

THE
MONTREAL MEDICAL GAZETTE,
BEING A
MONTHLY JOURNAL OF MEDICINE,
AND
THE COLLATERAL SCIENCES.

Edited by Francis Badgley, M. D., and William Sutherland, M. D.

Vol. I. No. 1.
MONTREAL, APRIL 1, 1844.

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Title: The Montreal Medical Gazette, Volume 1, Issue 1 April 1844

Date of first publication: 1844

Author: William Sutherland (1815-1875), Francis Badgley (1807-1863) (Editors)

Date first posted: Sep. 20, 2014

Date last updated: Sep. 20, 2014

Faded Page eBook #20140922

This ebook was produced by: Marcia Brooks, Paulina Chin & the online Distributed Proofreaders Canada team at <http://www.pgdpCanada.net>

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VOLUME I.

PRINTED AND PUBLISHED BY LOVELL & GIBSON,
AT THEIR BOOK AND JOB PRINTING OFFICE, IN ST. NICHOLAS STREET, IN REAR
OF THE PEOPLE'S BANK.

1844-5.

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MONTREAL, APRIL 1, 1844.

No. 1.

In submitting to its readers, the present number of the *Montreal Medical Gazette*, in a garb differing from that in which it first appeared, the Editors feel themselves called upon to account for the sudden change. Their original object, in publishing in the two languages, is plain enough; they were desirous of securing the co-operation of the Canadian medical men; but several members of this class having themselves informed the Editors that by far the greater part could thoroughly understand English, the supposed necessity for the translation into French ceased to exist. They have therefore, without hesitation, been guided by the advice, and have with cheerfulness complied with the suggestions which naturally followed,—namely, that the part of the impression thus left them should be devoted to rendering the journal more useful, by making it more worthy of being supported.

The Editors confidently trust that their French Canadian subscribers will not deem the change a breach of faith: their information has been obtained without solicitation, and they have every reason to believe it correct. At all times the pages of the *Gazette* will be open to communications in the French language, and they hope these will be numerous.

The Editors have determined upon making the present number the beginning of the series. This is the reason of the republication of the first portion of Dr. Spence's, and the entire of Dr. Crawford's communications. The number issued last month was but a "feeler"—they beg to inform their readers, that they are actuated by the same motives, and shall be regulated by the same principles, as appeared in their prospectus.

For themselves—though their labour will be much increased, they rejoice in the opportunity thus afforded of making their *Gazette* less objectionable: for, truth to tell, they have felt as if the words of the poet, with slight modification, were justly applicable to themselves: "*tenui musam meditantur avenâ*"—in the vernacular—they cultivate physic on rather too thin gruel.—They'll try to render the dose more palatable.

OBSERVATIONS ON THE VENEREAL DISEASE, WITH NUMEROUS CASES,

BY THOMAS SPENCE, M. D.
Staff Surgeon of the First Class.

Amidst the varied improvements which have marked the progress of Medical Science, during the present century, no one has conferred greater benefit upon mankind, than that which has led to more safe and less empirical principles in the treatment of the Venereal Disease. So far has this influence extended, that many practitioners are led to believe in a change of its specific nature, that its virulence is diminished, and that, howsoever it may be treated, the frightful effects of former days are no longer to be expected; be this as it may, the numbers of martyrs are now comparatively few, and the miserable and disgusting objects which were formerly common, even in the more respectable classes of society, are now but rarely seen; this change, however, may I think with greater propriety be ascribed to the more cautious administration of mercurials, for in this respect all men are now careful, and some there are who abstain entirely from the internal use of mercury for Primary Syphilis. It has however appeared, that the profession is still in want of facts, whereby in this important particular more precision may yet be attained, which, from the peculiar circumstances of the service, the Military Surgeon is in a condition to afford, and therefore I do not hesitate to make public, through the medium of the "Montreal Medical Gazette", the result of my practice in the Venereal Disease, during the time I had the honor to serve in the 52d Light Infantry. At this moment is before me a document in which are entered the name of the patient, description of disease, means of treatment, and number of days in Hospital, of every case of Ulcer on the Genitals, occurring in nine years, with a continuous space for corresponding observations on the occasion of secondary disease, and in this way 367 cases are recorded, all of which have been treated strictly without mercury, and secondary disease has occurred in twenty one cases only, the particulars of which are here detailed.

Key to table:

P/D = Type of disease: Primary (P) or Secondary (S)

No. = Number of days in hospital

The letters in the Name column refer to general observations below.

Name	P/D	Date	Description	Treatment	No.
W. P. (a)	P	Dec. 7, 1831.	Foul ulcer near the frœnum, with excoriation of the glans and swelling of the prepuce.	Poultices, black wash, aperients.	8
	S	Jan. 31, 1832.	Sore throat and papular eruption.	Sarsaparilla & aperients, with bark and acid gargles.	16
C. W. (b)	P	Jan. 18, 1832.	Foul ulcer near the frœnum.	Caustic, blue stone, & aperients.	22
	S	Mar.	Iritis of both eyes.	Mercury to ptyalism, blisters	54

		22.		and belladonna.	
M. S. (c)	P	Oct. 20.	Simple sore without any inflammation.	Black wash, blue stone, & aperients.	20
	S	Aug. 9, 1833.	Foul spreading ulcer of the Pharynx.	Sarsaparilla, nitro-muriatic acid baths, and mercurial fumigations.	143
P. D. (d)	P	Nov. 17.	Foul sore on the prepuce, near the corona glandis.	Caustic, black wash, & aperients.	22
	S	Dec. 22, 1833.	Iritis, pains, sore throat, and papular eruption.	Mercury to ptyalism, and sarsaparilla, with belladonna.	165
J. M'C. (e)	P	Dec. 12.	A deep sore on the extremity of the glans and another behind the corona glandis.	Caustic, black wash, & aperients.	29
	S	Jan. 18, 1833.	Iritis, sore throat, pains in the limbs, Rupia Frominens.	Mercury, nitro-muriatic acid baths, sarsaparilla & belladonna.	48
P. P. (f)	P	Jan. 12, 1833.	Sore on the corona glandis.	Black wash, caustic & aperients.	16
	S	Apr. 14.	Pain in the knees & shins, papular eruption.	Sarsaparilla.	50
L. H. (g)	P	July 27.	Foul spreading ulcers at the root of the penis and scrotum.	Caustic, wash, poultices & aperients.	42
	S	Jan. 23, 1834.	Foul deep ulceration of the throat, with purple blotches on the face.	Mercurial fumigations, gargles, blue pills, and sarsaparilla.	41
M. M'D. (h)	P	Nov. 9.	Foul sore on the prepuce.	Caustic, black wash, & aperients.	46
	S	Jan. 23.	Pain in the joints, papular eruption, iritis.	Mercury, sarsaparilla, blisters, & belladonna.	70
C. E. (i)	P	Sep. 11.	A large sore on the body of the penis.	Poultices, black wash, & aperients.	20
	S	May 6.	Foul spreading ulcer of the fauces.	Blue pill, nitro-muriatic acid, gargles, sarsaparilla, & fumigations.	65
W. W. (j)	P	June 1, 1834.	A small circular foul sore on the penis.	Caustic, black wash, & aperients.	15

	S	Aug. 11.	Pain in the shoulders and knees, papular eruption.	Sarsaparilla, nitro-muriatic acid baths.	48
C. M'C. (k)	P	May 11, 1834.	Swelling of the prepuce, copious purulent discharge—two foul sores behind the corona glandis.	Cold lotions, caustic, black wash, & aperients.	19
	S	...	Not known.	Mercury to ptyalism.	
	S	May 30, 1835.	Pains in the shins, swelling of the legs and blotches on the face.	Sarsaparilla, nitro-muriatic acid foot baths.	60
G. G. (l)	P	Oct. 9.	Foul sore behind the corona glandis.	Caustic, black wash & aperients.	18
	S	Nov. 5.	Pains in the limbs and papular eruption.	Sarsaparilla, & aperients.	15
J. R. (m)	P	July 20.	Deep foul ulcer behind the corona glandis, with hard edges.	Poultices caustic, black wash, & aperients.	24
	S	Aug. 23.	Pains in the limbs, fever followed by scrofulous swelling under the lower jaw.	Nitro-muriatic acid baths, sudorifics, and sarsaparilla.	...
J. G. (n)	P	Sep. 12, 1833.	Foul elevated sore near the frœnum with tendency to slough.	Caustic, black wash, & poultices.	13
	S	Apr. 21, 1834.	Pains in the limbs, swelling of the tonsils, papular eruptions.	Alteratives, sarsaparilla, fumigations & nitro-muriatic acid.	...
D. (p)	P	Nov. 5.	Not described.	Black wash & aperients.	27
	S	July 29.	Iritis of the left eye.	Mercury to ptyalism, belladonna, sarsaparilla.	39
W. W. (q)	P	July 26, 1833.	Deep foul sore at the extremity of the urethra.	Caustic, black wash, & aperients.	24
	S	Sep. 5.	Pains and papular eruption.	Aperients & sarsaparilla.	33
W. B. (r)	P	Feb. 7.	Superficial sore on prepuce & another behind the corona glandis with hard edges.	Caustic, black wash, & aperients.	16
	S	April.	Papular eruption, for which he took mercury whilst on Detachment.	Sarsaparilla, at Hd. Qrs.	60

G. (s)	P	Apr. 12.	Foul sore near the frœnum, not deep but spreading.	Aperients black wash, & poultices.	...
	S	May 19.	Sore not healed, has ulceration of the tonsils and an eruption of a scabby character over the whole body, which falling off leaves ulcers.	Alteratives, sarsaparilla, nitro-muriatic acid baths, gargles, and mercurial fumigations.	151
J. B. (t)	P	Sep. 22, 1833.	Phymosis with swelling of the prepuce and extensive ulceration of the penis, and suppurating bubo.	Poultices, caustic, blue stone, black wash, dilute nitric acid, and aperients.	37
	S	Nov. 22.	Pains, papular eruption.	Repeated courses of mercury, sarsaparilla, and nitric acid.	
J. B. (u)	P	Sep. 25, 1834.	Extensive sloughing ulceration of penis.	Calomel sprinkled on sore which affected the syst., black wash, poultices and aperients.	41
	S		Whilst under treatment he became affected with pains in the knees and shins, Rupia Prominens and a general break up of the constitution.	Sarsaparilla, blue pills, nitro-muriatic acid baths, anodynes & sudorifics.	

General Observations.

a	In good health till 1834, when he died of cholera.
b	Once in hospital since, with fever.
c	This man having always been very unhealthy was discharged the service.
d	Good health since.
e	Health good, but one testicle became enlarged.
f	Health good since.
g	Good health since.
h	Once in hospital since, with fever.
i	Good health since.
j	Good health since.
k	Treated on Detachment.
l	Treated at Head Quarters; good health since.
m	Good health since.
n	Under treatment when this return was completed, but eventually quite recovered.

o	Discharged the service for scrofulous swelling in the neck, but eventually recovered.
p	Not in hospital since.
q	Good health since.
r	Recovery complete, was afterwards discharged the service in consequence of an injury to the tibia.
s	This man being of very intemperate habits, received a blow on the head while drunk, which was followed by Erysipelas, of which he died.
t	Health so much impaired as to unfit him for ordinary duty, but was employed as an orderly in the hospital until he was again affected with primary disease as below.
u	Discharged the service, and since died, though the immediate cause is not known.

Thus then, according to the foregoing table, 1 case in 17 has been affected with secondary disease, and 3 individuals out of 367 have been so injured by the disease as to be incapable of the duties of soldiers; A papular eruption occurred in 2, pains in the limbs in 9, iritis in 5, and ulcerated throat in 7. Mercury to Ptyalism has been administered in 7 of these secondary cases, more particularly in those of inflammation of the iris, and alteratives with sarsaparilla and the nitro-muriatic acid baths in the remainder. From the same record of practice I am enabled to adduce another table of "Secondary Venereal Disease" occurring after ulcers on the Genitals, treated with Mercury elsewhere than in the Regimental Hospital, whereby it will appear, that the number of cases of constitutional disease is very great in proportion to the local affections, which may be presumed to have been treated; and the destruction to health and efficiency seems to have been equally great. This document, however, is in some degree incomplete, because in many of the cases we have no description of the Primary Sore.

Key to table:

P/D = Type of disease: Primary (P) or Secondary (S)

No. = Number of days in hospital

Mo. = Months

The letters in the Name column refer to general observations below.

Name	P/D	Date	Description	Treatment	No.
C. W. (a)	P	Jan. 13, 1833.	Small sore under the prepuce.	Mercury to ptyalism, in the General Hospital.	16
	S	Mar. 30, 1833.	Papular eruption, with pains in the legs; had an attack of jaundice whilst in Hospital.	Sarsaparilla. Mercury to ptyalism for jaundice.	20
J. S. (b)	P	Oct. 20, 1832.	Mere excoriation followed by a bubo.	Mercury to ptyalism, in the General Hospital.	30
	S	Apr. 4, 1833.	Pains in the limbs and a papular eruption.	Sarsaparilla, and Fowler's solution.	51
J. C. (c)	P	June 14,	Several sores behind the	Poultices, black wash &	

		1832.	corona glandis.	aperients.	
		Jan. 4, 1833.	A small sore which had healed before admission, but followed by a bubo.	Mercury to ptyalism, in the general hospital.	90
	S	Apr. 14.	Pains in the limbs and a papular eruption.	Sarsaparilla, arsenic, and aperients.	50
J. F. P. (d)	P	...	This man was never under treatment to my knowledge for a primary sore, but has marks of recent ulceration near the frœnum.	Mercury, suspected from the state of the gums.	
	S	May 14.	Iritis.	Bleeding, blisters, and mercury, with belladonna externally.	41
H. J. (e)	P	.....	Not known.	Mercury to ptyalism, by an Apothecary.	
	S	March.	Pain in the limbs and a papular eruption, sore.	Sarsaparilla & nitric acid.	90
M. C. (f)	P	.....	Sore on the penis, at Portsmouth, in General Hospital.	Mercury to ptyalism.	
	S		Eruption, the character of which not known.	Mercury to ptyalism at Portsmouth.	50
		Jan. 18.	Ulcerated sore throat, deafness, a scabby eruption eventually assuming the character of Rupia.	Bleeding, sarsaparilla, nitric acid & aperients.	50
G. W. (g)	P	June 1.	Several sores on the penis behind the corona glandis and bubo.	Black wash, cold lotions, poultices &c.	
		Dec. 1	Several ulcers on the glans, copious discharge.	Black wash, caustic, and blue stone.	
		June, 1833.	Admitted from Detachment with a large bubo in the left groin.	Mercury to ptyalism by a civil practitioner.	
	S	Oct. 16, 1833.	Papular eruption.	Sarsaparilla & aperients.	20
J. F. (h)	P	Jan. 1833.	Not known; occurred when on Det. at Navan.	Mercury to ptyalism.	

	S	Sept. 14.	Pains in the limbs and papular eruption.	Nitro-muriatic acid baths, and sarsaparilla.	22
T. B. (i)	P	.....	Not known.	Mercury to ptyalism.	
	S	Aug. 13.	Fever, pains in the limbs, Iritis, enlargement of the testicles, ulcers on the breast.	Mercury, belladonna, sarsaparilla, &c.	13 Mo.
G. S. (j)	P	.....	Not known.	Mercury to ptyalism, at Carrick on Suir.	
	S	Mar. 30.	Papular eruption.	Baths and sarsaparilla.	20
		June 20.	Iritis.	Mercury and belladonna.	30
J. P. (k)	P	July.	Not known.	Mercurial ointment & pills to ptyalism.	
	S	August.	Papular eruption, pains in the limbs, swelled testicle, and ulcerated sore throat.	Sarsaparilla, aperients, with alteratives after the testicle swelled.	6 Mo.

General Observations.

a	Good health since.
b	Good health since.
c	Deserted.
d	Good health since.
e	Discharged the service for a break up of constitution.
f	Health greatly improved—only fit to work in a tailor’s shop, and eventually discharged the service.
g	Has had good health since.
h	Good health since.
i	Discharged the service.
j	Died idiotic from disease of the brain.
k	Health since tolerably good.

From these data I feel justified in persevering most strictly to treat ulcers on the genitals without the administration of mercury, and merely beg in conclusion to suggest, that each practitioner, before administering this supposed specific for ulcers on the genitals, should weigh well its probable consequence. Does he thereby hope to prevent an attack of constitutional disease? then I tell him, he will be deceived, for every day’s experience goes to prove, that mercury has not this effect, and it was only yesterday a soldier presented himself for admission into a Regimental Hospital, with “ulcerated sore throat,” pains in the limbs, and a “copper coloured eruption” on the body, who, upon enquiry, I found had, one month previously, taken 17 blue pills, which occasioned Ptyalism, for an ulcer on the glans penis; but

perhaps the practitioner may be of opinion, that although he cannot prevent secondary disease, yet, by a gentle and cautious mercurial course, he will ensure a more manageable form, when it does appear. In this opinion, it is much to be feared he is not borne out by facts, for in truth, the result is generally quite the reverse, and instances in abundance present themselves like to that of a young officer, in this country, who was treated by a mild course of mercury for an ulcer of the penis, which was sometime after followed by inflammation of the testicle, proceeding on to abscess and ulceration, attended with severe rheumatism, and a cachectic state of the constitution; he was sent home, and by means of the iodide of potassium and sea air, he for the time recovered, but on a relapse it was considered by his medical attendants necessary to subject him to another course of mercury. He is dead.

Of all the remedial agents at present available for the state of constitution consequent upon Syphilis, I know none to be compared in efficacy with a combination of iodine and quinine, which I have prepared in a variety of forms, but which seems best, when about 20 grains of quina (procured by decomposing the disulphate with ammonia) is combined with about 15 grains of iodine, each having been previously dissolved in rectified spirit; a few drops of the yellow solution, containing about a grain of the salt, may be given once or twice a day in a glass of sherry or port wine, the salt being very insoluble in water. For want of chemical knowledge, I have experienced much difficulty in preparing this medicine, and this deficiency prevents my describing more scientifically the combinations which have been met with. At first I took equal parts of sulphate of quinine and iodide of potassium, dissolved in a little water in separate vessels, with as much sulphuric acid as was sufficient to hold the sulphate of quina in solution; on mixing them together, a yellow substance was procured, insoluble in water, but easily dissolved in spirits, which, on being added, threw down the sulphate of potassa, easily got rid of by the filter; on evaporating the yellow solution, long and beautiful crystals were obtained, which, I am led to believe, is an iodide of quinine, the iodine being evidently in combination with the quina, as evidenced by its not shewing the characteristic color in the cold solution of starch, until sulphuric acid be added, but, sometimes, I have from this yellow solution obtained an emerald colored deposit of a glistening lustre, containing both iodine and quinine, but in what proportion I do not know, though I believe it to be a bin-iodide, because it has been only got when the iodide of potassium, was added in excess.

DR. CRAWFORD ON THE USE OF IODINE, ETC.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—Will you do me the favour to give a place in the Montreal Medical Gazette, to a suggestion which I wish to offer to my professional brethren, in expectation, that with their co-operation, it will be found capable of conferring a valuable benefit upon the public.

It is briefly, the application of the tincture of Iodine (*form Magendie*) to prevent the unseemly consequences which attend small pox, and further to render the disease milder and less dangerous, by its peculiar antiphlogistic powers.

I have been in the habit of using this application very extensively, in a great variety of affections for some years; particularly in acute rheumatism, neuralgia and erysipelas, more especially that of the face; and have reason to speak of it in high terms of commendation. Erysipelas having been very prevalent in this city during the last four years, I have had an opportunity of treating a great number of cases, and although many of these appeared in imminent danger, all except one, (that of an old hospital nurse,) terminated favourably, and it is my conviction, that the mortality would have been much greater, had I not used this application. I would by no means exclude the use of constitutional remedies in this disease, which (although it especially shows itself, as a peculiar local inflammation) is essentially dependent on a derangement of the general system; I have, however, on almost all occasions, seen such decided benefit result from its use, when perhaps little or nothing else has been done, that I would rather relinquish the use of every other application or remedy, than resign this one. A distinguished medical practitioner of this city, a short time since, admitted to me that he had not until lately done justice to this remedy, and that he now attributes any unsatisfactory results he had experienced on former occasions, to his not having properly and fully carried out its application. Although it is not my object at present, to extend this notice of its use in erysipelas, I must not omit mentioning, that I have on many occasions, tested (contemporaneously,) the merits of the several local applications recommended in this disease, and I have no hesitation in assigning a superiority to it above all others. Observing this superiority, and at the same time the similarity in the *modus operandi*, of this application, and that of nitrate of silver, it occurred to me, to make trial of it in small pox; with the view of preventing pitting and scars, for which object the nitrate of silver has been so frequently used.

A severe case of variola confluenta being admitted, into the Montreal Hospital, in the end of September last, on the second day of the eruption, which was attended by considerable tumefaction of the face; the forehead and one cheek were painted with the tincture, the immediate effect of which was to cause a good deal of pain, which however subsided in a short time, and appeared in some degree to remove the burning and itching, peculiar to the disease; the application of the tincture was repeated daily, with marked good effects, the tumefaction of the face in some degree subsiding, and the pustules becoming flat, as the remedy appeared to abate the violence of the inflammatory action, on the parts to which it had been applied; it was extended over the whole face; a comparative test was therefore not fully instituted, however, the parts most frequently painted formed much thinner scabs than those which had been less so: these crusts fell off sooner, leaving a surface distinguishable by the fewer pits and slighter marks. Although this case was very severe, and terminated, fortunately, it was by no means a favourable occasion for experimenting, the eruption having already been two days out, and the inflammation and tumefaction having attained a considerable height, before the opportunity

was afforded for using the application; in addition to which, the cautious and sparing manner in which it was used, necessarily limited its effects materially; however they were sufficiently evident to encourage further trials and warrant its safety.

Shortly after this, a case of variola discreta occurred in the Hospital, accompanied with considerable fever and delirium; the patient said he never had been vaccinated; the eruption was profuse but distinct. The tincture was applied over the whole face daily from the first day, for about five or six days. The pustules went through their regular stages, but did not acuminate, remaining flat: and the face did not swell. The thin crusts on the face fell off at about the end of a week, leaving it free from any pitting. The pustules over the rest of the body filled well, and formed thick scabs, which remained several days longer—one of the hands was also painted to show the contrast, and had a very satisfactory result.

The third case was one of variola modificata; in this case the face was at first only partially painted (as was also one hand) to show a contrast; the good effects were soon evident, and the application was then extended over the rest of the face, to prevent any risk of pitting, as the patient was a good looking young woman; on the parts most frequently painted, the eruption scarcely formed any pus, and the crusts were very thin and soon fell off, leaving the parts free even from discoloration, rendering them for some time distinguishable from the others.

The last case that I shall notice, is most particularly satisfactory; not only from its issue, but also from its being under the care of Dr. G. W. Campbell of this city, with whom I frequently visited it. The violence of the febrile symptoms, and extent of the eruption, led Dr. Campbell to suppose, that it would prove a confluent case. He ordered the tincture to be applied over the whole face, and on visiting the patient next day, was so pleased with the result, that he directed its application to be made daily; the pustules on the face, although they went through their regular stages, remained flat and small, the face remained free from tumefaction, with the exception of one of the eye lids which was slightly puffed. She had no delirium after the application of the tincture, the crusts which were very slight on the face, fell off early: leaving it free from pitting, while extensive thick and continuous scabs covered the limbs, and principal parts of the body; and which confined her to bed, many days after those on the face had fallen off, giving her a great deal of uneasiness and discomfort. Throughout her complaint, she said her face was her only tolerable part, and although the tincture gave her pain for about an hour after its application, it quite removed the variolous pain and itching, and left her so far comfortable during the rest of the day.

Very little constitutional treatment was resorted to in any of these cases; which have been seen by several members of the profession.

I have heard that some of my medical brethren have been following up the above suggestion, and I learn the application has given satisfaction; my object, however, not being for the purpose of recording cases, but rather to offer a hint generally to the profession, that the application may be fully and fairly tested, I have preferred giving merely my own personal experience on the present occasion.

I believe almost every one will admit the inefficacy of the several applications hitherto recommended, for the above contemplated object, as well as the disagreeable nature of most of them, or the difficulty of their application. The tincture of Iodine will be found, I apprehend, not only more efficacious, but also more manageable, and endurable by the patient; I am of opinion that the advantages derivable from its use, will in a great measure depend on its employment in the earliest stages of the eruption, and its steady and daily repetition,—by which means the inflammatory action is moderated, and thereby the destruction of the cutis vera, and

subcutaneous cellular substance, and consequent pitting prevented; and also from the relief it affords to the itching, preventing the involuntary scratching and tearing, so frequently a cause of great evil; how far it may be judicious to make a more extended application of the remedy over the body, I am not prepared to say: from what I have witnessed I feel favourably disposed to it.

I shall trespass a moment longer, to notice an observation which has been made to me on one or two occasions, namely, “are we not likely, by an interference with the progress of a specific disease, to repel a morbid poison on the system, which nature appears to be endeavoring to throw off?” Without attempting any refutation of this antiquated view of the pathology of the disease, I shall merely notice that the regular progress of the eruption is not interfered with, that the moderating of the inflammatory symptoms, by this application, renders the disease milder, and it is evident that whatever tends to effect this object, without depressing the vital powers, will be the surest means of saving the life of the patient, and of obviating the other dreaded consequences.

Hoping that your attempt to establish a Medical periodical in this city may be attended with success. I am, Gentlemen, your obedient servant,

JAMES CRAWFORD, M. D.

ON THE PNEUMONIA OF NEWLY BORN CHILDREN.

BY FRANCIS BADGLEY, M. D.

The occurrence of the following case at the commencement of the present very severe winter, has induced me to draw the attention of my professional brethren to a disease of such imminent danger among children, and which from various circumstances favoring the presumption, I cannot but regard as of much more frequent occurrence in this cold climate than it is generally believed to be. When we remember, that according to the best statistical information that can be obtained in this city, (but which I must regret to acknowledge, is not only difficultly obtainable, but to a certain extent, necessarily imperfect,) the mortality in Montreal is absolutely twice and a quarter greater than that of London, we are naturally forced to enquire into the cause of this so great disparity; and although it is stated, that the number of deaths in this city is very considerably swollen out by the number of casual or transitory sick constantly met with in Montreal, nevertheless, this will not so reduce the rate of mortality as to enable us to say, that it is not mainly attributable to some specific cause existing in the locality, and more especially, when we bear in mind, how large a proportion of the deaths is to be found during the period of infancy. Farther, while we are free to confess, that hundreds of children up to the age of five, are yearly carried off in this city by the endemic diarrhoea of the summer months, yet I hesitate not to suspect, that another large proportion also die of the disease under consideration during the inclement winter months, and this suspicion is strengthened by the circumstance that as nervous twitchings are present in this disease as well as in convulsions, many cases may be looked upon as cases of the latter, while in truth, pneumonia is the real disease. The following case will beautifully illustrate the disease, both from the presence of its characteristic signs and also from its rapid termination in death by asphyxia, or as Dr. Watson of London more correctly names it, apnoea.

Mrs. Patterson, aged 27, was delivered on the morning of the 2d January, after a natural but protracted labour, of a remarkably large, healthy, and well formed female child. Owing to the large size of the child's head, the violence of the expulsive efforts, and the immense tension of the perineum, I was in momentary and fearful expectation, that this would be lacerated with each pain; the labour was at length, however, accomplished with safety. For the first eight days, the child seemed to thrive remarkably well, the mother had an abundance of milk, and the infant performed her duty satisfactorily. On the morning of the ninth day, I noticed that the infant appeared unusually pale, and on enquiry of the mother I was informed, that the baby had passed a very restless night, that her face and extremities had felt excessively cold, and that although she appeared anxious for the breast, yet on being applied to it, she invariably let go her hold, after a few seconds, and that she had moaned much during the night. From the room being a cold one, (there was no fire in it), although there was a large stove in the adjoining one directly opposite the communicating door, I directed that the child should be kept as much as possible in the outer room, a calomel powder followed by castor oil, was administered, and warm flannels were applied to the chest and feet. In the afternoon I first noticed the greyish tint in the complexion, and there were then quickness of pulse, very slight occasional cough, and some little difficulty in breathing. I ordered the child to be put into a warm bath up to her middle for three minutes and to take a mixture containing tartrate of antimony every four hours. The bowels had been freely relieved by the oil. On the following morning I had no doubt of the nature of the disease, the colour of the skin was leaden and purplish, and especially round the

mouth and nose; the efforts to cry were very laboured; a frequent harsh cough, the heat of the body much less than natural, with the hands and feet quite cold, the pulse very rapid and weak, and convulsive twitchings of the muscles of the face and extremities filled up the catalogue of symptoms. I prepared the poor mother for the worst; in five hours afterwards the child was a corpse. The parents were unwilling that a post mortem examination should be made; I could not, under the circumstances, press it, although I was extremely anxious for it. My friend and neighbour Dr. Hall also saw the child for me about three hours before its death.

Now we learn by an extract from the *Medizinische Zeitung*, Berlin, July 29, 1835, published in the *British and Foreign Medical Review* for July 1836, that this disease first attracted the attention of Dr. Kluge of Berlin, during the cold autumn of 1817, at the Hospital of Charity in that city. In the first two cases of the disease, the symptoms manifested themselves 24 and 5 hours after birth. The characteristic symptoms which appear before that of pneumonia are coldness, paleness, and an ash grey or lead colour of the skin as in the commencement of cyanosis. The dyspnoea is not observed until this colour has become well marked. The disease is considered by Dr. K. to be owing to some impediment in the pulmonary circulation, producing a reflux of venous blood into the arterial, through the foramen ovale, causing congestion of the lungs and death by suffocation. It is most prevalent in February, especially if the cold increases suddenly and considerably, and less frequent in April and October. The youngest are most liable to be seized, and it has not been observed in any children above six weeks old. This is explained by the foramen ovale and ductus arteriosus beginning to close about this period, for they remain open during the first six weeks. Two cases are given in illustration both which proved fatal by asphyxia. "Subjoined are the post mortem appearances found by Professor Fropiep, who carefully examined both bodies. The upper half of the body was of a violet colour, as well as the conjunctiva, tongue and gums. Sanguineous congestion of the cellular tissue of the aponeurosis of the cranium, of the sinuses of the brain, and of the brain itself, extravasated blood on the base of the cranium. The veins of the neck and subclavian veins distended. Pericardium containing some red serum. Heart natural, its left cavity contained only a small quantity of blood; on the contrary, the right cavities were considerably gorged as well as the trunk of the pulmonary artery, Foramen ovale and ductus arteriosus open. The greater part of the lungs (except some patches of a bright red) of a violet colour, almost approaching brown, and these parts sunk in water: in some places exudation of a brownish serosity, between the pleura and lungs—all the veins in the posterior part of the thorax gorged with black blood."

Such then are the history, symptoms, morbid anatomy, and explanation of this interesting disease, and in a climate such as that of Canada, it behoves the members of our profession to be on the alert when called in to cases presenting primary and characteristic symptoms such as those above detailed, for on their promptitude of action, after having satisfied themselves of the diagnosis, will depend the recovery or death of their little patient. Dr. Kluge distinctly states, "that if the change of colour be noticed before the dyspnoea set in, the patient may be saved by the application of a couple of leeches to the sternum and the administration of calomel, but when the dyspnoea has commenced, there is no hope." From a conversation which I have had with two of the oldest practitioners in this city on the subject, I feel satisfied, that the opinion which I hazarded in the beginning of this communication is founded in truth, that many of the cases of convulsions, with discolouration of skin, said to have been met with in very early infancy, and which proved fatal, ought rather to be referred to pneumonia than to disease of the nervous system, independent of any derangement in the circulating organs.

DR. ARNOLDI JUN.'S REMARKS ON A LATE TRIAL FOR MURDER.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,

During the last Criminal Term held in Montreal, one Louis Beaucaire was tried for the murder of Rousseau. The circumstances are briefly as follow. The prisoner and the deceased had entered a tavern about five o'clock in the afternoon, of the 5th January last, and amused themselves throwing dice for treats, and drinking the same several hours after. Their passions became excited, and a quarrel ensued between them, which had reference to an old race-course affair. They were quieted by the barkeeper, and at that time, (about eight o'clock,) other persons came in who also created some disturbance among themselves, during which the deceased, apparently knowing the first party, threw off his coat, and offered to be a second. The barkeeper again pacified him, and was in actual conversation with him when he heard a heavy blow and saw him fall. On looking round, he observed the prisoner about seven feet distance, with the hot beer poker in his hand. The deceased instantly sprang up and exhibited blood on his left temple. He had been standing with his back towards the prisoner, so that it must have been a left two handed blow. The prisoner was forthwith disarmed, and turned out of the house. The police was sent for, and not finding the prisoner at the tavern, the deceased went out with them in search of him. A little after nine o'clock, the deceased returned to the tavern, and expressed himself perfectly assured that the injury he had received would not inconvenience him in any way; he was nevertheless prevailed upon to take a bed in the house, instead of going home. He accordingly went up stairs to a very cold room, accompanied by two other persons. At eight o'clock the next morning, the barkeeper went up stairs, and found him lying very quiet, but on shaking him he discovered him to be in a state of insensibility. Medical assistance was immediately sent for, and at ten, A. M. Doctor Tavernier arrived.

Dr. Tavernier deposed that on the 6th January last, about ten o'clock, he found the deceased on a bed in Dubois' tavern, in a state of apoplexy. His face was pale, and extremities cold. He observed a lacerated wound on the left temporal region through the scalp, by which a portion of the pericranium was denuded. He took thirty ounces of blood from the arm, employed cold applications to the head, and mustard bath to the feet; but produced no amelioration in his condition. He asked for further professional assistance, and Doctor Hall came between eleven and twelve o'clock.

Dr. Hall deposed that he saw the deceased between eleven and twelve o'clock A.M. on the 6th January last, and that he found him in a state of perfect insensibility from apoplexy. He remarked the wound on the left temple. Approved of all that Dr. Tavernier had done, and said that he could not recommend anything farther. He further declared that he did not think the trephine could by any possibility, much less a probability, have been of any service.

Before the deceased expired, Dr. Wolfred Nelson saw him, and he deposed that about twelve o'clock on the 6th January last, he found the deceased on a bed in a very cold room at Dubois' tavern; at which time the deceased was in a moribund state. He further deposed that he would have preferred resorting only to warm and irritating applications to the extremities, because they were already cold of themselves, and the room was too much so. He declared it was evident that their cold and insensible condition depended on that state of the brain which is induced by congestion and compression. As to the trephine, he would most undoubtedly

have employed, and placed his whole reliance on it, because it was evident, both from the history of the case, and the plain demonstration of the fact by the wound, that the insensibility was owing to the accumulation of extravasated blood pressing on the brain. Indeed, said the doctor, I am confident there was a very fair chance of saving the patient, had the trephine been applied in time.

At the post mortem examination before the Coroner's inquest, Drs. Tavernier and Nelson only were present. And they both deposed that on raising the skull, a fracture, without depression, was discovered in the temporal region of the parietal bone, extending towards the temporal fossa. And that there was a large coagulum beneath it, lying on the dura mater, and which had been formed by the rupture of one of the branches of the middle meningeal artery. Dr. Nelson also added that in his opinion that blow would not have caused death if the vessels had not been in a turgid condition, produced by drink, making them more liable to be ruptured. Ultimately the jury returned a verdict of manslaughter.

The few remarks I would make on this case are naturally limited to the medical evidence, because there can be no doubt that the jury were materially governed by it in the return of their verdict. As to the actual proof of the deed having been committed by the prisoner it was clear enough, yet no evidence was adduced to prove any *malice prepense*. Nevertheless what must that verdict have been without Dr. Nelson's evidence? We perceive that so far as the evidence of Drs. Tavernier and Hall goes, the man had received a blow on the left temple which produced an extravasation of blood, and which in its turn was the inevitable cause of death. The non-medical witnesses proved that the prisoner had struck the deceased with a very heavy poker on the side of the head. Therefore, by connecting these two portions of the evidence, the jury could not but have returned a verdict of manslaughter in the highest degree.

That Dr. Nelson was perfectly correct in his assertion about the use of the trephine, we need only recollect the invariable rule laid down by all authors on surgery, which bids us beware of symptoms indicative of apoplexy, when they come on after several hours have elapsed from the time of the injury, because we are thereby assured that extravasation is going on, which will inevitably lead to fatal signs of compression.

In many cases, such, for instance, as falls, although the symptoms do come on in a most marked manner, we are at a loss to know where the trephine should be applied, and this may be owing to the entire absence of external marks of injury. But not so in the case before us. In the first place, the deceased receives a very heavy blow from a large blunt instrument, which produces instantly a contused and lacerated wound, denuding a portion of the pericranium beneath. We know that the middle meningeal artery divides into numerous branches at that spot—that these branches, if ruptured, will pour out large quantities of blood, and that symptoms of compression having come on several hours after the receipt of the injury, no other cause could be assigned for them than the rupture of these branches.

Therefore, I would ask, how could any surgeon declare that he would not apply the trephine, because it could not by any possibility, much less a probability, be of any use?

How, under all the circumstances, could a surgeon expect to relieve symptoms brought on by such palpable causes? and which had their locale so distinctly pointed out? Could even bleeding to the verge of extinction have removed a clot of blood lying under the skull, and pressing on the brain over its membranes? How otherwise could such a clot be removed than by uncovering it.

I may be told that the trephine applied on the temporal region would probably injure the meningeal artery. Well, if so, what matters it? Is it not on account of an injury which this vessel

has already suffered, that the trephine is to be applied? And, at any rate, although it should be injured, there is a satisfaction in knowing that whatever blood it may pour out will not add to the symptoms of compression.

FRANCIS C. T. ARNOLDI, M. D.

ON NUTRITION.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—The appearance of the *Medical Gazette*, edited by you, I hail with pleasure. I trust that the older members of the profession will thus be induced to render part of their store to the hungry; to us all in fact, who have not had their opportunities of seeing the innumerable forms in which the phenomena of disease are wrought.

The event, I confess, has stimulated me, and has almost removed a “vis inertæ,” which I dreaded was insusceptible of being put into activity—for I am, unfortunately, (I speak feelingly) one of your poor beginners, and like P. P. clerk of the Parish, “bleeding, I attempt not, except the poor.” So I have consequently become rusty and lethargic. Should the present communication be worthy of appearing in your paper, will you give it a place in your next number? and should you desire it, I shall occasionally give you articles. I make no comments on this production. I have chosen the subject, because I believe it to be one too often overlooked in our profession, or, at all events, not sufficiently insisted on in its practical application to dietetics, during the existence of disease.

I sincerely wish you all success,

and remain,

Your obedient servant,

Z.

Montreal, March 19, 1844.

The physical condition of man is, in every respect, adapted to his existence here on earth, and to the mechanical relations around him.

His eye is sensible to the undulatory wavelets of light—his ear to the vibrations of sound—his nose the organ by which odours are perceived—his palate that by which taste is recognised—his hand touches—while his whole surface feels.

In these several functions, his system may be considered as one of exceedingly delicate elasticity, susceptible of being impressed by these actions external to himself, all of which partake of the character of motion: and each producing an effect sui-generis—peculiar to itself. “These wheels within wheels involved” are united by one unbroken bond—moved by one power: this mechanism, simple in diversity of function—unity in complexity of operations, is regulated by one principle. The performance of functions, and the power of motion, as existing in man, constitute his being—his life—and this connate principle within him is his “vis vitæ.”

I, willingly overlook all discussion in relation to man’s soul; with psychological disquisitions I have nought to do.

From the moment of his birth to that of his death, man performs certain acts, and there are carried on within him certain functions, the perfect condition of which constitutes health—any change from it, is disease. In the several epochs of man’s life, there are changes taking place without cessation: The first is that of waste—the result of his breathing existence, and is effected by absorption; the second is that of reproduction, by which the waste is repaired, and is effected by the blood, possessing vivifying powers.

In infancy, growth or increase is effected because reproduction, or rather new formation, is greater than the waste. In the adult or in maturity, the equilibrium between these actions is balanced; there is neither increase nor diminution, cæteris paribus, the adult’s weight should

not alter. In old age new formation is less abundant, circulation is less active and gradual waste follows. Though here we may have obesity and increased weight, the circumstance depends on causes unconnected with the subject at its present stage, and I retain my position as being founded on fact. Air is the breath of man's nostril; for him the plant and the beast were created; these are necessary to his sustenance. At the moment of birth, there is a total change of the mode in which nutrition is effected.

This change is produced by the first act, of inspiration or rather, of perfect respiration. In utero the fœtus derives its physical or animal formation from an organism distinct from, though united with itself. The mother supplies to her offspring all the materials requisite to the development of its tissues in utero, without the intervention of any other source of formation, not even from the fœtus itself: the blood supplied to it bears in its current the particles whence its frame is moulded; literally pregnant, the blood gradually deposits the several tissues, from the cellular to the osseous. These remain unchanged, because here there is no cause for waste, all action is one of new production: there is therefore no absorption: the fœtus has no circulation properly per se: when it has assumed a form its circulation is then one and the same with that of the parent: till respiration has begun, its life is in that of the mother.

On the advent of the fœtus into this "breathing world," at the first inspiration it becomes a new being, endowed with a new life, a separate and distinct entity. The independent state thus established calls for a new source of supply to its growth and well being. This supply is drawn from the elements of the food and of the air reacting on each other, producing new compounds, some of which are eliminated as useless, while others, being identical with the different parts, are assimilated, and contribute to growth: these compounds existed whilome in the mother; they are now evolved in the infant's own system, and by an apparatus belonging to itself.

The first act performed at birth, independently of the mother, is that of respiration; as a sequence to this act, a perfectly new order of circulation is established; the action of the absorbents is now called into existence, and the chain of the nutritive process is completed.

It we except the bones of the ear of the infant, no part nor organ has acquired full growth; in other words all the tissues acquire with rapidity from the nutritive action, increase of substance from the moment that respiration has commenced its oxidating process: these new formations are identical with those created in utero.

The comparatively perfect state of the auditory apparatus seems to point out that, the Creator intended, the ear should be the channel of the infant's first impression—and of man's intelligence thereby.

When the contractile power of the fœtal heart in propelling its circulation to the placenta becomes equal to that of the placenta in forcing the maternal blood to the fœtal heart, there is a perfect balance formed between these powers: the fœtus has now attained such a condition of maturity as will enable it to carry on its own functions independently: the mother's circulation yields no longer a source of growth, because the fœtal heart possessed of such powers, commences an action—but not to the same extent as is soon to be perfected; partial absorption takes place; there is now some waste, or there is for some time a period of static equilibrium; but the maternal blood runs yet its wonted course, freighted with the same particles, without its distinctive characters being changed at all, or to the degree they were previously to this equilibrium; all or part therefore of these arterial or nutritive particles are returned to the body of the womb unaltered, and stimulation is the consequence, because the womb has a source of vitality wholly unconnected with this extraordinary supply: and as first in a series of actions now about to terminate in parturition, we have an unusual amount of mucus secreted by the

parts of generation—with accumulating stimulation, contractility next appears in the longitudinal fibres of the uterus—and lastly, the expulsive action, involving its whole mass: the inordinate power exerted soon *wastes* the store of excitement, and the balance of normal condition again exists.

Cæteris paribus—the natural labour of a weak woman must be effected with as little production of general exhaustion as that of a muscular woman; because the momentum of force required during the parturition of each must be equal; it is derived from an identical source, unconnected with the relative general strength of either. The truth of this proposition is verified by daily experience.

In protracted labour, on the other hand, the exhausted contractility of the womb, caused by the expenditure of the stimulation drawn from the origin here given, demands its reproduction; this is effected by rest, induced by proper sedatives, or by nature herself: during the whole of this action, the circulation of the woman is not accelerated to a degree sufficient to generate this force: compare the renovative process of the heart, after violent muscular efforts, and after those of inordinate uterine contraction, and the difference becomes apparent.

From what source does this stimulation come? Solely from that I have described. Nor are the effects of such stimulation invariably confined within the walls of the womb; they may extend beyond them and produce violent convulsions, as inevitably as the suppression of urine, and the absorption of urea into the circulation, will cause symptoms peculiar to themselves. During the term of natural gestation—nine months—the female is unconscious of the abstraction of any power or force from her system—she becomes habituated to it; firstly, because the change is gradual; secondly, because vicarious functions are suspended, and frequently the progress of disease stayed (as in phthisis;) and lastly, nutrition goes on without intermission: at the expiration of the period, the amount abstracted is in a few days—perhaps hours—returned; the consequence is that which I have attributed to its return.

The occurrence of premature labour, and the circumstance of infants living before the full period be completed, militate not against my position. They but demonstrate that the uterine actions may be produced by causes unconnected with the one given: for I do not overlook the effect of the nervous system in the theory I offer. They prove too that even at seven months the several organs may perform the functions of self support, though feebly and imperfectly.

(To be continued.)

DR. CARTER ON INFANTILE ERYSIPELAS.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—If you consider the following case as worthy a place in the columns of the *Medical Gazette*, you will oblige me by inserting it:—

An infant, whose mother was labouring under puerperal fever of malignant character, was attacked on the fifth day after birth, with infantile erysipelas. The whole abdomen was much swollen and of a livid hue—tense—hard—with a burning heat on the surface; it had a weak, incessant cry, and had refused the breast for several hours. The mother's dangerous state having engrossed the entire attention of the family, the affection of the child had made considerable advances before my attention was called to it: the nurse informed me she had noticed the swelling in the belly since the day before. I looked upon the case as hopeless, depending, as it essentially did, upon the malignant disease of its parent; the treatment, however, was very simple, and was eminently successful; it consisted in the application of a thick layer of soft cotton wool to the child's belly, kept "in situ" by a roller. At the same time I administered $\frac{1}{2}$ grain hydr-chlorid, with a few grains creta-prepa.

The principle on which the cotton wool was applied, was to promote, and at the same time prevent the escape of the natural perspiration, which, being retained in the folds of the wool, would act as a vapour bath, and thus prove a most soothing application. It fully answered my expectations, and a short time afterwards, the infant was evidently easier. It did not again take the breast for four and twenty hours after; but in a few days, with one or two doses of alterative medicine and a little carminative, the little patient perfectly recovered, although under most unfavorable circumstances. The mother continued long in a very dangerous state, and recovered with difficulty, after a lingering illness of several weeks.

REMARKS.

Had the same mode of treatment been adopted in this case, and not varied from the routine practice, stimulating lotions, &c., recommended by some of our best authorities,—it is more than probable a fatal result would have occurred, for I believe there is scarcely a case on record of recovery from so severe a disease affecting very young infants, particularly when proceeding from the above mentioned cause.

C. CARTER,
L. R. C. S. Edin.

VARICOSE VEINS.

Mr. Hogg of Finsbury place, narrates a case of varicose veins, complicated with ulceration, in which he effected a cure, by destroying the continuity of the diseased vein, with the potassa cum calce. He says he has seen several methods adopted for the cure of varicose veins, but this plan appears to be preferable to any other.—*Medical Times, December 23, 1843.*

DIFFERENT KINDS OF OPIUM.

According to Dr. O'Shaughnessy, Bengal investment opium (for the Chinese market) contains two and a half per cent by weight of pure morphia: Malwa opium, six per cent, ditto, Turkey opium, nine per cent, ditto, and garden opium, Patna and Smyrna opium, ten and a half per cent. of morphia each.

THE MONTREAL MEDICAL GAZETTE.

Omnes artes, quæ ad humanitatem pertinent, habent quoddam commune vinculum, et quasi cognatione quadam inter se continentur.—*Cicero.*

MONTREAL, APRIL 1, 1844.

THE EDITORS' ADDRESS

Before the next number of this Journal shall have issued from the Publisher's hands, the Medical Session for the past year will have terminated.

Those who are candidates for the "summos honores" obtainable in this Province, will be looking forward with fear and trembling for the arrival of that day, that all important and dreaded day, which shall prove to them the season either of much rejoicing or of heavy lamentation. To them, on the present occasion, we only wish God speed—trusting, that their diligent application during the session about to expire, and the faithful discharge of their duties, in acquiring as thorough an elementary knowledge of their profession, as their opportunities have afforded, during the period of their pupilage, will not only sanction their appearing with confidence before the respective boards for examination, but that they will feel themselves entitled to, and will receive, that well earned reward, for hours and days and nights spent in the arduous studies of that profession, which is to number them among its future members, and in the practice of which, they are destined to enact so fearfully responsible a part. To these, we repeat, take courage. On some future occasion, we shall again address ourselves to them, on the subject of the duties upon which they are about to enter; but at present, we wish to accompany that larger portion of our class-rooms' tenants, who are about "to return to the places whence they came," to the studies or surgeries of their patrons, and in so doing, we beg, in an especial manner, to commend ourselves and our remarks to those of our professional confrères, who have undertaken, in receiving these young gentlemen into their houses, to direct their studies, and "to train up these youths in the ways in which they should go."

Contrast the past with the present. Five and twenty years ago, there existed not in the whole of this Province a single school of medicine; to-day we know of the names of no fewer than seven teachers of Anatomy, (public and private,) being enregistered on the book of the Inspector of Anatomy in this city, according to the requirements of the Anatomical Bill, passed during the last session of our Provincial Legislature, and so lately come into operation. That a few, (and they formed indeed a very small number,) of the Medical practitioners in Canada, did vouchsafe to the young men, who commenced their studies with them, occasional explanations of knotty points occurring in the course of their reading, we admit, because we know it to be the fact; but the acquisition of even an imperfect knowledge of their profession at the time of which we write, was only to be attained by close and hard application of those, in whom a real thirst for information existed; in the various manipulations of the surgery they were expected to be *au fait*, because the credit of the respective establishments was at stake. Now we say not

this in anger against the patrons of those days, for, to tell the truth, from their comparatively limited number in the towns and large country parishes, the duties of their profession left them not much time for their own repose, much less for the instruction of those who were placed with them; but now, things are different, the face of medical nature is indeed changed; pupils have a right to expect, the examining boards have a right to demand, and the public do expect and demand, the fulfilment of the conditions of the apprenticeship bond entered into between patron and pupil.

We would strongly urge, then, in the first place, upon our professional brethren, the importance of enquiring, from time to time, (aye, and of satisfying themselves by examination on this point,) as to the progress of their pupils' studies; and here we beg to impress upon them the indispensable necessity of one standard work at least, on each department of the science of medicine being accessible to the student. Those students who have during this session commenced their studies by attendance at lectures, will now be prepared to study physiology, chemistry and materia medica; the blunt edge of the rude metal has been subjected to the first operation of the grindstone: they have been advised how to commence their studies, and what books to read.

In the second place, we say, give these young men as frequent opportunities as possible of mixing with the sick, of visiting the dying, and of assisting at the examination of the bodies of the dead; we do not mean, that they are to be intrusted with cases, but that their attention is to be directed to the outward and visible signs of disease, as evidences of faulty performance of healthy functions. It may be said, why adopt this plan so early—these young men do not know Anatomy sufficiently well yet, and that is the great foundation of our profession?

True; yet Anatomy cannot be learned from books, but must be acquired by patient study, scalpel in hand, in the dissecting room; and we add, that the practice of medicine, surgery, and midwifery, cannot be learned from books either.

How, then, we may be asked, are these to be learned? We reply, by constant communion with the sick, either in their own homes or in the wards of our hospitals, *under the direction and superintendence of those whose duty it is* to call their attention to the symptoms which are presented, and to explain the rationale of these, the indications for their removal or relief, and the *modus operandi* of the remedies employed: in this way, each private practitioner, desiring to obtain credit by his pupil, will become a clinical teacher. Our space will not sanction our proceeding further on this subject at present, and we will close our remarks with that memorable observation made by the immortal Bichat a short time before his death. "You ask me," said he, "how I have learnt so much? It is because I have read so little. Books are but copies—why have recourse to copies, when the originals are before me? My books are the living and the dead: I study these."

We were present on Thursday, the 21st ult. at a Lecture, one of a popular series to be delivered by Dr. G. W. Campbell, on Physiology, at the Rooms of the Montreal Mercantile Library Association, and we are sure that the numerous attendance must have been as gratifying to the lecturer, as the matter must have been instructive to his hearers.

We are pleased in thus perceiving the dawn of a taste for useful acquirements;—a dawn which cannot fail of arriving at its meridian by the impulse given to it by lecturers who can mingle the utile with the dulce.

Lectures on subjects connected with the profession have been thought to be not always adapted to the "mass." The objection may be just in some respects, but in by far the greater

number do we conceive it not tenable in the 19th century. Counsellors that feelingly persuade us what we are, cannot be deemed improper at any period; and when the subject is selected with judgment, and treated with clearness—all hearers must leave the room impressed with the certainty that, we are indeed fearfully and wonderfully made: aye, and from these counsellors be taught a lesson of humility.

Most medical men of the present day shun mystery, and in the ratio of intelligence abroad will there be absence of that which was wont to be a trait, if not the characteristic of the ancien régime. We hail, therefore, the advent of such a class of teachers, and welcome this new source of knowledge extended to the public.

We have taken the liberty of copying Dr. Nelson's letter, which appeared in the *Minerve* of the 14th instant, and of publishing Dr. Meilleur's communication to ourselves in our present number, to show our Canadian subscribers, that in having made a change in our *character*, we have adopted the advice of two gentlemen, who from their position and extensive acquaintance must be competent judges.

We have noticed a letter of Dr. Von Iffland's in the *Montreal Gazette*. We thank the doctor for having rectified our error—and for his good wishes—contributions from such pens as his will prevent our requiring a requiem—one who cannot forget the dead, will assist in supporting the living. We trust that we shall receive some substantial mark of his good will.

Arrangements have been made with the agents in Montreal, by which some of the best Paris Medical Journals will be regularly received. We hope that our first numbers will reach us in May.

We beg to call the attention of those members of the Profession and others to whom the Journal is now forwarded, that this being virtually the first number of our issue, we shall consider, as is usual in all such cases, those gentlemen as subscribers, who do not return to the Publishers, the present number.

MEDICO-CHIRURGICAL SOCIETY.

17th February, 1844.

DR. SEWELL in the Chair.

The subject submitted for the Society's consideration, was the prevailing epidemic, (influenza.) After stating that the disease occurred under three different forms, according as it attacked women and children, men, and infants; Dr. S. proceeded to detail those characteristic symptoms which he had observed in the course of the present epidemic. Among the most striking of these was the absence of any tumefaction or redness on examining the throat, or, if any existed, it was to so trifling an extent, as to be quite disproportionate to the pain complained of; if only one side of the fauces was affected, the uvula was curled up to that side, all shewing that the muscular tissue of the velum, uvula, and pharynx, was that which was principally implicated. These appearances were noticed, before the occurrence of the catarrhal symptoms. In the majority of cases, the stethoscope afforded no indication of bronchitis, the cough depending on the irritation at the top of the glottis. The difference in the disease in women and men, as noticed by Dr. Sewell, was the more frequent occurrence of delirium in the former than in the latter—in the case of one lady under his care, he stated, that the delirium had lasted for fourteen hours, although her pulse did not rise above 82. With regard to the origin of this epidemic, it was generally admitted, that no particular change had been observable in the electrical condition of the atmosphere prior to its appearance, that the disease had exhibited a very mild character throughout, that the remedies needed for its treatment had been ordinarily simple, and that the mortality had been very inconsiderable; in all these particulars, differing essentially from the visitation of the epidemic in 1837.

Dr. Nelson stated, that he had remarked a tendency in the disease of this year to merge into croup among children, and of this modification, he had met with some fatal cases.

It was considered by all the members present, with the exception of Dr. Arnoldi, Jr., and Dr. Sewell, to be a disease seated in the pulmonary and enteric mucous membranes, assuming a catarrhal character, and in which the nervous system was more or less involved, according to circumstances.

But Dr. A. looked upon it rather as an affection of the muscular than the mucous tissue, and this he inferred, from the prostration of muscular power, so generally observed in this disease, even from its very commencement, and he further stated, that he had had several cases, in which there had been almost an entire absence of all catarrhal symptoms, and the disease had been manifested only by the prominent depression of power in the muscular system.

2d March, 1844.

DR. BADGLEY in the Chair.

The attention of the Society was directed to those cases of paralysis occasionally met with in the course of hysteria, and which, in the opinion of Dr. B., were so beautifully illustrative of Dr. Marshall Hall's Theory of Reflex Action. The particulars of two well marked cases of hysterical paralysis, which had come under his professional care while in London, were then detailed by him, and the Society was referred to the 3d number of the St. Thomas's Hospital

Reports, for the history of another case which had been treated by Dr. Roots in that Institution.

In the first case which occurred in the person of a single woman æt 25, and who, prior to the eruption of the hysterical disease, was a servant in his own family, hemiplegia of the right side supervened upon a very violent hysterical paroxysm.

In the second case, the daughter of a very respectable postmaster, æt 19—hemiplegia of the left side, with paralysis of the right leg, was present. The former individual was a strong, healthy person, from the country, of a sanguine temperament, and enjoying ordinarily good health; the latter was a delicate girl, who exhibited strikingly the leucophlegmatic constitution. Both were the daughters of gouty fathers. In both cases the congestion was so great, and the pain so severely complained of in the head, and at different points along the entire length of the spinal cord, that it became necessary to abstract blood at different times, and in various quantities; in the former, the temporal artery was opened; in the latter, blood was taken by cupping glasses from the nape of the neck twice or thrice, and leeches were repeatedly applied to the vertebral column of both. In the former, recovery from the paralytic affection was effected by the employment of the ordinary means, but a shattered state of the nervous system remained for upwards of twelve months; in the latter, it became necessary to have recourse to strychnia to restore the contractility of the muscular fibre. In both these cases, the beneficial operation of the purgative, recommended by Dr. Roots (the oil of turpentine and castor oil) with a view to remove the distension of the colon, so generally observed in these cases, was strikingly manifested.

The conversation turned upon the following pathological points. First, as to the nature of hysteria; secondly, as to the origin or proximate cause of the paralytic affection in these cases; and thirdly, as to whether, and in what manner, the gouty diathesis of the parents could exert any influence on the offspring, in the production of these varieties of nervous disease.

Dr. G. W. Campbell mentioned the case of a married lady, in whom tetanic convulsions had supervened upon a violent hysterical attack, and these had been followed by hemiplegia, which lasted for several days.

In the course of the evening, Dr. Nelson communicated to the Society, and recommended for the adoption of its members, a plan which he had of late years frequently employed, for the administration of medicine to obstreperous children, and those individuals affected with tonic spasm, which prevented their opening their mouths for that purpose. It was to introduce the medicine through the nasal passage by means of a spoon, the sides of the bowl of which had been previously bent upwards and inwards. Dr. N. stated, that it had never failed to succeed, and that no unpleasant results had ever followed its employment.

DR. MEILLEUR'S LETTER.

AUX EDITEURS DE LA GAZETTE MEDICALE.

MESSIEURS LES EDITEURS,—J'ai reçu et lu avec bien du plaisir le 1er No. de votre *Gazette Médicale*, que vous m'avez fait l'honneur de m'adresser. Le plaisir que j'ai éprouvé sera partagé, je n'en doute pas, par tous les amis de la science, et surtout par les membres de notre profession, le besoin d'une semblable publication se faisant sentir depuis longtemps en ce pays. Le *Journal de Médecine* du regretté Dr. Tessier, dont la publication fut trop tôt suspendue par la mort de l'Editeur, ne parut qu'autant de temps qu'il fallait pour montrer tout l'avantage que la science et le public pouvait retirer d'une semblable entreprise. Vous venez réparer les torts de la tombe et consoler le pays de la perte de ce jeune ami des sciences; soyez donc les bienvenus, et puissiez-vous recevoir, dans votre patriotique entreprise, tout l'encouragement qu'elle doit vous mériter.

J'espère que vous recevrez l'encouragement que vous méritez, non seulement de la part des membres de la profession médicale, mais encore de celle des aspirans à cette art si difficile, et pourtant souvent étudié si superficiellement. Comme chacun doit, ou devrait être, au moins jusqu'à un certain point, son propre médecin, il est à espérer encore que bien d'autres que les gens de l'art et ceux qui aspirent à la profession médicale, grossiront le nombre de vos abonnés.

Votre journal est pourtant destiné plus particulièrement aux médecins, et pour cette raison je regrette qu'une moitié en soit occupée à la traduction de l'autre moitié. Ceux qui entendent les deux langues, et ce sont presque tous les membres de la profession, que leur origine soit bretonne ou française, n'ont que 8 pages de lecture, au lieu de 16 qu'ils auraient, si votre journal était publié tout en anglais ou tout en français ou enfin, si étant publié dans les deux langues, la seconde partie n'était pas la traduction de la première. Pour moi, je ne le voudrais ni tout français ni tout anglais, mais *mixte*, de manière pourtant qu'une partie ne fut pas la traduction de l'autre.

Comme dans l'intérêt de votre entreprise, il est désirable que vous ayez la coopération de nos confrères, j'aimerais encore que tout médecin eût un libre accès au journal, et que chaque correspondance fut publiée dans la langue dans laquelle elle a été faite. Un écrit perd toujours à passer d'une langue dans une autre, et il peut même devenir méconnaissable, s'il n'est pas traduit par une personne habile, entendant parfaitement les deux langues et surtout le langage de l'art.

Ce nouveau plan vous obligerait peut-être à vous associer un collaborateur pour la partie française, mais je ne doute pas que ce surcroît de dépenses ne fut amplement balancé par le nouvel intérêt qui serait ainsi donné à votre publication.

J'espère que vous me pardonneriez la liberté que je prends de vous présenter ainsi mes suggestions et mes avis, si vous êtes persuadés, comme je vous prie de l'être, que je ne le fais que dans l'intérêt de votre entreprise, que j'ai à cœur comme si elle était la mienne. Je ne pourrai pourtant vous donner de témoignage de ce bon vouloir, étant exclusivement occupé à des travaux tout à fait en dehors de notre profession, qu'en vous priant d'ajouter mon nom à votre liste d'abonnés, et en portant, dans l'occasion, mes amis à encourager votre publication.

J'ai l'honneur d'être

Messieurs,

Votre très humble et très obéissant serviteur,

J. B. MEILLEUR, M. D.

Montréal, 16 Mars, 1844.

DR. NELSON'S LETTER.

Pour la Minerve.

LA GAZETTE MÉDICALE DE MONTRÉAL.

J'ai lu avec beaucoup de plaisir le premier numéro du Journal de Médecine (*The Medical Gazette*) de Montréal, publiée par Lovell et Gibson. Ce journal fait honneur à l'industrie, aux talents et au zèle de ses Editeurs, et son apparence typographique n'est surpassée par aucun journal du même genre soit en Amérique, soit en Europe.

Un tel ouvrage est bien propre à promouvoir la science et à contribuer au soulagement de l'humanité souffrante; il faut donc espérer qu'il recevra l'appui cordial non seulement des membres de la profession, mais aussi celui des hommes de tous les états scientifiques et littéraires, celui surtout des révérends messieurs du clergé de toutes les dénominations. Tout homme de lettres peut y puiser des connaissances si non pratiques, du moins de ce qui se passe dans une profession à laquelle soit lui ou les siens peuvent avoir recours d'une heure à une autre. Le nombre de médecins dans ce pays n'est guère suffisant pour défrayer par leurs seuls abonnements, les dépenses d'une pareille feuille périodique, sans compter une rémunération proportionnée aux travaux et déboursés des éditeurs; une raison de plus pourquoi il conviendrait qu'elle fut accueillie avec faveur même en dehors de la profession pour laquelle elle est plus spécialement destinée.

Il ne saurait, ce me semble, manquer de matière pour soutenir le département du journal consacre aux contributions indigènes, si mes amis et confrères les médecins de la campagne, lui font part de leurs observations et expérience; et je suis flatté de pouvoir ajouter que ces messieurs en général ne le cèdent ni en talents, ni en connaissances, ni en zèle aux médecins des villes, bien que ceux-ci peuvent avoir des occasions plus fréquentes, que leurs confrères de la campagne, de mentionner des cas rares et intéressants, aussi le public a-t-il droit de s'attendre qu'ils ne seront pas les derniers à mettre la main à l'œuvre, et qu'ils y contribueront des communications instructives, et d'une utilité pratique. Nos hôpitaux surtout, sont une source féconde de cas rares et difficiles, et nous avons tout lieu d'être persuadés que les messieurs qui y président ne manqueront pas de profiter de l'utile publication des Drs. Badgley et Sutherland pour faire connaître au pays et à la profession, l'habileté et le succès avec lesquels ils remplissent les devoirs importants de leurs charges.

Je me permettrai la liberté de suggérer aux savants éditeurs, qu'il ne serait pas nécessaire de donner une traduction française de ce qui serait publié en anglais, car tous nos médecins canadiens, savent suffisamment la langue anglaise pour apprécier parfaitement bien tout ce qui est écrit dans cette langue. Mais il peut s'en trouver un assez grand nombre qui ne peuvent *écrire* l'anglais avec facilité: pour lors que ces messieurs la fassent part de leurs remarques en français et que leurs communications soient imprimées dans cette langue. Je suggérerais de plus que des extraits de *La Lancette*, et d'autres journaux de médecine de Paris fussent insérés dans ce nouveau journal de médecine de Montréal, en sorte qu'il y aurait beaucoup de matière utile et instructive dans les deux langues et cela sans répétition.

Quelqu'un pourrait dire peut-être pourquoi ne pas publier le journal entièrement en français? Je répondrai qu'il y a ici un grand nombre de médecins anglais qui ignorent le français; mais je ne pense pas qu'il y ait un seul médecin canadien qui ne sache pas l'autre langue au point de l'utiliser dans ses études.

Toutefois, osons espérer, pour l'honneur de la profession et pour celui du pays, aussi bien que dans les intérêts de l'humanité, osons dis-je espérer que le journal de médecine dont nous parlons, sera libéralement soutenu tant par ses *contributeurs* que par ses *souscripteurs*, et que nous trouverons dans cet ouvrage un dédommagement pour la perte que nous fîmes il y a quelques années du *Journal de Médecine* de Québec, qui expira peu avant son habile et savant éditeur, notre compatriote, F. X. TESSIER.

WOLFRED NELSON.

Montréal, 13 mars, 1844.

NOTICE TO CORRESPONDENTS

N's. communication has been received.

The Editors beg to be furnished with the name and address of their correspondent; being responsible for whatever appears in the columns of the *Medical Gazette*, they cannot insert any communication, however valuable, without being aware of the source whence it comes.

Dr. Trestler is requested to accept of the Editors' best thanks for his letter and the suggestion contained therein; he will, it is hoped, be pleased to find that his suggestion has been adopted.

"A subscriber's" letter dated 25th March, has been duly received, the Editors beg to assure him, that his communications will always receive at their hands the consideration to which they are entitled. They trust, that he will, at all times, communicate with them frankly, and if practicable they will always, as on the subject of his present letter, be most happy to act on his friendly suggestion.

We return our sincere thanks to our correspondent Z. His ideas in relation to the cause of labour are new and we think deserve being considered, before they are rejected heedlessly. We gladly take him at his word and shall at all times insert communications bearing such a stamp.

INTERNAL ADMINISTRATION OF CREOSOTE IN NAUSEA AND VOMITING.

Creosote is one of the best medicines we possess for stopping vomiting. In the vomiting of pregnancy, an affection so distressing to the patient, it seldom fails. If the sickness comes on regularly after rising in the morning, Dr. Rose Cormack (who appears to have first employed it and whose observations we copy) prescribes two or three drops to be taken five or ten minutes before getting out of bed. This generally proves effectual; but if it does not, the patient ought to be directed to repeat the dose in two hours. In more troublesome cases, when the sickness occurs at intervals during the day, one or two drops should be given every two, three or four hours.

Dr. Cormack says that he has satisfied himself by experiments on the lower animals, that creosote in large doses, is a narcotico-acrid poison; and that it resembles prussic acid in its sudden depressing action on the heart. In medicinal doses, it is almost immediately sedative and calming; but these effects are of short duration; so that it is a drug which requires to be administered in often repeated small doses. It sometimes causes vertigo, and it is worthy of notice that, though excellent in allaying vomiting, it often excites it when it does not exist.

In chronic venereal ulcers, Dr. C. has repeatedly used creosote with great advantage. It answers well to apply it pure *once*, when there is deficiency of action, and subsequently to employ an ointment of from four to thirty drops to the ounce of lard. The lotion is also a very excellent form of application. In phagadenic ulcers, ulcerated chilblains and sores yielding sanious discharge, Dr. C. has often used creosote with benefit. In very few cases where the raw surface is extensive can creosote be applied pure, as severe irritation is generally the result.—*Braithwaite's Retrospect*, vol. 6, 1842.

TINEA.—Formulæ used in the treatment of *Tinea capitis*. The following are those commonly employed by Mr. Casenave in the treatment of this disease at the hospital St. Louis. Ioduret of sulphur ointment; Ioduret of sulphur 1 scruple, lard 30 scruples. Depilatory ointment; subcarbonate of soda 8 scruples, lime 4 scruples, lard 30 scruples. Pitch ointment, citrine ointment 15 scruples, pitch ointment 30 scruples; any one of these ointments may be applied in the evening; in the morning, the head is washed with the following lotion; subcarbonate of potash 8 scruples dissolved in 500 scruples of water.—*Medical Times*, April 23, 1842.

(To which we would add creosote ointment, or the tincture of Iodine applied with a brush once a day. Ioduret of sulphur is formed by gently heating together 4 parts of Iodine and 1 of sulphur. This compound is easily decomposed, the iodine escaping when the compound is left exposed to the air, it should therefore be kept in glass stoppered bottles. It has a radiated crystalline form and is of a dark colour.)—[*Editors Montreal Medical Gazette*.]

NEW METHOD OF RAPIDLY RAISING A BLISTER.

Mr. Dauq, of Stenay (Meuse) proposes the following method, which he calls blister with a watch glass, pour eight or ten drops of concentrated Ammonia (liquor) in a flat watch glass, cover the liquid with a piece of fine rag, somewhat smaller in diameter than the watch glass, and then place it on the skin, keeping in situ by moderate pressure. Generally, in about 30 seconds, the end proposed is attained, which is indicated by a roseate zone of about three quarters of an inch wide, which is formed round the edges of the glass. The apparatus is then removed, the inflamed parts washed with tepid water and the epidermis taken off.—*Medical Times, December 16, 1843.*

In a case of neuralgia, (tic douloureux), we have succeeded in almost instantly removing the pain by the strong liquor ammoniæ, applied to the part, by saturating a piece of lint with it; the lint should be covered with a piece of rag to prevent evaporation: as vesication was not desired, ten to fifteen seconds sufficed to produce relief.—[*Editors Montreal Medical Gazette.*]

HEMIPLEGIA, FOLLOWING LIGATURE OF THE COMMON CAROTID.

Dr. Fairfax adds another case to the list of those in which this accident has happened. His patient, a middle-aged lady, much reduced by chronic disease of the lungs, died five days after the operation. The mental faculties continued perfect to the last. The hemiplegia affected the right side, not the face, and was not observed until an hour after the performance of the operation.—*Medical Times, Dec. 30, 1843.*

THE MONTREAL MEDICAL GAZETTE,

IS PUBLISHED MONTHLY.

SUBSCRIPTION, FIFTEEN SHILLINGS PER ANNUM.

Correspondents are requested to address the Editors, and in every instance, prepay their communications.

PRINTED AND PUBLISHED BY LOVELL & GIBSON,

AT THEIR BOOK AND JOB PRINTING OFFICE,
ST. NICHOLAS STREET, IN REAR OF THE PEOPLE'S BANK.

TRANSCRIBER NOTES

Obvious printer errors, including incorrect page numbers in the index, have been corrected.

Tables have been reformatted to improve readability. A missing reference to patient k has been added to the last row of the table on p. 5.

Inconsistencies in spelling and punctuation have been preserved.

[The end of *The Montreal Medical Gazette, Volume 1, Issue 1* by Francis Badgley/William Sutherland]