulse was full and frequent. He was ordered to be painted over the face, and to have small doses of calomel and Dover's powder 3 times a-day. One of his arms was also painted for the object of comparison with the other. These parts soon exhibited a marked contrast from those left unpainted. The pustules remained small and formed thin scabs, which fell off early, and left the subjacent parts free from pits. Although this case was grave, there was no bad symptom. It was seen by several medical gentlemen, who expressed their satisfaction and conviction of the beneficial effects of the iodine, and that it had prevented pitting and marks. Some weeks after convalescence, his face was quite smooth. The patient was uncertain whether he had been previously vaccinated.

Case 2.—*Semi-confluent Small Pox*.—E. B., aged 19, admitted into the Montreal General Hospital, 30th November, 1852, on the second day of variolous eruption, which had been preceded by high fever, vomiting, epigastric and lumbar pains. It was copious on the face, which was much swelled, his spirits good, slept tolerably well, and without delirium. Eruption became very profuse over the limbs, and confluent on some parts, areola bright. The fever was moderate. Ordered to be painted with tincture of iodine, and to have the calomel and Dover. The crust formed a complete mask over the face, but was thin. The buccal mu-

ous membrane did not appear to be involved in the eruption. The application was made daily, and the case progressed favorably. There were no depressions or marks left on the face. The iodine was also applied to different parts of the body to relieve the itching with very satisfactory results. Did not know whether he had been previously vaccinated.

Case 3.—*Semi-confluent*.—M. M., aetat 7, (private patient,) to whom I was called on the second day of eruption, which had been preceded by smart fever and vomiting. The eruption was profuse, but distinct, over the face and extremities, with few pustules on the body, the mucous membrane free from it. The patient was said to have been vaccinated. She was ordered, as usual, to be painted. She did not make much complaint of the application, although of such tender years. The pustules on the painted part remained small and flat, quite unlike the other parts. Several pustules on the limbs became confluent—the areola rosy. On the 9th day, some of the pustules on the limbs had a hemorrhagic appearance, the scabs on the face were thin, and the secondary fever light. There was little swelling of the face, and no salivation. About the 10th day, she was attacked by rheumatic pains and swelling of the ankles and knees. Her bowels became disturbed for some days; an abscess formed at the ankles, elbow and axilla; these were discharged. Her strength was supported from an early period by nutritious diet—beef tea, arrow root, wine and quinine. About the 21st day of the eruption she began to cough, accompanied by a mucous rale, and profuse expectoration, with great dyspnoea at intervals. An emetic, a sinapism, and pediluvium relieved her for the time. The mucous secretion continued profuse, and her strength failed, and she sank on the 31st day. There were only a few small *superficial* pits on her face, which would not have been very observable had she lived. The irritation from the rheumatism, and the discharge from the several abscesses, together with the profuse tenacious bronchial discharge, and consequent orthopnoea, carried her off. The case would otherwise have been very satisfactory, although the application was commenced later than was desirable.

Case 4.—*Semi-confluent Variola*.—Miss E. M., aged about 18, (private patient), after smart fever, accompanied by severe epigastric pain, intolerance of light, redness of the conjunctiva, and slight sore throat, an eruption of papulæ appeared on the face and wrists. I saw her on the second day of eruption, when it was thickly out over the face and limbs. It soon spread over the whole body, and was very profuse, but kept distinct, except at a few parts. The iodine was applied to the face and back, with so much relief to the patient, from the itching, that she on many occasions made her sister apply it to various parts; in fact I might say it was used all over her body, which circumstance she confessed after

her convalescence. The secondary fever was severe, accompanied by much gastric irritation. There was also a good deal of suffering from a rheumatic affection of her wrists and ankles, which rendered her very helpless. She, however, got well, without any farther troublesome symptom. The scabs were thick, and remained a long time on the right side of her nose, which (as was remarked by her sister) had been less assiduously painted, from that side being turned to the wall, and inconvenient to get at. On this part there remain several small superficial depressions, and the forehead has some very slight marks, only discernible *en profile*, which I expect will not be perceptible in a little time. The face is pale and without any stain, and generally quite smooth. The case was very severe and was seen by several medical gentlemen, who expressed their satisfaction of the efficacy of the remedy. It is doubtful if this patient went through regular vaccinia.

Case 5.—R. C., ætat 15. I was called to this case on the 5th day of the eruption. The girl had been under the care of a medical practitioner, who had not applied the iodine, although it was suggested to him by the priest, who had seen its advantages in the previous case. The eruption over the face was flat and ill-filled. Although profuse, it was distinct over the body. She was a delicate, dwarfish girl, subject to splenitis. At the period I saw her, she was very weak, depressed in spirits, and sleepless. She was ordered a small quantity of wine and water, and beef tea frequently, calomel and Dover's powder, and to have the face painted. Although the expectation of benefit was much lessened, by the late period of the application, it caused, as usual, some pain, but at the same time afforded a much relief from the itching, that she frequently desired its reapplication. The eruption became confluent on several patches on the limbs; but little eruption on the body. The face swelled, and there was salivation. The scab on the face formed a complete mask, but not very thick. Her spirits revived, and her strength was maintained by wine and soups. Her feet, legs and wrists became painful and swelled. She, however, recovered well in about three weeks. There remain several small superficial pits on the face, which could not well be otherwise, as the application was so late in being applied, and a mark of a scratch she made before the iodine was applied. But they are evidently very much modified even by the late use of the remedy, and the relief to the itching derived from it was manifest, from her often desiring its application and extension over other parts. Several boils took place on different parts, but she soon recovered. This patient had never been vaccinated. Her eldest sister was vaccinated during the progress of the case, and passed through the stages, in a satisfactory manner.

Case 6.—*Variola confluenta*.—A. A., ætat. 15, a delicate looking boy,

had never been vaccinated, nor any of his family, three of whom were vaccinated on the occasion of my being called to see him, and all passed through the regular stages in a satisfactory manner. This boy had, a short time before his illness, received a visit from a young friend, just recovered from an attack of variola. The primary fever and epigastric pain were pretty severe. The eruption was profuse over his face and extremities when I saw him on the second day. The iodine was applied in an unsatisfactory manner, from the interference of the patient and his mother. The eruption soon became very profuse, and confluent on many parts. The tongue and fauces were covered by ulcers; the voice scarcely audible; some cough and expectoration. The iodine produced such a soothing and satisfactory effect, that he soon desired its reapplication, and it was extended to various parts to relieve the itching. The case, although very severe, went on well. Secondary fever was high, and there was much distress from the mucous membrane of the larynx, and from the pustules on the scrotum, and pains of his hands and soles of his feet, which were covered with pustules. He also suffered from rheumatism of the ankles and wrists, which were much swollen. The Dover and calomel afforded him relief and sleep at night. Beef tea and arrow root were ordered from the earliest day, and latterly wine and quinine. He was convalescent in three weeks, and able to sit up, in good spirits, saying he could dance with nurse, if the sores on his feet did not prevent him. Scarcely a trace of pit or depression being left on the face, whilst the parts unpainted showed numerous pits. On the 23rd day from the appearance of the variolous eruption, an erysipelatous blush appeared on the forehead, and a similar one on the knee. An abscess formed in the axilla, and also on the eyelid and ankle. His back also became painful, and affected by erysipelas, and a smart fever supervened. His bowels discharged large quantities of ochrey looking fermenting and very offensive evacuations, for three or four days, when the fever and erysipelas subsided. About the 30th day the fever returned and assumed a typhoid type; dark, black, dry tongue; muttering delirium, subsultus tendinum, &c. &c. He continued in this precarious state for a week, when he became quite intellectual, and able to tell his wants, and good hopes were entertained of his recovery, when suddenly, after two days of this favorable state, he was seized with dyspnoea and hurried breathing, and died in a few hours. The treatment is omitted, as not being an object on the present occasion. The most satisfactory results were observed to attend the use of the iodine, both by allaying the irritation and preventing marks, scarcely any being perceptible. This case was seen by Dr. Campbell, in consultation, and by others, to witness the effects of the remedy.

I have treated several other slighter cases, in which the iodine was used in all with marked benefit in relieving the itching, and in all pro-

bility preventing pitting, as even in cases where the eruption is sparse, pitting may follow. I have also seen several severe cases in which it was tried in the Montreal General Hospital, under the care of other physicians, with the most satisfactory results, a summary of which accompanies this notice.

I think I may add without overrating the advantages of the application, that being a powerful antiphlogistic, while it lowers the inflammatory action, it thereby controls the general fever, and moderates the risk and mortality from the secondary fever.

The two fatal cases which I had during the present epidemic, being evidently rendered so by other causes than variola, namely, in one, by erysipelas and typhus fever, supervening during convalescence, on the 31st day after the appearance of the variolous eruption. The other fatal case was carried off on the 30th day by continued irritation, and wasting from rheumatism, abscess and bronchitis, with profuse mucous discharge.

I have very great pleasure and satisfaction in adding the testimony of Dr. Bergin, of Cornwall, to the beneficial effects of iodine in small pox; who had in 1849 an opportunity of using it on a very extended scale, such as rarely is the lot of any individual in this country. The following summary, which is founded on returns made to the Hon. Colonel Bruce, Superintendent General of Indian affairs, is very brief, but it comprehends all that can be desired in support of the claim of this application, as an ectrotic remedy. Dr. B. had witnessed the early experiments I had made on this subject, during his pupilage in Montreal, and gladly availed himself of the unusual opportunity he had, when employed by the Colonial Government, to afford his professional aid, to a tribe of Iroquois Indians at St. Regis, on the banks of the St. Lawrence.

He briefly states, "I have treated 300 cases of small pox among the Iroquois Indians at St. Regis, during an epidemic in 1849. Of these 200 were very severe, either confluent or partially so, and to whom iodine was applied. It follows:—The whole face was painted, daily from the earliest day that it could be done in *eighty-five* cases of confluent, or semi-confluent small pox, out of which *only seven exhibited any marks and these were slight.* *Half the face was painted in seventy cases of grave disease; of these, sixty-one were free from any marks on the painted side, five were badly pitted, and four slightly, on the painted side, while the unpainted side had numerous marks and pits, exhibiting a very striking and marked contrast, 50 cases were painted at different periods, during the maturation of the pustules, upon which the tincture did not appear to have much influence. There were eight cases of variola modificata. Twelve of the cases terminated fatally, one of which was of an hæmorrhagic type.*

I need scarcely add, that I am fully convinced of the beneficial effects

of tincture of iodine, not only as a powerful eectrotic remedy, but also as a very efficacious means of controlling the irritation and itching, and thereby not only relieving the suffering of the patient, but also removing the involuntary and irresistible disposition to scratch, and the consequent production of wheals and scars. I am also of opinion that it moderates the febrile action, and thereby the danger. I have used a small quantity of hydriodate of potass to aid in the solution of the iodine.

I freely confess that I conceive I would not be doing justice and my duty to my patient, if I omitted to apply this remedy on any future occasion. It should be commenced at the earliest day of the eruption, and continued daily for a week. I may add that I have been applied to, on many occasions, for iodine, by Indians from the Racquett River, to whom I could not afford further aid. The cases were generally of a very grave type and it appears to me that the Indian constitution, like the Negro, suffers severely from this malady."

Besides the several medical gentlemen who saw these cases, during their progress, and subsequently, after convalescence, I had the pleasure of showing such of the patients who had passed through the ordeal as I could meet with, to Dr. Marshall Hall, of London, during his visit to Montreal. Two of these (numbers 4 and 5) will be admitted not to have been selected as favorable specimens, not only from their severity, but also for one not having been seen by me till the 5th day, consequently not having had the application made till a late period, in fact these cases presented more marks than any other I had. Dr. M. Hall has kindly favored me with his opinion as follows:

FROM MARSHALL HALL, M.D., F.R.S., &c.

I have seen with much satisfaction several patients who had been afflicted by variola, and treated by Dr. Crawford by the application of the tincture of iodine. The superficial pits I noticed appeared to me to be so numerous and crowded, that confluence and deep and lengthened scars must have taken place, but for the effectual abortive treatment by the iodine; and I cannot but think this a most valuable application in such cases.

Extract from a note from W. HENRY, Esq., M.D., Inspector General of Military Hospitals.

Since I received your communication on the use of tr. iodine as an eectrotic in small pox, I have directed it to be used, and careful minutes taken, in about a dozen bad cases of small pox in Military Hospitals, several of which I watched myself. I also observed the practice last year in two of your patients in the Montreal General Hospital.

In some of the military cases, the tincture was employed, but in the greater number a liniment was used, composed of powdered iodine and olive oil, in the proportion of a drachm of the former to an ounce of oil. I prefer this to the tincture for external use, because it adheres to the skin better and is not so easily evaporated.

I entertain no doubt of the great value of iodine in this practice. It appears to check the deepening and developing of the pustules, to prevent their confluence, and to lessen materially the cutaneous inflammation in the inter-pustular spaces. Though last not least, by stopping the deepening of the pustules it prevents subsequent disfigurement by pock-marks.

Extract from a note from P. W. MACLAGAN, M.D., Surgeon, XXth Regt.

I have employed the tincture of iodine in four cases of small pox, one of them semi-confluent, the others confluent and hemorrhagic. One which you saw terminated fatally, but the poor man felt great relief from the application, and earnestly begged its repetition more than once.

The others are decidedly less deeply marked than might have been expected. Indeed, the superficial traces which remain will, I doubt not, disappear entirely. One of my patients complained a good deal of the smarting, for an hour or two after the iodine was applied; but the remainder made mention only of the smell of it—rather I suspect the irritation of the mucous membrane produced by the vapor.

From GEORGE W. CAMPBELL, A.M., M.D., Professor of Surgery,
McGill College.

Within the last two months I have tried iodine as an ectrotic in small pox, in the Montreal General Hospital, in four cases; two of them severe cases of confluent small pox, in which the face and eyelids, on the second day of the eruption, were greatly swollen, and entirely covered with incipient pustules. The tincture used was composed of a drachm of iodine to the ounce of alcohol, a few grams iodid. potasse being added to dissolve the iodine. The application was repeated once a day for four or five successive days. No suppuration occurred on the face, and when the mask formed by the iodine scaled off, there was no pitting, and the face presented a marked contrast to the skin on the limbs and body being perfectly smooth and healed over, long before the scabs had separated in other parts. In neither of the above cases did the constitutional symptoms correspond with the severity of the eruption. There was no secondary fever and I have no doubt the disease was greatly modified by the ectrotic treatment. In conclusion, I would remark, that I think the strong tincture of iodine employed more effectual and less painful than the ordinary tincture.

From A. HALL, M.D., Professor of Materia Medica, McGill College.

I have employed tincture of iodine freely both in private and Hospital practice, and from the general good results which I have witnessed following its timely application, I deem it an essential part of the treatment in that complaint. Of the various ectrotics which have been suggested, I consider it incomparably the best.

Shortly after you first suggested its use, I admitted into my wards at the Montreal General Hospital, a young woman, laboring under a severe attack of variola discreta. Doubting the efficacy of the tincture, but desirous of testing its value, I ordered its application to the left side of the face, neck and arms. On recovery, these parts presented scarcely the appearance of a cicatrix, while the collateral portions were severely

marked by the disease. I regarded this as an unequivocal demonstration of the value of its practice, although I deeply regretted afterwards that my doubts had suggested such a mode of experiment.

I agree with the view which you have expressed that success depends on as early an application of the tincture as possible, and a steady repetition of it during the maturing period of the disease. In females I have extended the application of it over the breast, as well as over the face, and I have been rarely disappointed in my expectations.

I regard the use of iodine as a decided improvement in the treatment of small pox; and I am happy to bear my testimony to its value, and to the obligation under which society is to you as its suggester.

CASES OF VARIOLA. TREATED WITH TINCTURE OF IODINE, IN THE MONTREAL GENERAL HOSPITAL.

TABULATED BY JOHN REDDY, M.D., L.R.C.S.L., HOUSE SURGEON.

Initials.	Age.	Day of first applicat.	Char-acter.	Days in Hosp.	Complication.	REMARKS. &c.
E. B....	15	2	C.	30	Mild Conjunctivitis.	Very severe; slight superficial pitting near point of nose.
J. J....	25	1	C.	57	Furunculus.	Do. do. do. over forehead and side of nose.
J. H....	19	2	Coh.	21	Diarrhœa.	Not marked.
J. G....	17	2	Coh.	35	Bronchitis.	Do.
J. M....	20	1	Con.	15	Mild Conjunctivitis.	Do.
J. M....	21	2	D.	25	Acute Conjunctivitis.	Do.
W. C....	40	3	C.	46	Hemorrhoids.	Slightly marked upon nose and centre of each cheek.
S. H. B..	19	1	D.	21	None.	Not marked.
R. W....	17	2	D.	17	Bronchitis.	Do.
E. C....	3	2	D.	35	Do.	Do.
R. L....	17	1	D.	39	None.	Very severe; one or two superficial marks upon the face.
J. C....	17	2	D.	23	Do.	Not marked.
L. C....	19	2	Coh.	33	Do.	Severe; slight superficial marking.
P. McC.	20	2	D.	9	Do.	No. marked.
A. McK.	4	2	D.	10	Do.	Do.
H. G....	45	1	D.	35	Do.	Do.
H. B....	20	2	D.	12	Do.	Do.
A. T....	12	1	D.	39	Do.	Do.
C. B....	7	1	D.	23	Do.	Do.
P. B....	2	2	D.	26	Do.	Rubbed the face; superficial marking very slight on forehead.
H. O'N..	5	1	D.	30	Do.	Not marked.
M. A. B.	9	1	D.	30	Do.	Do.
M. F....	24	1	D.	25	Do.	Very superficial on forehead.
H. W....	36	1	C.	25	Furunculus.	Extremely severe; no marks.
D. C....	23	2	Coh.	45	Do.	Half the face painted; no difference in the sides.
K. H....	20	1	D.	25	None.	Not marked.
J. F....	5 mon.	1	D.	20	Do.	Do.
F. R....	18	2	D.	14	Do.	Do.
C. S....	35	1	D.	14	Do.	Do.
H. S....	43	1	D.	12	Do.	Do.
J. L....	35	2	Coh.	12	Do.	Do.
J. W....	22	2	D.	13	Do.	Do.

N. B.—C., Confluent; Con., Coherent; D., Discreta.

In addition to the foregoing remarks, I have only to add that I am of opinion that the Tincture of Iodine is a powerful ectrotic, and the best I am acquainted with, and removes the various itching which is so distressing to the patient.

J. REDDY.

[The preceding communication affords conclusive evidence of the efficiency of iodine as a local application in small pox. We could have subscribed our humble testimony of its virtues with great propriety, since for 10 years we have had the privilege of witnessing a very large number of instances in which iodine has been employed. We refrain, however from doing so, because it would be superfluous, as our opinions concerning it are identical with those that have been advanced by some of the most eminent physicians of this city, both military and civilian. We cannot help remarking, however, that the vaccine discovery and the iodine discovery meet upon a common ground, as both are intended to avert the evils of the same disease—the one lessens its mortality, the other its disfigurement—the one simplifies its type, the other ameliorates its symptoms.—Eds.]

ART. XXII.—*Clinical selections.* By WM. WRIGHT, M.D., L.R.C.S.E.,
Professor of Medical Jurisprudence University McGill College, &c.

I. *Traumatic pneumothorax and emphysema from fractured ribs.*

CASE.

John McCann, while carting manure on Saturday morning, 3rd Sept., 1853, was leading his horse along a narrow street to avoid a hole, when, suddenly, from the animal "outrunning" him, he was jerked against the shaft and forcibly impelled back between it and some adjoining buildings, by which his chest was severely compressed. He felt stifling, very faint, and a sensation as if something had given way in his inside. He was speedily rescued from his perilous situation by some friends, who conveyed him in a cab from the place of the accident, near the jail, to his master's residence in McGill Street. The jolting distressed him greatly, and when he breathed, he distinctly felt his ribs move as if broken. My friend, Dr. R. P. Howard, was sent for and found him cold, almost pulseless, breathing laboriously and in great agony. He remarked that the right side of the chest was emphysematous, and detected fracture of the subjacent ribs. By his advice, a roller was put round the chest, and the man sent to the Montreal General Hospital, where, on admission, he was so low as to require the exhibition of wine. Being in attendance, I saw him shortly afterwards at the visiting hour and observed him raised in bed; suffering under excessive dyspnoea; thoracic and cervical integuments emphysematous; pulse small, weak and frequent, though improved since entrance; skin cool; feeling much prostrated, and

complaining of pain in the side. The stimulants were discontinued, and directions left for bleeding him in the afternoon when the pulse became sufficiently strong and the reaction, then beginning, tended to excess. He was an able-bodied man of middle-age. R. Pulv. ipecac comp. gr. iij. pulv. jacobini ver. gr. ij. hydr. chlorid. gr. iss. m. ft. pulv. secunda quaque hora sumend.

4th. Was bled yesterday about 4, p.m., to $\bar{\text{z}}\text{xv}$.; feels easier; breathing less hurried and not so painful; maintains semi-recumbent posture; right side of neck and face on same plane from the emphysema, which has extended down the arms; stethoscope when used makes a pit in the thoracic integuments nearly an inch deep; respiratory murmur weak and distant; percussion elicits a tympanitic sound all over the right side. No sign of pleuritis or pneumonia; pulse small, soft and 92; bowels not moved for two or three days. Habt. scammon gr. xv. calomel gr. v. statim.

5th. Less restless than on the previous night; slept some this morning; bowels not moved by medicine and he was given an enema, containing an ounce of castor oil a few hours ago, which produced one copious evacuation; pulse rather fuller and 112; slight cough; no expectoration; cheeks purplish; emphysema extended to lower part of face; skin hot; side sore from injury but no deep-seated or lacerating pain; faint mercurial fœtor. Only to take one powder every four hours and at the omitted time $\bar{\text{z}}\text{ss}$. of the following mixture:—Potas. nitr. $\bar{\text{z}}\text{ij}$. potas. cyanid. gr. ij. tr. aconit. $\bar{\text{z}}\text{ss}$. aquæ $\bar{\text{z}}\text{ij}$.

6th. Bowels have been very freely and often moved since yesterday evening; was given this morning a dose of mist. cretæ co., since which they have been less disturbed; motions dark bilious and liquid; feels greatly relieved; dyspnœa lessened, can lie in the recumbent posture without distress; cough abated; emphysema materially reduced; tympanitic resonance of chest diminished; pulse soft, 90. The bandage was removed to examine the condition of the lung when the integument of the right side below the scapula, for the extent of two hands' breadth, was found ecchymosed; over this, the seat of injury, respiratory murmur faintly audible; but no other stethoscopic phenomenon discoverable.

7th. Still improving; slept well; breathes tranquilly; pulse 86; bowels not loose; complains of soreness of mouth. Quantity of calomel in each powder reduced to gr. ss.

8th. Feels lying wearisome and the bruise sore; did not rest so refreshingly last night, but looks well and at ease; discoloration of cheeks gone; no longer dyspnœa; lies easily in bed and requires no elevation; bowels natural; pulse 80. Omit powders and add to mixture antim. tartr. gr. ij. sol. morphicæ (gij. ad. $\bar{\text{z}}\text{ij}$;) $\bar{\text{z}}\text{ss}$.; dose as before.

9th. Progressing favorably, to sit up in bed supported by chair back; half diet.

10th. Emphysema gradually disappearing; pulse 80; volume very small. Omit aconite in mixture.

13th. Scarcely a trace of emphysema; difference in the resonance of the two sides of the chest hardly appreciable; natural respiratory murmur heard over right lung; tongue clean; bowels regular; breathing natural; pulse 80 and of proper size. Omit pot. nitr. et. pot. cyanid in mixture; to have clothes and mutton chop.

15th. Sat up yesterday for three hours; ecchymosis disappearing. 9th and 10th ribs plainly felt to be thicker and broader about the juncture of the anterior with the middle third, they alone seem to have been broken. Wished for potatoes, allowed two.

17th. No evidence of former emphysema; both sides of chest sound alike on percussion; respiration not attended by any abnormal murmur; feels perfectly well, with the exception of a slight soreness in the side where he was hurt.

18th. Omitted mixture.

19th. Discharged.

23rd. Came to the Hospital to tell us that he had been gradually gaining strength till yesterday, when his bowels were slightly disordered by some mutton he had eaten on the previous day. Careful examination of the side confirms the opinion derived from last report of the sound state of the lung and the seat of the fracture. The bruise mark is fast fading, and will cease to be visible after a few days.

OBSERVATIONS.

The preceding case exhibits the consequences that may follow the application of violence to the chest. Its symptoms are clear expressions of the lesions present—the broken ribs—the wounded pleura and lung—while its history marks the connection between them and the order of their occurrence.

The nature of the exciting cause, and the part to which it is applied, have an important bearing on the establishment or not of complications in fractured ribs. Here a pointed shaft was forcibly impelled against the arch of the ribs, while the chest was fixed, so that injury to the contained viscera was inevitable. This however might have been averted, had the cause been less impulsive, and applied nearer to the extremities of the ribs, for as these bones usually give way in the one part, the broken ends would then have been spurred out, instead of being bent in.

The supervention of emphysema after severe injury of the chest, does not, as is supposed, necessarily imply the existence of fracture. Mr. Hiff reported in 1840, to the London Medical Society, a very singular case illustrative of this, seen by Mr. Lawrence and himself. A gentle-

man, desirous of making the elephant at a Zoological Garden perform some feats, in the absence of the keeper, entered its den, when the animal pressed its curled trunk upon his breast, and confined him against a post on either side by means of its tusks. From this dangerous position he was rescued, but in great collapse, and partly unconscious, with general emphysema of the entire thoracic region. No pulmonary symptoms were present: and at the time and subsequently when most carefully examined, no rib could be found broken. Gooch mentions among his surgical cases an instance like the above of emphysema following violence applied to the chest, where no fracture of the rib occurred, in which the fact was established by a post mortem held a few days after the accident. Emphysema, moreover, may be developed at some remote period after the reception of an injury to the chest, and is then distinguishable from the primary forms, by its occurrence being entirely unconnected with any pulmonary lesion. Such very rare cases, although not readily intelligible, seem to be reducible to two distinct classes; in the one, blood has been extravasated in considerable quantity beneath the integuments, and instead of being absorbed, suffers decomposition, so that gas is generated about the bruised part from which it may extend for a considerable distance; in the other, no blood has been extravasated, but the gas separates from it during its circulation leaves the vessels and fills up the cellular tissue. This last class is very much akin to the cases of various diseases which have been recorded where towards the latter stages emphysema appeared without any affection of the lungs, and was apparently due to impaired innervation, and disintegration of the blood into its gaseous constituents.

Pneumothorax, so evident in this case, is of great importance in diagnosis as it is not present in every case of emphysema from fractured ribs; for if the two pleuræ be adherent and their cavity obliterated by anterior Pleuritis, the air will pass from the lung directly through them into the cellular tissue of the parietes, as there is no preliminary space to fill up. When, therefore, pneumothorax is present, it is known that the pleural cavity exists and the membrane is not connected with former adhesions. This symptom was the real cause of distress and danger in the above case, the emphysema so much more apparent was a minor and subsidiary one. In similar cases, Hewson proposed puncturing the chest to let out the air, but one trial convinced him of the impropriety of the operation, since it substituted the pressure of the atmosphere for that of the confined air.

Fortunately for the patient, the breach in the pleura and lung healed without the occurrence of pleuritis and pneumonia sufficiently extensive to set forth manifestations of their presence. This immunity is referable in part to certain physical conditions consequent upon the injury.

One great reason of the extension of pleuritis is the friction of the dry pleural surfaces against each other, and when serous effusion occurs to interrupt this the disease is either arrested or ameliorated. The present instance was circumstanced somewhat similarly. The pleura were widely separated by arial accumulation, so that friction of the one on the other was prevented. In like manner, the warding off of pneumonia might be ascribed to the collapsed condition of the lung, and the constant pressure that was exerted upon its surface, for, as then, it contained less blood and its vessels were smaller than normal; it was placed under circumstances opposed to the development and nurturing of inflammation. This anæmic state of the lung, together with the lacerated character of the wound and the depressed state of the patient after the injury, may also serve to explain the absence of hæmoptysis—a symptom by which many surgeons believe wound of the lung is invariably attended.

ART. XXIII.—*A few observations on chloroform.* By WILLIAM HALES HINGSTON, M.D., L.R.C.S.E., Member of the German Society of Naturalists and Physicians, Member of the Société Médical Allemande de Paris, &c.

As an announcement to the effect that M. de Lamballe had discovered an antidote for over doses of chloroform, has lately been made to the profession, and as it is one of the gravest importance to every member of it, I would beg leave to offer a few remarks on the proper treatment in cases of poisoning by chloroform.

This gentleman has stated that a shock of electricity given to a patient dying of chloroform immediately counteracts its influence and returns the sufferer to life. It is not I confess, without considerable hesitation, that I venture to oppose the verdict given so emphatically in favour of electricity. Yet in a profession such as ours, there is no one placed beyond the reach of contradiction, and the opinion of every member is entitled to consideration, however circumscribed his reputation or however humble his professional position may be.

That M. J. de L. is a high authority on some subjects connected with medicine and surgery, I do not pretend to deny. As one of the surgeons to the Hotel Dieu of Paris, his field of observation is varied and extensive, and his opportunities of investigation are consequently great, while his treatises on vesico uterine, vesico-utero vaginal, entero vaginal, and recto vaginal fistulas, entitle him to some respect as an author, although his readers have frequently to complain that they could not obtain the results he boasted of so triumphantly. Perhaps here again, he has been

more fortunate than others in arresting the hand of impending death. Indeed, from the manner in which he announces his discovery to the world, one might reasonably suppose that a patient could not possibly die if an electrical apparatus was within reach. That two or three drachms, or as many ounces, are doses equally safe, for that death could be cheated of its victim, even when the heart had ceased to pulsate, and respiration had gone. Glorious news *if true*.

My notes furnish me with instances in which much valuable time was lost, in attempting to restore animation by electric shocks. The first occurred in the *Policlinique* of Berlin. This patient, a stout healthy man, was put under the influence of chloroform, in order to relax the muscles of the hand. All at once, he ceased to breathe. A large electrical apparatus was brought from the adjoining room, and a powerful current transmitted through him. This produced *no effect*. Artificial respiration was then resorted to, and in less than four minutes the patient recovered.—There can be no doubt but that death would have taken place, had electricity been continued, and artificial respiration neglected.

A second (which I have alluded to, in a note at the foot of page 110 in the September number of your journal) although not so happy in its results, is equally illustrative of the inferiority of electricity to artificial respiration. Electricity, in that instance the first means resorted to, was continued nearly five minutes by means of wires attached to needles, which were inserted into the skin over the pectoral muscles, but to no purpose. I was standing at the time, with the surgeon (Professor Junken), and at the risk of being thought officious, pressed with all my force against the chest, and continued it some time. The patient in the meanwhile made several voluntary or unassisted inspirations, but eventually died. I am firmly of belief, that had the chest been forcibly compressed *at first*, the patient would have recovered.

These two instances, though not conclusive, go far to prove the advantage artificial respiration possesses over electricity. Add to this, that while the latter admits of universal employment, the former is expensive, of inconvenient size, and difficult of carriage.

Moreover, compression of the chest is the very means indicated in cases of suspended animation—death from chloroform beginning at the lungs. As a proof, respiration in some instances having ceased some seconds before the heart's action had been arrested. A very important lesson is thereby taught, namely, not to rest satisfied with the regular beating of the pulse, but to attend carefully at the same time to the movements of the chest.

There cannot possibly be any harm in employing electricity as an *auxiliary* means. It may do good. The only danger is, that while electricity is being employed, other and more certain aid would be neglected. To guard against which is the sole object of these remarks.

Montreal, October 1853.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XII.—*Practical Observations on Aural Surgery, and the Nature and Treatment of Diseases of the Ear, with Illustrations.* By WILLIAM R. WILDE, Fellow of the Royal College of Surgeons in Ireland; Surgeon to St. Mark's Ophthalmic Hospital; Honorary Member of the Royal Medical Society of Stockholm, &c. &c. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

A writer in Forbes' Medical Review, for January, 1837, thus speaks of the state of Aural Surgery in Great Britain at that time:—"In England, the state of medical science relating to the ear, and the art of the aurist generally, are in a condition vastly inferior to the same branches in France, and even in Germany." In 1853, thanks to the talents and energies of a Toynebee and a Wilde, the English school has, in this department of surgery, completely retrieved its character for original research; and British aurists may now stand second to no other for the extent and correctness of their knowledge of the anatomy, physiology and pathology of the ear. Much, however, as has been brought to light by the persevering investigations of these gentlemen, and their continental contemporaries, Deleau, Kramer, Itard and Lincke, we may still regard ourselves as being scarcely beyond the threshold of the enquiry into the diseases of the acoustic apparatus; but, should the next ten years exhibit as great an advance on our present knowledge of these affections, as the last decennium exhibits over the information existent during the currency of its predecessor, we will have little to desire in regard to our knowledge either of the nature of the diseases or their treatment.

Since the time of Hippocrates down to a very recent period, there appears to have been a settled belief among the profession that it was altogether useless to attempt an investigation of diseases of the ear with a view to their classification and proper treatment. Certain remedies for deafness, noises in the ear, pain in the ear, and discharge from the ear, have been handed down from one generation of physicians to another, and faithfully applied in all cases, without the least regard to the pathological state which produced these symptoms. True, in earlier times they were incapable, through ignorance, of diagnosing these states; but even now, with our increased knowledge of the subject, how much of empiricism is there in the aural practice of the profession generally. How seldom is an ear speculum found in the possession of a surgeon: a certain sign, in our estimation, that such a one follows out a routine plan of treatment in diseases of the ear; for, in the vast majority of

cases, a positive diagnosis cannot be made, unless a careful examination of the membrana tympani and external auditory passage be first instituted. When, therefore, a patient complains of "singing in the ears," it is immediately attributed to an accumulation of wax, and the ear is consequently syringed without mercy. When deafness is complained of, purging, blistering behind the ear, and various stimulant applications to the external passage, are had recourse to. "The old popular superstition," says Mr. Wilde, "of placing in the meatus a little black wool, procured from the left fore-foot of a six-year-old black ram, is still extensively resorted to." And we have frequently seen him patiently remove from the ears of persons presenting themselves at St. Mark's Hospital, numerous particles of black wool which were adhering to the sides of the meatus, and sometimes to the surface of the membrana tympani. When the symptom of pain in the ear is present, then it must be otalgia, and laudanum and oil are dropped into the ear instantly.

In the first chapter, Mr. Wilde enters very fully into the bibliography of his subject, and while, with characteristic generosity, he gives credit to whom credit is due, he does not spare those whose opinions savour in the least of quackery. Turnbull and his reviewers, we perceive, come in for a dose of keen satirical criticism, which, to say the least, they richly deserve. This gentleman published a work in 1837, in which he recommended, as a "cure for deafness," the application of veratria to the meatus and parts around the auricle. Most astonishing cures were reported as having been effected by this mode of treatment. Not only was the hearing of persons, afflicted with deafness the result of disease, restored; but, more wonderful still, deaf mutes, born into the world with the avenues of hearing locked up, and the organ of speech silent, were made both to hear and speak! These miracles, for less they cannot be considered, were asserted by respectable journalists as having been performed through the agency of the alkaloid; and Dr. Turnbull was all but canonized, by Chambers' Journal, for curing the deaf and dumb. The history of the veratria cure affords another lamentable instance of how unprofessional men, of great intellectual abilities, will allow their prejudices to get the better of their judgment whenever they form incorrect conclusions on subjects connected with the practice of medicine.

Glycerine, first introduced to the notice of the profession by Mr. Wakley, has been extensively employed during the last four years in various affections of the ear. To the routinist it proved a very acceptable windfall. Was the integument of the meatus dry or moist, scaly or thickened; was there an increase or decrease in the secretion of the ceruminous glands, glycerine must be applied. Was the membrana tympani imperforate or complete, thickened and pale, or thickened and

vascular, ulcerated or granulated, glycerine was the remedy. No matter how opposite the pathological conditions might be, it was all the same to him. There was something the matter with the organ of hearing, therefore glycerine must have a trial. Mr. Wilde believes that the cases in which glycerine is indicated are comparatively rare. "There are, however, cases in which benefit will be derived from preserving the meatus and external layer of the membrana tympani moist. The effect of such moisture is well known, not only to aural surgeons, but to patients themselves who are in the habit of applying a little oil or even water upon the point of the finger to the external meatus whenever they find their hearing particularly defective; and in such cases this remedy, from its remarkable property of remaining fluid, when most other liquids evaporate, will be found useful." (p. 71).

Chapter II., on "Means of Diagnosis and Application of Remedies," ought to be carefully studied by all who have not had the advantage of witnessing clinical practice in aural surgery, and there are many such among the profession in this province, during their studentship or previous to entering on the duties of their profession. We have carefully perused it, and find that it contains an accurate description of the author's method of procedure in examining patients, such as we had the pleasure of seeing him practice in St. Mark's Hospital, while attending his valuable and eminently practical clinics at that institution. The tubular speculum, ear-forceps and syringe, which are well delineated in Messrs. Blanchard & Lea's American edition, we can fully recommend to our readers, as being better adapted for their several purposes than any other instruments of a similar kind that we know of.

The following is a portion of Mr. Wilde's classification of diseases of the ear. It will serve to show how various and diversified are the affections of this organ; and how necessary it is that practitioners should devote to their study more time and attention than many of them do at present. "Diseases of the external meatus. A. Congenital malformations—Meatus wanting in bone or cartilage, double contracted or tortuous, closed by false membrane, polypus excrescence in. B. Wounds and injuries—Incised wounds, lacerated do, contused do. C. Foreign bodies in. D. Diseases of ceruminous glands—Increase of cerumen, chronic and acute, deficiency of cerumen, alterations in quantity of cerumen. E. Inflammation—Acute, circumscribed, abscess, catarrhal and chronic—otorrhœa, acute diffused—otorrhœa, rheumatic, exanthematous—otorrhœa, gonorrhœal—otorrhœa, periosteal—otorrhœa, and caries. F. Affections of the skin—Eczema and herpes, thickening and morbid growth of cuticle, piligrowth, ulceration. G. Morbid growths and alteration in canal—Collapse, stricture, dilatation, polypus, and granulations, exostosis, morula

and condylomata. H. Fistula. I. Caries. K. Malignant disease—Osteosarcoma, cancer and fungus.”

It will be perceived that otorrhœa, or a purulent discharge from the ear, accompanies different diseases of the external auditory passage. There are also various affections of the membrana and cavitas tympani, which result in the production of this disgusting discharge. The prognosis in cases of otorrhœa ought to be very guarded, as it sometimes leads, when neglected, to inflammation of the meninges of the brain, and thus terminates the life of the patient. At the best, it is a most tedious disease, requiring constant and long-continued treatment to effect its eradication. A foolish opinion originating with and fostered by the profession, has long been prevalent among the people, that it is dangerous to interfere with a discharge from the ear. By many it is looked upon as a salutary effort of nature to eject some peccant matter, which, if retained, might be attended with serious results to the individual. Every facility, therefore, in their opinion, should be given to its exit. Others, again, dread a metastasis to the brain, should it be suppressed. Mr. Wilde, after a careful examination of the cases recorded by authors, in which it has been asserted that head symptoms supervened on the arrest of the discharge, says:—“In fine, I have not been able to discover one well-authenticated instance where disease of the head supervened as a consequence of checking otorrhœa in a case where the condition of the ear had been previously ascertained, and that disease of the bone had not existed beforehand.” (P. 386.)

In the treatment of otorrhœa, cleanliness should be strictly enforced. The habit of keeping a plug of cotton wool in the ear should be discontinued, as many cases are very much aggravated by the filthiness resulting from the accumulated matter. The ear should be syringed out carefully twice a day, or oftener, with tepid water. “In simple external otorrhœa, I generally paint the surface engaged with a solution of nitrate of silver, ten grains to the ounce, with a fine camel’s hair pencil, or a bit of cotton on the end of a probe, which I find far preferable to the old practice of dropping in the solution. This application should be repeated every second day; and every day a slightly astringent lotion may be poured into the ear till it fills up the meatus, allowed to remain there for a few minutes with the head bent to the opposite side, and then permitted to run out. . . . If upon examination we find the meatus thickened, and it and the surface of the membrana tympani thick and vascular, a leech or two, according to the age and strength of the patient, should be applied every third day, several times. When the discharge is fetid, a chloride of lime lotion used occasionally is of service, being slightly astringent, and correcting the disagreeable smell.” (p. 368.)

When otorrhœa has existed for any length of time polypus growths

are frequently found in the ear. They may, indeed, be the original cause of the otorrhea. In such a case there will not, on examination be found any other cause for the discharge. A careful examination with the author's tubular speculum, in a clear light, is usually necessary to detect polypi. Many of these growths are so small, and situated so deeply in the meatus that, unless the whole passage be exposed to view, they may be overlooked. Writers represent them as frequently growing from the surface of the membrana tympani. They commonly, however, "sprout from the site of the ceruminous glands in the posterior wall of the meatus." Mr. Wilde has invented an ingenious instrument for the removal of polypi, which possesses advantages over the ligature and forceps. With it, these growths may be removed with facility, and without causing much pain. Some bleeding occurs from the separated stalk, which, after the ear has been syringed, should be touched with nitrate of silver.

Tinnitus aurium, though generally, is not always a symptom of disease of the ear. "In cases where we find this symptom present," says Mr. Wilde, "without any appreciable lesion of the parts we are able to inspect, I have found the preparations of the *arnica montana* of decided benefit; indeed it is the only medicine with which I am acquainted that seems to possess a specific power over this annoying and usually most intractable complaint. The preparation I find most efficacious is the tincture both of the flowers and leaves, of which the patient should commence by taking fifteen drops in a tablespoonful of the infusion of *arnica*, with some cordial tincture three times a day. After a few days the dose should be increased one or two drops daily, till it reaches thirty, or even more, unless headache or giddiness be produced, when he should at once lessen the dose, or omit the medicine altogether for a short time. The state of the bowels should be carefully attended to during the administration of this drug." (p. 249.)

Our limits will not allow of a more extended notice of this valuable work. We would state in conclusion, however, that it is a production in every way worthy of the author, whose high literary attainments, critical acumen, powers of observation, and indefatigable industry, are well known. It is by far the best and most thorough treatise on diseases of the ear in the English language, and will, we have no doubt, do much towards dispelling the vague and imperfect ideas of these affections which are too prevalent among the profession at the present day. Every practitioner should purchase a copy and make himself acquainted with its contents. No medical library can be considered complete without "*Wilde on the Ear*" on its shelves.

XIII.—*A practical Treatise on the Diseases of Children.* By J. F. MEIGS, M.D. Second edition. 8vo., pp. 711. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson.

This is an excellent work on the subject of which it treats. The first edition has had an extensive disposal, and we predict the same for the second; which, besides the merits of the original, possesses additional inducements to recommend it to patronage. It is eminently practical, and may be safely selected as a counsellor from whom sound and profitable information can be procured. From its pages the student may learn a simple and faithful account of the diseases peculiar to childhood.

In our examination of it, some particular objects have struck us as worthy of special notice.

Much confusion has existed concerning intracranial effusions in children. By common consent they have been resolved into acute and chronic. The first was, after the time of Whyte, considered to result from an acute inflammation, and more recently French pathologists, by their labors, have found it to be of a tubercular character. This conclusion, however, seems to be rather too exclusive, and we think Dr. Meigs has very correctly distinguished the acute effusions into tubercular meningitis, and acute hydrocephalus, each of which is discussed apart, and evidently with practical advantage.

We regret that in his description of diarrhœa scarcely anything is said about the character of the evacuations, to which so much importance is usually attached. Dewees, Eberle, and Trousseau classified diarrhœa according to the evacuations; the division of the latter is into—1, bilious; 2, mucons; 3, lienteric; and 4, cholericform; to which might properly have been added feculent and chylous. The green colored stools so common in infants, and so characteristic of their complaints, receives merely a bare mention. Our author might have usefully followed the example of his father, Dr. C. D. Meigs, who, in his lectures on certain of the diseases of young children, devotes considerable space to this symptom. He holds that it arises from the action of an acid in the stomach or intestines, or on bile secreted in large quantity by the liver, believing, with the majority of physicians, in its bilious nature, notwithstanding that Dr. G. Bird, eight years ago, showed analytically that it did not contain more than an ordinary amount of bile, and depended upon the presence of modified blood. This is the more important, as the kind of treatment practised will accord with the view held. The prevalence and fatality of bowel affections in Canada among infants, especially during summer, will explain our anxiety to be informed on this topic.

Our author has given a lengthened detail of cholera infantum. The chapter, however we find to be word for word with the similar one in the first edition, and only differs in the change of a few numerical state-

ments, and the introduction of the following formulæ, which he has found of great use in this disease. ℞ tr. kramerizæ ʒij., tr. opii gtt. xij., syp-zingib ʒj., aq. fluv. ʒxiv., m. ʒj., 5 vel. 6 in die. ☉ tr. kramerizæ vel catechu ʒij., tr. opii gtt. xij., mist. cretæ ʒiss., aq. fluv. ʒx., m. ʒj., 4 vel. 6 vel. 8 in die. This is saying a great deal for the correctness of the original description, inasmuch as a further experience of five years has only tended to corroborate its every item, and so busy a practitioner as Dr. J. F. M. knows no more now than he did then of so rife a disease as cholera infantum. But all parts of the work have not thus withstood the test of time, for the articles on croup, bronchitis, pneumonia and scarlatina have been entirely re-arranged, extended, and in many parts re-written.

An article on atelectasis pulmonum has been introduced—a very important subject, which we have been surprised to find omitted in a recent text book, Churchill on Infants. Dr. M. divides it analogously to West, into congenital and post natal, and has borrowed his matter for the most part from this author, Gardner and Rees. To the first he has not acknowledged his obligations. He has embodied some observations of his own, and has made up altogether a very useful description.

XIV.—*The practice of surgery.* By JAMES MILLER, F.R.S.E., F.R.C.S. E. Third American, from the second Edinburgh edition. Edited, with additions, by F. M. Sargent, M.D., one of the surgeons to Wills Hospital. Illustrated by three hundred and nineteen engravings on wood. Pp. 920. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

The first edition of this work has been so well received, and is now so well known by the profession, it would savour somewhat of supererogation on our part to enter into any lengthened exposition of its merits.—This second edition has been much enlarged, and otherwise improved by the author. The editor, Dr. Sargent, has introduced a great deal of valuable matter, and a number of additional engravings, which enhance the value of the work, and make the American reprint much more desirable than the English edition.

In the chapter on Chronic Cystitis, Mr. Miller remarks:—"In very obstinate cases, it may perhaps be allowable to make a cautious trial of the application of nitrate of silver, in substance, to the mucous coat as proposed by M. Lallemand, &c." Now there is a treatment which he does not refer to, and which, in our opinion, is far safer and more efficacious, in obstinate cases, than the one which he recommends. The application of solid nitrate of silver to the lining membrane of the bladder may be justly dreaded, but the injection of a weak solution of nitrate of

silver can be employed without the least dread of ill consequences resulting. We have seen this treatment succeed admirably in the hands of Dr. Hutton, President of the Royal College of Surgeons of Ireland, who has practiced it for many years in the wards of the Richmond Surgical Hospital in Dublin, and with whom, we believe, it originated. The plan of procedure is the following:—A catheter is introduced into the bladder, and its contents removed. A caoutchouc bag, or a syringe, is then affixed to the extremity of the catheter, and the bladder is washed out with tepid water. Next, a solution of nitrate of silver is injected. The strength of the solution should not at first be greater than one or two grains to the ounce of water. If the disease does not yield before these injections, the caustic may be increased to three or four grs. Other treatment should not be suspended. The patient may take at the same time, either *uva ursi*, *buchu* or *pariera brava*. The *uva ursi*, in decoction, is the remedy which, given internally, we have found most beneficial in chronic inflammation of the bladder.

XV.—*The maternal management of children in health and disease.* By THOS. BULL, M.D., &c. Second edition, 16mo. Pp. 412. Lindsay & Blakiston, Philadelphia. B. Dawson, Montreal.

This work, as was anticipated upon its appearance, met with a rapid sale so great indeed, that the first edition was soon exhausted. Intended for mothers as a guide to the proper rearing and treatment of their offspring, it is, as such, the best with which we are acquainted, and is well adapted to relieve the former of much of the heavy responsibility which falls upon them during the trials of the latter in infancy and childhood. Its merits have caused it also to be sought after by others whose calling places them in circumstances where its knowledge might be advantageously employed. Missionaries will find it a most useful addition to their libraries, and to medical men it recommends itself by the diversified and valuable information it possesses on subjects which are too often imperfectly dwelt upon in more elaborate treatises. By observance and practice of the precepts found in its pages, many youthful calamities may be averted, and much prolonged suffering prevented. Timely interference, by hygienic measures and domestic appliances, frequently cuts short an illness that would otherwise be tedious and dangerous, and this is often demanded when medical aid cannot be obtained. Works of this character have been objected to on selfish grounds, but the right-minded physician nobly prefers abetting the diffusion of knowledge, for securing public safety, to its suppression, for individual aggrandizement.

A considerable portion of the present edition has been re-written, several new chapters added, and the whole work revised with great care.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

SECOND TRIENNIAL REPORT OF THE COLLEGE OF PHYSICIANS AND SURGEONS, L.C.

During the past month this report has been published and distributed to the members for their information. Nearly half of it is taken up in stating appointments to governorships, and the changes in them during the triennial period; but as these now possess no general interest, we pass them over. We learn from it that "a likeness in oil" of the late Dr. Arnoldi, first president of the college, was procured and entrusted to the keeping of Dr. F. C. T. Arnoldi, with the understanding that he should have it present at the meetings of the College. We also learn that the licentiates were less than during the first three years, but that the students were more numerous. This, with the number of candidates admitted, rejected, &c., a notice of the students' petition, and of the balance to the credit of the College in the Savings' Bank, as stated in the Chronicle for August, comprises the entire report. Appended to it is the report of a sub-committee appointed to audit the treasurer's statement. Upon examination they found both books and accounts correct, and sub-join a rather unbusiness-like account current of the sources of revenue to the College, and the channels of its expenditure. The Governors conclude their report by congratulating the members on the success of the College in every way.

Dating from 1848, its revenue has since been £1060 5s., or about £212 a-year. This is a large sum, and we naturally wish to be informed of the mode of its disbursement, and the benefit of which it has been productive. As the College now is, it has no local habitation, and is itself not tangible, but is said to exist when its Governors biennially, or so, visit one of three towns, Quebec, Montreal or Three Rivers, club together, exhibit themselves where they can, and having done the business, wander homeward—living illustrations of the policy of expediency—happy result of the power of compromise. We know not what good comes of this, and we have still to learn its advantages. It cannot be to favor the elect with an occasional reunion, for this would be too dear at the cost of £192 0s. 9d., and yet what supposition is more tenable?

Inconsistent though it be, the College owns furniture for which nearly £25 have been paid, and a little other property, as plates for diplomas and licenses, seal, &c., bought for £22 15s.; these have not been insured against casualty—a strange omission—for in what safety can they be

while shifted about from house to house, and from town to town, hawked about at every meeting, and passing through the care of every new official. The necessary expenses are not large, and might be curtailed without either difficulty or inconvenience; but our object is not to except to special items, and although there be some rather tempting, we leave them unnoticed, for they seem more incidental than regular, and we hope will not occur again. In addition to the money in the bank, £56 has been handed over to Dr. Jones as new treasurer.

If we now inquire into the operations of the College, we find that it has founded itself, devised ordinances, and become incorporated—steadily carried out the arrangements connected with its officers—regularly proceeded to elections—duly filled up vacancies, and diligently attended to the common matters inherent in a body politic. In its discussions have been frequent and lengthy on points of order and of feeling—amendments have been proposed, now lost, then carried—oppositions offered to certain elections, successfully or unavailingly—attempts to break their own laws in relation to Universities tried and quashed. During its existence, such candidates as have sought its authority to practise or study medicine have been examined, and we believe this important trust has been discharged with impartiality and ability; something has been done to stay empiricism; and lastly, a biographical sketch of the late Dr. Arnoldi has been drawn up and printed. All this has been done; for this the members are congratulated on the success of the College in every way. True, it is something, but it seems very little for a board vested with powers to act in nearly all matters connected with the general interests of the profession in this section of the Province. Much more might and should be done; the modicum of intellectual good especially ought to be amplified.

We have already suggested that important questions connected with public hygiene and medical police should be considered, and measures of a sanitary tendency urged forward and carried out. Two important questions have already been opened up by us, and we perceive by the report of the last semi-annual meeting that they were then introduced for discussion. The gentleman who took them under his protection merits approbation, and we regret that he did not meet with more co-operation. For the present they seem to have been laid aside from apathetic indifference. The aim of every man who has his profession at heart should be to advance the cause of legitimate medicine. The present system of medical education stands in need of improvement, and should be given a more practical character. The College of Physicians and Surgeons, L. C., have it in their power to do so. It is for its Governors to show that the object of medical studies is not merely passing the ordeal of an examination, and it is for them to amend its character. Let the *crux* of the domine perish, and the inquiries about antiquated

notions and exploded crudities sink into oblivion, and in their place let only such be instituted as turn on some practical point. It is for them to raise the intellectual standard of their licentiates; among other ways, by encouraging talent and offering rewards for deserving merit. Examples will be found on another page of bodies in other parts of the world, perhaps, upon the whole less favorably circumstanced than theirs, that might be followed most advantageously, entailing but small expense, and waking up a spirit of inquiry and investigation which might lead to brilliant and useful results. These are some of the more prominent reforms that we think might be successfully carried out, and would render the institution beneficial and famous. We trust, moreover, the day is fast approaching when it will be possessed of real estate—when an appropriate building, an ornament to the city and a credit to the founders, will be erected to its uses—within which a library will be gradually accumulated, and a museum formed, rich in anatomical specimens, both normal and morbid. A medical newsroom has long been a desideratum, and its connexion with such a corporation would be judicious and appropriate. As it is now, but few practitioners subscribe to more than one, and the majority to none, of the foreign periodicals; in such a place they might peruse those from every quarter, and thus keep pace with all the daily advancements in the theory and art of their callings. We throw out these suggestions; want of space forbids our enlarging upon them. That their adoption is not impracticable is clearly shewn by the present pecuniary position and prospective revenue of the College, and again we express the hope that they will be effected in our day, confident as we are of their necessity, importance and value.

“The fifth number of the Medical Chronicle, of Montreal, Canada, comes to us filled with good things. We should be glad to receive the back numbers. We observe, (what is now becoming very common) that the editors are also proprietors.”

We are glad our friend of the “Philadelphia Medical and Surgical Journal”, from which we copy the above, is pleased with our table of contents. If he will mention in his next what back numbers he is desirous of having, we will try and furnish him with them. As to the editors being proprietors, a circumstance which appears to please Dr. Bryan, all we can say is, that they are so of necessity. Medical journalism in Canada is so unsafe a speculation, there is not a respectable publishing house in Montreal that would enter into it. Canada, however, *must not be without a local Medical periodical*; and it was this that induced us, when there was not a medium of communication for the profession in the province, to issue the Medical Chronicle. As journals of

forty-eight and sixty-four pages had been allowed to languish and die, we commenced with thirty-two pages at a reduced rate, hoping that there would be a sufficient number in the profession with, in this matter, a soul above TWO DOLLARS per annum, to enable us to materially increase the size of the Journal on the commencement of our second year. We are happy to add, that our subscriptions are coming in so well, accompanied by letters approving of the manner in which we have hitherto conducted the Journal, there is a fair prospect of not having to put our hands into our pockets at the termination of the year, to pay a balance to the printers. There is a probability also of our being able to commence the second year with an enlarged edition; and this, we can assure Dr. Bryan, "is something to talk of" on this side line 45°. The idea of *making money by our efforts*, is altogether too visionary to be entertained for a moment. We have entered on a labour of love, and expect the treatment usually meted out to persons so engaged—a bare return of the monies expended, and very little thanks for our trouble.

DR. HALL'S AROMATIC FLUID EXTRACT OF SENNA.

The great objections to Senna, as a medicine, are its griping qualities and exceedingly nauseous flavour. It is, nevertheless, a particular favorite in domestic medicine, being administered, in conjunction with its ancient colleague "salts," in preference to all other purgatives. We have a vivid recollection of the dread with which, in our boyhood, we contemplated the periodical dose of a cupfull of the infusion of senna; and certain we are, that had Dr. Hall's pleasant extract been at that time in vogue, it would have frequently saved us from indulging in a spirit of rebellion against parental authority. "By a chemical process," says Dr. Hall, "in the preparation of this extract, the senna is deprived of its griping property and nauseous flavour so much complained of, and rendered so easy and mild in its operation that it may be given to an infant, or females after accouchement. It retains all the purgative properties of the senna, without the objectionable ones, and in so concentrated a form as to require a very small quantity for a dose." We have employed the sample sent to us, and have every reason to be satisfied with its effects. It operates very mildly, and when prepared with sugar and milk makes an agreeable mixture. It is prepared by Messrs. J. Birks & Co.

CIRCULAR OF THE MEDICAL FACULTY OF TRINITY COLLEGE, TORONTO, 1853.

This circular exhibits a full statement of the qualifications required of candidates for the degrees of M.B. and M.D., in Trinity College, and has been issued to remove the erroneous impressions concerning them from the minds of many persons who have entertained them. The

standard of attainments is high, and calculated to produce medical men well grounded in their profession and its collateral sciences. The preliminary examination is on divinity, classics, and mathematics. The degree of M.B. can be obtained after completion of two full medical courses of four years, and the examination, in addition to the ordinary branches, extends to surgical anatomy, pathological anatomy, practical chemistry and botany. Two years after having taken the degree of M.B. the candidate is qualified for that of M.D., if he has in the interval been engaged in actual practice, or attended an hospital. Students are either *occasional* or *academical*. The first class are not required to submit to the tests of the second, viz., taking the oath of allegiance and supremacy, and declaring that they are members of the United Church of England and Ireland.

CIRCULAR OF THE QUEBEC SCHOOL OF MEDICINE.

We take the liberty of noticing the above, presuming that the copy addressed to the SUN Office, might have been intended for us. The School will, this winter, be conducted by eight Lecturers, whose well known character is a sufficient guarantee that its duties will be discharged in an able and efficient manner. The fees are for each of the six months courses, \$12—except Anatomy and Chemistry, for each of which it is \$15.

SEMI-ANNUAL MEETING OF COLLEGE OF PHYSICIANS AND SURGEONS, L.C.

Quebec, Oct. 11, 1853.

The semi-annual meeting of the Board of Governors of the College of Physicians and Surgeons, L. C., was held this day in the Town Hall of this city, when the following members were present:—

Drs. Holmes, Bouthilier, Frémont, Jones, Peltier, Morrin, Weilbrenner, Von Iffland, Bibaud, Sewell, Foster, Marmette, Brigham, Russell, Tavernier, Jackson, Robitaille, Boudrean, Marsden, Miville De Chené, Landry.

Dr. Holmes, the President, took the the chair.

The Secretary read the minutes of the last semi-annual meeting, held in Montreal, on the 10th of May last; also the proceedings of the triennial meeting in Three Rivers, as well as those of the meeting of Governors for the election of officers.

On motion of Dr. Jackson, seconded by Dr. Bouthilier, the Board ordered the secretaries to add to the proceedings of the triennial meeting, the vote of thanks given to the President, Vice-Presidents, and other officers of the College, going out of office, by Drs. Bouthilier and Jackson, at the breaking up of the meeting, which vote could not be registered, as no note had been taken of it at the time.

The Secretary then laid before the chair a diploma of the Faculty of Medicine and Surgery of Glasgow, belonging to Mr. James Wilson, which gave him the right to practice surgery and pharmacy; and a second diploma which he had also to practice midwifery. Upon due consideration, it was decided that Mr. James Wilson should be examined on the practice of medicine only, which was not embodied in the diploma. The Secretary observed, that the certificates of Mr. James Wilson proved that he had attended but one course of practice of medicine, and that therefore he could not conform with the present law which enforced two courses on that branch. The Board, however, held to its decision.

It was resolved, on motion of Dr. Morrin, seconded by Dr. Weillbrenner: "That all persons practising physic and surgery without a Provincial license, be prosecuted according to law, and it shall be the duty of the President or Vice-Presidents, with the Secretaries of their respective districts, to institute all such actions in the name of the college, with all due diligence."

The Board was then divided into committees of 4 for the examination of candidates to the study of Medicine.

The following gentlemen were then examined and obtained their licences, viz:—Messrs. J. C. Poitevin, Victor Pelletier, J. E. Ferte, Adolphe Tournier, A. Charbonneau, A. Bissonnet, P. McKeon; and the qualifications of four gentlemen not having been, after examination, found satisfactory, they did not obtain a license.

The following gentlemen were admitted to the study of medicine:—Messrs. Hughes Filiatreault, Messrs. Ch. Glennen, D. Archambault, Thos. Fagan, Robert Anderson, E. Ths. G. V. DeSorimier, A. Ant. Marseau, R. Fortier, Pierre Bodoïn, John G. Thomas, Ch. Morin; and, after examination, four gentlemen not being duly qualified to enter upon the study, were rejected.

Petitions were sent in from four of the rejected candidates, the first to practice, and the three others to study, praying the Board for a second examination, giving as an excuse their timidity at the first trial.

The members upon the committees by whom they had been examined, having given a few explanations to the Board, their demand was refused.

Dr. Peltier, one of the Secretaries, entertained the board upon the necessity of making *vaccination* imperative for all, and spoke also of the advantages which should necessarily arise from a regular system of enregistrement, for physicians, of deaths which take place in their respective practice and of the nature of the causes which produced them. He begged the members to take the subject in due consideration. They however did not extend to him their co-operation.

The Board then adjourned.

J. E. J. LANDRY.

Secretary for District of Quebec of the Col. of Phys. & Sur. L. C.

BOOKS RECEIVED FOR REVIEW.

- Dunglison's Therapeutics and Materia Medica. 2 vols. Fifth Edition. Blanchard & Lea.—1853.
 Condie on Diseases of Children. Fourth Edit. Blanchard & Lea. 1853.
 Ricord & Hunter, on Venereal. Blanchard & Lea. 1853.
 Cock's Manual of Obstetrics. Samuel S. & Wm. Wood. 1853.
 Prescriber's Pharmacopœia. Third American, from Fourth London Edition. Samuel S. & Wm. Wood. 1853.
 Physician's Visiting List. Lindsay & Blakiston. 1853.

TO CORRESPONDENTS.

Dr. *Bardy*, Quebec, and Dr. *Charest*, Chateau Richer, will find their requests attended to. Dr. *Rice*, St. Cuthbert, we thank him for his good wishes, and shall endeavour to realize his hope. Dr. *Ruttan*, we regret the mistake, and by making the change, will prevent its repetition. Dr. *Bucke*, Adelaide, we shall be very happy to insert any communication with which we may be favored. Dr. *Marsden*, Quebec, we expect to hear from him before the 10th.

RETURN of Sick in the Marine and Emigrant Hospital, Quebec, from the 4th September to the 1st October, 1853, inclusive.

	Men.	Women.	Children.	Total.
Remained,	57	24	7	88
Since admitted,	104	23	2	129
	161	47	9	217
Discharged,	107	27	6	140
Died,	5	3	2	9
Remaining,	49	18	1	68
	161	47	9	217

Fever,	18	Burns and Scalds,	2
Inflammation of Lungs,	6	Febricula,	12
Inflammation of Liver,	1	Ophthalmia,	3
Inflammation of Bowels,	2	Pregnancy,	4
Dyspepsia,	1	Rubeola,	2
Rheumatism,	9	Hydro-Pneumothorax	1
Dysentery,	9	Subluxatio	1
Small Pox,	1	Purulent Ophthalmia,	1
Cynanche,	1	Hæmorrhoides,	1
Diseases of Skin,	3	Delirium Tremens,	2
Inflammation of Testicle,	1	Disease of Heart,	1
Syphilis,	16	Disease of Stomach,	1
Fractures,	5	Paralysis,	1
Concussion of Brain,	2	Phthisis,	1
Abscess,	3	Hydrocele,	1
Ulcers,	4	Feb. Intermittent,	1
Wounds,	3	Purpura Hæmorrhagica,	1
Contusions,	8		

C. E. LEMIEUX, House Surgeon.

MEDICAL NEWS.

Up to October, over 8,000 had fallen victims to yellow fever in New Orleans. At one period the rate of mortality was estimated at about one death weekly out of every 37.—The medical men of New Orleans offered to attend gratuitously all patients under the charge of the "Howard Association."—*Cure for Rheumatism* at Cape Island, New Jersey. Put the patient into a deep hole, cover him up to the neck in sand, and after letting him remain thus for half an hour, dig him out and douse him in the water. If he does not recover after all this, bury him head and all next time.—Prof. Langenbeck lately recovered from severe erysipelas of the hand, arm, &c., caused by contact of some fluid removed in tapping the abdomen of a lady.—Castor oil with soda forms a solid white soap which, in the form of pills, is a certain and agreeable purgative.—M. Duchambre and M. Alvarez Regnoso conclude from their experiments that sugar is habitually present in the urine of old persons.—Bransby B. Cooper died on the 11th August, a small vessel gave way in the posterior lingual region whilst he was in the Athenæum Club, and he was almost instantly suffocated.—Camphor is said to be an antidote to strychnia.—A young gentleman recently died of excessive fatness in Georgia, who weighed 643 pounds.—Dr. Isaac Woolworth of Westfield, has sued that town for \$3,000 damages, for injuries received by him in consequence of an alleged defect in the road, last February.—Of 74 scarlatinal patients treated by Dr. Walz with frictions of fat, there was no disquamation in 69 and secondary dropsy only in six which was easily cured in 1 by diaphoretics, and in the others by sulphur.—In the *North Western Med. & Surgl. Journal*, is an interesting case of self-castration with the thumb nail performed by a man who was 20 years of age—a lunatic and a spirit rapper. He hung his testicles on the door of his cell, and expects another pair to grow.—An American writer says "Dr. Miller is in Edinburgh what Dr. Fergusson is in London—and more."—On the 8th August last, her Majesty was graciously pleased to confer the order of knighthood upon Dr. John Forbes, and Dr. James L. Bardsley of Manchester.—In Philadelphia, during July, 8.63 inches of rain fell, which is more than fell previously in a single month since July 1844, when 8.87 inches fell.—The Medico Chirurgical Academy of Temara will award a prize of 100 Roman crowns in 1855 for the best memoir on the "Mild Affections of the Liver," it must be written in Italian, French, or Latin.—The Medico Chirurgical Society of Bologna, offers a prize of similar value for the best essay on the diseases to which electricity is most applicable.—The Medical Society of Marseilles offers 300 francs for the best essay on the following questions:—1st. Premature delivery. 2nd. At what period should it be induced. 3rd. Shortest mode.—Mrs. Thomas Sheely, wife of Jacob Sheely, aged 90, residing at Neversink, it is said became the mother of a living child on the first week of August, and it is doing well.—Dr. Owen Rees has been appointed to the professorship of materia medica in University of London, vacant by the death of Dr. Pereira.—There are about 13,000 members of the medical profession in the British Islands, 5478 at London, 7670 in the shires, and 2852 in Ireland and Scotland.—Practitioners of London who were practicing before 1815 without diplomas 52, holding the diploma of Apothecaries' Hall or R.C.S., 1698; L.R.C.P., 53; M.B., 56; M.D., 619—of the graduates 510 are British and 109 Foreign.—Mr. Osborne, an English officer, has written a book on his return from the court of Runjeetsing in India, in which he gives a very remarkable traveller's account of a man restored to life after burial for 10 months: during the whole time he is described as having subsisted without any kind of sustenance, with the external apertures except the mouth closed with wax, enclosed in a linen bag, placed in a wooden box locked with padlock and seal, and his tongue turned back so as to occlude his throat.—A petition recommending Dr. Bennet Dowler for a foreign consulship was signed by all the members of the City Council, New Orleans, in their session a short time since.—Dr. E. H. Parker, editor of the New Hampshire Journal of Medicine, has been appointed Prof. of Physiology and Pathology in the New York Medical College.—The Editors of the Southern Medical and Surgical Journal says, "we have tried strewing the floor with cucumber peelings and found it better than anything we ever used for getting rid of those filthy insects"—cockroaches.—A committee of 4 or 5 physicians are completing the second part of the second volume of Dr. Periera's *Materia Medica*, which Dr. Billing says is a perfect encyclopaedia. The greater part was already finished and in the press.—Prof. S. H. Dickson has lately had the degree of L. L. D., conferred on him by the University of the city of N. Y. to which mark of distinction his profound erudition and varied merits justly entitle him.—Dr. Aran asserts that 150 drops of chloroform may be safely administered in cases of colic, particularly in bad colic, in the 24 hours, with decided advantage.