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ORIGINAL COMMUNICATIONS.

ARTICLE XXIV.—*Two examples of Myeloid Tumor : with general observations upon that form of growth.* By R. P. HOWARD, M.D., &c., Prof. Clinical Medicine, McGill College, etc.

(Read before the Medical Students' Society of McGill College.)

GENTLEMEN.—The great progress which has been made in the pathology of morbid growths, within the past few years, and which has resulted mainly from two causes, the employment of the microscope in the examination of morbid structures and the great attention which has been paid to clinical investigation, has tended to alter materially our modes of regarding and classifying tumors. Formerly, and not very long ago, all tumors were either malignant or benign ; and an individual specimen was placed in either class, according to its naked-eye characters, and the result of its removal. If it recurred either at the original site or remotely from it, it was called malignant, even though composed apparently of fibrous tissue or cartilage. When the microscope began to be employed in the examination of structure, and it was discovered that those growths endowed with the greatest proclivity to recur and implicate parts far removed from the primary seat of disease, generally contained an abundance of *cells with large nuclei*, it was inferred that certain cells of specific character were the infallible test of malignancy, and tumors were pronounced malignant or benign, according as they exhibited or not, the alleged specific cells under the microscope.

More extended and accurate investigation, however, is now leading pathologists to abandon the idea that there is one structural element—a cell—always capable of recognition by the practised eye—which is alone endowed with the fatal gift of malignancy, and to admit that growths composed of other elements, as nuclei, fibres, cartilage cells, and cells quite unlike the so-called "cancer-cells," may have most, if not all, the attributes of malignancy—such as rapid and enormous growth, tendency to frequent recurrence both locally and remotely, aptness to ulcerate and protrude, exhaustion of the vital powers, etc. Nay, even, that well marked encephaloid tumors may exhibit no cells; but merely nuclei possessed of no special characters. They are now recognising that the term malignant is purely relative,—that there are degrees of malignancy,—that some growths are highly so, others slightly so, and that between these there are all grades of malignancy. Thus there are growths which only occasionally and exceptionally recur after removal; others which habitually and repeatedly recur, though only or chiefly at the original site; others again which recur both locally and remotely; and yet others which not only recur locally and remotely, but infiltrate and absorb into their own mass the tissues in which they occur and the adjoining textures too, whether hard or soft.

Our knowledge is not yet sufficiently accurate and comprehensive to enable us to fix the *relative degrees* of malignancy possessed by the several varieties of tumors; but, if we should attempt to draw up a table of morbid growths, classified and arranged on that principle, perhaps, the following would approach the truth in its general outline, though, of course, it would not be accurate in all its details :—

Scale of tumors according to their degrees of malignancy.

Malignant	Encephaloid, Colloid, Scirrhous, Osteoid, Epithelial	Cancer.
Semi-malignant (they recur locally and remotely)	Cartilaginous. Myeloid. Malignant-fibrous. Recurring-fibroid. Fibro-plastic.	
Locally malignant (they recur locally)	Fibro-nucleated. Proliferous cysts containing vascular growths. Glandular tumors.	
Innocent	Fibro-cellular. Fibrous. Proliferous cysts containing cysts. Barren cysts. Osseous. Fatty.	

You will perceive that I retain the fibro-plastic as a distinct form. I do so, because, it is not quite certain whether the tumors included under that designation by Lebert, can all be assigned either to the myeloid, recurring-fibroid, fibro-cellular, or fibrous class. To refer now to this table: the growths which occupy its extreme ends certainly differ very widely from each other, so that we have no hesitation in calling a fatty tumor innocent, and an encephaloid malignant; still, the several groups pass insensibly into each other, and tumors having identity of structure, may be found occupying places both in the benign class and the locally malignant, or in the semi-malignant and the malignant.

The transition of the semi-malignant into the malignant is well illustrated by the cartilaginous tumor, which occasionally not only grows with great rapidity to an enormous size, but recurs when removed, and appears both in the lymphatics and in remote organs, as the lungs. Epithelioma, on the other hand, placed amongst the malignant, has little tendency to propagate itself, unless to contiguous parts; it occasionally does not recur when removed, and but rarely invades remote parts.

The fibro-plastic tumors placed at the lower end of the semi-malignant group, are plainly intermediate between that group and the locally malignant; for although they now and then recur after removal, it is generally only at the original site, and but seldom in remote parts.

Respecting the fibro nucleated, enough is not yet known to justify their being placed elsewhere than in the locally malignant group; but, it is extremely probable, that, like the last two in the semi-malignant group, they will be found now and then to invade parts remote from that in which they first appear, and thus further corroborate the view I am now advocating.

Lastly, on this topic, while fibrous, osseous tumors and proliferous cysts, are generally quite benign or innocent, sometimes they exhibit some of the characters of malignancy, and thus come to occupy places in two distinct groups of the scale.

It must then be admitted, that, tumors like all natural objects, do not admit of a classification inherently and absolutely correct; for the members of each group, by very imperceptible transitions, blend with the groups placed next in the scale, whether above or below them, and the chief utility of classifying them, is the practical convenience, resulting from collecting the individual varieties into groups, possessing several characters in common.

I have made these few remarks on tumors, by way of preparing you for one of the peculiarities of an interesting variety of morbid growth,

which has only of late years been recognized, and described as a distinct variety.

Early in December last, my friend, Dr. Butler, of Waterloo, requested me to examine with him a patient of his, the particulars of whose case he thus describes :—

" L. H. R., farmer, aged 42 years, of sound constitution and temperate habits, consulted me for disease of the right knee, in the early part of last May. He informed me that in March, 1857, fourteen months previously, he had received a slight blow from a sleigh-tongue, upon the external aspect of the knee, a little above the condyle. A slight puffiness at the spot was the only immediate result, and it was not until a few weeks had elapsed that he began to experience slight pain at the injured part, which, however, was not severe enough to prevent his pursuing his usual avocations through the spring and summer. In early autumn, he found it difficult to walk upon an uneven surface without an increase of pain and some lameness. On several occasions, an incautious step or accidental blow on the limb, very much augmented the pain and lameness for a few days; but this augmentation would subside and leave him in his former condition. During the fall, and part of the winter, an irregular practitioner exhausted his resources in vain attempts to cure the disease. In February, 1858, Mr. R. once more injured his knee, by slipping, and since then has been unable to leave his room or bear the weight of his body upon the member.

I found the joint considerably swollen; fluctuation perceptible, particularly above, on each side of the patella; entire absence of pain on moving the joint in every direction it was capable of, or on forcible pressure of the articular surfaces against each other; no tenderness except over a small spot on the external condyle of the femur; he suffered a pain which he describes as of a 'burning or scalding character encircling the upper part of the knee-joint.' The pain was not influenced by the weather, and was most severe during the day. The treatment employed consisted of local counter-irritants; blisters; tincture of iodine; an issue; mercury, and iodide of potassium, in alternative doses for some time. The joint was put up in the manner recommended by Scott; and again, immobility was secured by the double-inclined plane. At first, the pain was relieved completely by the issue, and, although it returned in the head of the femur in October last, and was accompanied by gradual increase of he swelling, it did not regain its previous degree. All means having failed to arrest the disease, I now made an exploratory puncture of the joint with a fine trocar, and obtained chiefly a sanguineous-looking fol-

lowed by a thin straw-coloured fluid, a portion of which was forwarded by letter to yourself, for microscopic examination; but you have informed me you never received it."

At the consultation, we found Mr. R. in very good health for a person confined so long to the house (10 months); thin, but not much emaciated; slightly anxious-looking, but hopeful; pulse rather frequent, small and quick; digestive functions well performed, and appetite fair; no cough, and nothing abnormal discovered on physical examination of chest.

Since October last, he has suffered rather severe pain in the head of the femur or across the upper pars of the knee, especially in the afternoons; but it has been easily alleviated by a small dose of morphia, and has never been of an intolerable or very severe character.

The right knee presents a smooth uniform enlargement, extending from the head of the tibia upwards, say four inches in the femur. It has very much the contour seen in thickening of the synovial membrane of this joint. The integument of the part is of the same colour as rest of the limb; a few moderately large veins are visible beneath it; there is no tenderness at any point unless very firm pressure is made over the external condyle. A somewhat elastic, somewhat doughy sensation is experienced in handling this part, especially on each side of the patella Over the external condyle, the swelling is more yielding, and here two distinct plates of bones can be felt, apparently formed in the substance of the external lateral ligament, or in the thickened fibrous tissue of the part. Pressure on these osseous fragments easily forced them inwards, and proved that the lower one, situate at the lowest part of the outer condyle, is irregular, while the upper one, extending from the latter in the direction of the external ligament, is long and narrow. No distinct fluctuation present anywhere; but it is somewhat simulated at this portion of the knee, and the opening made by the trocar is here situated. The patella does not float, and is but slightly moveable. The popliteal space is filled up by a firm material. No pain whatever, is experienced on percussing the heel or forcibly rotating the tibia on the femur. The leg is partially flexed on the thigh, and admits of some movements of flexion and extension, but not to any great extent; it has been kept in this position for several months. He cannot bear any weight on the toes of the right foot, and in raising the limb from the bed he grasps the leg in his hands to aid the pelvic and crural muscles.

Careful manipulation proves the tumefaction to involve, chiefly, if not exclusively, the condyles and lower part of the shaft of the femur, and to be really an enlargement of that bone. The probe passed through the

orifice made by the trocar, appears to enter the condyles of the femur, and, at the depth of 3 inches, touches bare bone. The diseased knee measures 3 inches more than its fellow; there is much wasting of the thigh and leg.

In discussing the nature of the case with Dr. Butler, I agreed with him that it was not an ordinary case of chronic articular disease with ulceration of the cartilages and disorganization of the joint, although there was probably some thickening of the synovial membrane; and gave it as my opinion, that it was probably an instance of myeloid disease of the end of the femur; but admitted the possibility of its being malignant disease.

My reasons for this opinion were the following: the blow received from the sleigh-tongue was not on the joint, but a little above the outer condyle; it was not immediately followed by swelling and tenderness of the articulation, suggestive of synovitis; nor, for some weeks, by pain at the injured part. At no time throughout the case had the pain been severe, as if the articulation were becoming disorganized; the fluctuation observed when Dr. B. first took charge of the case, disappeared under suitable treatment, but there was no corresponding improvement in the other symptoms, and the enlargement continued to augment; although the disease had originated 21 months previously and had rendered the leg useless and incapable of bearing any weight, the ordinary symptoms of ulceration of the cartilages and caries of the articular surfaces, were absent, and had never been present; the trocar had evacuated chiefly blood and a thin straw-coloured fluid, very unlike pus; the enlargement, when seen by me, involved very plainly the condyles and a portion of the shaft of the femur, rather than the knee joint; it was a circumscribed globular enlargement of the end of the bone, and the outer part of the tumor contained moveable, yielding bony laminæ, a symptom which I had before noticed in a case of myeloid disease of the condyles of the femur.

These features indicated disease of the femur of the nature of a morbid growth, with slight secondary implication of the synovial membrane of the joint.

The circumstances which appeared to render it likely that the tumor was not carcinomatous, were its comparatively slow growth; the absence of severe pain throughout his illness; the unimplicated state of the integument, glands and internal organs; his tolerably fair state of health, without any distinct indications of cachexia; the enlargement not extending along the bone so as to form an oval, elongated tumor, which is the rule in carcimona of bone and osteoid cancer; and the non-existence of malignant disease in his family.

Malignant disease being thus excluded, it remained chiefly to decide between cartilaginous and myeloid tumor, for next to the carcinomatous, these are far the most frequent varieties of tumor found involving the condyles of the femur. It was not possible to say with positiveness, which of these growths was present in this instance, as their general characters are very similar—but, inasmuch as cartilaginous tumors of long bones, almost invariably begin on the outside of the bone and form irregularly modulated tumors, as they consequently must, very seldom indeed, have osseous plates embedded, or set as it were in a yielding membrane, forming their exterior—and would be more likely, when punctured, to be found dry, or to emit a tenacious jelly-like or synovial looking, rather than a sanguinnous fluid, I thought it highly probable that we had to do with a myeloid tumor. This species, begins almost exclusively in the cancellous tissue within the ends of long bones, and causes a gradual expansion of the osseous walls into a smooth globular shell; the ossific matter may be at points deficient, and replaced by a fibrous membrane, the periostium, thus giving rise to a sign which I am disposed to regard as of much value as in indication of myeloid disease, viz: a distinct yielding of the tumor's walls under pressure, and a sensation, as if thin plates of bone, not unlike an egg-shell, yielded or even broke under the fingers. Myeloid tumors, moreover, being highly vascular and containing chiefly a substance of the consistence of flesh or spleen, would not only yield blood when punctured, but would permit a probe to be easily passed into their centre without its impinging on hard, resisting bone or cartilage.

An example of myeloid tumor of the condyles of the femur which I had an apportunity of seeing in the General Hospital in this city, under the care of my colleague, Dr. Scott, in the spring of 1854, also presented the last three signs, and indeed, corresponded in almost every other feature with the case forming the subject of this paper.

The patient was a tolerably healthy looking man, about 40 years of age, who, for a considerable time (some two years I believe) had been the subject of an affection of the lower end of the left femur, which had been long and unsuccessfully treated as disease of the knee, in Glengarry, and was then sent to this city for further advice.

There was a smooth, uniform enlargement of the member above the articulation; this enlargement was most manifest over the external condyle, at which part it was somewhat yielding and obscurely fluctuating; careful manipulation detected at the lower part of the external condyle a thin shell of bone, which crackled under the fingers, and was continuous with the more yielding wall of the enlargement higher up. The

day before the removal of the limb, an exploratory puncture was made, when blood alone escaped, and the probe readily traversed the heart of the tumor and touched its opposite wall, which was formed by the internal condyle. The movements of the joint were very little impaired, and not attended with pain. It proved to be a myeloid tumor, originating within the condyles of the femur, and causing at first their expansion, and ultimately the absorption of a portion of the outer side of the external condyle—but not implicating the articulation.

This case instantly recurred to my recollection when examining Dr. Butler's patient, and influenced my decision very materially. Removal of the limb above the tumor was recommended, and a fortnight subsequently, the patient having consented, Dr. B. amputated at the centre of the thigh, and kindly sent me the diseased parts for examination.

The integument covering the enlarged knee of natural color; very few moderately large veins being visible in it. The joint is much enlarged, and has a circumferance of 16 inches on the level of the upper part of the patella. The enlargement extends upwards to about the extreme limit of the reflection of the synovial membrane of the joint. The crural muscles are wasted and rather pale about the articulation; some portions of them at their attachments to the shaft, where it becomes continuous with the tumor are much altered in structure, being dense, indurated, semi-transparent, and infiltrated with a serous fluid; they cut as if they had undergone lardaceous degeneration. At two or three points, where in contact with the anterior surface of the tumor, the muscle to the depth of $\frac{1}{4}$ to $\frac{1}{2}$ an inch has been transformed into a pulpy detritus of a pale brick color, all trace of fibre being lost. A good deal of very dense fat in the popliteal space. On removing all the soft parts, a globular tumor is exposed, occupying the lower end of the femur, its condyles, and a portion of the shaft. This tumor, of a reddish brown hue on its anterior aspect, and a dark bluish colour on its posterior, is composed almost completely of a thin shell of bone anteriorly, a thin, firm membrane posteriorly, with the healthy looking articular cartilage and a layer of the adjacent osseous tissue forming its lower boundary. At several points besides the posterior aspect, the bony shell is replaced by membrane, and this is most remarkable over the lateral aspect of the external condyle, where two moveable plates of bone, continuous with the thickened periosteum, forms about a third part of the outer wall of the tumor. The trocar had penetrated the tumor upon this aspect, and the probe introduced during life had here entered the cavity of the tumor, instead of the joint. The growth had not implicated the joint; the articular surfaces of which are free of ulceration and caries; the synovial

membrane, however, is somewhat thickened, and covered by a pinkish, tolerably firm, though easily broken down exudation, which has produced adhesion of the patella to the femur, and the other opposed surfaces forming the articulation to each other. No fluid exists in the joint, indeed there is no place for any.

Circumference of the tumor above the condyles 12⅝ inches, around the condyles, including the adherent patella, 12½ inches.

A longitudinal section of tumor exposed the shaft of the femur terminating abruptly, as though broken off, half an inch within the osteo-membranous tumor. It now appears that the walls of the tumor are continuous with the periosteum of the bone, and apparently formed by or covered with it. Along the upper and anterior aspects of the internal half of the tumor there, is unequally distributed bony matter, evidently consisting of the expanded condyle, and perhaps of bone, newly formed from the inner surface of the periosteum; the latter, occupied the surface of the tumor, and the former, the lower extremity (articular). Besides three or four osseous laminæ projecting inwards from the walls, the contents consisted chiefly of a deep-red, soft substance, generally of consistence of soft butter, but interspersed with irregularly branched lines of tougher and firmer consistence; various shades of redness exist in this material, and it is streaked here and there with opaque yellowish white lines and spots, so as to remind one of a hepatized portion of lung traversed here and there by bronchi. This material, save where mottled by whitish streaks, resembles very much the spleen pulp in color and consistence when that organ is slightly softened. Besides this red material, there is another of the colour of the *marrow* in the shaft, but softer; it occupies a series of oval, cyst-like expansions or cells in the bone, forming the antero-superior aspect of the tumor. These loculi in the expanded bony portions of the tumor are numerous, and vary in size from those capable of holding a pea, to one capable of holding a bantam's egg. The largest one contains a mixture of the red and the whitish material, the former greatly preponderating. Indeed, the oval globular arrangement is remarkable throughout the tumor, and the large central mass of pulp, is itself egg-shaped, and may be as easily turned, leaving the wall of the tumor free, as a kernel is out of a nut

The medullary canal of the femur for about one inch and a half from the cyst is filled with ossific, cancellated tissue.

The red pulp, examined microscopically, exhibited an abundance of large cells, enlosing numerous large oval nuclei; most of these polynucleated cells were circular or oval, and only two or three appeared to have caudate processes; indeed, they resembled the mother cells

figured by Lebert (plate xiv. figs 5 and 9), rather than those delineated by Mr. Gay, Drs. Gall, Bristow, and others. In the white portions of the tumor, the many nucleated cells contained fatty granules, as though undergoing fatty degeneration. Many large cells also, contained numerous pigment granules. Innumerable fusiform cells, or elongated nuclei, were scattered throughout the tumor.

(TO BE CONTINUED.)

ARTICLE XXV.—*Case of Twins with a single Placenta.* By J. A. GRANT, M.D., Attending Physician, General Protestant Hospital, Ottawa, C. W.

Jany. 25th 1859, I was called upon about 2 A. M., to visit Mrs. B. aged 24 years, presenting all the external characteristics of good health and in labor with her first child. Shortly after arrival I was informed that an old midwife had been in attendance for upwards of fifteen hours. Upon examination found the *os uteri* fully dilated, membranes ruptured, head advanced to the inferior strait of pelvis and in the first position. According to the ascertained history of the case, strong bearing down pains had been existing for several hours and without any visible alteration. After remaining about four hours by the bed side, during which period the pains still continued with no ordinary degree of severity, I was obliged to assist nature and deliver with the forceps, which was accomplished without much difficulty, the bowels being previously regulated and the contents of the bladder removed. The smallness of the child, non-reduction of abdominal enlargement and the detection of fresh membranes, established the existence of twin pregnancy. Finding difficulty in the removal of placenta I resolved upon leaving it until the birth of second child. After an interval of rest of about 15 minutes duration, the pains returned and the membranes protruding were ruptured. The head readily descended to the outlet beyond which, without instrumental interference, there was not much prospect of delivery. An interval of half an hour from the birth of first child, having elapsed, the forceps were again applied and the second child removed, thus terminating the delivery of both, alive and well.

More than ordinary rigidity of the perineum associated with considerable diminution of the capacity of pelvis from tumefaction of its linings induced by too frequent examination; appeared to be the most apparent causes of detention, towards the exit of the child's head. The placenta which presented the following peculiarities was removed with ease. Shape, that of a perfect oval, nine inches in length and about an inch in

thickness. *Outer or uterine surface*, slightly convex presenting the usual irregular lobes with intervening sulci. The laminated albuminous tissue (*decidua serotina*) which covers over these parts being removed, caused this surface to present no striking peculiarities, as to these sulci being alike throughout its entirety. Inner or fœtal surface slightly concave and possessing its proper glistening appearance being covered by the chorion and amnion, these membranes uniting midway between the insertion of either cord. The membranes at their junction were so perfectly united, as not to admit of separation without being lacerated. The cords presented no visible peculiarities, either as to their anatomical composition or placental insertion, excepting that they were equidistant from each other and from the circumference, longitudinally.

Remarks.—Although the above peculiarity is not mentioned by many of our most popular authors on midwifery, still it is reasonable to suppose that if in the primary stage of placental developement, in a case of twin conception, the ramified villi of the chorion in penetrating into the tubuli of the decidua, for the formation of two placentas, become at this stage closely interwoven with each other, they may grow up as one.

As the vessels of one lobe have very rarely any communication with those of another, we would infer that in the two placentas, here coalesced into one, they do not either communicate, but rather that each possesses its own circulation and absorbs from the system of the mother those materials necessary for its own fœtal developement. In plural births, Churchill remarks: p. 405, "I believe that in all cases it is better to leave it (*i. e. the placenta*) until after the birth of second child as its removal might excite uncontrollable flooding," and we might add, with such an existing abnormality, perhaps prove destructive to the second child.

ART. XXVI.—*Hour-glass Contraction of the Uterus with the Fœtus.* By N. McGarvin, M. D., Acton, C. W.

I was called to see Mrs. Perryman on the 9th November, 1858. She told me she had not gone to her full time within six weeks. I found she was in labor, the pains being quite regular. I made an examination, The os uteri quite dilated, but could detect no fœtus. I waited for some time. Labour proceeded regularly, and in about an hour and a half the membranes gave away, and about a gallon of liquor amnii escaped. I then made an examination, but could detect no fœtus. I then introduced my hand into the uterus and found the cord. I then traced the cord and found it entering a small aperture. I insinuated my forefinger

through the aperture. I there detected the fœtus. I dilated the stricture with my fingers, by which means I was able to lay hold of the feet, and thus delivered the child.

The peculiarity of this case is, that if the cord had not prolapsed but remained with the child no one could have told the existence of a child, except through the parietes of the abdomen, for the cavity below the stricture was quite large enough to contain a full-grown fœtus. It was with great difficulty that I could overcome the stricture.

No unfavorable symptoms followed.

REVIEWS.

ARTICLE XXVII.—*The Transactions of the American Medical Association. Instituted* 1847. *Vol.* II. Philadelphia: Printed for the Association. Collins, Printer, 705 Lodge Alley. 1858. Pp. 1027.

The table of contents of this very imposing volume exhibits a great variety of rich and interesting matter, contributed by many eminent members of the American Medical Association. The contents are as follow:—Minutes of the Eleventh Annual Meeting of the American Medical Association; Report of the Committee of Publication; Report of the Treasurer; Address of Paul F. Eve, President of the Association; Report on the Medical Topography and the Epidemic Diseases of Kentucky, by W. L. Sutton, M.D.; Report on the Topography and Epidemic Diseases of New Jersey, and the Treatment thereof, by Lyndon A. Smith, M.D.; Report of the Committee on the Epidemics of Ohio, by George Mendenhall, M.D.; Report of the Committee on Medical Literature, by A. B. Palmer, M.D.; Report of the Special Committee on Medical Education, by James R Wood, M.D.; Report on Spontaneous Umbilical Hemorrhage of the Newly Born, by J. Foster Jenkins, M.D., Yonkers, N. Y.; Report on Influence of Marriages of Consanguinity upon Offspring, by S. M. Bemiss, M.D.; Report on the Functions of the Cerebellum, by E. Andrews, M.D.; Report on the treatment best adapted to each variety of Cataract, by Mark Stephenson, M.D.; Report on the Medical Jurisprudence of Insanity, by C. B. Coventry, M.D.; Report on the Law of Registration of Births, Deaths, and Marriages, by Edward Jarvis, M.D.; Report on the Nervous System in Febrile Diseases, and the Classification of Fevers by the Nervous System, by H F. Campbell, M.A., M.D.; Report on Moral Insanity in its relations to Medical Jurisprudence, by D. Meredith Reese, M.D., LL.D.; Report on Stomatitis Materna, by D. L. McGugin, A.M., M.D.; Report on the true position

and value of Operative Surgery as a Therapeutic Agent, by J. B. Flint, M.D.; A Method for Preserving Membranous Pathological Specimens, by R. D. Arnold, M.D.; Letter of E. D. Fenner, M.D., to Paul F. Eve-President of the American Medical Association. PRIZE ESSAYS:—The Clinical Study of the Heart-sounds in Health and Disease, by Austin Flint, M.D.; Vision and some of its Anomalies as revealed by the Opthalmoscope, by M. A. Pullen, M.D. Plan of Organization of the American Medical Association; Code of Ethics of the American Medical Association Officers and Permanent Members.

The question as to whether the offspring of marriages of consanguinity is equal, physically and mentally, to the offspring of parents not connected by ties of blood—both classes being supposed to be similarly circumstanced in respect to all other causes affecting the integrity of their issue—is one that has been ventilated of late years. It has never received such a thorough investigation as that which has been instituted by the Committee appointed by the A. M. A., the results of which are given by Dr. Bemiss in his Report. Eight hundred and seventy-three observations of marriages of consanguinity of various degrees of relationship are arranged upon his tables. The degree of relationship existing between the parties and the number of each are thus stated:—Marriage or incestuous intercourse between brother and sister or parent and child, 10; marriage or incestuous intercourse between uncle and niece or aunt and nephew, 12; marriage between blood relations who are themselves the descendants of blood relations, 61; marriage between double first cousins, 27; marriage between first cousins, 600; between second cousins, 120; between third cousins, 13; irregularly reported, all first cousins, 30. "In regard to constitutional predisposition and peculiarities of parents, the tables present some interesting facts. It will be perceived that parental infirmities are entailed with great certainty upon the offspring; and this, in the opinion of the reporter, constitutes the strongest argument against the intermarriage of relatives. The fact that family peculiarities, tendencies and infirmities, either of mind or body, which may be so slight on the part of the parents as to remain latent, become so exaggerated by this 'intensifying' of the same blood that they are in the child prominent and ruinous defects. In this manner I account for the fact that so many of the offspring of kindred parents, who seem in other respects to be well endowed, possess characters so singular and peculiar as to unfit them for the ordinary avocations of life." Dr. Bemiss made a great effort to obtain returns from the principal institutions for the deaf and dumb, the blind and the insane, in the United States, as to the probable proportion of the inmates who were descendants of blood intermarriages.

He found, however, that difficulties presented themselves in the fact that principals of such asylums could not in all cases prosecute such enquiries without giving offence to parents or the friends of the beneficiaries, and that parents are frequently extremely sensitive on this point. He is fully satisfied that his researches give him authority to assume that over ten per cent. of the deaf and dumb, and over five per cent. of the blind, and near fifteen per cent. of the idiotic, in the State institutions, are the offspring of kindred parents, or of parents themselves the descendants of blood intermarriages. The principal of a deaf and dumb institution communicates the following statement:—"Of one hundred and eighty-three cases of congenital deaf-dumbness, twenty-eight were known to be the offspring of blood relations. My enquiries have not extended to more than half of the hundred and eighty-three. My impression is that of those born deaf and dumb, at least one-fourth are the children of cousins. It is very difficult, as you are aware, to get reliable information on this subject. One man in this State denied that he had married a blood relation; I have since learned that he and his wife are first cousins, and have six children, three of whom are deaf and dumb." With regard to the frequency of idiocy, the following statement was made to Mr. P. by a highly respectable physician of Connecticut:—"Two years ago circulars were issued to every physician in Connecticut, to clergymen, to town-clerks, and to the first selectman in every town in the State, containing minute questions relative to the probable causes of the cases of idiocy reported. The question, whether consanguinity was a cause or not, was answered in 160 cases, and assigned as a cause in 20 of them. An adequate cause of idiocy was reported in 310 cases, but the question concerning consanguinity was answered in only 160 cases. Taking it for granted that every instance of relationship of parents, in the 310 cases, was reported, we find that consanguinity of parentage is a cause of $\frac{1}{15}$th of the idiocy in Connecticut. If we follow the idea that no attention whatever was paid to the question, except in the 160 cases, then we find it a cause of $\frac{1}{8}$th; taking the mean, it is the cause of $\frac{1}{10}$ths of all the idiocy in the State."

We are only on the threshold of this enquiry, and yet sufficient has been elicited to show the mischievous tendency of marrying in-and-in, and the lamentable defects, physical and mental, of the offspring of those parents nearly related by blood to each other. When more extended researches have been made, and the public are more enlightened as to the evil results, relatives will pause ere they form marriages to propagate beings on whom they are liable to entail defects which will render them helpless objects, demanding the pity and constant care of their fellows.

ART. XXVIII.—*A treatise on Human Physiology*, designed for the use of students and practitioners of medicine. By JOHN C. DALTON M. D., Professor of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons New York; Member of the New York Academy of Medicine; of the New York Pathological Society; of the American Society of Arts and Sciences, Boston, Mass., &c., &c. With 254 illustrations. *Philadelphia:* Blanchard & Lea. *Montreal:* B. Dawson & Son. *Quebec:* Middleton & Dawson.

Physiology appears to be a far more prolific branch of medicine than some of its associates. It is a very rare event to herald the publication of a new work upon toxicology, but not so with physiology; every year of late has registered a quotum of additional aspirants to public confidence in this department of literature. Why is this? Is the science itself in a transition state, unsettled and unformed? Are the labours exerted on its behalf productive of an increasing number of facts? Is it so attractive as to permit of frequently recurring representations, characterized by novelty and immaturity? Are its anterior exponents so confused or doubtful in their teachings that they should be set aside upon the arrival of the newest comer; or is each but the likeness of the other, minus a few versatile introductions of individual writers? These are questions which suggest themselves upon a survey of the multiplied leaves that strew the fertile fields of physiology; but we shall not pursue their inquiry further upon the present occasion; we shall leave them open to discussion, reserving to any of our readers the right of reply, who has ought to say upon the matter that may serve to its elucidation.

In contrasting the present treatise with others upon the same subject, the comparison results, in a conclusion far from unfavorable to its claims for preference. We have been much pleased with its appearance. The first object about it which will strike the mind of one who has an acquaintance with the ordinary books on Physiology, is the illustrations. They are fresh and original—both fresh in conception and original in completion. Hitherto from the most servile imitations in the representations of the text of different works the eye seldom failed to recognize, scenes to which it had been previously long familiar upon turning over the pages of the latest publication in the category. This monotony of sameness will not be experienced in Dr. Dalton's Physiology. He is not guilty of this offence against human ingenuity and constructiveness. He has pourtrayed a large number of figures which appear to us to have been altogether original in their design. The mode of execution is also something superior to the common style, as, for instance, in the display

of nerves, made to retain their proper whiteness in the midst of a surrounding blackness; the effect therefrom is far superior to that afforded by the old vulgar way of shewing nerves by black strokes upon a white ground. Another recommendation which suggests itself is the simplicity of the descriptions. This we take to be a great desideratum. We have long held the opinion that *simplicity is a mark of perfection*, and, when properly considered, the statement is self-conclusive; for whatever is complicated must be difficult, if not confused, and whatever is explainable, under different hypotheses, is not fully understood; but these are the opponents of that which we denominate simple, so that, inferentially, simplicity is an harmonious, uniform, as well as demonstrative property, and, on such a structure, improvement, which is only possible in what is imperfect, is impracticable, therefore its object has attained the rank of a perfection. The work consists of four principal sections. 1. An introduction in which the nature of vital phenomena is considered. 2. The subject of nutrition, which is broken up into 16 chapters and gradually proceeded with, so that, beginning with proximate principles and food, the latter is as it were followed up in its circuit through the body till it is finally disposed of by assimilation and excretion, thereby provoking, so to speak, the discussion of the different topics connected with digestion, abortion, the bile, the blood, respiration, animal heat, secretion. 3. An inquiry into the general character and functions of the nervous system, and 4, the extensive theme of reproduction, which comprises 18 separate chapters. This arrangement is one which is simple and, as botanists would say, based upon the principles of the natural classification. This manner of treating the numerous points in the various expositions seems to partake of the same praiseworthy peculiarity, and is such as should always be observed whenever the object of the writer is to enlighten the understanding of the students, and particularly the verdant mind of novices—the lads who behold with ambitious aspirations the superior attainments of their more advanced acquaintances, or, in collegiate language, the sophomores. The composition is unaffected, plain, easily intelligible, and well suited to its purpose. The work is not so large as some others, as, for example, Carpenter's, Todd & Bowman's; it must necessarily be not so extensive in its references as these, but setting forth no pretensions to give in its shorter measure what they have accomplished in their larger compass, no prejudice, therefore, is invited against its merits. Amplification of matter and verbiage have been guarded against, and the aim has been to communicate, in a condensed form, the facts usually taught at the present day upon physiology in schools of medicine. Dr. D. in his preface remarks:

"It has been the object of the author more particularly to present at the same time with the conclusions which physiologists have been led to adopt on any particular subject, the experimental basis upon which these conclusions are founded, and he has endeavored, so far as possible, to establish or corroborate them by original investigation, or by a repetition of the labours of others."

The work is very appropriately dedicated, with much feeling and filial gratitude, to his father, the venerable Dr. Jno. C. Dalton, who has devoted a long and useful life to the Science and art of that which, upon the classical admission, elevates man nearer to the gods than any other vocation—medicine.

ART. XXIX.—*The Science and Art of Surgery; being a Treatise on Surgical Injuries, Diseases, and Operations.* By JOHN ERICHSEN, Professor of Surgery and Clinical Surgery in University College, and Surgeon to University College Hospital. An improved American Edition, from the second enlarged and carefully revised London Edition. Illustrated by four hundred and seventeen engravings on wood. 1859. Pp. 996. Philadelphia: Blanchard & Lea. Montreal: B. Dawson & Son. Quebec: Middleton & Dawson.

In Canada the reputation of Mr. Erichsen's "Science and Art of Surgery," as a sound and eminently practical work, is now fully established. We are pleased to receive this new and enlarged second edition from the enterprising American publishers, Messrs. Blanchard & Lea. The promptitude with which these gentlemen furnish the profession in America with reprints of standard English works; the highly creditable style in which they issue these works; and the moderate price at which they place them,—merit the warmest thanks of every reading practitioner on the continent. For our part we wish them success in all their business transactions, for their enterprise and liberality richly deserve it. Of course all our readers will require the new edition of Erichsen.

CLINICAL LECTURE.

(From London Medical Circular.)

On Infiltrating Forms of Suppuration and Treatment of Abscesses. By F. C. SKEY, Esq., F.R.C.S., F.R.S., &c., &c., Surgeon to St. Bartholomew's Hospital.

[Taken in conjunction with previous lectures by Mr Skey, reported specially for the MEDICAL CIRCULAR, and reflecting as it does the best practice of the London hospitals—for all our leading men are now coming over to the views of Dr Todd, Dr Hughes Bennett, and the able clinical professor of St Bartholomew's, we feel especial pleasure in publishing the following lecture, one of a series delivered this month.]

GENTLEMEN,—I do not know that we can begin the New Year better

than by offering you to day some plain remarks on a very plain subject, yet a subject of universal interest to us in clinical practice. I mean the subject of abscess, and the peculiarities of various suppurations, as we see them in the wards and out-patients' department of this hospital. You would prefer probably some other great and grand subject, that we should for instance dive into the arcana of silver sutures, diphtheria, or tracheotomy; or take up the treatment of surgical aneurism, pressure or no pressure in that disease; ovariotomy, or any thing you like, and

"That to the height of this great argument"

we should ascend and fret ourselves in useless dogmatism; but no, these things only appertain to men who see matters on a scale we are not accustomed to. I am, as you know, a man for "rudiments." Certainly, standing here as your clinical teacher, I prefer to dwell on that which is useful to you, nay, I would add, that on which, on the whole, you will feel greatest pleasure hereafter, I mean inflammation and its proper treatment, and the allied subject—suppuration and abscesses.

Well, what is an abscess? "A collection of matter surrounded by a cyst" you will answer (and it is as good a definition as any), and then if further pressed you say, "this cyst is composed of a membrane, pyogenic in its nature"—that's an abscess. The matter must be collected, for you may have infiltrated abscess in the mammary gland (and brain?) which will not obey our definition; about that I am not now so much interested, but from the cases recently in the hospital, we are more engaged with the division into "acute" abscesses and "chronic" abscesses. Suppuration, you very well know, may take place in any texture or surface of the body that is furnished with blood-vessels, and is susceptible of the process of inflammation, but I doubt very much the value of this old division "acute" and "chronic" abscesses. I see in the wards as I take it, an abscess that partakes of one character and the other: not, mind you, as a distinction founded in Nature, but brought about by the meddlesomeness of Art! I want you to note that fact, you will have abundant operations and opportunities to observe that—shall we call it in fashionable phrase, "change in the type of disease." Go into the physicians wards, and you see abscesses as the result of fever—chronic abscesses; go into the out-patients' department, you see a man who has run a thorn into his hand, he has had pain, heat, redness, swelling, in short, acute abscess. You see this, of course, every day—that is plain sailing, every milk abscess, every whitlow, abscesses after gun-shot wounds bad fractures, &c., are instances of acute abscess; they make themselves known by the pain involved in the suppurative process, whereas, on the

contrary, as I think all chronic abscesses are without pain. That is a good sign of a chronic abscess; you know what a prominent part "pain" plays in all diseases; now in the absence of pain, you must yourselves often find out where the suppurative chronic action is at work. The remote cause of chronic abscess in fever is extreme debility, ending in the formation of pus. (Nothing "pyogenic" here?) We don't know why these abscesses after fever "point" at one side of the leg or "point" at another, we only know the fact as you may observe it now in cases in the hospital. Go into the physicians' wards as I say (and I do not now enter on the question whether the lancet and leeches and weakenning remedies directly produce exudations that they are believed to prevent), but ask yourselves honestly what is it that produces after fever, or what is it that is the cause of many cacoplastic deposit so called?

The chief point to-day to which I wish to draw your attention is the following:—All internal abscesses, as a safe practical rule, indicate constitutionel debility; all, or nearly all, external or traumatic abscesses are acute. I want you to note this. Isn't psoas abscess an internal abscess pointing externally? Let us take care we do not add to this debility that changes the nature of an abscess. A woman in "Treasurer" ward had her breast enlarge: she came in after having been confined six weeks by it. The pus was probably infiltrated; the orthodox rule would have been more leeches, purgatives, and salines; but I am now certain that where these are used, or abused, according to old routine, we add to the tediousness of the cure! I beg of you to mind this in your future practice. We gave her bark and ammonia, wine and meat and the abscess pointed in a few days, and she got perfectly right again. I say, take care of this in this practice, for such an abscess is often a serious matter; it is now too late in the day to prevent this and other kinds of knowledge spreading.* Next, let us look at a common case in private practice. A lady, aged twenty-five, lately under my care, suffered intense debility from much hœmorrhage, and what may be called "hard labour;" she was very well tended during her confinement, suckled with both breasts, but all at once a screw is loose, her appetite fails, she has slight fever of an intermittent type, evening exacerbation—all signs of debility, mark you! Next, and only then, came a thickening and painfulness of

* Sir B. Brodie tells of a surgeon (no doubt a great opponent of caustics) who was about to remove a woman's breast by a heroic amputation. The story went that this surgeon had cured several cases of cancer by the knife; the present case was also pronounced genuine schirrhus, but on Sir B. Brodie looking a little deeper into the matter, it proved to be the "relics" of an old abscess! Many such cases are met in the hospitals in the year.

the outer half of one breast, pus formed, and I opened the abscess. I doubt if this lady would have had a month's illness and abscess but for the first step in the debilitating descent—the hæmorrhage. Well, that is common mammary abscess; dozens of such cases are to be seen every week. Contrast that now with a poor woman recently in "Lucas" ward, who, after her labour, came in with enormous swelling of the entire thigh down even to the ankle, what would be called "thickening and enlargement of the tissues" of that part. Her husband was a poor cobbler mending boots on six or seven shillings a week, and she brought him forth, poor fellow, seven children in nine years; she was reduced to the utmost limits of poverty, short of starvation, eating no meat, and drinking some poor mysterious beverage called tea. These few points in her history told me to prepare for an immense abscess; her pulse was miserably small and quick. The lady, you see, had acute abscess; this poor woman has an immense chronic abscess. Are you justified in Poor-law practice to offer leeches, purgatives, and salines, and all the rest of it in such cases, or should the conscientious man say "fiat justitia," order quinine and wine, though it may shock the nerves of the Board of Guardians? What did I do in this case? I endeavoured to make the abscess in the poor woman acute, in fact to limit the suppuration; when she got well. Are we justified, then, in laying it down as a maxim of our surgical Moise, and Persians, that abscess always arises from local irritation and local inflammation, to be met by antiphlogistics and clearing out the alimentary canal? Inflammation, believing, will come in good stead to us as surgeons if we only make its acquaintance honestly—inflammation solemnly, ay and truthfully, set down for us with pain, heat, redness, and swelling; for I don't at all agree with the new-fangled transcendentalism of the microscope school of *savants* that inflammation is "altered nutrition" and all the rest of it. Do we observe redness, swelling, heat, or pain, in chronic abscess? No! it's a joke to stick to such a dogma; it's worse! it's untrue; and, in practice unsound a leading to antiphlogistics, as they are called. I make these observations in no unfriendly spirit; if you are to be educated surgeons and you should be scattered over 150 places of practice in the country, I would conjure you to take advantage, in a manly way, of the growing experience of hospital practice. I want your convictions from having seen cases of abscess and of inflammation in clinical research; do not be led by *dicta* of mine, or theories of microscopists, or the stereotyped formulæ of books, in upholding venesection by the lancet, antiphlogistics and clearing out the alimentary canal by means of some mixture. Very well! Now I don't wish to overcharge this as I have been accused of doing; I have taken

the trouble to make inquiries of general practitioners (some men registered ?) They will boast of eight, ten, or twelve leeches, then also chloride of mercury in legendary doses, and large senna mixture, blue pill, black draught, &c., first to clear out the alimentary canal thoroughly; and all this time the poor patient may have an abscess all but pointing, as in that case of the shoemaker's wife; but if this patient requires a pint bottle of bark or sarsaparilla, why order senna? Do you think Nature requires you to be always setting her work to rights in the chemistry of the alimentary canal? Leave the alimentary tube alone, I pray of you. Why has this lady, whose case I recited, an abscess at all? I'll tell you. It arose overnursing her child, from excessive hæmorrhage, and her miserable pulse and want of appetite; and your routine man comes in and orders Mindererus's spirit and antimonial wine, just to act on the skin: colocynth, and the Lord knows what, with calomel, merely to clear out the alimentary canal and improve the appetite! Now, I hold that the *vis vitæ* of this lady was below par all along; not that the abscess, when we tried to limit its extent and prevent its chronicity (in which we succeeded by mild measures), was the cause of want of appetite, &c. What I say to you is this—we are now in a new year, and just observe for yourselves, even if you work amongst the out-door midwifery cases or others, for one single twelve months whether you will not have more abscesses in tedious cases with hœmorrhage and debility, than amongst the better or inflammatory class of patients if you wish to call them so? You will meet much opposition when you come to entertain my views of things. Give your advice I pray you, according to your convictions; doctors differ; of course they do, that above, as a science one set of men before another set, and that surgery is a progressive art. I do not wish to overcharge this picture of the drugging system; the thing often reacts on itself, and in spite of all the old routine the patient is not cured; and then she goes to a quack perhaps, or a well read man, and he tells her she ought to have had bark and ammonia, wine &c., and you lose your patient.

I will go off the subject for a few minutes to tell you of a case of this kind.

A lady, about thirty-five, called to consult me about a somewhat peculiar affection—excessive flow of milk; she was literally deluged with milk, her child seemed starved, and she herself looked wretched.

"You do not take enough of meat and wine, Ma'am," I said.

She was told that "that would feed the disease, and such a thing as touching beer or wine was perdition," and to mend matters she was a water drinker or vegetarian or some nonsense of that kind!

"Well," I continued, "the remedy is very simple for the disease,—beer and wine and no vegetarian diet."

"My physician differs from your opinion, *in toto*," she replied, and so I afterwards found he did, and what was more he held fast to his opinion and carried the day; so I lost my patient. Some one (Pindar?) says water is the best of things. I agree with that, but it is the water in its right place. The poor lady went back to her vegetarianism, but she got worse and worse, and her child was advancing in marasmas, though she had a perfect ocean of milk! Well, after some days she came back to me and said she would try my plan, and she did try it—the effect was like magic; in less than a month a total revolution was worked in her system, and the poor infant like another phœnix rose from its ashes.

Some years ago another physician asked me to see a mammary abscess in a young lady of twenty-five, situated in the right breast.

"Leeches?" he said

"Purgatives?"

"No! for I believe suppurative action is never stopped once that it has set in; bark and ammonia, good diet, and wine, that's what I recommend."

"That's new to me, quite new," said he in rather an apocryphal mood.

"It's not quite new to me," I replied; but he was a sensible man, and he adopted a plan now almost invariably adopted more or less, that is to give force to the circulation in such cases of debility. Don't be afraid of it, I say, take the slow suppurative mischief by storm and you'll cure it; the capillaries want power, and there is nothing equal to bark, ammonia, and wine. In conclusion, I say purulent matter will form in less than forty-eight hours; I can give you fifty cases to prove this. Do not encourage it, then, by depleting measures. Look at the men with big ridges of suppurating tissues, half formed buboes, in the out-patients' department; will all that smearing with mercurial ointment, all the leeches and purgatives stop that ridge of hardened tissue coming to an abscess? No, you must improve the health of many of these men in the manner I have set forth to day; improve the health and you hasten the crisis; if you take blood from such a man you will leave him further off than ever from the abscess coming to a "point." Fortunately the hospital is rich and I have for a series of years given the plan of treatment I now recommend a fair trial. I can see at every turn cases treated on the old plan, but I am every day more and more convinced of its fallaciousness. I would not if sick myself wish to be bled and leeched without sufficient cause; the mere fancies of old times will not do, nor can I conscientiously recommend them to you.

THERAPEUTICAL RECORD.

Treatment of Erysipelas of the Limbs by Elevation.—We have noticed a very useful plan of treatment for erysipelas of the extremities adopted by Mr. Mitchell Henry at the Middlesex Hospital, which is worthy of a fair trial elsewhere. It consists in elevating the affected leg or arm in a vertical direction, above the horizontal plane of the body. This causes a subsidence of the swelling associated with the disease, and completely removes the pain; the circulation in the veins is accelerated towards the heart, and the hitherto inflamed and red skin assumes a pallid aspect. All these good results we witnessed, on the 3rd of December, in a very severe case of erysipelas attacking the left leg of an elderly man, who suffered most severely from acute pain consequent on the swelling of the limb from the inflammation. In twelve hours both the pain and the swelling had entirely disappeared under this very simple mode of treatment. The same good effects had also ensued in a case of erysipelas of the elbow in a boy who was pointed out to us. The limbs, especially the inferior, may be supported on pillows, but it is more suitable to elevate them by the hand or the foot by means of a cord attached to the frame-work of the patient's bed.

Applications in Chronic Eczmatous and Impetiginous Eruptions.—Purified tar united to lard in the proportion of 1 to 3 parts in 30 of the excipient, has long been employed at the St. Louis, as the best resolvent in squamous eruptions, and as a valuable desiccative in chronic eczematous and impetiginous eruptions. Glycerine is, however, now preferred as the recipient, and the following is the formula of a valuable ointment easily applied and removable by water: glycerine, 30; purified tar, 2 parts; adding, while hot, 15 parts of starch, and mixing into a homogeneous paste. This application will assuage itching which resists all other means, and it acts as an effectual astringent and resolvent, without inducing irritation. The oil of cade is another favorite application of M. Gibert, mixing 1 part with 2 of almond oil or cod-liver oil. It is a valuable resolvent and desiccative, under the influence of which are cured eczemas that have continued red and exhaling for months, in spite of treatment. It is especially useful in obstinate prurigo of the anus and genitals; and in this case M. Gibert employs with it cold sitting baths and the internal use of arsenic.—*Bulletin de Therap.*, tome 55, p. 118.

Condy's Fluid in Ulcerated Surfaces.—This fluid, which consists of half a drachm of the permanganate of potass to a pint of water, is being extensively tried at the Middlesex Hospital, by Mr. Henry and others, in cases of burns, large ulcers, and suppurating surfaces arising from any cause, especially where the secretions are not only copious, but at the same time offensive. A case of very severe burn about the body and thighs of a female, admitted on the 2nd of October, is doing well with Condy's fluid. She had carron oil applied the first day, and Condy's fluid was commenced on the fourth day, with immediate relief to the pain. This fluid prevents any fœtor arising from suppuration. It was employed in two or three instances of cancer of the breast, from which there had been a very foul discharge; also in obstinate ulcers of the leg, and apparently with benefit.

PERISCOPE.

On the Comparative Influence of the Male and Female Parent upon the Progeny. By J. B. Thomson, L. R. C. S., Edin., Resident Surgeon, General Prison, Perth.

The following cases appear to me illustrative of a very curious and not unimportant chapter of anthropology, viz: "The comparative influence of the male and female of the human family upon their progeny"—a subject upon which very crude and indefinite notions are held, not only by the public, but by the members of our profession. It is a settled point with many, that it is foolish to search after any laws regulating the transmission of particular textures, features and constitutions from either parent to the offspring. These philosophers are satisfied with the unsatisfactory views of the poetical Lucretius:

> "Fit quoque, ut interdum similes existere avorum
> Possint, et referant proavoram sæpe figuras,
> Inde Venus varias produit sorte figuras
> Marjorumque refert voltus vocesque, comas-que."

While it is admitted that we can found little upon mere supposed general, physical or psychical ressemblances, I think the method of enquiry followed in this paper, is a correct one, and that a number of individual instances of the transmission of abnormal peculiarities from parent to progeny being accumulated and balanced, will lead to a safe and scientific induction

Mercatus, in his work, "De Morbis Hereditariis," says truly, that the parents, grand parents and great grand parents transmit quality, character, form and structure, proportion and disproportion, or any preternatural condition of a single member or organ, part or parts. Of this statement there can be doubt. We may go further, and affirm that, where we find such irregularities and defects plainly appearing in one parent, and reappearing in any of the offspring, such irregularities or defects are due to the influence of that parent. The order of causation is not to be questioned. And, further, when striking abnormal conditions, physical or mental, are transmitted in families, the statistics of such should form data upon which to found a proof whether and in what proportion the influence of the male or of the female predominates. Beginning with physical peculiarities of the external structure, transmitted from parents to their progeny, let us examine "the transmission of skin peculiarities."

Case 1.—*Hereditary transmission of webbed fingers.*—A. M., Alva, has had a family of 9 children, 5 sons and 4 daughters. He himself and his 4 daughters are webbed betwixt the middle and ring fingers, or close-

fingered, as their mother calls it, i. e. the skin stretches across and unites these fingers together. None of the sons have this peculiarity. A. M.'s grand father had the same; also his mother and two sons and one daughtér; his uncle, two daughters and one son, this son having all the fingers of both hands webbed together. A. M.'s daughter has one daughter webbed betwixt the middle and ring finger of both hands.

Case II.—*Hereditary transmission of webbed fingers and toes.*—(This case, from a recent number of the Lancet, is so similar to the former, that I make no apology for transferring it to this paper, for the sake of illustrating my argument.) W. S. has three fingers united throughout by skin, viz: the middle, the ring, and little fingers of both hands. His mother has the same, but W. S. is the only one of seven children so malformed. Her uncle (her father's brother) had the same, and her paternal grand father had the three smaller toes on each foot similarly united.

Case III.—*Hereditary transmission of extra fingers and toes partially webbed.*—J. B., Menstrie, has a daughter with six toes on each foot, the little toe and its neighbor being well webbed; also two little fingers on each hand partially adherent by skin. J. B.'s great grand father had the left hand also partially webbed. No other member of this family can be traced to have had any abnormal physical conformation.

Case IV.—*Supernumerary toes and fingers webbed.*—J. R., Tillicoultry, has the following peculiarities in his family, viz: 1 girl webbed betwixt the little toe and its neighbor; 1 son with 2 little fingers on each hand and 2 little toes on each foot. No hereditary trace of these peculiarities can admit the account of the mother as the true cause. She says, that when she carried this boy in utero, she met with an accident which split her little finger in two, so that it always afterwards looked like two fingers.

From the small number of cases now set forth, it would be unsafe to draw any strong proofs, lest we should be placed in the category of the philosopher in Rasselas, who was always coming to conclusions without any thing beingconcluded. But, although we admit that such a small number of cases is not proof positive, we must allow that they point to the following deductions. viz:

1. That the male parent has a principal share in the transmission of hereditary skin peculiarities to the offspring.

In case I, we have a grandfather, a father and an uncle sending down an abnormal condition directly through the belonged to all those descendants who inherit this skin peculiarity. On the other hand, we have

a grand mother and a grand daughter transmitting the same directly to their children.

In case II, the paternal grand father, and in case III, the great grand father, was the original progenitor, to whom the physical malformations were traced back. Leaving out No. IV, where the origin is very doubtful, we have the following proportional cases, in which the immediate influence of the female parents:

CASE I. — Transmitted	immediately by	Male, 10	— Female, 4
II.	"	3	1
III.	"	2	0
		15	5

But these cases point to another interesting deduction:

2. That the skin peculiarity in all these cases, where it could be traced back, had its origin in a male progenitor. In No. 1, it came in with a grand father; and in No. 3, with a great grand father. A curious questions here arises: Did the influence of the originator of this malformation extend itself through several generations who bore his peculiar characteristics? Is it true, as Dr. Harvie has recently asserted, that the male is the real producer of the species? Is it true that the influence of the male (in certain instances) extends beyond the first impregnation?

The consideration of these cases, which show the influence of the male to be greater than that of the female parent in the transmission of skin peculiarities, led me to look at the history of certain skin diseases which are hereditary, and the following instances occurred to my recollection:

Case of the porcupine family.—The original porcupine man, Edward Lambert, had 6 children and 2 grand sons, with the same singular skin as himself, ressembling, it is said, an innumerable company of warts, of a dark-brown color, and a cylindrical figure, rising to an inch in height. In this case, the disease originating in a male, continued to all the family of 6, and descended to the grand children.

Leprosy, too, seems to be chiefly derivable from the male parent. In Dr. Simpson's curious enquiries into the history of leprosy, we find quoted from the old Burgh Records of Glasgow (1589), "Robert Bogell, some to Patrick Bogle," both lepers in that city.

The modern experience of this malady in Norway, where it has so unaccountably increased of late years, has led to serious enquiry how it is to be prevented. Leprosy, or the spedalkshad is held by Drs. Boeck and Danielson to be purely hereditary; and so strong is the opinion of the male being the chief propagater, that the proposal has not only been laid before the Storthing or Norwegian Parliament to prohibit the mar-

riage of a leper, but it has been a topic of public and professional discussion how far it would be just to deprive the male infants of leprous parents of the power of propagation. Ligature of the vasa deferentia, we learn, has been seriously contemplated as a national measure.

The analogy of the lower animals confirms these views of the paramount influence of the male in transmitting generally the character of the skin to the progeny. The spawn of the salmon being impregnated with the male trout, the skin and the spots upon it showed the characters of the trout, and vice versa, the salmon being the male. With birds, generally, the outer textures follow the male parent. With quadrupeds, the same rule holds. An intelligent and experienced sheep farmer informs me that it is the practice to cross the blackfaced sheep on the Ochils with the Leicester ram. The Ochil ewes are blackfaced and have horns. The Leicester ram is not blackfaced, and has no horns. The breed follow the Leicester ram, whitefaced, and in the proportion of about 85 per cent, have no horns. A few years ago, on the estate of Alva there was a black ram with 5 horns, 2 on either side, and 1 on the center. The breed by the common white ewe took the abnormal character of this ram, with a few exceptions. We know also that the products of the male ass by the mare, and of the stallion by the she-ass, can be distinguished by the skin having the distinctive characteristics of the sire.

Numerous examples of this law must be well known to cattle-dealers; and this subject is admirably treated by Mr. Orton of Sutherland, in his ingenious papers "On the Physiology of Breeding."

We may safely, I think, conclude from the facts before us:

1. That in the lower animals, and in man also, the influence of the male is greater than that of the female parent in the transmission of the skin texture to the progeny.

2. That the exceptional cases (probably more in man than in the lower animals) lead us to look for some primary or secondary law presiding over the physiology of generation.

I intend to continue this enquiry as to the influence of the male on the other textures and organs of the body, in a series of cases and notes.

On Prolonged Constipation. Reported from the Clinic of Prof. TEISSIER. By Dr. COUTAGNE.

Throwing the constipation resulting from organic lesions of the intestines out of consideration, Dr. Teissier establishes the following varieties of constipation, which are founded on the causes they are produced by. Constipation can thus depend:

1. Upon alteration of the mucous secretion, such as diminution of the intestinal exhalation, or modification in the composition of the mucus, etc.

2. Upon functional disorders of the liver, which does not pour out a sufficient quantity of bile into the intestines.

3. On inertia of the intestinal contractility.

4. On a spasmodic state of the muscular coat of the intestines.

The most frequent cause of constipation is the indolence and inertia of the muscular fibres of the intestine. This variety is frequently combined with those which result from derangement in the digestive secretions, and is observed ordinarily in old people, in persons of sedentary habit, and those who repose too much in bed. After a review of the well known symptoms of constipation, Dr. Teissier considers the treatment of the disease, which he bases upon the etiological distinctions established above. For constipation, in consequence of alteration of the mucous secretion, he recommends emollient injections with honey or oil, and light laxatives. For constipation from derangement of the biliary secretions, drastics, rhubarb, aloes, calomel, extract of oxgall, etc. In habitual constipation dependent upon indolence of the intestine, Dr. Teissier objects to the use of purgatives, and even to warm emollient enemata or laxatives, as they only augment the evil: purgatives excite the intestinal secretion only momentarily to diminish, and even suspend it afterwards, while warm and emollient injections, although bringing temporary relief, tend to weaken the intestinal tunics, and put them in a state of atony. For patients of this kind M. Teissier recommends:

1. To regulate the habit of the intestinal functions by going to stool each day at a fixed hour, and making prolonged efforts to provoke contractions of the large intestines, as recommended by M. Trousseau.

2. Injections of cold water.

3. Nux vomica in very small does each morning.

4. The tea of saint germain, which Prof. Teissier considers one of the most efficacious remedies, having used it for ten years with great success.

5. Coffee with milk.

6. Bran-bread.

7. White mustard.

8. Ervalenta.

For the treatment of constipation dependant upon nervous erithism of the intestines, a form frequently met with in hysteric, neuropathic females, the best remedy is belladonna in fractional doses: one centigramme of the extract every day.—*Gazette Medic. de Lyon—Gazette Hebdom.*

Persulphate of Iron as a Hæmostatic.

We abstract from the American Journal Medical Sciences, a portion of an article condensed from the Pacific Medical and Surgical Journal. Dr. H. H. Toland records three cases in which vessels of considerable magnitude were wounded, in which he employed with entire success the persalt of iron, recommended as a hæmostatic by M. Monsel, surgeon to the Military hospital at Bordeaux.

"Its action on blood and albumen is powerful, and on blood somewhat peculiar. It produces with the latter a voluminous clot, absolutely insoluble, which continues to enlarge, for several hours after its application, and becomes quite hard and firm. The following is the formula by which this salt is expressed: 5 SO^3, 2 FeO_3."

"This salt (Dr. Toland states), if applied to a superficial wound af soon as made, not a drop of blood escapes, and no pain results from the application. It acts by producing instantaneous coagulation of the blood, and will be found invaluable in hemorrhage from the mouth, nose and throat, when it is impossible to ligate the vessels, and may be equally efficacious in alarming uterine hemorrhages, either active or passive. In solution, it could be readily applied: it is deliquescent, and dissolves speedily in water."

Monsel's Persulphate of Iron—New Hæmostatic and Astringent Tonic. By Joseph C. Hutchison, M. D., Surg. to the Brooklyn City Hospital.

Having recently used the above agent (which was introduced to the notice of the profession, by M. Monsel of Bordeaux), in the following cases, with the most gratifying results, I present them as some evidence of its superiority as a hæmostatic:

Case I.—While assisting Dr. Isaacs to perform Cooper's operation of excising a portion of the scrotum for varicocele, on a patient in the Brooklyn city hospital, I applied, with his permission, the persulphate to arrest the copious capillary hemorrhage which always occurs during operations on this tissue. Instantaneous coagulation occured with satisfactory results.

Case II.—In a case of profuse epistaxis caused by a blow on the nose, which probably produced rupture of some of the larger capillaries, a narrow strip of lint saturated with the solution was introduced into the nostril, which at once produced a hard coagulum, and arrested the hemorrhage instantly.

Case III.—In this instance the effects of the persulphate were most marked. A few days since, while Dr. Minor was operating for necrosis

of the femur on a patient in the Brooklyn city hospital, an artery of considerable size was cut, and we were about applying a ligature, when the doctor suggested a trial of Monsel's solution, which at once arrested the hemorrhage, very much to the surprise of all present.

The article which I used was prepared by Dr. E. R. Squibb, lately of the United States navy, who, the profession will be glad to know, has recently established a laboratory here for supplying the U. S. army and the medical profession generally, with pharmaceutical chemicals of such a standard of purity as has not hitherto been accessible to them.

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10. *New mode of Dressing Fractured Clavicle.* By Dr. J. W. Freer.

In the Chicago Medical Journal, Dr. J. W. Freer gives his own method for the treatment of this fracture, which seems to be simple, easy of application, and to answer all the indications. He applies a strip of adhesive plaster, two and a half to three inches wide, and long enough to extend from the under surface of the forearm, near the elbow of the injured side, to the shoulder opposite, the strap being applied about its middle to the form, and passing each end, one in front and the other behind, crossing on the shoulder, and lapping over. This must be drawn tight enough to bring the elbow firmly to the side and elevate the shoulders; a pad having been placed in the axilla to carry the shoulder outwards. Next, a similar strip is passed around the injured arm at the axilla, carried across the back under the arm opposite, and lapping upon the breast tight enough to bring the shoulder sufficiently far back. Finally the hand is supported by a silk handkerchief, attached to a loop of plaster over the sound shoulder. If it be necessary to make compression over the seat of fracture, this may be done by means of a strap placed under elbow and over the shoulder of the injured side.

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11. *Metallic Ligatures around Arteries.* By Prof. Simpson.

In pursuance of the observations made to the Edinburgh Medico-Chirurgical society last year, Dr. Simpson had had a series of experiments tried on the effects of metallic ligatures around arteries. Dr. J. Murray had kindly and most ably made most of these experiments. He showed one of them, viz: the carotids of a cat, recently killed. Both of the carotids had been tied and obliterated, seven months ago, with palladium wire. There was so little swelling, or change or effusion around the sites of these ligatures, that it was difficult at first to trace their presence. If, Dr. S. argued, these ligatures had been organic, or made of silk or hemp, and not metallic, the amount of irritation produced by them would, long ere the seven months had elapsed, have set up eliminative and suppurative inflammation.

Ed. Med. Jour.

Pepsin.—M. Mialhe has inserted in the Bulletin Général de Thérapeutique, a new formula for the preparation of this medicament, which he considers is exempt from the inconveniences attached to those heretofore in general use. This elixir, he says, has a very agreeable taste; and women and children take it without any repugnance, and even with pleasure. It is administered immediately after each repast in a spoonful, containing one gramme (15 grains). This is the formula. Pepsin (prepared after the method of MM. Corvisart and Boudault, with amylaceous matters), 6 grammes; distilled water, 24 grammes; white wine (de Lunel), 54 grammes; white sugar, 30 grammes; spirits of wine, at 33°, 12 grammes. These materials are mixed together until the sugar is quite dissolved, and are then filtered.

On the Lesions and Pathological Phenomena caused by the Presence of Lumbrici in the Bilary Ducts. By Dr. E. A. Bonfils. (Archives Générales, June, 1858.)

After combating Cruveilhier's opinion, that intestinal worms can be introduced into the biliary ducts only after death or during the death struggle, Dr. Bonfils analyses the 23 cases which he has collected, in which lumbrici were discovered in the ductis communis choledochus, in the gall-bladder, or in the hepatic duct; in 2 cases the lumbrici were perfectly fresh and still living; in 1 the worm was dead and slightly altered, was of a pure white, and softened; in 1, reported by M. Forget, a lumbricus occupying the ductus communis and the ductus hepaticus was perfectly fresh, while another occupying an abscess in the right lobe of the liver was softened and macerated, evidently having been long dead; in one case a lumbricus formed the nucleus of a biliary calculus. The symptoms varied much in the different cases, but the author considers that the presence of the following circumstances justifies the conclusion that we have to deal with the presence of a lumbricus in the biliary ducts: the sudden appearance of morbid phenomena, without appreciable moral or physical causes, of considerable intensity, characterized by very violent pain, combined with deep color of the skin, vomiting, &c., similar to the symptoms accompanying calculus in the biliary passages; a rapid disappearance of all phenomena on the discharge of the worm; the concurrence of these symptoms, unassociated with general colicky pains (*coliques extérieures*), are regarded by the author as indicative of a lumbricus being the foreign body which has entered the biliary ducts, and having thus arrested the passage of the bile.—*Ib.*

How many Children can a Woman bear?—Dr. Szukits says that this question has not yet been satisfactorily answered. He himself has

observed two females, each of whom had borne twenty-four children, Osiander (*Handb. d. Entbindungs Kunst*, 1 Theil, 1 Abth. S, 319) mentions one woman who during her married life bore forty-four children and another who had fifty-three. Burdach (*die Physiol. als Erfahrungs wissenschaft*, 1 Bd. 1826, S. 410) relates that the wife of a countryman in Moscow district had given birth to sixty-nine children at twenty-seven confinements—four times four at one birth, seven times three, and sixteen times twins. In the year 1809, the Vienna newspapers contained the following announcement: Maria Anna Helm, the wife of a poor linen weaver in Neulerchenfeld, twenty years married, bore at eleven confinements thirty-two children, twenty eight living and four dead; twenty-six were males and six females; all were begotten by one man and nursed by herself. She had at her last confinement three children—one living and two dead. Her husband was a twin, she herself one of four. Her mother had produced thirty-eight children, and died during a confinement with twins (Osiander, 516). Six children seem to be the largest number ever produced at one birth. A perfectly trustworthy instance of this is the following: The *Schwäb. Mercur*, No. 8, S. 22, 1806, contains the following notice: Ohlau in Silesia, 11 Dec., 1805.—The wife of a chimney sweep here, named "Dofer," was yesterday confined of six children; all were boys, and dead. This woman, who has been twice married, has already given birth to forty-four children. During her first marriage, which lasted twenty-two years, she bore twenty-seven boys and three girls. In her second marriage, which has lasted but three years, she has born fourteen children—three at the first, five at the second, and now six at the third confinement (Osiander, 320).—*Ed. Med. Journ.*, June 1858, from *Zeitschrift, d. K. K. Gesellschaft d. Aerzte zu wien*, July and August, 1857.

Diphtheria and its Connexion with a Parasitic Vegetable Fungus.—Letter from Dr. Wilks.—Sir: Opinions still vary as to the true nature of diphtheria, and therefore as to its connexion with a parasitic fungus (oïdium albicans). As on several occasions the white film on the throat has been found to consist of this fungus, it has been conjectured whether the malady is not really one having a parasitic origin, and the belief has been rendered more probable from the fact that several new diseases have of late prevailed throughout the organic kingdom, both animal and vegetable, which are clearly traceable to parasites; for example, the oïdium of the vine. Unfortunately, those practitioners residing in districts where diphtheria has been endemic have been silent on this point, and it has only been by occasional observers that the fact has been made out. In the few cases of the disease which I myself have seen, a fungus has

always been present, and thus my belief was, until lately, growing strong that in this observation would be found the true character of the malady or, at least, that the parasitic growth was intimately connected with it, the question still remaining open whether the formation or growth of the fungus is the primary process, or whether a diseased condition of the surface must not previously exist to prepare a suitable nidus for its development; a question still debated in connexion with other parasites as the porrigo lupinosa (faveuse), a disease in which some cutaneous inflammation is generally found, and thus creating a doubt as to whether this is excited by the fungus, or whether an herpetic or pustular eruption does not previously exist to form a suitable soil for the sporules which are afterwards sown in it. Let the formation in the throat be primary or secondary, it still remains important to know whether its presence is an essential part of the disease; indeed, the spreading character of the pellicle its separation and destruction by corrosives, are all facts which seem to indicate that many features of the disease are due to its existence.

My attention being directed to this matter, I took the opportunity to examine the films which occasionally form on the mouths of those sick with various diseases; and on submitting them to the test of the microscope felt some surprise in witnessing in all fungous growth which I have not been able to distinguish from that of diphtheria. Thus, I lately had a woman die under my care in Guy's Hospital, with acute cerebral and spinal meningitis, pleuritis, etc., of a supposed phlebitic origin, and on examination of the pharynx after death, a pellical was found composed of the parasite. Again, a child 4 years old presented itself among my out-patients apparently dying with croup, but on examination was found to be suffering from an extension of diphtheritic disease into the trachea. The throat and tongue were covered with a white pellicle, a portion of which being placed under the microscope, displayed very readily the oïdium; the only difficulty about the case being the statement of the mother, that the child had suffered with a throat affection for several weeks. Mr. Hardy (a student) at my request kindly followed the child to Woolwich, and made a post-mortem examination. The throat, trachea, etc., were covered with a pellical as before said; and on removing this to find a cause for the chronic symptoms, a polypus of papillary character was seen growing from one of the vocal cords, with thickened tissue around.

Here was an explanation of the chronic symptoms; and upon this had arisen an acute inflammation, accompanied by the fungus. Another case was that of a man who died last week under my care in the Hospi-

tal with softening of the spinal cord. A few days before his death his mouth and tongue became covered with a white secretion, which very rapidly formed a complete layer over the whole buccal surface. An examination of this by the microscope showed a remarkably fine specimen of the fungus, the mycelium and sporules exhibiting themselves to perfection. On mentioning these circumstances to Dr. Barlow, he stated that he had under his care a child with a white film on its mouth (the case not being one of diphtherite), and he sent me some of the secretion for examination, when I found it to resemble the specimens already named; and the same occurred in one or two other cases which I have seen, but need not detail. These facts are sufficient to show that a vegetable fungus may spring up on the buccal mucous surface in various cases of disease, but requiring probably some previously morbid condition for a nidus. Is it not so in diphtherite? Is the disease, strictly speaking a maligant sore-throat and the formation of a pellicle an accident; or is the latter an essential part of the affection? In the case of the child just mentioned, if no post-mortem examination had been made to discover the chronic disease, the case would have been called diphtheria; and in the man with spinal paraplegia, the condition of the mouth would have been sufficient to have marked it a case of the same kind had there been no other affection present. Such cases may throw some light upon the opinion of those practitioners who, not residing in diphtheritic districts, and who see only isolated cases, regard the disease as a mere modification or peculiar form of some ordinary maladies, as cynanche and scarlatina, and this may in some instances be correct. In speaking of the parasitic growth found in the above mentioned instances we were aware of the objection which can be made—that the fungus of diphtheria is peculiar (supposing it always to be present), and that found in the mouth of other sick persons is in connexion with apthæ, and is another variety. In answer I can only say that I failed to discover in the above cases any difference, and, moreover, the character of the pellicle and its rapid extension over the whole mouth, throat, and tongue, was totally unlike ordinary aphthæ.

My object in bringing the subject before your readers is, that some may extend these observations, and note how far throat affections, with these peculiarities, are prevailing in other patients besides those with true diphtheria; and also that those gentlemen who are seeing much of this latter disease, will confirm or not the observations made by myself and others that the pellicle is *always* composed of a vegetable parasitic fungus. When more facts are ascertained on this point we shall be better able to judge of the characters of the disease.—Samuel Wilks, M. D.

17 St. Thomas St., Southwark.—*London Medical Times and Gazette.*

Treatment of Diphtheria.—1. A temperate, dry, well-ventilated room as can be obtained, no one being allowed to sleep in it except an attendant. Crowded bedrooms and animal effluvia are an exciting cause.

2. A calomel purgative, varying in strength, according to the age and size of the patient; and in children, where symptoms of laryngitis appear, a rapid exhibition of the chloride of mercury, such as a grain to two grains every hour till the breathing is easier, and then every three or four hours, till the false membranes are loosened, and the bowels evacuate green stools, or vomiting. Care is needed not to carry the mineral too far, but it can be borne in proportion to the strength of the patient and the sthenic form of the attack. Children who have been healthy, and are teething, have most inflammatory symptoms.

3. The decoction of cinchona with hydrochloric acid, varying the dose of the latter from one minim to ten every four hours, in from a teaspoonful to two tablespoonfuls of the former.

4. Gargle with chloride of sodium and vinegar, a tablespoonful of each in a teacupful of hot water; also inject this up the nostrils when they are becoming obstructed. This excels all other gargels; it relieves the breathing and the fœtor, and causes the ulcers to heal.

5. Apply the stick of nitrate of silver to every part where the false membrane or exudation can be seen. By means of Dr. R. Quain's tongue depressor, one can see far and wide; but when the patient will not submit to this, and when the disease spreads beyond the reach of the caustic case, a probang and a clean sponge well saturated with strong solution of nitrate of silver will answer.

6. Rub the external fauces with compound iodine ointment night and morning; and when the erysipelas may appear, apply the stick, and lay on a plaster of strong mercury ointment.

7. Keep the room and all else sweet and clean.

8. A nutritious diet is neccessary. A little mutton every day; boiled milk, rich gruels, and beef-tea, with hot port wine-and-water, (half wine, with sugar and lemon,) for all above ten years; and warm milk-and-water for minors. All things should be taken warm. Cold drinks are an exciting cause.

The disease is not infectious, except, perhaps, under extraordinary circumstances.

I could illustrate these remarks with a few cases of different intensity; but I fear to encroach upon your space.

I am, Sir, yours, most truly,

RICHARD CAMMACK, Jun.

Bennington, Boston, Sept. 1858.

Nitro-Sulphurets of Iron—Re-agent for Cloroform—The *Journal de Chimie Medicale* for September contains an interesting article by M. L. Roussin on these new double salts, and their application as re-agents for the determination and purity of chloroform. These bodies are perfectly crystaline, and are soluble in water, alcohol, ether, and wood spirit, but *absolutely insoluble* in *pure* Chloroform. With alcohol, ether, and wood spirits, these salts in solution are productive of intense coloring powers. All the nitro-sulphurets possess this property in a greater or less degree —five centigrammes of the ferric salt will give a deep wine color to two litres of alcohol.

Chloroform, when pure, or but slightly mixed with water alone, does not present any discoloration by the addition of the re-agent. Its sensibility is equal to *one* part in *one thousand* for alcohol, ether, or wood spirit, either of which it will readily detect in the above small proportions. The chloroform of commerce is variously adulterated with alcohol, some presenting the opaline hue after their agitation with water. Such an article will become dark on the addition of the re-agent. One or two, only, of the whole number examined, presented evidences of sufficient purity to recommend them to use. The method of examination is thus: Into a small tubular bottle with a good ground stopper, introduce the chloroform to be examined, add a few centigrammes of the nitro-sulphuret; agitate briskly, and then leave it to repose for two or three minutes only. The chloroform, if pure, will remain limpid as pure water; it it contain alcohol ether or wood-spirit, it will take on a deep color, varying in intensity with the quantity of material of adulteration. The double nitro-sulphuret of iron (bi-nitro-sulphuret) is particularly recommended for this purpose, as it is most easily procured, and equally sensitive with any of the others.

The re-agent is obtained as follows:—Take two solutions, one of nitrate of potassa, the other hydro-sulphuret of amonia--add these two solutions slowly, and, when united, the combined solutions are added, drop by drop to a solution of proto-sulphate of iron, constantly agitating the mixture during the whole process. The mixture, to preserve well, should have a light alkaline re-action. The mixture is now heated to ebulition and evaporated to dryness on a salt water bath. This product is treated with a mixture of ether and alcohol combined, and filtered. By evaporation of this liquid carefully there remains in the vessels prismatic crystals of bi-nitro-sulphuret of iron, which must be washed with water holding ammonia in solution. The product, after drying between folds of absorbent paper, is preserved in well stoppered bottles. It is expressed by the following formula: $FeS, AzO^2+Fe^2 S^3, AzO^2+SH$.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGN'TATEM ARTIS MEDICÆ TUERI.

THE WHITNEY CASE.—The interest of the American public, particularly of its New York portion, has been deeply engaged of late on behalf of an occurrence, attended with the most important consequences to all whom it directly involved. The principal parties concerned were the medical attendants of a gentleman whose death was preceded by circumstances of an unusual character, and, from the celebrity they enjoy in their professional calling, the peculiarities were considerably heightened in popular estimation. The result was also of still more importance, from declaring, according to its decision, the propriety or not of a particular mode of treatment applied for the alleviation or cure of very prevalent diseases, engaging the most anxious solicitude as to their ultimate issue. The details went fully before the public in the daily newspapers, formed an absorbing subject of conversation, and engaged for three sessions the debates of the Academy of Medicine. An unusual degree of excitement prevailed in the city, and was carried out of it to distant places. Moreover, as was to be expected in a matter so general, multiplied aggravations were conceived, and woeful misrepresentations followed hard on one another.

The case, briefly put, was this:

Mr. S. Whitney was the patient of Dr. Green, at his last visit he believed he received a mortal injury from that gentleman. He then sent for two other practitioners, Drs. Beales and Mott, who took him under their exclusive charge, and they, in opinion, reiterated his belief. Mr. W. died. A post mortem examination was made, and the discoveries were said to be most conclusive against Dr. G.

The particulars, as we have been able to gather them, are as follows:

Mr. S. Whitney applies to Dr. Horace Green for his advice, on 25th October 1858. He has had a cough for some time, and is in a weak state of health. The Dr. diagnoses tubercular softening of the top of the left lung, and finds his throat "granulated and inflamed; the left tonsil slightly enlarged and ulcerated; the epiglottis thickened and its border whitened with a line of erosions." The tonsil was amputated; the pharynx and epiglottis were cauterized; and a mixture recommended, which contained iodid potass, nearly 4 grs., iodid mercury, $\frac{1}{17}$th of a grain, tinct. rhubarb, 14 minims, and syrup of sarsaparilla, 42 minims. This compound was taken for three weeks, during which period four additional cauterizations of the same parts, and the interior of the larynx are particul

larised, and more were practised, for it is stated in the authentic report, "the topical applications were continued to the opening of the glottis and into the larynx." On the 20th Nov. a cavern in the softened part was diagnosed and a prescription was given for phosph. of manganese and other restoratives in very small doses. Mr. W. did not return again till Dec. 4th, when "the sponge probang was passed into the larynx." 6th Dec. A hollow tube was passed into the glottis "and a drachm of the nitrate of silver solution of the strength of 15 grains to the ounce, was injected into the left bronchus."

9th Dec. Relief of cough was thought to have followed.

This experiment was never repeated.

14th Dec. This morning paid his last visit to Dr. G., the probanging was repeated, "and in precisely the same way, except when the sponge reached the glottic opening the patient partially closed the throat." The instrument was at once removed. Before he left the office he frequently endeavoured to clear his throat, but hawked up no blood. In talking about it, the patient remarked that the operation hurt him more than usual, and he felt as if something had given way. A few hours afterwards Dr. Beales was sent for, who found Mr. W. in great terror; he believed he was so injured by Dr. G. that "he was killed," or would die thereby. No local lesion could be seen, but "the fauces and throat appeared in a state of great inflammation, intense radiative pain was complained of in the region of the larynx, and frequent grasping attempts were directed towards it. There were symptoms of nervous shock or corporeal depression. Diffusible stimulants were occasionally given "till reaction should be established," and an oleaginous emulsion for local relief. In the evening he was reported to be worse: a mixture was now administered, containing in each dose 5 minims of antimonial wine and 3ij of solution of morphia, which was repeated every four hours. Warm aqueous inhalations were also combined. Next morning, 15th Dec., there was "extensive emphysema all round the neck and partially in the face, rather more noticeable on the left side," it went on increasing: in the afternoon it had extended down over the chest, and by night the neck and face were enormously swollen; it had increased so as to be "all over the chest." The general symptoms seemed like those of irritative fever. The breathing now grew laboured. The skin over the neck and chest acquired a purplish erysipelatous appearance. Last mixture continued, and alternated with a tea-spoonful of ammoniated tincture of valerian. Dr. Valentia Mott saw the case in consultation.

Dec. 16th. Emphysema enormous, "the mamma resembling those of a stout nursing woman," extends as low as Poupart's ligament on one side

and the umbicilus on the other, "cannot open his eyes till the air is carefully pressed out of the lids." Rather more feeble. Dec. 17, no observable change in the symptoms, but pulse is very irregular and feeble. Several attempts have been made from time to time to examine the fauces and adjacent parts, but the excessive swelling rendered them unavailing. Dec. 18, after some flickering amendments it was noted the swallowing was more difficult, "the attempts to do so bringing on coughing, partial strangulation and some regurgitation." Dec. 19. The most prominent local symptom noted is a plentiful "mucous secretion that keeps him almost constantly coughing and expectorating which he does with great difficulty and suffering," this first began two days ago, but has been increasing. Towards the evening all the symptoms were much worse. 20th. "Emphysema rapidly disappearing from the face and throat;" other symptoms steadily becoming more serious He gradually sank under progressive exhaustion and augmenting asphyxia, and died on Dec. 21.

At the autopsy, 30 hours afterwards, the larynx and trachea were found "natural and healthy." There was injection of the mucous surface of trachea and bronchial tubes. Two abscesses were discovered: one in the neck the size of a large hen's egg; "it was on the left side of the thyroid cartilage, and downward behind and below it a little in front of the pharynx;" at the upper and posterior part of this abscess there was an opening into the pharynx "large enough to admit the end of the forefinger." The other abscess or cavity, as some preferred to call it, was at the root of the left bronchus, "about the size of a small black walnut of a reddish brown color and irregular villous surface." It was surrounded by lung in a state of red hepatization, and was covered by a strumous like fibrin from a partial Pleuritis. "At the upper and anterior part of this cavity there was a small opening through both pleuræ." Not a single tubercle was found in either lung, and, except in the above particulars, the pulmonary parenchyma was remarkably sound.

As we have intimated, the subject received a lengthened consideration from the Fellows of the New York Academy of Medicine, and after a free expression of individual opinions in regard to it, this tribunal proceeded to express judgment upon the matter. This was not passed, however, without an alternate prosecution between the accusers and the defendant. They alleged that he, Dr. Green, had by his injection into the bronchial tubes, laid the foundation for the cavity, which, according to them, was the result of a previous slough, found in the left lung, and, by perforation, led to Emphysema; and they believed the abscess in the neck was induced by his probang having lacerated the pharyngeal mucous membrane, through which rent alimentary substances

subsequently passed into the adjoining cellular tissue, exciting inflammation. He, on the other side, denied the truth of these charges, and retorted that the patient died with a pharyngeal abscess, which Drs. Beales and Mott had not ascertained during life, and which should have been opened, but was not. Criminations and recriminations succeeded, boldly proclaiming that each attendant was egregiously wrong in his diagnosis and treatment. Reminding us of the saying addressed to two disputants who, not having truth to rest upon, had each shown the inconclusiveness of the other's specious argument, without being able to escape from the maze of error wherein they had entangled themselves. "Ye are twa stalwart chiels nae doot o' that; ye are like twa fighting bulls of Bashan, that have got their horns sae fast locked, that it is hard to see how they are to get loose, except by pulling ilk ither's heads aff." To the academy, indeed, it was "hard to see" how the matter was to be disposed of; at length, however, a motion was passed unanimously, to the effect that,

"Whereas, various statements, made by the public press and otherwise, have reflected on the reputation of Dr. Green and of Drs. Mott and Beales, as having conduced, by their treatment, to the death of Mr. Whitney; therefore

Resolved—That we, the Academy of Medicine, after a full examination of the reports of the case, and the *post mortem* examination, do consider that his death was in nowise the consequence of improper treatment, but was the unavoidable result of a complication of diseases."

This must have been carried, evidently with a view to the feelings of the *oi polloi*, to disabuse their minds of any suspicion of blame they might before have entertained against the medical men in question. The tables were turned upon the accusers, the latter were brought into a condemnation of the same sort with himself by the defendant or his friends, while all were acquitted alike, viz: by a double defeat and no victory. But though a conclusion like this may do for the laity, it will not satisfy the profession, for they will perceive it is one in which, as far as the science and art are concerned, nothing is concluded. The case involved many most important points, the solution of which must be to practitioners extremely interesting, if not instructive; as, for example, the nature of Mr. Whitney's original disorder,—was it phthisis, as was diagnosed by Dr. Green? were there tubercular deposits in the lung and follicular disease of the epiglotto-pharyngeal membrane? the suitableness of the doses prescribed,—were they such as should be repeated in a case of urgency? the expediency of nitrate of silver injections in lung affections generally, in common inflammatory cases, and particularly in others of a specific char-

acter; the encouragement or discountenance which the present case affords to such a line of practice; the truth or falsity of the grave charge that taxed Dr. G. with rupturing the larynx,—was such an accident likely to have occurred in the management of an experienced surgeon, or even is it possible to the hands of one more rude? if any local injury did result, and was not of this extremity, in what did it consist? the pathological state of the upper part of the left lung, presence or not of an abscess, or cavity, and, admitting its existence, what was the antecedent disease of which it was the product? the occurrence of the emphysema; the abscess high up in the neck,—extra pharyngeal in position,—what might have been the reason of its production? and was it, during life, actually patulous or occluded? what is the real import of the rent that led to its interior cavity? the obscurity or palpableness of its existence during life, the advantages of having incised it, and the probable influence upon the future termination; and lastly, the constitutional condition of the patient, especially, considered in its probable influence upon the developments that happened and in their issue.

Persuaded of the satisfaction that must attend a solution of these important points, we were urged to proceed some steps further into the examination of the case, and, to be brief, we shall state the deductions they have led us to in the form of numerical statements, premising that they have been arrived at after a careful weighing of the entire evidence, voluminous though it was, and in a spirit, we deem, of perfect disinterestedness, having had no predilections to favor.

1st. The diagnosis of pulmonary tubercles could not be substantiated. Not a single tubercle was found at the autopsy after a thorough examination of both lungs. The only supposition in favor of the original diagnosis is to assume the existence of the cavity in the lung as evidence of tuberculosis. Still, at most it would be only an evidence of past tubercle, and it can only be admitted to be even that upon simply gratuitous concessions. Its appearance was such as to lead skilled witnesses who saw it, to pronounce decidedly against its tubercular nature.

2nd. The remedies first prescribed were nugatory. The dose in which the iodid of potassium was given might after repeated renewals become beneficial, but the exiguous portions of the other drugs were utterly valueless. This is the more pertinent because it was urged in defence, with apparent sincerity, that a cure had been effected in the original disorders before the fatal seizure. Upon more mature reflection, no one, we believe, will allow this could be possible in the case of pulmonary tubercles at the stage of softening, in the course of a few weeks, by the internal medicines prescribed.

3rd. The existence of erosions in the epiglottis may be allowed as a matter of courtesy. Otherwise it falls into the same category with the former.

4th. The injury from the nitrate of silver injection into the bronchi is only an assumption, and was not warranted by any declared disclosures. Had the injection been of the corrosive character implied, its effects would have been instantaneous and gravescent. On the contrary, however, the patient, for eight days afterwards, was certainly nothing the worse, which was abundance of time to allow of the local excitement produced, if there was any, to exhaust itself and subside. The destructive lesion in the lung, if gangrene from a topical cause, would have declared itself by very decided symptoms of intense pneumonia in the upper lobe which it has not been proved, nor attempted to shew, were present.

5th. Injections of this or any other caustic salt into the interior of the air-tubes is not prospectively of any service in phthisis, and no bona-fide facts can be adduced to demonstrate that it has ever been of any real benefit. It is no longer a question to decide whether or no such a feat is accomplishable, for there exists no doubt of the affirmative. Once we know it was considered an impossibility. We well remember when a very verdant young man, rich in conceit, but poor in physic, was asked what was the treatment for phthisis after the lungs were ulcerated? He without concern replied in a bold, off-hand way, "touch them up with the nitrate of silver." Great was the consternation of the grave lecturer; greater still was the amusement of his fellows, who had yet to learn the responsibilities of medical men. Every one then believed the rash answerer to be a fool, and no one credited the propriety of such a tremendous practice as "touching up" ulcerated lungs with caustic. But that was many years ago. And now the juvenile, were he still in the ranks of medicine—which happily he is not—might be esteemed a prodigy. But to return; such a method is not prospectively beneficial, neither theoretically nor practically. The correct pathology of phthisis does not lead us to conclude that local stimulants swept over the bronchio-pulmonary surface will be of any use. As we have been able to understand it, the lungs are the localities where the last scene of the mournful tragedy is played out, but not the residences where the hurtful actors dwell. They live elsewhere, and do not appear on the stage until fully strengthened for successfully finishing their parts. The primitive vice is in the large organs which manufacture chyle, and turn it into blood, and in the capillaries that have so much to do with nutrition, secretion and decomposition

These are the controlling powers, but they are free, a few drops of silvered water, poured over the ærian membrane cannot touch them. And analogy leads to the same end. Solitary applications of solutions of caustic will not cure a scrofulous sore laid in a coarse, rough bed of tubercular effusion. Nor will they cure a veritable instance of strumous ophthalmia. These are examples we can see, and if the remedy is unavailing in the one kind, it will be equally so in the other. Until then actual facts, "bona-fide" as we have already styled them, which do not now exist, are adduced, capable of disproving these statements we have advanced, we shall rest in the conclusion that injections of nitrate of silver into the bronchial tubes, though practicable, are not advisable in phthisis pulmonalis; for the art of medicine is not to shew what can be done, but to be content with doing that only which is best.

6. The rupture of the pharynx or larynx in the way indicated is unfounded. The mere introduction of a moist sponge probang into the fauces is incapable of tearing the surrounding mucous membrane. This is fully established by the experiments of Conant, of New York, who, after several trials conducted on the cadaver, in which various degrees of force were exercised, concludes, "I am fully satisfied that it is absolutely impossible to perforate either the trachea or the mucous membrane of the pharynx or larynx with the ordinary sponge-armed probang, or the tracheal tube."

7. While, however, it is allowed so grave an injury could not be inflicted, it by no means follows that one of less degree was not produced. Though positive solution be impracticable, a direct contusion is not an unlikely effect that might happen during the inadvertent introduction of a stiff probang in a patient who suddenly closed his mouth and tried to obstruct its onward passage, especially if the operator still persevered, physically, to overcome the reistance offered, which appears to have been the state of both parties, surgeon and patient, in the present case. Against this lesser degree, the experiments above referred to are no appeal in contradiction, for the conditions on which they depend are not present in the lifeless body.

8. The situation of the abscess in the neck, being exterior to the place of the alleged injury, lends a confirmation to the foregoing hypothesis, while in turn its own selection appears the more intelligible. It is thus an illustration of the readiness with which inflammation or irritation is transmitted from one situation to another by sympathy of contignity, as is so often obvious in the establishment of cellular suppuration or exudation when developed in close proximity to an adjoining lesion of a mucous surface. Unaided, the local causes would probably be inadequate

to explain entirely the occurrence, but it is obvious they were aided and directed by other forces of a yet more powerful nature, as shewn below, Sect. 13, for the sloughing state of the cellular tissue, which hung like "wetted tow" within the cavity, shews the abscess was not one of a simple sort from common healthy pyogenesis.

9. The aperture discovered in this abscess we regard as a rent, and not present during life, because it would then have allowed the contained pus to have escaped, which would, consequently, not have been found in the interior as it was; and because before death there were marked signs of displacement of the larynx, from the distension of the abscess, and we believe increasing suffocation from mechanical obstruction, induced by the same cause. The rent must therefore have been a post mortem occurrence.

10. The non-discovery of this abscess was perfectly excusable. Dr. Beales and Mott are properly exonerated from all censure. As the latter remarked, who is the Nestor of American surgeons, the patient was so "blown up" the abscess could not be felt, while the symptoms were too vague to centre in its exclusive distinction. Even had it been ascertained, its incision *ab externo* would have been, under the circumstances, most perilous, while it was an impossibility *ab intero*, for, by the time it had grown sufficiently ripe, the patient could not open his mouth wide enough to allow of the necessary space for the safe or certain performance of the operation. And, lastly, had it actually been opened, the result would probably not have been averted; the urgent material cause of death was the morbid state of the pulmonary tissue.

11. The only disease discovered in the left lung was inflammation of the parenchyma of its upper lobe. It appeared to be of various degrees of intensity, most energetic centrically where the cavity was found, and gradually declining in severity thence to its border of interruption. We look upon this simple view as meeting all the difficulties of the case. Assuredly this cavity was not an apoplectic cell, nor a vomica, nor cancerous, nor from any other equally rare form of pulmonary lesion, for its character did not answer to such. We accordingly regard the explanation given of it by Dr. Watson, the President of the Academy, as approaching nearer to its true interpretation than any we have read in the discussion. He informs us that Mr. Whitney had been in the habit of drinking to excess in early life, had foul breath, a cough lasting for many months; therefore he infers he had, in all probability, circumscribed gangrene of the lung. Several other features are pointed out, but as we do not accept all that is state by him, nor is it necessary, these need not here be repeated; it is enough to identify our opinion with his in admitting the product to be the result of a similar action, viz., inflam-

mation. It is thus uniform, as it were, in its nature and its termination, with the pharyngeal abscess.

12. The emphysema is intelligible by the solution of continuity in the lung substance entailed upon the previous lesion, whereby the air of inspiration was allowed to diffuse itself throughout the sub-cutaneous areolar tissue. The aperture was thought to have been immediately formed during a fit of coughing. No more likely way of its occurrence was appreciable, it was that set forth, and the statement was not gainsaid in the discussion.

13. The disorganized state of the tissues of the neck and lung structure is such as is met with occasionally in particular types of inflammation developed from a morbid poison or septic influence, and suggests that these lesions might have been local manifestations of its presence. Causes, both internal and external, may be found, to the agency of which its occurrence could be referred. Of the internal or those within the patient's own body, may be mentioned, the extreme mental agitation, the corporeal depression, the general shock, and approaching collapse; and of the external, may be particularized, exposure to atmospherical influences of a toxic tendency. At the time a peculiar epidemic was prevailing, of which abundant evidence has latterly been had in Canada, throughout the United States and elsewhere. Some of the cases noted have been remarkable by a peculiar inflammatory affection of the submaxillary and other glands, variable in degree, and occurring either alone or in association with diphtheria. A person debilitated as Mr. W. was, from decrease of vital resistance, would be unable to contend against the morbid influence to which he must necessarily be exposed; and, being already in bad health, must the more readily succumb, and be seized proportionately with a more intense form than ordinary of the prevailing malady. When a condition of the system such as his is present, when the vital powers are down and the elements of disease are present, it generally happens that the latter tend to expend their force upon some particular part which is relatively weaker than the rest, and by this rule, if applied to Mr. W.'s case, we shall at once comprehend why the neck was a seat of election, vide sec. 7. Upon the same principle the election of the lung is also explainable: assuming, what none can deny to be true, that the site of the cavity was the region of ancient disease —what that disease was cannot be positively averred—what it was not, we know; it was not Tuberculosis, but what it was can be now only a matter of surmise. It is enough, however, to concede that some abnormality existed there which attracted the more general disease and favored its settlement.

THE NEW SYDENHAM SOCIETY.—Our subscribers may not be aware that a new Society, bearing the above title, has been recently established in London, England, which offers its advantages to medical men or professional amateurs, in whatever country they may be residents. To those in Canada the facilities of transatlantic communication present these in a more favorable way than can be experienced by some other colonists. Its object is to publish every year certain works upon medicine and distribute them among the members. The number of works sent out will depend upon the number of members. At present there are 1700 members enrolled in its list, and this will justify the issue of 4 seperate volumes, of which each individual will receive a copy. As soon, however, as the number reaches 2000, it is hoped to be able to furnish two more volumes. A list of books is furnished by the council every year, from which subscribers are permitted to make selections, and upon the names of these being returned, the final decision is determined by the majority of votes in favor of those that have been most numerously chosen. Our old and esteemed friend, Dr. Fenwick, of this city, has been appointed Honorary Local Secretary for Canada. Gentlemen desirous of joining this very desirable and profitable organization should please to signify their intentions to him. This should be done with as little loss of time as possible, if they desire to share in the benefits of the first year, as only a small number of extra copies of the works will be printed beyond those required by actual members. No election to membership is necessary; any person wishing to be associated may become so at once by adopting the course pointed out. The expense involved in being associated with the Society is the payment of an annual subscription of one guinea; it may be paid in here, or, if preferred, transmitted direct to London, to the care of Mr. Jonathan Hutchinson, 14 Finsbury Circus, E.C., London. The money must necessarily be sent in advance of the receipt of the books, otherwise there would be no fund wherewith to defray the charges of publication. Home money orders should be made payable at the Finsbury Place Office. The books as they are issued, will be forwarded for the subscribers in this province to Dr. F., who will kindly undertake the trouble of their distribution. Any additional expense resulting from the delivery of the volumes to persons at a distance, will have to be borne by the individual members. Members have the option of importing their works through any other medium, than the official, they please, as through booksellers, &c. The Honorary Secretary for Canada will be prepared to forward copies of the prospectus, for the further information of parties requiring them, upon receiving with their names their proper addresses. The following are the books determined for publication during the current year:

Vol. I.—Didaysion Infantile Syphilis—already printed.

Vol. II.—Gooch on some of the more important Diseases of Women and Children, and other papers. With Prefatory Essay by Dr. Robert Ferguson. Wood Cuts. *To be ready in March.*

Vol. III.—Selected Memoirs on Diphtheria (Bretonneau, Trousseau, Guersent, Buchet, Daviot, and others). With a Bibliographical Appendix. *nearly ready.*

Vol. IV.—Schœder van de Kolk, on the Anatomy and Physiology of the Spinal Cord. With Plates.

Schroeder van der Kolk, on the Medulla Oblongata, and on the Proximate Cause and Rational Treatment of Epilepsy. With Plates. *These two volumes will be bound in one.*

Vol. V.—Clinical Memoirs on Abdominal Tumours and Intumescence. By Dr. Bright. Collected and reprinted from the Guy's Hospital Reports. Edited by Dr. Barlow. With Plates and Wood-cuts.

Vol VI.—A Volume of Translated Modern Essays, (chiefly German) on different medical subjects. Wood-cuts.

RETOUR DES MALADES ADMIS À L'HOPITAL DES URSULINES DE TROIS RIVIÈRES, DEPUIS LE 1er JANVIER AU 31 DECEMBRE 1858.

Malades restant le 1er Janvier 1858,	8
Admis durant l'année,	123
	131

MALADIES.		MALADIES.	
Hydrothorax	2	Scorbutus	2
Conjunctivitis	3	Cynanche tonsillaris	2
Ophthalmia	4	Cephalalgia	2
" tarsi	2	Tic Douloureux	1
Anorexia	16	Hœmoptisis	2
Contusio	2	Mania	1
Dyspepsia	7	Ch'orosis	2
Pneumonia	10	Furunculus	2
Paronychia	2	Hepafttis	2
Hysteria	2	Sciatic	2
Catarrhus	4	Hysteritis	1
Pleuritis	4	Hypochondriasis	1
Rheumatismus (acut)	7	Asthma	2
" (chronic)	1	Tinea capitis	1
Herpes	2	Ingrowing toe-nail	1
Paralysis	3	Poisoning by copper	1
Phhisis	10	Variola	2
Urticaria	2	Ascites	2
Syphilis	6	Ulcera	4
Pleurodynia	5	Varices	2
Ustio	1	Inflammation of the penis	1

Déchargés guéris ou Soulagés	112
Morts	4
Restant sous traitement	15

G. BADEAUX, M.D.

MEDICAL NEWS.

Sir Walter Trevelyan, Bart., has placed one hundred pounds at the disposal of the Council of the Society of Arts, to be awarded as a prize for an essay on Marine Algæ, as applicable for food, medicine, and industrial purposes..... John Mackesey, Esq., M.D, has been elected Mayor of Waterford for 1859..... M. Bérard, Professor of Physiology at the Faculty of Medicine, Paris, has just died, after an illness which had prevented him from lecturing for the last three years.....The Emperor of Austria has just granted a large extent of crown lands for the erection of a new hospital which is to contain at least 1000 beds. The patients are to be admitted without any reference to nationality or religion, and the hospital is formed in honour of the birth of the Crown Prince, the Emperor's eldest son.....A Yankee physician named Bates, from Ashfield, Massachusetts, has established himself successfully in practice at Kakoeurdi, Japan. ....Dr. Thos. K. Chambers has been appointed Physician to His Royal Highness the Prince of Wales, whom he will accompany to Rome.....Somnambulists frequently perform the most dangerous feats with an instinctive care which preserves them from injury. The St. Paul (Minnesota) *Times* relates the case of Mr. Brownson, son of the Editor of "Brownson's Review," who leaped from his window, a height of eighty or ninety feet, and was found dead, much mutilated by his fall.....The official return of the overseer of the poor in Taunton, Mass., mentions that Elizabeth Drayton was eleven years old on the 14th May, 1858, and that three months and twenty-four days before that she became the mother of Horace White Drayton.....The total mortality in Philadelphia during the past year was 10,694, being 1 in 56 of the population.....MM. Andre and Rayer have recently resigned their posts as Physicians to La Charité, which they have long held with distinguished honour.....The number of medical inscriptions made at the Faculty of Medicine, Paris, between the 2nd and 15th November, was 1065. The number of new entries is 251. In 1857 the total number of inscriptions was 1027, and of new entries 158.....Active measures are being taken to pull down and rebuild the Hotel Dieu of Paris. That portion of it which is situated on the left bank of the river is coming down first; the building on the right bank will follow, and it is probable that the new Hospital will be erected on the Montebello Quay.....A monument is to be erected at St. Petersburg to Sir James Wylie, physician to the late Emperor. The site chosen is the open space in front of the Medical Academy, of which this distinguished physician was formerly president.....Dr. Thomas Watson has been appointed Physician Extraordinary to Her Majesty, Queen Victoria, in place of the lamented Dr. Richard Bright. Dr. Watson is well known to the profession for his high character and distinguished attainments, and as the author of the "Principles and Practice of Medicine."....The Portuguese papers state that the Marshal Duke of Saldanha, who, when in command of troops during the civil wars, was always remarkable for his attention to all the details relating to the medical department, has just published a work entitled, "State of Medical Science in 1858."