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THE
MEDICAL CHRONICLE.

VOL. VI.]

JANUARY, 1859.

[No. 8.

ORIGINAL COMMUNICATIONS.

ARTICLE XVI.—*On Abscess in the Abdominal Parietes, with some remarks.* By V. A. BROWN, M. B. T. C. A., Surgeon Vol. Artillery, London, &c., late Assistant Surgeon 23rd R. W. Fusiliers.

On the 8th of July last, I was called to see a Mr. Y., aged 30, who was obliged, 3 weeks previously, to give up his trade that of a pump sinker in this city, in consequence of a severe pain which suddenly seized him in the right Iliac region, he then placed himself under the care of another physician, by whom he was leeches and fomented with considerable relief.

On an examination I found an evident fullness of a circumscribed nature in the right Iliac fossa, extending towards the rectus muscle of that side, with perceptible dullness on percussion, and great tenderness on the slightest pressure. No sense of fluctuation could be ascertained, neither was there any discoloration of the skin; he said that for some time he had not felt very well, and that the pain which first seized him when he was at the bottom of a well was of such an acute nature, that he had to be carried home; he had received no hurt whatever on the abdomen, and since the commencement his bowels have been daily evacuated; motions of a dark and unhealthy nature; he has had no sickness of the stomach, no difficulty of micturition, nor any pain in the testicle or hip. The slightest increase in respiration, or any movement

of the abdominal muscles he says greatly increase the pain, his frame of body is weak, delicate and small, complexion dark sallow, countenance haggard. Pulse 120, tongue red.

Diagnosis lay between cæcitis and suppuration between the layers of muscles covering the cæcum, either the internal and external oblique or transversalis, or in the sheath of the rectus.

He was ordered to be leeches again, and fomented constantly with hops as hot as could possibly be borne.

Hyd. C. Cret; gr. iii. Pulv. opii. gr. $\frac{1}{2}$ every 6 hours, with a very light and nutritious diet.

On the 10th the pain had somewhat subsided, bowels open, 12 leeches more were applied, continue the powders.

12th—Fullness is more perceptible, with gurgling on pressure, near the external border of the Rectus muscle; pain still present, but not so acute, slight fluctuation, bowels daily open, tongue clean, but abnormally red, pulse 100, omit Pulv. Cataplasma Lini applic.

14th—Since last report, evidence of an abscess in the abdominal parietes more distinct, gurgling with fluctuation, great pain on pressure in one point about 3 inches above the external abdominal ring, which is soft and pits,—decided not to make any opening until the character of the swelling was still more apparent.

16th—Fullness has considerably increased, fluctuation is most distinct for the last two nights, the pain has been most acute.

It was determined to open; an exploring needle was cautiously passed into its softest and most depending point, when some dark green fluid, with extremely fetid gas escaped, a proper opening was then made by slitting up every layer of fascia. &c.; as is done in the operation for hernia—immediately about 2 oz. of abominably fetid matter was discharged, &c., on a careful examination with the probe it was ascertained that no communication with the intestine existed,—a tent was inserted into the opening, and a poultice reapplied.

19th—A good discharge of the same fetid character has flowed since the opening, the fluid, however, is becoming more purulent, last night he perspired a great deal, P. 100, R. open. ℞. Quinine \mathcal{D} ii. Acid Sulph. dil. \mathfrak{z} $\frac{1}{2}$ Sulph. Ferri \mathfrak{z} ii. Tinct. Quassia \mathfrak{z} i.; Infus. Quassia \mathfrak{z} xiv. $\frac{1}{2}$ \mathfrak{z} i. ter in die. Porter, and the most nutritious diet.

On the 2nd August, 2 sloughs evidently the walls of the cyst came away, after which in a few days all discharge ceased, and finally in about a month he was perfectly convalescent.

This case to me was a very interesting one. It may be safely said that collections of matter in the abdominal parietes rarely form *per se*.

Suppuration sometimes takes place among the muscles after blows on the abdominal walls, but most generally it extends from some of the viscera within, as in Hepatic cœcal or Psoas abscesses.

It will be noticed that the diagnosis of the case lay between cœcitis, and a simple collection of matter in the abdominal wall, having no communication whatever with the cœcum.

During its early portion it was a matter of extreme difficulty to determine which it was, and I may add that it is of no small moment to decide as soon as possible on the nature of such a case, as on it depends, either a favorable or an unfavorable Prognosis.

For although the early symptoms are so similar, I need hardly mention that the terminations of both are nearly as dis-similar.

It may be asked, have we any distinct symptom, which is likely to lead us to form a correct opinion in parallel cases?

During the management of this case, two points inclined and strengthened my belief in forming a favorable prognosis from the commencement. I allude to the functions of defecation and respiration. Daily this man's bowels were evacuated, and the slightest abnormal respiration, or action of the abdominal muscles materially aggravated all his sufferings.

Now although sometimes inflammation of the Cœcum is attended by diarrhœa in the commencement, and is consequent through continuity of mucous membrane in dysentery, still constipation attends most usually the largest majority of these cases.

This can be easily explained, the mucous membrane of the cœcum becomes congested, its secretions altered, the feces adhere to it, the muscular coat becomes paralysed and unable to propel forward its contents, which constitute a tumour on palpation.

The mechanical distension sometimes by its pressure leading to pain in the loins, or in the course of the last dorsal or genito crural nerve, the pain extending over the dorsum of the ilium, or into the groin or testicle in the male, and in women interfering with the proper functions of the uterus and ovaries.

Hence if we have a case of phlegmonoid inflammation in this region, where the intestinal evacuations are daily performed, with an absence of pain in the loins, the dorsum of the ilium, the hip or testicle in the male, or ovaries and uterus in the female, which the anatomical situation of the cœcum generally points out as consequent on inflammation of it; coats, when fecal distension is its cause, we may incline to the diagnosis of matter *within* the abdominal parietes, and consequently hold out in the early portion of the disease a favorable termination in the majority

of instances. The occupation of this man operating constantly on a constitution previously debilitated, exposed always, as he said he was, to damp clothes and foul air, was in all probability the exciting cause of this unhealthy deposition of matter.

The escape of foul gas without any communication whatever with the external atmosphere was a curious feature in the case.

The secretion of any gas within the confined walls of abscesses is rare, some say that the admixture of air from some source is absolutely necessary to its formation, witness the fetor of pulmonary and alveolar abscesses, where the contact of the air is the exciting cause; here, however, there was no communication at all with the air, and yet half the contents of the abscess was gas; on making the opening I was surprised to see so small a quantity of matter escape, as the sense of fluctuation was great, and led me to expect a much larger quantity. I may add a few words on the treatment: It will be seen that from the commencement it was *expectant*, with the exception of occasional leeching, fomentation and poulticing with hyd. c. cret. and opium, for the purpose of improving the hepatic secretions and allaying pain. I did nothing but wait patiently for the issue, the administration of mercury would have been extremely injudicious in such a case, as it would have tended still further to lower the vitality of a constitution already low enough. Tonics, with porter and a highly nutritious diet are most generally called for, as they best counter-act the tendency to pyæmia, which in many instances leads these cases to a fatal termination.

ART. XVII.—*Cases of alleged Poisoning.* By D. BERGIN, M. D.,
Cornwall, C. W.

To the Editors of the Medical Chronicle.

GENTLEMEN,—Enclosed I send you a report of an inquest, held here, upon the bodies of two females who were said by their medical attendant to have died from the effects of poison, taken by the younger of the two “with the intent to procure abortion, and by the elder, accidentally.” I have reported this case specially for your Journal, as it is likely to prove exceedingly interesting in a Medico-legal point of view.

With your permission, I will comment upon the evidence after you have published it, as I differ *toto-cælo* with those who entertain the “poisoning theory.”

Yours very truly,

D. BERGIN, M. D.

Cornwall, Dec., 1858.

On the 12th October, 1858, the Coroner, William Wagner, M. D., held at the Court house an inquest on the bodies of Anne Jordan and Sarah Jordan, who were reported to have died from poison. The identification of the bodies having been established, and a *post-mortem* examination performed; the following medical testimony was received:—

THE INQUEST.

Dr. Dickinson, deposed:—I was called to see, professionally, the deceased Anne and Sarah Jordan, on the evening of the 17th August last. I told Mr. S. Wood, who came for me, that, if I was likely to be detained long, I couldn't go, as I had to return to see a patient between six and seven the next morning. From Wood's description of the case, I supposed it to be *Hysteria*. I was not sent for to see the old woman. I found the young woman lying on the bed, insensible, making great efforts to vomit; retching violently; pulse 160, feeble and irregular. The pupils were dilated, but would contract with the approach of light. Breathing somewhat labored; no stertor; body cold and pale. I was told that she had taken nothing yet. My first impression was that the case was apoplexy, possibly; that is before I gave the case a thorough scrutinizing. I told the people what my impression was, at the time, before I had done anything, and I gave my reasons that it couldn't be apoplexy, and said she must have taken something into the stomach to produce the effects I saw. Acting upon the indication afforded by nature, I promoted vomiting by giving a gentle emetic. I would have given a Sulphate of Zinc, which is a very severe emetic, but I saw that a gentle one would answer. She swallowed it easily and vomited freely afterwards. The emetic I gave was Ipecacuanha wine. The matter vomited was *viscid, ropy, tenacious mucus*, mingled with, I suppose, what she had been eating, at first, but afterwards nothing but *mucus*. I was told what she had eaten was oatmeal porridge. The matter vomited had a pungent narcotic odor, a sickening smell, not acid, and was observed by those present, although in their evidence they are not conscious of it. I could compare this smell to nothing but Prussic acid, yet it was not that. I heard vomiting at the other end of the room while I was attending Sarah. I enquired who it was, and found Mrs. Jordan on the floor. I examined and spoke to her. She was also in a comatose state, but had sufficient consciousness to press my hand. I observed to those present, that the character of what she vomited was very similar to that of the other. I think oatmeal and milk did not produce the odor. At the time some one remarked that the odor from both was the same. I now remember that it was Mr. Barlow said so. The pulse of Anne was not so frequent as Sarah's. I

did not time her pulse. I did not look upon her case as so dangerous as the other. She was vomiting at the time I examined her."

Q. By the Coroner.—Was she passive, while vomiting?

A. She lay on her side, and parties gathered about her so, I cannot say whether she was passive during the vomiting or not.

Her pulse had more force than Sarah's, not so irregular—she was as pale as the young woman was. On inquiring as to Sarah's case, I was told by Mr. Wood, that he found her leaning with her arms on the fence, that she put her hand on her stomach, and told him, she was very sick; that she fell and was carried in. After the action of the emetic, and after, I supposed, the stomach had been thoroughly cleansed, I administered "Aromatic Spirits of Ammonia" and had warmth applied to the extremities. Under the treatment there was a decided improvement, although not enough to warrant me in supposing she was going to recover. Her pulse became less frequent and firmer; warmth somewhat restored, and from being unable to sustain her head herself, she could do so. All this time occupied from somewhere between 9 and 10 in the evening, and I got home about two in the morning. I said that decidedly it was not apoplexy; although there were some symptoms of it present, yet there were others that certainly were not. My reasons for pronouncing the cases poison, and not apoplexy, I have put down in writing, and will read them with the permission of the court. (The witness then read from a written paper as follows.)

1st. It is remarkable that the pain complained of was referred to the stomach, not to the head; the reverse of which would be expected in apoplexy.

2nd. The character of the pulse was remarkable; it was 160 and irregular—the latter being unusual and the former, as far as my experience goes, and as far as I can ascertain from experienced physicians, is never so frequent—its almost invariable character is slow.

3rd. The only cases of apoplexy where the pulse is ever accelerated, are those peculiar and rare cases of serous apoplexy, which set in with violent pain in the head; the patient, however, remains in full possession of his intellect, which symptoms usually are followed by coma.

4th. In apoplexy, from disease, coma is usually at once induced; in neither was this the case.

5th. It is remarkable that both cases should be attended with vomiting. It is rare in apoplexy, unless produced by some irritation of the stomach, such as a narcotic poison.

6th. The matter vomited was identical in character in consistence and odor, in both cases. The odor was that of pungent narcotic.

7th. It is remarkable that the matter vomited should be viscid, tenacious mucus, just what would be produced by irritation of the stomach, by swallowing some *acrid* substance. Had the cases been Apoplexy, it would have been the natural contents of the stomach alone that would have been vomited.

8th. It is remarkable that improvement should have followed the evacuation of the stomach, which would be the natural consequence if the symptoms were produced by swallowing a narcotic irritant poison.

9th. Had the causes been apoplexy or congestion of the brain, the action of an emetic would have been injurious, unless produced by an overloaded stomach, which in this instance was not the case.

10th. In both cases the bowels acted without medicine being taken to produce it, which is usual; apoplexy is usually attended with constipation.

11th. It is remarkable that the diseases in both cases should be serous apoplexy, if apoplexy at all, a kind of apoplexy that is extremely rare; and again, the extraordinary co-incident, if such it may be called, of two persons living alone together, in the same house, being attacked at the same moment of time, by so rare and so common a disease as apoplexy.

In conclusion, as Dr. Rattray was called after me and has upset my opinion, I now record my opinion, that if the disease was congestion of brain, his treatment by emetics, [the witness was here interrupted by Dr. Rattray, who denied having administered an emetic to either of the deceased,] stimulants, ammonia and æther, would have seriously aggravated the disease, if not destroyed their lives."

In answer to questions by the Coroner and members of the Jury, he replied: I went back the second time, for the purpose of ascertaining whether Dr. Rattray had differed from me in opinion and to inquire his reasons for so doing. I met him there—it was on the evening of the 18th August. I inquired his reasons, he said: He had attended Mrs. Jordan four times previously for apoplexy. I told him what my opinion was of the cases, and in remarking about the character of the vomiting he asked me, "If they could have got anything green?" I replied they had not vomited anything green while I was there. He said that Sarah was vomiting green matter after he arrived, while he was there. Dr. Rattray did not account to me for his opinion, but I inferred that he agreed with me from his question. I never heard of a person having been attacked five times with apoplexy, and from what I glean, the present was the fifth attack of the old woman "Anne Jordan." I have not seen the patients since until the *post-mortem* examination yesterday. I did not think at

the time that it was the result of an attempt to produce abortion, I thought it was accidental. I always thought the family too respectable to suspect them of anything of the kind. I cannot tell what poison would have produced it, unless narcotico-irritant poison. Arsenic could not have produced it. I heard first of the box (received by Wood,) from a woman who had heard me maligned—in fact I was maligned constantly both privately and in the newspapers in connection with the case,—she told me because she heard me maligned and because she was satisfied I was right. I do not know and cannot tell whether the poison was in the oatmeal or not.

The Doctor was here examined as to the *post mortem*. He said :

As to the *post mortem* examination, the bodies were identified; but very little could be elicited owing to their extreme state of decomposition. We examined all the organs except the brain. We examined the uterus; we detached the stomach, liver and intestines of Sarah Jordan, and the stomach of Anne Jordan, which we have brought here. The uterus (*the womb*) of Sarah appeared to me like that of one who had miscarried—it seemed to me, like a large sac, the cavity of the pelvis was filled with blood.

(The witness was here contradicted by Dr. Rattray who said that the pelvis was not filled with blood. The witness then said “It was two-thirds full, at all events.” Dr. Rattray again contradicted him and said that it was not, and that what fluid was present, was merely *bloody serum* which had drained from the bowels during the *post mortem*, in fact was not blood at all. The witness then resumed his description of the *post mortem* appearances.)

The state of decomposition was too great to enable me to speak positively, but there appeared to be general inflammation of the stomach, which seemed to be in a better state of preservation than the liver and uterus—there was diffused redness throughout the outside of the stomach of Sarah—near the cardiac orifice of the stomach of Anne Jordan, there seemed to be very marked redness. Nothing further of importance was visible. We did not examine the brain, owing to the extreme state of decomposition, but we did examine the thorax, and a very disagreeable job it was.

In answer to questions by one of the jury, the witness said : I did not, at my first visit, order the matter vomited to be preserved, because I gave up the case. I did direct them, at my second visit, to preserve the matter vomited, although I no longer considered them my patients.

Dr. Charles Rattray, deposed ; I was sent for on the 17th and went to see, about sunrise, I think about 5 o'clock, on the 18th, the deceased

Anne and Sarah Jordan. I was told that Dr. Dickinson had already seen them and had pronounced the cases Poison. I asked whether he had specified the poison and was told he had not. I was told they had eaten oatmeal porridge, as had also the child of Sarah Jordan; the child is about two years old—it was in good health and was not at all affected. I learned this from Mrs. Forbes, a former witness. The history of Sarah's case, which I obtained, was, substantially, the same as that already given by Dr. Dickinson—I need not therefore repeat it. When I examined her, I found her lying with her head thrown back; breathing with difficulty; to use a term easily understood, breathing as if the *death-rattle* were in her throat; her mouth was partially open and mucus or slime escaping from it; the left pupil was contracted, the right pupil was dilated; her cheeks were a little flushed, more so than in health; her lips were red and the mouth and tongue moist, lubricated with saliva; the pulse was 110, but irregular in force, volume and rhythm; her body was warm, when the pulse was up, but when the pulse fell and became slow and weak, her feet became cold. Pressure, applied in the region of the stomach and bowels, elicited no sign of pain, as it would, had inflammation of either of these organs been present; her hands and feet were spasmodically contracted; the right hand particularly, with the thumb turned inwards, across the palm; the right foot was also turned inwards, with spasm, however, less than that of the hand; the bowels, I was told, had not been moved; the breathing became stertorous; in short, she seemed to me to be dying, and I had little hope that she should live beyond two hours. As she was rapidly sinking, I ordered hot applications to her body, legs and feet, and I continued the administration of the "Aromatic spirits of Ammonia" left by Dr. Dickinson—shortly after taking it she vomited, and continued to do so, at intervals, during at least an hour—the matter vomited was a grass green liquid, it was received upon a cloth—we had turned her upon her side to enable her to vomit. She had very great difficulty of swallowing any liquid, and unless her head was held well up, and her chin shaken, it would run out of her mouth. After the vomiting ceased, I applied mustard to her spine and allowed it to remain an hour, at the expiration of which time, I fancied that she manifested signs of feeling, seemed to be restless and to knit her brows as if in pain—she did not speak, however. I then allowed it to remain another hour, when, as it reddened the back, and as the friends thought it had been on long enough, and that it must pain her, I took it off. I then ordered her to be laid again upon her back and endeavoured to rouse her, but I failed—at one time, indeed, I thought I was about to succeed, and that she seemed half conscious, and as if she wished or tried

to articulate, but I was mistaken—in about half an hour she began to sink rapidly; the breathing became more difficult, and the spasms increased, particularly in the right hand, the thumb of which was forced through between the fingers, across the palm. I then turned my attention to her mother, the deceased Anne Jordan, but as I found she could not swallow, I made no attempt to do anything for her. On making inquiry as to the history of her case, I was told that she was asleep at the time Sarah was attacked; that they awakened her to get the bed for Sarah: that she got up *quite well*, and procured a light; that she came to the door to look at Sarah, who was then lying in the cook-shed; that she then fell, but got up almost immediately and sat down on the stairs inside the door-step; that she got up after a minute or so when she felt again and was assisted to the rocking-chair; shortly afterwards she fell into that state of stupor in which Dr. Dickinson found her. When I first saw her she was insensible; she had lost the power of one side; her eyes were shut, I did not see them open; she pressed my hand, but I cannot say that it was from consciousness. I attended Mrs. Jordan three or four times previously, I am positive as to three times for paralysis. The symptoms were the same as those presented at this last attack, but not so severe. She always vomited, and as in this last fatal attack, the paralysis followed an apoplectic fit. Twenty-four hours, generally, had elapsed in her former illness, before I was called to see her—during these attacks she always articulated with great difficulty, and was unconscious in the beginning—So I was told, for she was always more or less conscious when I first saw her.

By the Coroner.—I never heard any cause such as fright, assigned. This last attack was of the same kind as the former ones—but more violent.—She did not void any urine until after I had administered Nitrate of Potassa—I cannot say whether there was any retention or unusual flow of urine in former attacks. I do not now recollect perfectly. She never thoroughly recovered from the effects of the first attack; her mind has always been weak since; so have been her limbs on the right side. I gave Sarah ten grains of Calomel to act upon her bowels—it had the desired effect, and produced three or four copious bilious stools; the dejections were shewn me when I returned in the evening—I remained, at my first visit, until about mid-day,—I returned again in the evening at about eleven o'clock and found Dr. Dickinson there. I had a conversation with him. He told me that he had not said they were poisoned intentionally, but accidentally. We did not agree as to the cause: he held one opinion, I another. I asked him if he had directed the matter vomited to be preserved, he said not, I then called Mrs. Barlow and

asked her if she had kept it—she replied, no! he then asked her, why? her answer was, “because he, Dr. Dickinson had not told her to do so.” My opinion with regard to Anne Jordan was, that her disease was apoplexy, the result of the shock produced by the unexpected illness of Sarah, and I have now no doubt as to the correctness of my opinion. Sarah’s case was more complicated and more difficult to diagnose. I thought it congestion of the brain, produced by heat or something of the kind, like sunstroke. I did not tell Dr. Dickinson this, but I told it afterwards, publicly, when Dr. Pringle was present. I did not, nor do I now, think she was poisoned. I made a third visit on the 19th, about 10 A. M. Sarah was in a dying state. Anne could not yet swallow. I applied mustard to her spine. I also bled her. On the 20th, the day Sarah died, I visited Anne again. She could then, but with great difficulty, swallow a little, when assisted. As she had not voided urine since the day before, I administered nitrate of potash in solution. I also gave her a purge—it operated well. On the 21st I saw her again—she had only urinated once since my visit of the previous day. She died on the 22nd. I met Dr. Pringle on the 19th. He examined both Sarah and Anne. He formed the same opinion of Mrs. Jordan’s case that I had, and said there could be no doubt at all about it—it was paralytic. I gave him a history of the case. He said that Sarah’s case was very complicated, and one in which it would be very difficult to arrive at any satisfactory conclusion—that it might be congestion of the brain, or it might have been produced by sunstroke, or running out barefoot in the wet grass, or by the suppression of the menses, or by one, or any two, or all of them combined. I then called the friends who were there together, and told them that Sarah and Anne were both dying and could not possibly recover. Dr. Pringle did the same. We advised them to have an inquest—that we did not think they were poisoned, but that an inquest would clear the matter up. Some of them objected very strongly, among them Thomas Henderson and two of the brothers of Sarah Jordan—they live in Waddington, State of New York.”

By Dr. Dickinson, through the Coroner—“I think some of the symptoms present in Sarah’s case were such as might have been produced by a narcotic irritant, for instance the fluid about the mouth; but any poison that would have produced such symptoms as these under which she laboured *would have caused her death in from six to twelve hours* from the period of the attack. (A little sparring here took place between the witness and Dr. Dickinson, who undertook to cross-examine him, but as it had no bearing on the case, we omit it as really irrelevant.)

The witness was then examined as to the post-mortem. “I agree

with Dr. Dickinson as to the great state of decomposition of the bodies, but I cannot agree with him as to the good preservation of the stomach, for it was not in such a state. Neither do I agree with him as to there being any thing in the appearance of the uterus (the womb) to warrant any suspicion of abortion or miscarriage, so far from that, it was completely decomposed, was not like a large sac, but, *in truth, was so small that Dr. Pringle could scarcely find it.* There was some bloody serum in the pelvis, in consequence of the dissection, *but no blood.*"

By the Jury—"I think a chemical analysis of the viscera should be performed, in order satisfactorily to conclude the investigation. As far as my own individual opinion is concerned, I do not think an analysis necessary, but it is possible I may be mistaken, and if the analysis discloses poison, I shall acknowledge my error; if, on the other hand, there is *no poison* found, I suppose Dr. Dickinson will acknowledge his error."

(The witness was here interrupted by Dr. Dickinson, who said that he could see no necessity for analysis at all—that from the way the testimony was given, there was no possibility of criminating any one, and therefore an analysis would be of no use. As far as he was concerned, however, whether poison was found or not, it would not alter his opinion, for the poison taken was such as probably will not be detected at this late period. (Some angry and irrelevant discussion again followed between the two doctors, which was put a stop to by one of the Jury, who appealed to the Coroner to proceed with the next witness, who was accordingly called.)

DR. McDONALD deposed—"I attended the post-mortem of the deceased Anne and Sarah Jordan, yesterday. I know nothing of the cases otherwise. The bodies were in such an advanced state of decomposition almost putrefaction, that the organs could not be satisfactorily examined. The appearances were not such as to enable any one to pronounce any opinion as to the cause of death. It will be for chemical analysis to discover whether any thing like poison had been administered or taken."

By the Coroner—"I think I attended, but will not state positively, old Jordan once for a violent attack of hysteria. I did not see any thing in the appearance of the uterus (the womb) to warrant the opinion that abortion or miscarriage had taken place. Unless the analysis is made the post-mortem of yesterday will be useless as to the purposes of this investigation."

DR. PRINGLE deposed—"On the 19th of August, in the evening, I was requested by Mr. W. D. Wood to visit the deceased Sarah and Anne Jordan, who were then lying insensible. I asked him to describe the mode of attack and which was first attacked. He said

that the mother and daughter were attacked on Tuesday evening the 17th, about the same time and apparently in the same way. He said "that Sarah had been out doors and had been carried into the house senseless,—that her mother was at the time lying asleep in bed—that she had been roused to give up her bed to her daughter who was ill—that she got up, lighted a candle and came forward to see her daughter, and, having seen her, she fell senseless across the bed." He said "the daughter had vomited, but he was not certain that the mother had. I told him that from the history he had given me of the cases and the character of the attack, that the suspicion of poisoning seemed very strong in the case of the daughter, and asked him if he knew what they had eaten. He was unable to answer with any certainty." In reply to the question asked, he said "that Dr Dickinson and Rattray had been called in and that they differed in opinion, but he did not tell me the opinion of either. I asked him not to do so, then went with him to the house. On my way there I asked him more particularly about the old woman, as to her age and her state, when she fell, and how. I then made up my mind that the old lady had received a sudden shock upon seeing her daughter in that state, apparently dying, and which produced a state of Apoplexy or Paralysis, or perhaps both. I came to no satisfactory conclusion then as to the disease of Sarah. On arrival at the house, I found Dr. Rattray there. I went into the house, then came out again. One of the neighbors asked me if I had any objections to talk the case over with Dr. Rattray—I said no! and then asked Dr. Rattray if he had any objections to consult with me, he said no! too. I then went into the house again. I examined both the deceased—previously to my doing so, Dr. Rattray told me that the old woman had one of her old attacks. I found Sarah lying on the bed in the position described by Dr. Rattray. She was evidently dying—her eyes were glassy, perfectly insensible to light and feeling. I placed my finger upon the eyes, but they did not move; there was no sign of sensation in them at all—the mouth was wide open—the lips and tongue were dry, evidently from having breathed so long in that position—the teeth were covered with sordes or black crust—the surface of the body was cold, excepting about the chest, which still retained some warmth—the pulse was small and not fast, sometimes imperceptible—her breathing was as described by Dr. Rattray. I then examined Mrs. Jordan. I found her breathing calmly—the surface of the body comfortably warm—both eyes were partially closed. I raised both lids and found the pupils moderately dilated—the pulse was slow and soft—the right leg and right arm were paralyzed—there was no indication of paralysis of any of the muscles of the face. I asked a

neighbor about Sarah's periods, but got no satisfactory answer. I then went out and gave my opinion to Dr. Rattray that, the old lady's case was easily accounted for—that she had had a stroke of Paralysis, produced by the shock of seeing her daughter lying, apparently dead. That as to Sarah, it was very difficult to say—that one might conjecture but could not come to any satisfactory conclusion, unless by an examination after death. Dr. Rattray then said that Dr. Dickinson had said that both were poisoned. I replied that I could see no indication of such being the case. I think I remarked to a bystander that, had I been told as Dr. Dickinson had been told and had I seen them in the first instance and found them both presenting the same symptoms as had been described to me, I would very likely have said they were poisoned, and, as at different periods, different symptoms are presented, as a matter of course, different conclusions must be arrived at—that, so far as I could then see, I could find no indication of poison in either case. I was the more confirmed in that opinion in consequence of having heard that a child of Sarah's had partaken of the same food and had not been attacked—I advised them to keep the cloths, in the event of an analysis, which would likely follow in consequence of the suspicion of poison.

By the Coroner.—At that time I had heard nothing arising in or about the matters vomited—I was told that the vomited matters were the contents of the stomach and that after Dr. Rattray had been there, Sarah Jordan had vomited some greenish colored matter.

By Dr. Dickinson.—Narcotic poisons will produce Coma and Congestion of the Brain, but if Sarah and Anne had taken enough to produce the symptoms I saw, they would not have lived so long. I cannot say what Sarah died of—I do not think it was Apoplexy, nor do I think it was Congestion of the Brain. I can give no opinion as to probabilities or possibilities, my duty is to deal with facts—the facts as I saw them.

Post Mortem.—Sarah Jordan's stomach and a small portion of the upper part of the intestine were covered with red patches—the remaining portions were free from them. The uterus (womb) was in such a condition that it was almost impossible to arrive at any conclusion concerning it—the stomach of Anne Jordan was distended, and the large end of it was covered with a round patch of a dark color and appeared to be soft.—I was afraid of cutting into it. I think with Dr. McDonald, that without an analysis the Post Mortem performed would be useless. I could see nothing that gave the slightest evidence of abortion—there was no blood throughout the tissues of the uterus, which would have been the case had abortion taken place, for traces of blood are evident after the organs are decomposed.—the brain was not examined owing to the state of decomposition.

At the conclusion of Dr. Pringle's testimony at 11 P.M.—the jury retired to consult as to the necessity of an Analysis—after about five minutes deliberation they returned to the Court Room and informed the Coroner that they were of opinion that an Analysis of the stomach of Sarah Jordan should be performed, and that steps should be taken to trace the box received by William S. Wood, by express—

The inquest then adjourned until 15th November next.

REVIEWS.

ART. XIX.—*The Modern Practice of Midwifery: A Course of Lectures on Obstetrics, delivered at St. Mary's Hospital, London* By WM. TYLER SMITH, M.D., Member of the Royal College of Physicians. With an Introductory Lecture on the History of the Art of Midwifery and Copious Practical Annotations. By AUGUSTUS R. GARDNER, A.M., M.D., late Instructor on Obstetrics in the N. Y. Preparatory School of Medicine; Author of the "Causes and Curative Treatment of Sterility," etc. Illustrated by 212 Engravings. Pp. 760. 1858. *New York*: Robert M. DeWitt. *Montreal*: B. Dawson & Son. *Quebec*: Middleton & Dawson.

The Uramic Convulsions of Pregnancy, Parturition, and Childbed. By DR. CARL R. BRAUN, Professor of Midwifery, Vienna. Translated from the German, with notes. By J. MATTHEWS DUNCAN, F.R.C.P.E., Lecturer on Midwifery, etc., etc. Pp. 82. 1858. *New York*: Samuel S. and William Wood. *Montreal*: B. Dawson & Son. *Quebec*: Middleton & Dawson.

The first of the above two works is the most recent that has appeared in the English language on the science and art of midwifery. The author is well known to the profession as an earnest investigator, a good writer, and a thoroughly practical man, of which there is abundant proof in his "Modern Practice of Midwifery." We will be much surprised if it does not rapidly become a favorite work of reference to practitioners, and a popular text-book to students. The publisher (who, by the way, comes to us as a new name on medical publications) has brought it out in a most creditable manner. The illustrations are excellent; the typography and paper are not to be surpassed. The second work consists of the translation of a single chapter of Professor Braun's new text-book on midwifery. Its subject is one of the highest importance, and we purpose, therefore, entering, for a short space, upon the consideration of puerperal convulsions.

Well do we remember the first case of obstetrics that fell to our care. We had, at the time, attended one course of lectures on midwifery, and, as well, been drilled by our respected and kind Professor, the late Dr. McCulloch, in all the mysteries of "presentations" on the celebrated "phantom." This consisted of a wood and leather representation of the lower half of the trunk of a female, with about two-thirds of the thighs projecting at right angles from it, in the position they would occupy if forcibly flexed upon the pelvis. Over this a cloth was thrown, beneath which we conveyed our hand, introducing it next through an opening designed to represent the vulva and commencement of the vagina, and endeavoured to make out, with great trepidation, what part of a chamois mammikin was first to be met with. To say that we felt completely bewildered, standing out before the class of students, conscious that we were for the time the subject of numerous quirks and jokes, would be simple truth. And then, as to whether the head presented, and knowing that, as to whether it was in the first, second, third, or fourth position, was something which we were completely oblivious of, whenever we heard a suppressed titter at our elbow or chanced to see a bench-mate eyeing us with a comical expression of countenance. Notwithstanding these slight drawbacks, we made some progress in our knowledge of midwifery, and were considered at the time sufficiently advanced to be entrusted with a *bona fide* case of parturition. Seating ourselves beside the bed of our patient, we waited for the termination of that process, the exact stage of which we flattered ourselves we had made out. It was a natural presentation, and everything appeared to progress favorably, and warrant our happiest anticipations. No sooner, however, had the head descended into the cavity of the pelvis and commenced to distend the vagina and press on the external parts, than, to our utter consternation and horror, off went our patient into a severe fit of convulsions. Thus were we initiated into the practice of midwifery. We cannot forget our first case, and puerperal convulsions have an interest to us which many other puerperal conditions fail to excite.

Convulsions occurring during the puerperal period, may be produced by various states of the system, and by the action of various foreign substances introduced into the blood; but all such cases are not to be classed with the true puerperal convulsions or eclampsia puerperalis. Thus hysteria, epilepsy, apoplexy, tetanus, &c., may occur during pregnancy, and exhibit much the same phenomena as in the non-gravid state; and although they are attended by convulsive movements, they cannot be regarded as true eclampsia. Vogel would have us consider every eclampsia as an acute epilepsy, and Ramsbotham looks upon a case of

puerperal convulsions to be one of apoplexy, only that we have added to the apoplectic phenomena violent spasmodic contractions. Eclampsia may arise from defective elimination of carbonic acid through the lungs and of bile from the blood. It may also be produced by anæmia, as when the patient has suffered from profuse loss of blood; by conditions of the blood, in which its constituents are chemically and histologically changed, as in hydræmia, leukæmia, and hyperinosis. "Mineral, animal, and vegetable poisons, such as preparations of lead, strychnine, conium maculatum, cicuta aquatica, oenanthe crocata, etc., inhalation of carbonic acid and carbonic oxide have the power of producing conditions similar to eclampsia." Thus, we perceive, as Dr. Braun says, that under the appellation of "Eclampsia," several pathological processes have hitherto been comprehended, which do not even present an identical series of symptoms, and which have only this in common, that there exist tonic, and especially clonic spasms, along with loss of sensibility, in which the life of the patient is ordinarily in very great danger, and which very soon come to a termination. There is now a numerous class of observers in the profession who would confine the term eclampsia puerperalis exclusively, or almost so, to those cases of convulsion depending upon uræmic poisoning. Among these, Prof. Braun holds a high position.

The first person to draw the attention of physicians to the frequency of albumine in the urine of pregnant women, was the celebrated M. Rayer, and he was the first to attempt the determination of the effects which such condition produced on the mother and infant. He has been followed in his investigations by Drs. Lever and Cahen, by M. M. Devilliers, Reynaud, Blot, Goubeyre, Frerich, Schotten, and Weiger, and the result has been that their researches have shed much light on this obscure point in puerperal pathology. According to M. Rayer, hyperæmia of the kidneys is produced by the developed uterus pressing on the left renal vein. The cause continuing, engorgement eventually terminates in inflammation, "and thus," says Cazeau, "we can explain the possible effect of the extreme distension of the uterus, whether due to dropsy of the amnios or to the presence of several children. 2. Of a first pregnancy, in which the uterus is strongly applied to the posterior walls of the abdomen, in consequence of the resistance of the abdominal parieties (seven-eighths of the cases of eclampsia have occurred in primiparous women). 3. Why, according to the observations of M. P. Dubois, rachitis is often connected with eclampsia, since, in women affected with this disease, the small stature and limited space within the abdominal enclosure, obstruct the development of the uterus, which, by reacting in its turn upon the surrounding parts, forms a greater mechanical obstacle to the regular

fulfilment of all the functions, and to the venous circulation in particular." Whether this explanation be the true one or not, there is no doubt that albuminuria, after it has existed for a long period, alters very materially the normal proportions of the constituents of the blood. The quantity of albumine is much diminished, and the number of cells is considerably lessened, while the cholesterine and the salts of the serum are augmented. It contains also on an average, a greater amount of fibrine. Blood altered to so great an extent, may, doubtless, produce such an effect on the nervous centres, as to materially increase their irritability, and thus place them in a state of high susceptibility to impressions applied to the peripheral extremities of the nerves connected with them, and, as a consequence, convulsions result. Even without the intervention of eccentric irritation, this state of irritability being extreme, may, of itself, and without any apparent mediate interference, give rise to eclampsia. There is this, however, in the albuminuria of pregnancy, it is not permanent, and, as the cause is limited in time, those great changes which we find to take place in the condition of the blood, from the long continuance of what is called Bright's disease, do not so frequently obtain. Hence, probably, one explanation of the rarity of uræmic intoxication as compared to the number of cases in which albumine is found in the urine of pregnant women: for it is not every case of Bright's disease even that is accompanied by uræmia and eclampsia. Out of every 100 cases of acute albuminuria, not more than 60 or 70 terminate with symptoms of uræmic intoxication. Pregnant women may have the urine loaded with albumine and not exhibit the slightest tendency to convulsions. Of 41 women with albuminous urine, observed by M. Blot, but 7 had convulsions; and of 20 mentioned by M. M. Devilliers and Reynault, 11 only were affected by them. We have repeatedly seen such cases, even where dropsical swellings existed, without convulsions intervening. Now, while we would admit that albuminuria is the principal predisposing cause of puerperal eclampsia, we are not prepared to go as far as to consider it the only one. There are conditions of the blood other than that caused by Bright's disease obtaining during gestation, which render that fluid a morbid stimulant to the nervous centres. These are produced by "all agencies which interfere with the proper depuration of this fluid during pregnancy. Such are the constipation and insufficient secretion from the bowels caused by the mechanical pressure of the gravid uterus upon the intestines." The determining causes are principally irritation of the nerves of the uterus, vagina, bladder, rectum, intestines, and stomach; violent emotions, such as fright, anger, and grief.

Eclampsia appears at all seasons of the year, and at every stage of ges-

tation; more frequently, however, during parturition, than either before or after. It is not at all a common disease as statistics abundantly prove. "Velpeau did not meet with a single case in one thousand labours superintended by him at the Clinique. It is probable, however, that this proportion is too small; for, by consulting the statements furnished by Madame Lachapelle, Merriman, Ryan, Pacaoud de Bourges &c., it appears that there was one case of convulsion in about two hundred deliveries. On the other hand, the practice of the principal accoucheurs of Great Britain would furnish one case of eclampsia in four hundred and eighty five labours nearly."

An attack of convulsions is frequently preceded by certain premonitory symptoms, which, when detected, should lead us to examine the condition of the urine, and endeavour to ward off the threatened evil. These symptoms may exist for a variable period before the coming on of the fit. The patient complains of uneasy feelings, a sort of malaise; and there is increased heat of skin and difficulty of respiration. The special senses are affected; flashes of light, *musæ volitantes* or *scintillæ* are seen; and there may exist partial or complete loss of sight: there may be, as well, *tinnitus aurium* or deafness. The principal diagnostic sign of eclampsia is an acute, circumscribed and fixed pain in the head, which generally resists all means adopted for its relief, and is accompanied by depression of spirits, by nausea, or even vomiting. *Œdema* of different parts of the body is not unfrequent. It is more frequently observed in the feet and ankles, and in the *labia majora*, than in the face and upper extremities. When it occurs in the face, it is generally accompanied by increased heat of skin, redness of the cheeks, and injection of the conjunctiva. These *œdemata* sometimes disappear entirely on the approach of parturition, and they are not at all times connected with an albuminous condition of the urine. "According to M. Weiger, the comparative frequency of the prodromes differs according to the period at which the convulsions occur. Those which come on before labour, are, he says, preceded by symptoms in about 40 cases out of 100; those which appear during labour or the delivery of the after birth, have initiatory symptoms in 30 out of 100 cases; and those which are first manifested during the lying-in, have prodromes in about 20 per cent of the cases."

The phenomena attending a fit of convulsions, are too well known to require any notice at our hands, and we, therefore, prefer saying a few words in regard to treatment. We met in a recent number of the "British and Foreign Medico-Chirurgical Review," a notice of a rather singular remedy in the eclampsia of children, of German origin, which illus-

trates in a striking manner the ridiculous recommendations in therapeutics that are constantly finding their way into print. The reviewer met with it in a "Journal for Diseases of Children," where it formed the subject of a paper by Dr. Blik. This remedy was to hold the rump of a pigeon against the anus of the little patient during the paroxysm. The article he tells us, was followed, in the next number of the "Journal," by a communication, entitled, "an addition to Dr. Blik's communication on the Pigeon's Rump Cure in the eclampsia of children, by Dr. J. Weisse, of St. Petersburg." Dr. W. had tried the wonderful remedy in two cases and had met with success. "The bird, soon after its application, several times gasped for breath, and closed its eyes from time to time; it then convulsively twitched its feet, and finally vomited;" the convulsions in the child ceased, and the bird, in the manner of its kind when the breath is out of them, turned on its back with its legs erect in the air. The learned author called his medical brethren to institute an investigation respecting this method of treatment, as if really to be depended upon, "it will be such a great gain to children's practice, particularly among the lower orders." "We mentally offered," says the reviewer, "(such as were disposed to act in conformity with Dr. Blik's request) the advice of an old French Physician, who, on being asked his opinion of a new remedy that was highly praised for its extraordinary virtues in a certain disease, very gravely replied, 'Dépêchez vous de vous en servir pendant qu'il guérit.'"

We scarcely think this remedy will be at all efficacious in the Eclampsia of Pregnancy. In every orthodox work on midwifery heretofore published, the great remedy for Puerperal Convulsions was bleeding. No moderate depletion would suffice, but bleeding must be large and heroic; forty, fifty, sixty, or more ounces of the vital fluid in the space of an hour. We have often thought to deplete to such an extent, those pale, delicate, hæmemic women, who, we may safely say, form the majority of those affected by convulsions, was anything but safe or proper treatment; and we are pleased to find that modern writers, who have assisted in working out the true pathology of Eclampsia, are raising their voices against the indiscriminate use of the lancet in its treatment.

If a case presented itself where the disease resulted from undue pressure on the spinal chord, or from its stimulation, by excess of blood, venesection would be urgently demanded, with the view of securing its sedative effect on the nervous centres, and to relieve them from the effects of mechanical pressure; but, as we have already mentioned, the vast majority are the result of uræmic poisoning, which places the patient in a condition not at all tolerant of depletion. The great point to be ascer-

tained in all cases is, whether albuminuria be present or not. If it be present, as in all probability it will, and the patient be of full habit, a single full bleeding will be beneficial. But if, on the contrary, the patient be delicate and pale, notwithstanding the congestion of the face, which is present during the paroxysm, we should not be tempted to open a vein. "As to the very doubtful, and sometimes even injurious effects of venesection," says Dr. Braun, "in uræmic eclampsia, Maygrier, Peterson, Kiwisch, King, Bloot, Sedywick, Churchill, Litzmann, Williams, Miquel, Schwartz, Legroux, and Thomas, have very strongly expressed their conscientious opinions; and myself avoiding venesection, I have found, after long continued observation, the best results confirm the opinion already expressed, that a general depletion of blood in uræmic eclampsia had very seldom any valuable effect on symptoms, and generally produces irreparable injury." Cazenau differs from our author, and recommends that bleeding should have precedence over all others as a preventive measure; but, while he extols it as a general remedy for the convulsions, he admits, that even when it is carried so far as to weaken the patient, it does not surely prevent congestion of the brain, or even effusion; and that it may, when carried beyond certain limits, itself become the occasion of a fresh excitement of the spinal marrow.

One of the most powerful means to diminish the reflex excitability and weaken the paroxysm, is the induction of chloroform-narcotism. This anæsthetic should be administered so soon as symptoms of an approaching paroxysm show themselves. The narcotism is to be sustained until these symptoms disappear and the patient sinks into a quiet sleep. Should this result not be attained, the inhalation is not to be continued while the patient is convulsed or in a comatose condition. "The chloroform inhalation moderates the imminently dangerous cramps of the muscles of the neck, epiglottis, and tongue, and may be continued even during a persistent trismus, when other medicines cannot be introduced into the stomach, and when loud mucous râles indicate the development of œdema of the lungs." In 16 cases of eclampsia, occurring in succession, which Prof. Braun treated with chloroform and acids, recovery always took place.

It has not been decided whether the beneficial effects of chloroform are to be attributed to its peculiar sedative action on the nervous system or to some chemical effect by which it produces innocuous changes in the poisoned blood. Doubtless it acts in both ways. Simpson is in favour of the latter view, for the reason that chloroform when inhaled produces a temporary diabetes mellitus, sugar appearing in the urine, and probably also in the blood; and it is well known that a small quantity of sugar

abled to urine out of the body, prevents the change of urea into carbonate of ammonia.

"In the intervals of the fits, the direct treatment of uræmia is preceded with, either 5 or 10 grain doses of benzoic acid being administered, or lemon juice, or table-spoonful doses of a solution of tartaric acid, with ice-water, when copious diuresis generally soon appears." To obviate secondary hyperæmia of the meninges and to moderate secondary congestions of the head which come on during and after the paroxysm, Prof. Braun places great reliance on the application of ice to the head, or what is better the cold douche.

We will not at present enter on the consideration of that portion of the treatment having reference to the completion of labour.

ART. XX.—*An Essay on the Pathology and Therapeutics of Scarlet Fever.* By CASPAR MORRIS, M.D., Fellow of the College of Physicians of Philadelphia, Member of the American Philosophical Society, late Lecturer on the Practice of Medicine in the Philadelphia Medical Institute, and Clinical Lecturer at the Philadelphia Hospital. *Philadelphia*: Lindsay & Blakiston. *Montreal*: B. Dawson & Son. *Quebec*: Middleton & Dawson. Pp. 189. 1858.

The reader will find a store of useful information upon the subject of scarlet fever, which Dr. Morris has, by his industry, collected together in the present volume. This disease is one of such momentous interest to the profession from the fearful devastations it has caused, that every fact relating to it has a strong call upon the attention of practitioners generally.

Its early history on this continent is involved in obscurity. The most remote mention that can be looked back upon, is probably of the time not when the affection first appeared in the New World, but rather of the time when it first attracted the notice of writers. Whether again it was imported by the earliest arrivals from the Mother Country,—by the convicts, who, as true patriots, "left their country for their country's good,"—or by later colonists, or whether it propagated itself, independently of human conveyance, are points which may never be answered satisfactorily to the minds of all parties. One of the most antiquated productions on this matter is quoted by Dr. M., and may be found in the "Medical Observations and Inquiries," by a society of physicians in London. It is from the pen of Mr. Colden, of New York, dated 1753. This gentleman proceeds to say of scarlet fever, under the designation of "the throat distemper," that its first appearance was at Kingston, an

inland town of New England, about eighteen years previously, "and as this town has no foreign trade, it may be concluded that the disease was not imported. It spread from thence, moved gradually westward, so that it did not reach Hudson's River till two years afterwards. It continued some time on the east side of Hudson's River before it passed to the west, and appeared first in those places to which the people of New England resorted for trade, and in the places through which they travelled. It continued to move westerly, till, I believe, it has at last spread over all the British colonies on the continent."

A deplorable picture might be represented by the artist who had the materials wherewith to fill up the ghastly groups of lifeless corpses left in the train of this insatiable harbinger of death. Referring to a period of about 11 years from the time of its first appearance, Dr. M. quotes from a manuscript tract of Dr. J. Kearsley, the following among other extracts, which may serve to illustrate the general statement just advanced:—"In the New England Governments, as their annals will no doubt show, the stroke was felt with great severity. Villages were almost depopulated and parents were left to bewail the loss of their tender offspring, till Heaven, at last, whose almighty power we all must own, graciously checked its baneful influence."

While, however, it is true, as implied in the above, that scarlet fever is a disease which attacks children and infants, it is by no means confined to the earlier ages of existence. In truth, no term of life is exempt from it. Of this, Dr. M. mentions a striking instance. He says, "I some years since attended the family of an officer of the highest rank in the U. S. navy, in which every member was ill simultaneously with the most malignant form of the disease, including his wife, who was then 50 years old, and died with the disease; a son who was more than 25 years old; and the servants and nurses, all of course beyond childhood." It is altogether likely that adult infection is of far more frequent occurrence than is sometimes supposed, and that it displays itself in modified phases, through which it escapes detection as when it supervenes without the ordinary skin rash. This is in accordance with a piece of intelligence which in an earlier part of his work the author advances to the effect that "those engaged in nursing cases of scarlet fever, and often all the adult members of a family in which it is present are liable to sore throat and fever, without any eruption, called by some authors *scarlatina faucium*."

Passing over a collection of valuable knowledge upon the laws, forms, features, &c. of scarlatina, we propose to conclude our examination by taking a glance at one of the absorbing questions of the day, concerning malignant scarlet fever. What is its proper treatment? This inquiry

is beset by so many difficulties that the true answer becomes a matter of doubt. Every one is familiar with the fact, that remedies have often been vaunted upon insufficient merits, but the reverse side of the case is not, perhaps, so commonly accepted, that valuable measures of relief are too frequently condemned upon an experience inadequate to determine their actual virtues or real capabilities. Of these two propositions the latter seems to us, to demand the most regard, in deciding upon the anti-scarlatinal treatment, since amenability to its censure, is more likely to occur than to that of its opposite. This is owing to the extraordinary fatality which is natural to the disease, and which will happen under whatever practice be pursued. This natural tendency, however, is apt to be overlooked, and the disappointment felt in the issue is likely to be transferred to inutility of the remedy rather than to the unmanageableness of the disorder, and this is an error still more certain to be committed if the previous expectations have been of a highly exalted kind; depression then sooner or later occurs, and with it a reverse of the estimate before entertained of the agent's efficiency. No means, the employment of which is founded on solid principles, is therefore lightly to be rejected; half a dozen failures in malignant scarlet fever, with a well-intended medicine, afford no proof of a remedy's want of power. Dr. M. is disposed to exclude all decidedly lowering measure, such as blood-letting, antimonial emetics and debilitating antiphlogistics; and he places most reliance upon an early emetic, such as ipecacuanha, in measure of energy; upon capsicum; quinine and cordial treatment generally. His words are, "A simple emetic of ipecacuanha or of infusion of eupatorium perfoliatum, the thoroughwort or bone set of our own meadows may be given in the commencement of a case of this malignant form with decided advantage. Where the prostration is great, capsicum should be added. * * * The action of the emetic having been accomplished, opium should at once be given to the support of the vital power, which will be found flagging from the very commencement in many cases, and to the arrest of the local lesions in the fauces and pharynx. The capsicum is here an agent of great value, acting at once to the fulfilment of both indications. * * * I have conducted many cases to a favorable conclusion by these remedies alone." Elsewhere, in reference to capsicum he points out its great influence in counteracting the overwhelming power of the morbid poison upon the nervous system. For, "whether convulsions or restlessness, or stupor complicate the case, or mere languor and exhaustion, all are but varying phases of one condition, and that a condition which is to be removed by appropriate stimulation; and it is in these cases that the capsicum is productive of the

happiest results." "It was, I confess," he adds, "with great reluctance I was first prevailed on to resort to a remedy apparently so little appropriate to the treatment of a disease in which the rapid circulation and heated surface seemed rather to call for remedies which should produce a refrigerant impression; and to force a harsh irritating liquid into a throat already inflamed, was, I thought, little short of a refinement of cruelty. The entire failure of the cooling treatment in such cases led me to test the opposite course, and I can recommend it with entire confidence." This line of treatment, and this particular agent have been condemned by other writers, but probably they may not have been exempt from the fallacies we have above pointed out; and as more than Dr. M. have also spoken in commendatory terms of the stimulant system and of capsicum especially, these are certainly not to be heedlessly cast aside, even though the first cases of their employment turn out to be negatives in result. The theory suggesting their employment, appears to be perfectly sound. It is much the same as the view a Toxicologist would take of the matter. The effects, he would say, are owing to the presence of a poison in the system; you have no antidote for it, it can only be got rid of by self-exhaustion, and by elimination, but these processes require both time and strength. Nature would undertake the work of its extinction, but her vitality is giving way, and will not hold out long enough to allow of the accomplishment being fulfilled. She sinks under the effort. Come therefore to her rescue, support the vis vitæ; keep life in till the poison is turned out; and though your patient will be violently shattered by the struggle that has transpired within him, he will eventually weather the storm, and you will see him ride safe into harbor, where he may thankfully wait till all necessary repairs are completed. In fine you have no antidote, says our assumed anti-poison friend, give him then, the next best thing, an alexipharmic.

ART. XXI.—*A Manual of Psychological Medicine*: containing the history, nosology, description, statistics, diagnosis, pathology, and treatment of Insanity; with an appendix of cases. By JOHN CHARLES BUCKNILL, M.D., London, Licentiate of the Royal College of Physicians; Fellow of University College, London; Fellow of the Medico-Chirurgical Society; Medical Superintendent of the Devon County Lunatic Asylum; and Editor of the *Asylum Journal of Mental Science*:—and by DANIEL H. TAKE, M.D., Licentiate of the Royal College of Physicians, London; Lecturer on Psychological Medicine at the York School of Medicine; and visiting Medical Officer to the York Retreat. 1858. pp. 536. Philadelphia: Blanchard & Lea. Montreal: B. Dawson & Son. Quebec: Middleton & Dawson.

A good and valuable hand-book on the important subject of Insanity, is a want that has long been felt by the profession. Many excellent and erudite monographs exist treating of separate and limited portions of psychological medicine, but a work exhibiting a systematic view of the whole subject, of modern date and moderate size, was not, before the appearance of the work under review, obtainable. Considering the absolute necessity, existing at the present time, that all medical men should possess a fair amount of knowledge of what mental alienation really consists in, the work of Drs. Bucknill and Tuke is certain to be extensively sought after.

The treatment to which poor unfortunates who had lost their reason was subjected some fifty years ago, is scarcely credible to persons who know only of the humane measures which characterize the modern treatment of the insane. Formerly, Insane Asylums were gloomy prison-like buildings with grated windows, and iron barred doors; they were surrounded by high stone walls, and were usually placed in some low confined situation. Buildings which the passer by could not look upon without a feeling of dread, nor repress an involuntary shudder as the fate of the poor inmates rose before his mind, followed by the reflection that there was a possibility of himself becoming at some time placed in the same circumstances. If the exterior of the Asylum and its surroundings were devoid of beauty, and repulsive to those who looked on them, the interior and its arrangements were such as to excite the liveliest disgust and horror in those who had the courage or humanity to pass through them. "As you enter" says Dr. W. A. F. Browne, "a clank of bolts, and the clank of chains are scarcely distinguishable amid the wild chorus of shrieks and sobs which issue from every apartment. The passages are narrow, dark, damp, exhale a noxious effluvia, and are provided with a door at every two or three yards. Your conductor has the head and visage of a Curib; carries (fit a companion) a whip and a bunch of keys, and speaks in harsh monosyllables. The first common room you examine—measuring twelve feet long by seven wide, with a window which does not open—is perhaps for females. Ten of them with no other covering than a rag round the waist, are chained to the wall, loathsome and hideous; but, when addressed, evidently retaining some of the intelligence, and much of the feeling which, in other days, ennobled their nature. In shame or sorrow, one of them perhaps utters a cry; a blow which brings the blood from the temple, the tear from the eye,—an additional chain, a gag, an indecent or contemptuous expression, produces silence. And if you ask where these creatures sleep, you are led to a kennel eight feet square, with an enlarged air-hole eight inches

in diameter; in this you are told five women sleep. The floor is covered, the walls bedaubed with filth and excrement; no bedding but wet, decayed straw is allowed; and the stench is so unsupportable that you turn away, and hasten from the scene." Thank heaven for such men as Tuke, Pinel, Hill, Charlesworth and Connolly, who, prompted by their large and benevolent hearts, and with the sanction of their strong intellects, dared to regard the abused lunatic as a being higher instead of lower than the brute creation—who dared to look upon him as a brother; fallen indeed from that elevated position in nature which the possession of reason accorded to him,—but a brother still—who dared to strike the shackles from his limbs and free him from all mechanical restraint—who, instead of oaths and kicks and stripes, dared to speak in kindly tones, and soothe him with gentle pattings and coaxing words of sympathy and affection—who dared to rescue him from filthy straw and loathsome dens, and raise him to a state of cleanliness and comfort.

ART. XXII.—*Selections from Favorite Prescriptions of Living American Practitioners.* By HORACE GREEN, M.D., LL.D., President of the Faculty, and Emeritus Professor of the Theory and Practice of Medicine in the New York Medical College; Corresponding Fellow of the London Medical Society; Member of the American Medical Association, etc., etc. *New York: Wiley & Halsted. 1858.* pp. 206.

While we object to every thing savouring of routine in the practice of medicine, still we are of a opinion, that a knowledge of the combinations of medicine, which celebrated practitioners are wont to employ in their prescriptions for the relief or cure of certain well defined diseased states of the body, cannot but be of benefit to their confreges. We are pleased, therefore, to have in our possession the "Selections" which Dr. Green has made from favorite prescriptions of living American Practitioners, and can recommend the work containing them to our readers as one in which they will find much that is useful and instructive. The style of the work will not be unfamiliar to them, as we have occasionally transferred portions of it from the pages of the American Medical Monthly, where they first appeared, to our own columns.

ART. XXIII.—*Lectures on the Diseases of Women.* By CHARLES WEST, M. D.; Author of "Lectures on the Diseases of Children;" Fellow of the Royal College of Physicians; Examiner in Midwifery at

the Royal College of Surgeons of England; Physician Accoucheur to St. Bartholomew's Hospital; and Physician to the Hospital for Sick Children. PART II. Philadelphia: Blanchard & Lea. Montreal: B. Davelon & Son. Quebec: Middleton & Dawson.

We had the honor of noticing the first part of these very valuable lectures a little more than twelve months ago; the part that we are now favored with completes the series. The two may be had separately or jointly as a single volume. The present part comprises twelve lectures, upon several subjects of great moment to the practitioner; as for example, inflammation of uterine appendages and of the pelvic cellular tissue; ovarian tumors and dropsy; diseases of the female bladder; diseases of the urethra and vagina; and diseases of the external organs of generation. We feel we are placing our readers under obligations to us in introducing to their acquaintance this important treatise; for, having been informed of its completion, and knowing it can be procured at the cost of merely a few shillings, they are without further excuse, beyond what lies in themselves, if they neglect the opportunity afforded of possessing a compendium upon female diseases, elaborate and well digested, which brings down the descriptions to the state of science at the present day, and embodies the personal experience of an eminent author, equally distinguished for his varied scholastic acquirements, as for his high obstetrical reputation.

CLINICAL LECTURE.

(From *London Medical Circular*.)

On Diseased Mitral Valve of the Heart and Hydro-Thorax. By F. H. PARKES, M.D., L.R.C.P., Physician to University College Hospital, &c.

GENTLEMEN,—The case to which I wish to-day to direct your attention is one of considerable clinical interest, as it is a disease very often met in practice, and one which you should be prepared for in all its bearings. The case is that of the man named L—, who died this week, and where we found diseased mitral valve, the other valves of the heart having escaped quite free. I here show you the heart; you see the condition of things, and that by a slow fibrous chronic thickening, with calcification of certain points, this mitral valve had been for some time unable to perform the duty usually imposed upon it in health. The mitral valves you know, are attached near the auriculo-ventricular opening of the systematic or left heart; they consist of only two segments, of which

the larger is placed between the auriculo-ventricular opening and the commencement of the aorta, and acts the part of a valve to that foramen during the filling of the ventricle. Well, what do we find here? First, great dilatation of the left auricle from the stagnation or stasis of the blood in this part on its arrival from the lungs, and consequently also from the liver. The left ventricle, we see also, is diminished in its area or capacity; its walls are moderately thick; its "chordae tendineae," which are usually attached to two large "columnae carneae," are shortened very considerably. We very often find, in these cases, that the left ventricle is very much diminished in size or area,—it is not so here. We have hitherto understood the power of these valves to close the opening; in this case also we see the aorta is small in calibre, but the pulmonary artery very large. We find that this man never had rheumatism; the size of the heart is augmented, and the weight, which ought in health to be about 9½ ounces, is increased to 12½ ounces. The case, in itself, is not one of very unusual occurrence, but it may form a very valuable key for you to a large number of heart diseases. Indeed, I am more anxious to show you plain simple cases at present, than to encumber the subject with too much therapeutics or pure pathology.

Then, as to "physical signs" and "symptoms," it is instructive for you to remember that these were so slight that, though the poor man was all but dying of heart disease, this latter did not attract attention. The pulsation of the heart on his admission to the hospital was remarkably feeble. There was some slight alteration, it is true, in the normal position of the heart; there was however no "thrill" or enlarged area of dulness. When my attention was drawn to the case, I detected a systolic murmur, which indicated mitral regurgitation; there was no murmur with the diastolic sound; the action of the heart was, as you remember, very feeble, which rendered the *diagnosis* one of some difficulty, and you must take this with you, all the other valves were quite healthy! How, then, were you to diagnose diseased mitral valves? for you must remember all the other valves were healthy? We have to reason backwards, as it were, and trace the disease by its symptoms, but in the present case the symptoms did not follow the usual course, yet we will go over the symptoms as usually observed in such cases.

First, as to pain of the left side and palpitation, so common in these cases. This man did not seem to suffer in this way; perhaps the treatment checked it; nor did he complain of oppression of breathing often so painfully characteristic of mitral disease. It is curious that his first symptoms were those of vomiting and spitting of blood exactly a year ago; after this attack we learn that he remained comparatively free from

illness at his work till Christmas. Now one does not often associate a *poor working-man engaged at his daily task with severe organic heart disease*, but so it was in reality in this case: he lost flesh then, and complained of night perspirations; he had a cough, and, again, some spitting of blood. This induced suspicion of tubercles in the lungs, where he was treated out of hospital; but you see all these symptoms are merely indications of what, in reality, then existed—not tubercles—but “apoplexy” in the lung from the stasis of blood consequent on the mitral obstruction; the blood, in fact, as we now know, came from the base of the right lung. This we see here by these microscopic preparations. (Several microscopic recent preparations were on the table, to which the students were referred for further information after lecture—a plan of teaching, by example, that we are glad to find is becoming very general in our London schools. In cancerous diseases, however, it is every day becoming more and more evident that the microscopists have had the affair too long all to themselves.) This right lung is also compressed to one-fourth its normal size by the pressure of fluid in the pleura; pulmonary apoplexy is one of the later signs of mitral obstruction; “fatty degeneration” of vessels will take a long time also before it leads to hæmoptysis; yet we are told the hæmorrhage lasted for an entire fortnight, and he was admitted into hospital in September. We found him in that month in the condition just stated, and, in addition, he soon became the victim of dropsy or ascites; eighteen pints of fluid were removed from the peritoneum. In the generality of cases of mitral disease we find the liver enlarged and in a condition that I described in a recent lecture as the “nutmeg liver;” but here the liver was of average size and weight (forty-eight ounces); the remora or backward wave of stagnant blood had not reached in any appreciable degree the portal circulation.

Anasarca almost always precedes ascites in these cases of mitral disease. This poor man, however, had swelling of his abdomen for some weeks before he became anasarcaous; there was marked pleurisy on the left side, as evidenced by “friction fremitus” and friction sound—then rapid effusion of fluid into both sides of the thorax. All this disease was due to the contraction of the mitral valve; that was the starting-point of all his ailments, showing us what a very serious disease rheumatism may become, though not the exciting cause in this case as it usually is in many others.

The fluid in the chest was free from fibrinous flakes or pus, and in fact was evidence of genuine hydro-thorax; there was rapid effusion, as I have said, into both sides, from simple obstruction of the small vessels, and this fluid of hydro-thorax in its turn compressed the lung in its lower

lobes, already injured by pulmonary apoplexy. How great and serious is the necessity, then of watching the heart and curing endocarditis when it occurs in rheumatism, and thus prevent this catalogue of bad results. The upper lobes of the lungs, it is true, feebly compensated for all this mischief; the fluid was increasing, however, in the pleura before the man came to hospital in September, and after this the symptoms remained *in statu quo* as they were beyond our skill; oedema of the feet came on, subsequently he suffered still more from dyspnoea and cough, loss of flesh, and he ultimately sunk about a month from his admission, as you witnessed a few days ago.

You see, then, here how powerless our best concerted measures must prove where we have intractable organic disease of the heart to deal with; we can only attack such diseases of heart in their early and inflammatory states.

You see, then, here also how difficult was the diagnosis where we had all this fluid in the pleura, and how likely we might be to err and pronounce the case tuberculosis. Even in this man there was a hereditary tendency to tubercle, likely also to mislead. In all such cases the safer rule is to defer giving an absolute opinion, and to treat symptoms as they arise. It is also a curious fact—indeed, all but an absolute rule—that where we usually have diseased heart, we have no tubercle; there is something like an antagonism between the two—but of this subject you will probably hear more in your ordinary lectures on “Medicine.” Looking back at the case, then, finally, we now find that the mitral obstruction was all but overlooked, due no doubt to the excessively slow circulation through the heart and feeble pulse; if we had acted on the principle of “exclusion,” we might have come to a more accurate diagnosis, but still I fear it would not have been of much utility. You see here the liver was hard and granular, with some slight increase of adventitious tissue, probably producing impediment to portal circulation. There was nothing remarkable in the other organs; kidneys were healthy as to size, firm, and dense; pancreas also hard. Now, as to the cause of this disease—“mitral thickening.” Indulgence in spirituous liquors and gout are the most common; the treatment, I fear, was never such as to give us much hopes of recovery; the heart’s action was supported, and we took care to do no harm by a too active depressing or weakening plan of treatment. The case, in fact, was already incurable when it came to the hospital.

THERAPEUTICAL RECORD.

Virginia Medical Journal.

Application of sugar when lime has entered the eye.—The Indicateur de Mayence, in relation to cases of workmen becoming blinded by the action of lime which has entered the eye, recommends, as a well approved application in the case of such accidents, a strong solution of sugar, which is to be inserted drop by drop under the eyelids. This application can usually be immediately obtained, and completely prevents the caustic action of the lime.—*Journ. de Chimie Méd.*

Argentum nitras in oxyuris vermicularis.—By Dr. C. H. Schultz. The author ordered enemata of argent. nitr. crystal. grs. x-xv, to aq. distil. ℥ iv, and cured his patients, with two or three injections of this kind, completely, and without trouble. The first injection does usually not remain long, and with it many partly dead, partly live worms, are discharged. The subsequent clysters, however, remained six to twenty-four hours, and a great number of dead worms were evacuated with them.—*D.utsche Klinik.*

Uva ursi, as an obstetrical agent.—Dr. Beauvais strongly recommends the substitution of this for the *secale cornutum*, being as efficacious, and far more innocent in its operation. In ordinary delayed labor he gives grs. xv, in infusion every hour; but when rapid effects are desired, as in metrorrhagia, a decoction of 4 drachms to a quart of water should be employed, in divided and frequent doses. In haematuria, incontinence of urine, menorrhagia, etc. he has found a syrup, made of 90 parts of the leaves to 1000 parts of sugar, and 9.8 of boiling water, a good preparation.

Cerate of opium in carbuncle. By Dr. W. Von Gutzeit.—A cerate containing one-half drachm of opium to two ounces of simple cerate, is spread thickly upon linen and applied to the swelling and its neighborhood. This application diminishes pain quickly, generally in about half an hour, hastens suppuration, the detachment of the slough, and the cicatrization of the suppurating surfaces, and ameliorates the general condition of the patient. No medicine was given internally. The opiate cerate can be used at any stage of the disease, and its curative effects seem to surpass that of every other known remedy.—*Medic. Ztg. Russel.*—*Schmidt's Jahrbücher.*—*N. Y. Med. Chir. Rev.*

Natural anaesthesia in tracheotomy.—"M. Bouchut," says M. Demarquay, "has called the attention of the academy to the anaesthesia, which is observed in children who have reached the last stage of croup. I have also demonstrated, that all individuals who are submitted to tracheotomy to avoid imminent asphyxia, are insensible. D. Dameril and I observed this fact six years ago." M. Demarquay then relates several cases showing that the patient was unconscious of the operation being performed upon him.

Sulphate of atropine in scrofulous ophthalmia.—Dr. Grossmann has found that the sulphate of atropine is of remarkable efficacy in the blepharospasm which is almost always present in scrofulous conjunctivitis, keratitis, blepharitis. Amelioration follows the second, if not the first application. The action of the remedy does not seem to be confined to assuaging the hyperaesthesia of the fifth pair, the motor nerves of the region becoming partially paralyzed.—*Breslau Bedg.*

PERISCOPE.

Analysis of fifty-two cases of Epilepsy observed by the author: By DR. SIEVEKING, Physician to St. Mary's Hospital. (Proceedings of the Royal Med.-Chir. Society, vol. i., No. 3, 1857.)

The fifty-two cases analyzed had occurred exclusively under the author's own observation, and the conclusions were limited to points with reference to which satisfactory evidence could be obtained.

Sex.—Twenty-four were females, 46.15 per cent.; twenty-eight were males, 53.84 per cent.

Age.—The following is the distribution of the cases throughout the different periods of life. Under ten years, seventeen; from ten to twenty, nineteen; twenty to thirty, four; thirty to forty, four; forty to fifty, seven; over fifty, one; or from infancy to the age of twenty years inclusive, 69.23 per cent.; from twenty-one to forty years inclusive, 15.38 per cent.; from forty-one to fifty-five years inclusive, 15.33 per cent. Arranged according to sex, we find during the first decennium, eight males and nine females; during the second, twelve males and seven females; during the third, two males and two females; during the fourth, the same number of each; during the fifth, two males and three females; during the sixth, one female. The male sex, during puberty, therefore, seems to exhibit a more marked proclivity to epilepsy than the female; at later periods the ratio returns to the equality shown to prevail during the first ten years of life.

Causes.—Hereditary tendency could be traced only in six cases, or 11.1 per cent. A definite cause was assigned by the patient or the patient's friends in sixteen cases, or nearly one-third of the whole. Amongst these, otorrhœa is mentioned twice; fright, twice; injury to the head, twice. The cases differ in the relation they bear to the occurrence of the seizure.

Premonitory symptoms.—The occurrence of an "aura" is a point on which observers have expressed different opinions. Comprising under this term all the premonitory symptoms indicating the approach of a fit, it is noted in twenty-seven out of fifty-two cases; the most common was a sense of giddiness, and impairment of vision; sometimes the patient suffered pain in a definite region of the body, or, though unable to explain the sensation, was aware of some change, from which they knew that a paroxysm was about to take place. The sensation was never described as a puff of wind or aura in its verbal sense.

Individual symptoms.—Headache is a very frequent concomitant of epilepsy. It was observed in thirty-three out of fifty-two cases, or 63.42 per cent. The mode of its occurrence varies; the patient either suffers

Habitually or very frequently from it, and the symptom bears no immediate relation to the paroxysm; or the headache occurs shortly before the fits, so as to usher them in; or, again, it affects the individual after they are over. It was constant or frequent in 36.5 per cent.; it occurred before the fits only in 7.7 per cent.; it occurred after the fits only in 17.3 per cent. Biting the tongue is justly regarded as an important corroborative symptom; but it is by no means uniformly present, nor does it constantly occur in the different paroxysms affecting the same individual. The tongue was bitten in seventeen cases, or 32.7 per cent. The urine was tested for albumen in nineteen cases, and it was found temporarily present in one, permanently in one. It was also tested for sugar in fourteen cases, and this ingredient was not found once—a result which seems irreconcilable with the observations of Dr. Goolden.

Results of treatment.—The author ventured to express a feeling of scepticism with regard to the positive certainty of any cure of epilepsy. He believed that, in the majority, no organic lesion, in the ordinary anatomical sense of the word, is present in the commencement of the disease, and that, in a large number, none seems to result from the recurrence of the fits. It appears that a diathesis is necessary to its occurrence, and that this may be suppressed or held in check; but whether it may be eradicated, is a question which he would not venture to answer in the affirmative. He was satisfied of the power of well-selected remedies in repressing, and often indefinitely postponing the paroxysm, and he particularly insisted on the importance of dietetic and regiminal treatment. The number of apparent cures was fifteen, or 28.85 per cent.; in other instances, more or less benefit was obtained. The duration of the disease before treatment is commenced has an obvious influence over its curability. Eight of the fifteen (apparent) cures were wrought in cases that had lasted one year or under, four were of two years' duration, one of three, one of six, and one of eight years. The treatment adopted had varied with the nature of the constitutional affection in each case; but he was able to draw this general inference, that the main indications which should guide us, are to remove local irritation by counter-irritants, to promote the healthy action of the secretory organs, and to give a tone to the constitution by vegetable and metallic roborants. The author expressed his belief that there was no specific for epilepsy; the salts of zinc certainly fail to remove it in many cases.

In a postscript he detailed the results of an analysis of the Returns of the Registrar-General with reference to sex in deaths from epilepsy during seven years; which gave six thousand seven hundred and twenty-nine males, and six thousand one hundred and forty-nine in females, or 52.96 of the one sex to 47.73 of the other.—*Ranking's Abs., Dec., 1857.*

The Treatment of Burns.—Sir, A short time since, when commenting on a case of severe burn then under treatment in the Royal Free Hospital, you suggested as worthy of trial in our hospitals a plan of treatment pursued in Massachusetts, consisting of the application of a thick mucilage of gum acacia over the recent burn, and then dashing this well with dry powder. Some time ago, while a resident officer in King's College Hospital, I tried a method which in some sort resembles this, but which on the whole, I think possesses some advantages over it. At that time I was not aware that any similar plan had been followed, but I can add my testimony to the very efficient way in which it acts.

The treatment to which I allude consists in the application of a mixture of collodion and castor oil, in the proportion of two parts of the former to one of the latter. It will be found that these two substances mix in the most perfect manner, and do not afterwards separate. I tried many other oils, thinking that perhaps the irritant principle of castor oil would act prejudicially on an inflamed surface; but none seemed to answer so well; many of them, indeed, would not mix at all; and I never found any ill effects to follow its use. The mixture may be kept ready for use for any length of time in a bottle well stoppered. It should be used thus:—As soon as the accident happens, the parts injured should at once be well covered with the mixture, applied with a camel's hair brush. In a few minutes this will have completely dried, and have left a firm adhering covering. A second coating should then be applied, I deem this advisable to make it more effectual. Nothing more need be done at present; the case may be left quite exposed, and no fear need be entertained of air reaching the wound; it is felt almost as if a new skin were applied. Now and then it should be looked at, to see if any cracks have been made by the movement of the parts; and it is well, for the first two or three days, to paint it over with the mixture night and morning; no other local treatment is necessary. In a few hours it will be found that the inflammatory action has greatly subsided, and in a few days suppuration will be sure to have begun under the artificial covering. This must be removed. A poultice, either of bread, or linseed-meal, will readily effect this; one generally suffices. A clean, healthy granulating surface is what we have now to contend with, and this may be dressed as any ordinary wound; water dressing is, I think, the best, but simple cerate, or any other mild application, may be preferred by some.

A large number of cases have been treated in this way at King's College Hospital; indeed, it is now quite the recognized plan, and experience proves its superiority over the older methods. The advantages gained

by it are these:—There is also an entire freedom from pain. I have seen it applied in extensive burns of children, and so great was their relief that they would hold out their arms to have it applied. The covering formed is much more complete for preventing the contact of air than any other, and, from its transparency we are able to see the condition of things underneath, without at all disturbing the dressing, which is always a most painful proceeding in these cases. Besides, it is much easier of application, much less inconvenient to the patient than bundles of cotton or wool (especially where the face is the part injured), cleaner, and more agreeable than the old carron oil, and unquestionably better than the application of powders, which always in a little while form with the discharges, thick, hard scabs, very painful to remove, and very injurious if allowed to remain. In the after treatment, too, when its removal is necessary, this is easily effected, and without any suffering to the patient, contrasting very happily with the immense amount of pain and trouble which cotton and wool occasions. This plan is applicable in any case where treatment of any kind can be followed.

I may mention that I have also used this measure in the local treatment of erysipelas, and with the happiest result. There is no doubt that the contact of the air to any inflamed surface is exceedingly irritating, nor is the skin free from this influence. In this way I believe it is that by effectually preventing all contact of air, so much good results from its application in erysipelas; it is much more convenient and more effectual than covering the parts with flour, starch, or hot fomentations with oil-silk, which serve no other purpose, in my opinion, than that mentioned above; of course, when suppuration has begun, fomentation or poultice is the better thing to apply.

I am, Sir, your obedient servant,

A. MEADOWS, M.B., London,

[*London Lancet.*]

Treatment of Diabetes Mellitus. By T. Inman, M. D. Liverpool—

It is desirable that contributions, however small, should be made from time to time respecting any new plan of treatment proposed for severe and almost intractable diseases. As yet we have had few reports upon the practice adopted by Dr. Budd of Bristol, in diabetic cases, although it was one eminently deserving of consideration.

I have, in my hospital experience, had four cases of diabetes mellitus under my care—two prior to the publication of Dr. Claude Bernard's researches, and the promulgation of Dr. Budd's views, and two since. Of the first two, I will only say that the patients went out of the hospital worse than when they came in, although no attempt was spared to benefit them.

The last two cases came to very different conclusions. I may, for the sake of brevity, describe both patients as being labouring men, about 40 years of age—ill for many months. The quality of urine passed was over twenty pints daily, the specific gravity 1.045; the presence of sugar was ascertained by fermentation and other tests. Emaciation was considerable, and thirst great. Both had been under dispensary treatment before their admission. In adopting a plan of treatment, I was guided by the following considerations:—

1. The liver naturally produces sugar in a definite quantity. In diabetes there is an excess of sugar, and we may fairly infer that it comes from the liver. Opium has a decided effect in diminishing the bile-producing or secreting function of the liver, and it is reasonable to suppose that it will reduce the sugar-forming function. Experience has long told us that no single remedy in diabetes has been so efficacious in diminishing the quantity, &c., of urine passed as opium. Opium, therefore, should be one ingredient in the treatment.

2. Again, Bernard has shown that the liver makes sugar, no matter what is the nature of the food employed. Dr. Budd has shown that some patients, at least, may be benefited by saccharine food. But my patients did not long for sugar, and they did enjoy their ordinary food; consequently, I neither restricted them to non-saccharine or non-amylaceous diet, or prescribed unusual quantities of sugar. They were to have the ordinary full diet of the hospital, but more in quantity if they chose, either of bread, meat, or potatoes.

3. It seemed to be clear, that in diabetes there was debility, implicating more or less the whole system; that there was danger of death by consumption; that the digestive powers, notwithstanding their apparent energy, must be impaired; at any rate, that opium was liable to disorder the stomach, and that it could be tolerated in larger quantity if combined with quinine.

The result of these considerations was the following prescription for a pill:—Opium, one grain; quinine, two grains—to be taken every four hours. Full house diet, with porter daily.

The effect of this was soon apparent. The men began to improve rapidly and steadily. The urine diminished until it stood at ten pints only per day, with a specific gravity of 1.035. Commensurately with this, their strength and spirits increased, and they gained in flesh considerably. The opium never affected the head except on one occasion, when the patient, hoping to expedite his recovery, took a double dose. The bowels were habitually regular. The plan of treatment was neither varied nor altered during their residence in the hospital. They remain-

ed under notice, the one about three months, the other for six weeks. Both left the house of their own accord, as they considered themselves sufficiently cured, and competent to do their ordinary work. I have seen one since he went out, and found that he continued strong, and, as he thought, well.

Of course, I do not imagine that these two cases are sufficient to upset our older notions of the correct treatment of diabetes. I merely offer them as a small contribution to our general therapeutical stores.

I may just mention, as a curious fact, that one of my unsuccessful cases found that he received more benefit from a diet of raw beef than from any other thing dietetic or medicinal, which he had taken; and that every new medicine did him good for about two days.—*British Medical Journal*.

On Quinine in Scarlet Fever. By P. HOOD, Surgeon, London.

“As I regard quinine to be the sheet anchor of successful practice in scarlet fever, I am relieved of all anxiety as to the result of the disease, when I have once fairly established the regularity of its administration.” “Formerly I was in the habit of prescribing quinine, but without paying the attention which I have since found necessary to the previous exhibition of the emetic and purgatives. (Though I never lost a patient under the former course of treatment, I yet had often to contend against the complications that followed the subduction of the primary disease. Some of those cases were of the most severe kind; and I am now disposed to attribute much of this severity to the use of the very remedy—quinine—which I now find so eminently advantageous in preventing any such description of sequelæ or complications.) The curative efficacy of quinine, like that of every other remedy applied through the stomach, depends upon the due absorption of it into the blood by the process of digestion. This, however, will not be the case unless the system by the use of purgatives, as has been previously urged, is kept free from effete matters. When this most important preliminary object has not been obtained, quinine, instead of allaying the rapid action of the heart, accelerates it; at the same time rendering the skin hotter, and the rash more vivid in color, increasing the swelling of the face and eyelids, and injuriously affecting the internal mucous membranes. When proper attention has been paid to the evacuation of the bowels, quinine will be found to produce its effects in the most satisfactory manner. The accelerated action of the heart will abate, the skin will become cooler, and the nervous irritability—so strikingly displayed as the result of some poisonous influence pervading the system—will be tranquilized. The rash will soon

fade, and the swelling of the tonsils will diminish and gradually subside and no superficial ulceration will occur in these organs. I do not mean to say that all cases of scarlet fever are to be cured by the use of quinine: its positive value as a remedial agent ought not to be jeopardized by any such rash assertion. It is not my object to write a treatise in laudation of this medicine, but simply to state the success I have met with in employing it in conjunction with other medicines, without which I look upon it to be almost useless, if not in many cases prejudicial. There can be no specific for a disease like scarlet fever." "It must not be expected that malignant cases, which have been from the first neglected, can always be successfully treated by the administration of quinine. The dose should not be large, unless there be unmistakable premonitions of malignancy, putrescency, or exhaustion. Before any symptoms of the kind show themselves, all the advantages belonging to this medicine may be obtained from doses of a grain or two grains every four or six hours, according to the age and state of the patient. When there are symptoms of malignancy, the dose may range from three to five grains every four or six hours. The most convenient form for its administration is that of solution with sulphuric acid, and sweetened with syrup."

Pine Sap in Phthisis.—The pine sap, recommended by Dr. Desmarts as a remedy for consumption, we suppose is simply the juice of the pine tree—any pine tree—as it flows from the incisions in the bark, before it thickens by exposure to the air. It is obvious that it can differ but little, if it differs at all, from the turpentine of commerce. It is by no means a new idea to use the products of the turpentine tree in affections of the lungs, and sometimes, we have no doubt, with decided advantage. Every body knows something of tar water, and the vapors of rosin, and many persons have great confidence in their virtues. We have known turpentine pills—we don't mean the oil of turpentine, but the inspissated juice—to play the part of a specific remedy in the hands of a quack doctor, who placarded the country with his wonderful cures of consumption. A decoction of larch has been recently recommended in England and Ireland by professional authority, for the like and other purposes. The larch yields turpentine, and therefore it can hardly be questioned that whatever remedial power it possesses is derived from the terebinthinate quality of the decoction. Because it cannot be called a new remedy, is no reason for refusing it a trial.—*Druggists Circular*—*Boston Medical Journal*.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

MEDICAL CONSERVATISM.—The practice of medicine is not ruled by a single or solitary principle. Disease presents a diversity of phenomena, and the method required for their removal must be equally varied. In reviewing the progress of the art, we discover distinct endeavors at separate eras to adapt to its results certain theories in explanation of them, which, meeting with more or less of general favor, indoctrinated themselves into the distinguishing characteristics of a so-called school. It is most remarkable that although the different opinions they imply have occasionally, but especially upon their first announcement, risen into such lofty ascendancy as to eclipse all other competitors for professional acceptance, this peculiar position has sooner or later been lowered, the feeling in their absolute favor has moderated, and they have come to be acknowledged simply as admitted principles entitled to general belief, but not to be exclusively acted upon. They are retained and rendered subservient to the general good of the one great cause of truth. In this way, the science has preserved its unity, whatever has appeared to be a new evidence or a new light calculated to be profitable in its tendencies has been appropriated to the common purpose. Hence it is that when the present system of practice is examined, it is found to be in reality a compound, in which may be conspicuously witnessed the peculiarities of particular sects that have from time to time arisen; but where none of these is so prominently advanced as to preponderate over the rest, much less to exclude them altogether. Passing downwards from very antiquated periods, it may be ascertained that the most signal of the tenets entertained at special epochs have been by designation those of “*contraria contrariis*,”—antipathy,—mathematics,—chemistry,—antidotal power,—and “*similia similibus*,” and a knowledge of the views at this day held by liberal practitioners shews that these six tenets all enter into and form the principles upon which disease is best treated. This may appear a strange amalgamation, but the proof of its existence, and also of its propriety, is abundant. How strongly does this fact contrast with the case of the irregular men who presume to practice physio-

according to the narrow rules of a single division—to say the least how manifestly inferior must be their probabilities of success.

We are not the disciples of any one school of medicine. We hold medical truth in its entirety, not in part. There is a saying abroad, and the more ignorant have given it their sanction, that medical men who usurp to themselves legitimacy are allopathists; but it is false, we are physicians. We recognize no party, no eclecticism—we are not of allopathy nor of anti-path; as well might we call ourselves mathematicians or portrait painters, because we profess to explain the power of certain medicines by their material qualities, and represent, occasionally, in the system, a likeness of the disease we wish to remove, as well we repeat, might we assume these names as any other, such as allopathist, which only expresses a single article in our creed. The special appellation is a device of the enemy, of the renegade who has deserted the portals of rational medicine to reside in the gilded dwellings of empiricism,—of he who corrupts the faith of an individual sect by attractive pretensions and spurious blandishments,—as the Homoeopathist who believes in a combination of the “*similia*” postulate with diluted propositions that are an insult to common sense.

Such as these endeavor to impose themselves under some pompous name as the dispensers of a new style of physic. That they may not be overlooked as practitioners of the curative science, they would rob the physician of his fair name, of his rightful title, and award him in its stead, one euphonious with their own, so that the breach between them may not be so apparent; but the chicanery stands revealed in its shallow conceptions, there can be no parity of position or community of circumstances between the two. As truth is indivisible, so also is medicine, for both are built on facts, and these are too stubborn to be warped into any conceit that a heated fancy may picture. We therefore cannot hold any communion with they who prefer following the vain imaginings of their hearts to the teachings of centuries; who prefer the guide of their own speculations, as easier of acquisition, to the experience of the wisest of men extended over multitudes of generations. If they prove too perverse to retrace their steps, they must be resigned to the melancholy fate of infatuation which has overpowered them; and while he beholds them compassionately, the physician, as a duty he owes to himself, must not break down the barrier between he and them, between medicine and empiricism; nor must he ever sully the truth, that there are but two classes of persons who profess to cure the sick, and these are physicians and quacks,—legitimate and illegitimate practitioners,—rationalists and visionaries.

EAST INDIA MEDICAL SERVICE.—In continuation of the qualifications for Medical Appointments, we publish below those of the East India Medical Service, as will be seen upon examination, it compares very favourably with the corresponding department of the British Army, we need hardly add that Canadians are equally competent to apply for admission into either, and we speak advisedly when we say that in point of mental attainment they will have at least as equal fitness as the natives of any other part of the world where the Science of Medicine is taught. The inducements offered by these services to young men desirous of providing for themselves is deserving of the consideration of all who are uncertain how to dispose of themselves upon having reached the Doctorate. Though relatively the annuity may fall much short of the revenue of the civilian who is in most busy practice, yet it is equivalent to the sum realized by the less prosperous number, and as these exceed the former it is to them a reference is most proper. The great advantages, however, are that the successful Candidate is placed beyond the reach of adverse circumstances or changes in the tide of popular favor, once entered, he is, unless by grievous fault of his own, independent for life. The provision lasts for the remainder of life, nor does it always cease with death,—for it goes even beyond the time of the individual's death and extends to his widow, should one be left behind. Whether he be able to pursue his duties actively, or whether he be overtaken by the disabilities of afflictions, from service or otherwise, he has still enough wherewith to supply his daily wants.

All natural-born subjects of her Majesty, between 22 and 28 years of age, and of sound bodily health, may be candidates for admission into the service of the East India Company, as Assistant Surgeons.

They must subscribe and send in to Dr. Scott, the Physician to the Honourable East India Company, ten days before the period fixed for each examination, a declaration to the following effect:—

“I (Christian and Surname at full length) a candidate for employment as an Assistant Surgeon in the service of the East India Company, do hereby declare that I was _____ years of age, on the day of _____ last, and that I labour under no constitutional disease or physical disability that can interfere with the due discharge of the duties of a medical officer; and I also attest my readiness to proceed on duty to India within three months of receiving my appointment.”

This declaration must be accompanied by the following documents:—

1. Proof of age, either by extract from the register of the parish in

which the candidate was born, or by his own declaration, pursuant to the Act 5 & 6 William IV., cap. 62.

2. A certificate of moral character from a magistrate, or a minister of the religious denomination to which the candidate belongs, who has personally known him for at least two preceding years.

3. A diploma in surgery (or a degree in medicine, provided an examination in surgery be required for such degree) from some body competent by law to grant or confer such diploma or degree.

4. A certificate of having attended two courses of lectures, of six months each, on the practice of physic, and of having attended, for six months, the practice and clinical instruction of the physicians at some hospital containing at least, on an average, one hundred in-patients; or of having attended one course of lectures, of six months, on the practice of physic, and clinical instruction for twelve months.

5. A certificate of having attended, for three months, the practical instruction given at one of the public asylums for the treatment of the insane.

6. A certificate of having attended, for three months, one of the institutions, or wards of an hospital, especially devoted to the treatment of ophthalmic disease.

Candidates who may not have been able to attend the practice of an asylum for the insane, or of an ophthalmic hospital, for three months previous to their offering themselves for examination, will not be excluded from examination, but will, if successful in obtaining recommendation for appointments, be required to produce certificates of having attended such practice during the interval between the examination and the time of proceeding to India.

7. A certificate of having attended a course of lectures on midwifery, and of having conducted at least six labours.

8. A certificate of having acquired a practical knowledge of cupping.

Candidates may also, at their option, send in certificates of attendance at any hospitals, or on any courses of lectures, in addition to the above. Attendance on a course of military surgery, and the practical study of surgical operations on the dead body, are recommended.

The examination will include the following subjects :—

1. Surgery in all its departments.
2. Medicine (including the Diseases of Women and Children), Therapeutics, Pharmacy, and Hygiene.
3. Anatomy and Physiology, including Comparative Anatomy.
4. Natural History, including Botany and Zoology.

The following are the books recommended in—

Zoology and comparative Anatomy—Outlines of the Structure of the Animal Kingdom, by Rymer Jones: or Cours Elementaire d'Histoire Naturelle, par Milne Edwards.

Botany—Lindley's School Botany, or Lindley's Elements of Botany.

The examination will be conducted—1. By means of written questions and answers. 2. By object examinations and experiments, when the subject admits of such tests. 3. By practical examination of patients, and by operations on the dead body. 4. By *visû voce* examination.

The persons who shall be pronounced by the examiners to be the best qualified in all respects will be appointed to fill the requisite number of appointments as Assistant Surgeons in the East India Company's Service; and so far as the requirements of the service will permit, they will have the choice of the Presidency in India to which they shall be appointed according to the order of merit in which they stand on the list resulting from such examination.

All Assistant Surgeons are required to subscribe to the Military or Medical, and Medical Retiring Funds, at the Presidencies to which they may be respectively appointed, and the Military Orphan Society also, if appointed to Bengal.

All Assistant Surgeons who shall neglect or refuse to proceed to India under the orders of the Court of Directors, within three months from the date of their appointment, will be considered as having forfeited it, unless special circumstances shall justify a departure from this regulation.

A copy of these regulations, and any further information, may be obtained on application to the Secretary of the Military Department, East India House.

The examinations will take place in the months of January and July in each year, and due notice will be given, by public advertisement, of the days appointed, and of the probable number of candidates to be selected.

The Examiners for Assistant Surgeons in the Honourable East India Company's Service having received many inquiries as to the object and extent of the examination in Comparative Anatomy, Zoology, and Botany, have considered it desirable to announce that their objects are—

1. To ascertain who of the candidates have devoted special attention to any of these sciences, and are hence qualified to undertake duties requiring a knowledge of them, as well as the general duties of the profession. Proficiency in the sciences will, in classifying the candidates by merit, be entitled to great consideration.

2. To encourage all candidates to acquire an elementary knowledge of the structure and affinities of the principal natural families of animals and of plants, with the general plan on which these are constructed, and the functions and relations of their most important organs.

3. To promote the study of natural history, as a most important adjunct or preliminary to a liberal medical education; that of Comparative Anatomy, Zoology, or Botany, if properly cultivated, by means of specimens, for even a short period, being eminently calculated to develop habits of close observation, and to strengthen those powers of reasoning upon observed facts, which must be habitually exercised by medical men everywhere, but which must be exercised with the greatest energy and promptitude by those who practise in a tropical climate, and who are often thrown wholly upon their own resources.

The general examination in these sciences will be elementary, and will embrace a very limited range of technical terms. At the written examinations a considerable number of questions will be put, with the view of allowing each candidate to select such subjects, as he has attended to, and thereby of enabling the examiners to ascertain the particular departments of science in which the verbal examination should be conducted.

With those candidates who have attained proficiency in every branch of these sciences, the verbal examination will be pursued in the branch selected, so as to ascertain the full extent of their knowledge.

MEMORANDUM AS TO THE PAY AND ALLOWANCES OF MEDICAL OFFICERS IN THE EAST INDIA COMPANY'S SERVICE.—Pay and allowances and time of service commence from date of arrival at the Presidency to which they are appointed.

On first arrival, and whilst attached to the General Hospital at the Presidency, they are granted pay and allowance (inclusive of quarters valued at Rs. 25 per month) amounting per month to Rs. 220.

When posted to do duty with corps, they receive the following allowances:—

| | | Within 200 miles of the Presidency. Per Month. | | Beyond 200 miles from the Presidency Per Month. | |
|---|--|---|-------|--|-------|
| | | R. | A. | R. | A. |
| Including conveyance and allowance of Rs. 30 a month. | Horse Artillery } and Cavalry, } Foot Artillery, .. Infantry, .. | 363 | 6 | 395 | 4 |
| | | 284 | 4 | 295 | 12 |
| | | 255 | 12 | 286 | 10 |
| | | | | | |

When in charge of corps as Assistant Surgeons, having passed the prescribed examination in native languages:—

| | | | | | | | | |
|---|----|-------------------|-----|-------|-------|-------|-----|----|
| Including a Staff Salary of Rs. 165 a month. | { | Horse Artillery | R. | A. | | R. | A. | |
| | | and | 499 | 0 | | 530 | 4 | |
| | | Cavalry, | 399 | 4 | | | 430 | 13 |
| | | Foot Artillery,.. | | | | | | |
| Infantry, | .. | 390 | 12 | | 421 | 10 | | |

When in charge of corps as Surgeons, having passed the prescribed examination in native languages:—

| | | | | | | | | | | |
|---|----|-------------------|-----|----|-------|-------|-------|-----|----|---|
| Including a Staff Salary of Rs. 300 a month. | { | Horse Artillery | R. | A. | P. | | R. | A. | P. | |
| | | and | 821 | 11 | 4 | | 863 | 0 | 4 | |
| | | Cavalry, | 692 | 5 | 0 | | | 733 | 10 | 0 |
| | | Foot Artillery,.. | | | | | | | | |
| Infantry, | .. | 674 | 1 | 0 | | 715 | 6 | 0 | | |

Surgeons and Assistant Surgeons of European corps are granted, in addition, an allowance of Rs. 25 per month, for every 100 Europeans under their charge.

Surgical instruments are provided by government.

Furloughs. On private Affairs.—For two years, after ten years' service in India, with pay, if a Surgeon, 10s. 6d. a day. If an Assistant Surgeon, 6s. 6d. a day. A second furlough for two years, after expiration of ten years from date of return to duty from first furlough, with pay as above.

On sick Certificate.—For eighteen months, with India pay and allowances for six months; for the remaining, with furlough pay as above. Time may be extended on renewed medical certificate, with pay, for three years in the whole. Assistant Surgeons returning to England on sick certificate receive Rs. 1,200 passage-money.

RETIRING PENSIONS.

| | | | |
|-------------------------|-------|------|------------|
| After 17 years' service | | £191 | per annum. |
| " 21 | " | 250 | " |
| " 25 | " | 300 | " |
| " 29 | " | 365 | " |
| " 32 | " | 500 | " |
| " 35 | " | 700 | " |

The full time of service must be completed in each case. Out of that time leaves of absence in India or Europe, or elsewhere, to the extent of one year and eight months in seventeen years, two years in twenty years, three years in twenty-five years, and four years in thirty years, will be allowed to count as service.

Medical Officers compelled to quit the service by ill health, before they are entitled to retiring pensions as above, may retire on the following rates of pension, viz :—

| | |
|--|-------------------|
| Assistant Surgeons, after six years' service in India, | £54 15 per annum. |
| “ “ “ “ ten “ “ “ | 73 0 “ |
| And if they have attained the rank of Surgeon, | 127 15 “ |

Assistant Surgeons compelled to quit the service by wounds received in action, or by ill health contracted on duty, after three years' service in India, are permitted to retire on £73 per annum.

WIDOWS' PENSION FROM LORD CLIVE'S FUND.

| Widow of a Member of the Medical Board on declaration that the deceased Officer was not possessed of or entitled to the sum of..... | Per annum. |
|---|------------|
| £4,000 | £114 1 3 |
| Do. of Superintending Surgeon,..... 3,000 | 91 5 0 |
| Do. of Surgeon,..... :..... 2,000 | 45 12 0 |
| Do. of Assistant Surgeon,..... 1,000 | 23 16 3 |

Note.—For informations respecting the Pensions to Widows and Children, and other advantages, from the Military, Medical and Orphan Funds; also for information as to the Annuities to Retired Medical Officers from the Medical Retiring Funds; and as to the rates of subscriptions, &c., applicants are referred to the Agents of those Funds respectively, viz :—

Bengal Military Fund—Lieut.-Col. H. B. Henderson, Old Jewry Chambers.

Bengal Orphan Society—Lieut.-Col. W. Turner, 69 Cornhill.

Bengal Medical Fund—Messrs. Counts & Co., Strand.

Madras Military Fund—Messrs. Grindley & Co., 63 Cornhill.

Madras Medical Fund—Messrs. Alexander, Fletcher, & Co., King's Arms Yard.

Bombay Military Fund. and Bombay Medical Fund—Messrs. Forbes, Forbes, & Co., King William-street.

MEDICAL NEWS.

Dr. William Burton has been elected Governor of Delaware. The Doctor is about 70 years of age, and practiced in Milford, in that State, about 45 years.

—The Governor of New Jersey, Dr. William A. Merrill, of Allentown, is a physician in active practice.—An English gentleman, Lieut. Twyford, has taken a singular step in the way of promoting the study of natural history, more particularly in the craniological department, as instanced in his contribution to the museum of Rouen. That capital of Normandy has just received in a barrel of rackee five heads of Sepoys, classified according to caste.—The papers inform us that Miss Amy Sedgwick, London, the popular actress, has bestowed her hand on Dr. Parkes, who had the fortunate privilege of attending her in her late illness.—M. Kolliker, at a Congress lately held by the savans of Germany, at Carlsruhé, charmed his audience for an hour on the anatomy of the internal ear of the snail.—Lord Monboddo sustained: A new wonder has been lately announced, in a treatise by M. le Baron Lucapitaine, viz., men with tails—the Yem-Yem, a negro tribe, who are reported to have a remarkable extension of the os coccygis.—In the Botanical Gardens, Regents Park, an American aloe may now be seen in full bloom. The plant is upwards of 120 years old, and has not before exhibited a bud. The last instance of the kind, at the same gardens, occurred in 1849.—The number of students attending lectures at the larger medical schools of the United States this winter is as follows: Jefferson College, Philadelphia, 550; University, Philadelphia, 400; College of Pennsylvania, 125; School of Philadelphia, 130; University, New York, 210; College of Physicians and Surgeons, New York, 175; New York College, 55. University of Nashville has been quoted at everything from 200 to 400. The class at Boston numbers 139.—A hot war is now waging between Professor Bennett and the eccentric Edinburgh Town Council. At a recent meeting held by the inhabitants in connection with the municipal elections, Professor Bennett accused the University of mal-administration in collegiate affairs. The Councillors, therefore, on October 30th, most forcibly vituperated the Professor, using, among other expressions in the debate, such epithets as "mountebank," "cursed thing," etc. The Lord Provost said they certainly placed their reputation much at stake, and consequently a *quasi* apology was made.—The consumption of tobacco in France increases most rapidly. The sale brought, on an average, a nett revenue to the treasury, in the last years of the empire, of 20 millions a year. In 1820 the produce was 42 millions; in 1841, 72 millions, and in 1856, 121 millions. Each inhabitant in 1820 consumed in the year, on an average, 352 grammes (500 to the pound); in 1841, 480; and in 1856, 706.—Addison tells us of a Parisian quack, who had a boy walking before him publishing, with a shrill voice, "My father cures all manner of distempers." To which the quack-doctor added in a solemn tone, "The child speaks truly."—The distinguishing features of empiricism are, large promises, stout lies, and affected sanctity.—Dr. Alexander Fidden, of Kingston, Jamaica, (W. I.) lately extirpated the entire tongue from a middle-aged female, who had been suffering for several months from cancer of the organ. She was reported to have recovered completely.