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. 7.

MONTREAL, OCTOBER 1, 1844.

Title: The Montreal Medical Gazette, Volume 1, Issue 7

Date of first publication: 1844

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

Date first posted: Dec. 23, 2014

Date last updated: Dec. 23, 2014

Faded Page eBook #20141251

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

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. MONTREAL, OCTOBER 1, 1844. NO. 7.

HOOPING COUGH

FOR THE MONTREAL MEDICAL GAZETTE

To the most extraordinary vicissitudes of weather, which these three months have witnessed, we may chiefly attribute the early presence of the Hooping-cough throughout the whole atmospheric media of four Parishes, viz. Yamaska, St. Aimé, St. David and St. Francis, and, no epidemic, for several years past, has shewn itself so distressing and intractable to the resisting powers of medicine, diet, and the sometimes beneficial effects of that change of air produced by removal to uninfected localities.

In the absence of all professional prejudices and bigotry, I am well aware that a multitude of the most important acquisitions in the history of mankind, and the progress of knowledge, have been derived from accidental circumstances, or the occurrence of extraordinary ideas to certain minds; and a lucky thought, and trial event have led to the most important consequences in almost every branch of human enquiry, and in no branch, perhaps, could we, *a priori*, look for such occurrences more frequently than in medicine. Having myself been sorrowfully afflicted by the visitation of this epidemic, among my young family of children, it is but natural to suppose that the anxieties and cares of a fond parent deeply involved, not only the resources of his own practical science, but those also, which although unscientific in their gratuitous bearings, are not always to be contemned or disregarded. It is from individual observation, and the just appreciation of it in others, that all practical knowledge must be derived; and our science in particular will ever, more or less, be marked by a certain cast and character of empiricism.

In the early stage, this disease bears no other uncommon feature, than that of dry cough, with some degree of dyspnœa and puffiness of the eyes, and which generally lasts for several days. More advanced in its progress, it assumes a spasmodic, *crowing*, form, and is only relieved by strong efforts to throw off from the bronchial cells a quantity of thick milky mucus. These paroxysms are as frequent during the day, as night. This second stage also proves so powerful in its invasion, as to threaten suffocation to infants under twelve months, and even in many cases to those much beyond two years, (much depending upon the previous state of health.)

In the third and last stage, the inspiratory action is generally attended with a peculiar râle and sonorous noise, and moaning during sleep. The lips and eyes become encircled with a

bluish appearance, and not unfrequently the tongue is found bearing the same choleric tinge. The cough is rapid, soon running into the spasmodic, and convulsive strangulating crowing; and unless soon removed by the expulsion of the congestive and adhesive matter, now filling the bronchial cells, suffocation is greatly to be dreaded. Sometimes, such is the violence of the convulsions, and such are the exertions, in throwing off this offending secretion, that blood vessels are ruptured, and considerable hemorrhage ensues through the mouth and nostrils.[1] This is the most distressing and perilous stage, and often terminates the short career of our little sufferers.

In the premonitory stage of the disease, (the dry cough,) a variety of domestic remedies are strongly recommended, among which, the frequent administration of the syrup of the common garden turnip, stands pre-eminently popular. It is prepared by cutting the vegetable into slices, and covering them with Canadian (maple) sugar; and another, is the common black pepper, about an ounce of which is placed in a quart of water and boiled down to a pint; to this decoction, as much of maple syrup is added. A few spoonsful—one or two, may be taken during the day, say three or four times, (age considered.) Onion and *Capillaire* syrups, are also advised, as highly serviceable as attenuating pectorals.

In the more advanced stages of the disease, (although they may offer preventive advantages, if administered in the first) antimonials, judiciously employed, are our most efficient means to dislodge the constant secretion of mucus in the bronchial cells,[2] and as an auxiliary, much benefit will also be derived, (as the suggestion of my confrère Dr. Leon Rousseau,) from a solution of about, dr. of tartarised antimony to the ounce of water—to be rubbed actively upon the neck, until small pustules are formed. The counter-irritation thus obtained, has much the advantage of the Tart. Ant. ointment, in as much as the pustules are much smaller, less painful, and producing less objectionable results to the skin.

Opiates, carefully administered, cannot be too strongly recommended, as the most valuable within our reach. As far as regards my own experience I place the utmost reliance on their important effects in every stage of the disease. They suspend the paroxysms, shorten their duration, and, what is of the greatest importance, allay the irritation in the bronchial cells, by causing the excretion of their morbid product, and never fail of diminishing the severity of the convulsive and strangulating symptoms.[3]

A. Von Iffland, M. D.

---

[1] But a few days ago, 10th September, such had been the violence of the convulsive cough, that my attendance was called to a young woman (æ. 17) in the sixth month of pregnancy, sinking under great flooding—the waters had been evacuated three days before. I lost no time in effecting the delivery of a living child—it was her first.

[2] Well ventilated rooms and change of air, ought not to be overlooked.

[3] Operating also as an anti-spasmodic and relaxant.

DR. FRASER'S CASE OF CASTRATION.

May 31, 1844.—Archibald McArthur, ætatis 47—married—a farmer from Chatham, came into town to take medical advice for a painful swelling of the right testicle.

In the winter of 1837-38, after a fatiguing journey, felt, for the first time, pain in the cord of the right testicle, which was followed by a hydrocele of the same side. In 1840, it was punctured by the late Dr. Stephenson, of this city, but the radical cure was not attempted. In 1841, the fluid was again drawn off. In 1842, the patient supplied himself with a trochar with which he has operated four or five times.

From all that I can learn, the testicle has been affected since the commencement of the case, in fact it seems to have been a case of Hydrosarcocele. In the month of April last, it had become inconveniently large, hard and excessively painful, for which he consulted a surgeon in the country, who pierced it with a trochar, and injected port wine into the swelled testicle; the effect of this proceeding was a great increase of the pain. He has since been salivated, and had local applications in the shape of ointment, without the least good effect.

His general health has suffered much—he appears to be, what he says he feels, weak and worn out by the pain of the testicle, which gives rise to a constant sensation of burning and occasional violent darts of pain.

The testicle, or rather the tumor into which it is converted, is the size of a large human heart; —posteriorly, the skin moves over it freely, anteriorly and internally it is attached;—it feels uniformly hard all over, except at its lower and anterior part where there is a spot which presents a feeling of fluctuation, the skin over it is irritable and it has been probably caused by the irritation produced by the ointments lately applied. The cord is thick close up to the external inguinal ring, in entering which, however, it appears normal.

The point alluded to above as indicating matter was opened and an ounce of healthy looking pus obtained.

An exploratory puncture was also made into the hardest part of the tumor, when a little bloody serum only escaped;—the point of the canula in the tumor felt as if it had reached into a cavern, as it could be freely moved about.

After hearing the history and making the examination briefly narrated above, I had every reason to believe from both the general and local symptoms, that the tumor into which the testicle had degenerated had assumed a malignant action, and without hesitation recommended an operation, as the only means by which he could get rid of the disease.

In this opinion I was joined by Dr. Bruneau, whom I consulted on the occasion, and who kindly assisted me in carrying it into effect;—the patient willingly assenting; on the 2d June, the operation was performed in the following manner:

Having removed the hair off the scrotum and marked the line of incision by which a portion of skin of an elliptic shape, two inches in its longest diameter and one inch in its smallest diameter, was to be removed with the testicle, we placed the patient on a table, his head resting on a pillow and an assistant on each side of him. The testicle being grasped by the left hand the first incision was made through the skin and cellular substance extending from the external abdominal ring to the lowest part of the internal side of the testicle. I proposed before commencing, to tie the spermatic artery before cutting the cord, but this proved more difficult than was foreseen, owing to the enlargement of the testicle advancing so near the ring that little room was left for operating, as well as to the profuse venous hemorrhage and hypertrophy of

the Cremaster Muscle. I therefore abandoned the idea, but to prevent the cord from retracting passed a ligature round it, as close to the ring as I could,—cut it close to the ligature and dissected out the testicle. Two spermatic and one scrotal artery were tied—the wound was then cleared of clots and brought together with stitches, adhesive plaster and a bandage being applied the patient was put to bed.

The mass thus removed weighed 15 oz. a longitudinal section presented the following appearance—Three cysts, the two uppermost containing very fœtid and unhealthy looking pus —the lower a fleshy hepatized looking substance apparently the remains of the testicle— between these cysts and the surface the mass was carcinamatous.

June 3, 10 A.M.—Passed a good night; no hemorrhage nor pain unless he moves;—Pulse 88; skin pretty natural, tongue thickly furred;

R. Mass Pil. Hydr. gr. V.
Pul. Ipec. gr. 1.
Fiat Pilulae II.
Hora Somni Sumend.
Cras Mane Ol. Ricini ozss.
Low Diet.

June 4, 10 A.M.—One motion from bowels, feels comfortable. Pulse 80, weak, much inclined to sleep. Quiescat.

June 6.—Dressings removed, wound partly adherent by the first intention, but the greater part suppurating; after cleaning, the wound was again brought together with adhesive plaster, simple dressing and bandage applied; this was repeated every day till the 10th when Liston's red wash was substituted.

Without entering into minute details, suffice it to say that the wound granulated kindly, though owing to the heat of the weather cicatrization was not complete till the 15th July, about which time the patient left for the country, his general health much improved; *generandi cupido et facultas non diminuuntur*; and well pleased to be rid of so troublesome a companion.

I should have stated that there was some effusion into the left Tunica Vaginailas, and that previous to his leaving, I passed a needle armed with thread through it and left it in the form of a Seton for three days with the view of provoking sufficient irritation to produce a radical cure; irritation enough was produced by this simple means but whether a radical cure was accomplished I am unable to say as the patient left so soon as the irritation subsided for the country. I understand his general health continues good and that he is able to attend to his business as a farmer.

DR. HOLMES' REMARKS ON DR. NELSON'S COMMUNICATION.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

[Various sections of this article are presented in a two-column format in the original document but are displayed here sequentially to improve readability on digital devices. The start of each column is marked in the notes below.—Transcriber]

MESSRS. EDITORS,—In the last number of your journal appeared a paper by Dr. Nelson in reference to the case of Champeau, and the difference of opinion between him and me as to the conclusions to be drawn from the *post mortem* appearances. Judging from the general tenor of the article, one might be led to suppose that I had indulged in some unnecessary animadversion upon the practice he had adopted. The contrary, however, is the case; for, having been called on by the Coroner to examine the *body*, and to report *thereon*, I strictly, in my evidence, adhered to stating what I saw, and the inferences that might be drawn therefrom. I beg your readers to keep in mind that the subject, though much amplified by Dr. N.'s method of treating it, is confined to very narrow ground, and resolves itself into the question: *What are the pathological appearances requisite to establish the pre-existence of inflammation of the peritoneum?* This question is the principal one in which I am directly concerned, and I might confine myself to it, but, making it the chief subject of the present paper, I feel that I cannot altogether pass over other matters in Dr. N.'s essay.

Before entering on the subject, however, it is necessary that I should present to your readers a measure of the *value* to be put upon the quotations with which Dr. N. has endeavoured to support his opinion. Having broadly stated an opinion in opposition to all the pathologists of the age, he has endeavoured to sustain it by quotations from various authors, the contexts of which are directly at variance with the position he has assumed. Without comment on the fact, I shall proceed to the proof of what I have asserted.

On page 165 are double columns, one containing the appearances said to have been observed on dissection of Champeau—the other, the appearances which (Dr. N. says) are laid down by the best pathologists of the age, as denoting the existence of previous inflammation of the peritoneum.

Should one not have supposed that these quotations were to contain the real opinions of the authors? Could one have imagined that they were extracts cut from the body of the text, *and containing only just so much as was favourable* to Dr. N.'s assertions, and adapted to the view he had taken of the results of peritoneal inflammation? Let the extracts speak for themselves. Following his example, I shall divide the page into opposite columns; one containing Dr. N.'s extracts,—the other, the whole passages, italicising what he has omitted or refrained from quoting.[4]

[Beginning of left column.]

DR. N'S EXTRACTS.

In some cases of peritoneal inflammation the secretion of the membrane is suspended, and it becomes dry.—*Cyclo. Pract. Med.*

Redness and thickness may be considered as the first effect of peritoneal

inflammation.—*Cyclo. Prac. Med.*

[Beginning of right column.]

SAME EXTRACTS WITH CONTEXT.

Serous effusion, as we have before observed, may take place very early in this disease.

(This immediately precedes Dr. N.'s extract, which is a note to the above.)

Redness and thickening——of peritoneal inflammation: *but it is* ACCOMPANIED *or quickly* FOLLOWED *by effusions of serum and lymph, which have been supposed to be separated simultaneously.*

(And a little lower.)

This effusion of lymph may take place a very short time after the commencement of inflammation.

[Beginning of left column.]

"En général les traces d'inflammation sont d'autant plus marquées que la maladie était plus avancée, et plus intense. Quelquefois une injection extrêmement fine et abondante s'est offerte à l'examen." "Bayle, Broussais, et autres, ont vu à la suite de la peritonite aigue, la rougeur, l'épaississement de la membrane séreuse et des escarres."—*Dict. Scien. Med.* v. 40. p. 507, *et seq.*

[Beginning of right column.]

En général, &c. &c. Bayle, Broussais, et autres, ont vu à la suite de la peritonite aigue; 1°. la rougeur, l'épaissessement de la membrane séreuse et des escarres, *d'espace en espace qui pénétraient jusqu'à la muqueuse; 2°. une exudation solide en forme de fausses membranes servant aux séreuses de moyen d'union toujours sans organization; 3°. une exudation liquide tantôt trouble, tantôt limpide ou rougeâtre. On a trouvé presque toujours, dans la cavité abdominale, plus ou moins de matière séreuse, purulente, &c.*

La plupart des Peritonites aigues, qui sont suivies du retour à la santé, déterminent par des adhérences organisées.—p. 512, 513.

[Beginning of left column.]

Le défaut d'exudation n'a lieu que dans les premières de l'inflammation, ou les membranes séreuses sont chargées de sang, qui empêche la serosité suinter de leur surface libre.

[Beginning of right column.]

D'après l'opinion de Bichet, ces adherences intimes sont occasionnée par un defaut d'exudation dans les deux portions contiguës d'une membrane séreuse enflamée. Or, le défaut d'éxudation n'a lieu, &c.—p. 508.[5]

[Beginning of left column.]

Les membranes séreuses ordinairement si blanches et si tenues, &c.

Les surfaces séreuses enflammées ne sont presque susceptibles d'aucun gonflement dans les premiers jours de la maladie; elles sont alors sèches, et aucune exhalation ne s'y effectue.—*Ibid*, 41, 431.

[Beginning of right column.]

On the next page (432) occurs the following passage:—

"*Les adhérences organiques sont une suite très commune de la résolution dans les phlegmasies séreuses: il parait même que cette terminaison* (i. e. resolution) NE PEUT AVOIR LIEU QUE DE CETTE MANIERE *et par une sorte de cicatrization ou d'union des parties enflammées*."—Dict. Sc. Med. 41, 432.

[Beginning of left column.]

Ecchymosis not unfrequently takes place when the inflammatory action is very violent.—*Macintosh*, v. 1, p. 22.

[Beginning of right column.]

(*Serous membranes.*)—*When inflamed, red vessels are seen during life, and an effusion takes place either of serum or lymph, or of both. Sometimes the effusion is limpid; at others turbid, like whey; at other times, &c. Often large masses of coagulable lymph are discovered glueing the parts together. The quantity of the effused matter is sometimes small, amounting only to a few ounces; at others, there are several pounds. It has occurred to me frequently to see ten, twelve, and twenty pounds in one side of the chest. A bloody effusion is sometimes found, more particularly in the abdomen.* Ecchymosis not unfrequently takes place when the inflammatory action is very violent.[6]—*Macintosh on Inflammation.*

[Beginning of left column.]

Sometimes the membrane seems as if it were minutely injected.—*Good*, v. 1, p. 505.

[Beginning of right column.]

Sometimes the membrane seems as if it were minutely injected, while, &c.

This passage in Good is a mere translation of that already quoted from Dict. Sc. Med. It is immediately followed by its continuation beginning, "Bayle, Broussais, et autres," &c.

[End of two-column section.]

The two last quotations in the list I have not been able to find, though I looked over with some care the articles Inflammation and Peritonitis in the Cyclopædia—the pages referred to

(270, vol. 2, et seq.) contain yellow fever.

Following these come extracts from Dewees and Macintosh, the intention of which it is not easy to perceive, except it be to induce the belief of there being considerable obscurity in these cases, and therefore the probability of my partaking of the ignorance of these great men. But though it may be difficult to know the reason of the quotations, it requires no great acuteness to divine why the passage in one of these authors should have been cut in two, and only the half exhibited, seeing that the other half, in explaining the ignorance of Cullen and Gregory, points out the existence and the cause of the very thing which it is my purpose to establish, viz. effusion as the result of peritoneal inflammation.

[Beginning of left column.]

> The pathology of peritonitis was not understood till lately. Cullen was ignorant of it, and so was Gregory, I believe to the latest period of his life.—*Macintosh*, v. 1, p. 270.

[Beginning of right column.]

> The pathology of peritonitis was not understood till lately: Cullen was ignorant of it, and so was Dr. Gregory, I believe to the latest period of his life. *Many people of the present day cannot fancy how it comes to pass that there is so much effusion with so little vascularity; but there is now no doubt that the effusion is produced by inflammation of the peritoneum itself.*—*Macintosh*, v. 1, p. 212, *Ed. Ed.*

[End of two-column section.]

Having now cleared the way for the consideration of the subject, I shall proceed to examine the correctness of Dr. N.'s position. He has rightly stated that "the medical gentleman to whom he was compelled to allude," did "rest his conviction that there was no inflammation, on the absence of effusion, coagulable lymph; also, on the absence of any new adhesions." This, then, is the point on which we join issue; for Dr. N. adds, "forgetting that those are the products of slow or sub-acute inflammatory action, and when present, prove that it had been protracted and passed through some of its phases."

It would be useless to adduce personal observations, as they might be met by personal observations of a different character. I shall then rest the conclusion on authorities of books, certainly not written (to use Dr. N.'s words) expressly to bear me out in this case.

In treating this subject it will be necessary to prove, first, that effusion of serum or lymph, and the existence of adhesions, are always to be looked for in acute peritonitis; and, secondly, that these are not confined to "protracted" cases, "which have passed through some of its phases," but that they are the almost inevitable result of intense inflammation within a short time.

1st. That effusion of serum or lymph, or both, and adhesions, are the results of recent acute inflammation of serous membranes, and among them the peritoneum, is a fact so constantly mentioned by recent pathological writers, that the difficulty is not to find, but to select authorities. Several of those already quoted furnish abundant evidence of this assertion; but to make the matter still clearer, I shall bring forward several of the best and most recent English authors, and a few French:—

Watson, Lect. on Inflammation, vol. 1, page 155—"But whatever may be the intimate cause of serous effusion, it is one of the *earliest events of inflammation*, and in some cases it is its most important event.——The quantity of serous fluid poured out is often immense."

Ibid, page 157.—"A third event of inflammation is the effusion of what is called coagulable lymph.——But the most striking examples of the effusion of coagulable lymph are to be seen on the surfaces of inflamed membranes; it forms a web or layer, which by degrees assumes, itself, a membranous appearance, and is accordingly called by morbid anatomists a false or an adventitious membrane. Sometimes several layers of this kind are spread over each other, forming adventitious membranes of great thickness. When coagulable lymph is thus poured out between membranes that are habitually in contact with each other, it often causes them to cohere, just as two leaves of a book may be made to stick together by a layer of paste put between them. This result is very common indeed with serous membranes, especially the pleura, the pericardium, and the peritoneum."

Vol. 1, page 178.—"The inflammation of serous membranes is characterized by——; by its tendency to spread; by the effusion of serous fluid, and of coagulable lymph, &c.——False membranes belong to it, and the agglutination of contiguous surfaces."

Alison, Outlines of Pathology, vol. 1, page 96.—"The tendency always observed, even when the changes in question are of short duration, to effusion from the blood vessels of some new products, speedily assuming, in most instances, the form either of coagulable lymph or of pus. It is true, that there may be inflammation either of so slight intensity or of so short duration, as never to show these its usual consequences: *but we may lay it down as a rule, never to apply the term, except* in cases where we are satisfied that the tendency to these effusions exists, and that if they do not appear, it is only because of the minute scale, or the rapid abatement of the diseased action."

Ibid, page 174.—"Acute inflammation of serous membrane is that which spreads most rapidly and excites most pain and fever, tending first to the effusion of serum and lymph, then certainly to that of pus."

Williams, Princip. of Med., page 215.—"The effusions from inflamed vessels, at an early period, are much the same as those from tense congestions and determination of blood: but they commonly occur in greater abundance, contain more animal matter—at first a thin serum—but soon fibrin is also effused."

Ibid, page 222.—"In serous membranes, the vessels being comparatively few, admit but of little enlargement, and the effusions, not being retained by complexity of structure, soon overflow externally and chiefly accumulate in the most dependent parts of the serous sac."

Ibid, page 240.—"Effusion so closely attends the process of inflammation, that the symptoms of effusion have been comprehended in those of inflammation."

Ibid, page 252.—"Resolution is always attended with some amount of effusion."

Marshall Hall, Princip. of Med., page 7.—"Inflammation does not subsist long without more or less effusion, either of albumen or serum in recent inflammations; of albumino-fibrine or lymph in the less recent or of both;—events of vast importance."

Ibid, page 17.—"In the lower degrees of inflammation we observe the effusion of serum: in higher degrees of inflammation we see the secretion of albumino-fibrine or coagulable lymph."

John Hunter, on Blood and Inflammation, Lond. Ed., 1828, page 387.—"In all large cavities, where we can make our observations with certainty, when in the state of inflammation, we find diffused over the sides, or through the cavity, a substance exactly similar to the coagulable lymph."

Cyclopædia of Practical Medicine, article Inflammation, by Dr. Crawford, vol. 2, page 765. —"The surface of an inflamed serous membrane soon becomes covered, wherever the inflammation extends, with a very thin layer of an apparently albumino-gelatinous substance."

Ibid, article Peritonitis, by Dr. Stokes, page 303.—"The more common appearance of the peritoneum consists of a deposition of false membrane, co-existing either with the milky flocculent fluid or with pus, or a fluid entirely limpid."

Ibid, page 303.—"Quantity of fluid effused in peritonitis varies from a few ounces to several pounds."

Elliotson, Lectures, page 813.—"(In peritonitis.) After death, the appearances found are nothing but those *which are usual* in inflammation of a serous membrane; for example, a quantity of serum of a whey colour, more or less turbid, with flakes of fibrin; and the fibrin is frequently effused in a gelatinous form; and perhaps adhesions are thrown out, so that there are bands."

See also Abercrombie, page 155; Baillie, page 127; Symonds in Lib. of Medicine, vol. 4, page 142.

The authorities I have quoted are surely amply sufficient to establish my first position; but it may still be satisfactory to know the result of the observations made by the celebrated pathologists of the French school.

Dict. Scien. Medicales.—"Un phénomène qu'on remarque quelquefois et qui est commun à toutes les inflammations sereuses, ce sont des adhérences plus ou moins nombreuses dans les diverses portions de la surface polie du peritoine."—Vol. 40, p. 507.

Andral, well known as among the chief:

Clinique Medicale, vol. 2, page 551.—Obs. 4.—"Peritonite par violence extérieure, (coup de pied de cheval,) le malade succomba de 5 ou 6 jours. Ouverture du cadavre, la cavité du peritoine est remplie par un liquide semblable à du petit lait non clarifié, au milieu duquel nagent des flocons blanchâtres, dont plusieurs sont étendus en couches, &c."

Broussais, Cours de Pathologie, tom. 2.—"L'Ouverture des cadavres; dans la peritonite aigue, montre plusieurs états.——D'autre fois, il se forme une exudation pseudo-membraneuse, épaisse, qui fait adhérer les intestins. Dans d'autres cas, il se forme un liquide abondant, purulent—le plus souvent l'épanchement etant copieux ressemble à du petit-lait."

Broussais, Histoire des Phlegmasies, vol. 3, page 386, 387.—"Les causes les plus efficaces des peritonites, chez les hommes, sont les percussions des corps extérieures, &c. Les hemorrhagies sont souvent le résultat de l'action de cette première série. L'inflammation rouge, sèche,[7] c'est-à-dire avec peu d'exudation liquide, avec des produits membraniformes, des adhérences intimes organisées, en sont ordinairement l'effet."

These quotations are surely more than enough to establish the correctness of my first position, viz. that effusions of serum or lymph, or both, and adhesions of the surfaces, are always to be looked for after acute peritonitis. I shall now proceed to prove the second, in doing which the same abundant testimony may be adduced:—

Abercrombie, on Stomach, 3d Ed.—Examples of Peritonitis, page 158, case 62.—"A girl complained of pain in abdomen on evening of 2d March—died 5th, at night; duration about 72 hours."

"Inspection.—Whole tract of small intestines presented one smooth uniform surface, being firmly glued together, and the intestines filled up by an immense deposition of coagulable lymph, which was quite soft and recent; and the membrane likewise adhered to the parietes of abdomen, &c."

"Case 63.—A girl, on 20th, at night, complained of some pain of belly, &c.—died morning of 22d; duration, if we reckon from 8, P.M. on 20th to noon on 22d, which is probably beyond what should be, we shall have only 40 hours. Yet here, on inspection, 'on many places, especially on ilium, there was peritonitis with false membrane.'"

"Case 64.—A gentleman, aged about 60, complained of pain, 17th—died 3 o'clock, P.M. on 20th; duration 3 days."

"Inspection.—Bowels generally distended, with slight patches of false membrane on small intestines; but they appeared quite recent. The chief seat of disease was the rectum, sigmoid flexure, and lower part of the descending colon. These parts were covered by a very copious deposition of false membrane, producing extensive adhesions; and the cavity of the pelvis was quite full of thick pus and flocculent matter."

ROSTAN, MEDICINE CLINIQUE, vol. 2, page 481.—"Lorsque la peritonite s'est terminée par la mort et d'une manière prompte, le peritoine est rouge, injecté, quelquefois violet, ordinairement sec. [8] On trouve cependant les intestins distendus de Gaz; agglutinés ensemble au moyen d'une exudation albumineuse concrete. Si la maladie a duré quelques jours, les intervalles des circonvolutions intestinales et la cavité du petit bassin contiennent un fluide trouble, jaune-verdatre tenant en suspension ou laissant précipiter des flocons albumineux, de véritable fragmens de fausses membranes non organisées."

WATSON, page 155.—"Whatever be the intimate cause of serous effusion, it is one of the earliest events of inflammation."

IBID, page 159.—"Length of time required for the pouring out of coagulable lymph and its organization after it has been poured out, is variable. It is often effused very early. Dr. Thomson found a distinct layer of it covering wounds in less than four hours."

ALISON, page 100.—"Within a time, likewise, various but often very short, from the beginnings of these changes, the characteristic effusions of inflammation begin to show themselves."

CYCLOPÆDIA OF PRACTICAL MEDICINE, ART. INFLAMMATION, vol. 2, page 716.—"When serous membrane is slightly inflamed, there is, first, an effusion of a yellowish serous fluid. As the inflammation advances, the surface is lined with a thin layer of a soft viscid substance. This coagulated substance increases in thickness, viscidity, and density with the inflammation, constituting, on the third and fourth day, a distinct plastic, laminated pseudo-membrane."

IBID, page 717.—"A large proportion of this last mentioned matter is formed in violent inflammation, giving the effused fluid a well marked purulent appearance.——The inflammation of all serous membranes is followed by similar results."

ARTICLE PERITONITIS, page 303.—"Serous effusion may take place very early in this disease; but in general it is not considerable in quantity until the affection has subsisted for some time. This is, however, not always the case: in some instances, after 36 or 40 hours, there is a large quantity of fluid effused."

WILLIAMS, page 233.—"Serous membranes give us the best illustration of the history of inflammatory effusion. In acute inflammation in a healthy subject, besides serum, an exudation of fibrin or coagulable lymph, takes place in a few hours."

M. HALL, page 9.—"This latter circumstance, (viz. interstitial effusion,) constitutes œdema, and one of the early effects of inflammation."

JOHN HUNTER, page 680.—"Case of wound of belly by pistol shot; wound received in duel at 7, A.M. of 4th September; died 7, A.M. next morning—24 hours. He was opened. The small intestines were slightly inflamed in many places, and there adhered; (also,) the intestines in

many places were adhering to each other, especially near to the wound, which adhesions were recent, and of course slight."

Having now, I trust, established to the satisfaction of every candid reader that adhesions and effusions, of one kind or another, are the characteristic appearances exhibited by peritoneal inflammation, and that these appearances are seen within the period that Champeau's case lasted, I would enquire whether "the medical gentleman" was not justified in concluding there was no peritonitis, since its characteristic marks were absent: whether "he had forgotten that they proved it to have been protracted or to have passed through some of its phases." Dr. N.'s exhortation, therefore, "to avoid dogmatism until fully informed," is only an illustration of a well known parable.

But before going to the case itself, it will be necessary to examine the quotation from Craigie, which is intended as the capstone by which all the preceding are to be secured—by which "the uninitiated" are to be convinced of the correctness of his remarks.

I shall re-quote the passage as contained in Dr. N.'s paper, and must admit the skill with which it is adapted to enlighten the judgment of the "uninitiated."[9]

1st. "The changes and morbid products may take place either within a short space of time—that is to say, five, six, or eight days."

The obvious tendency of this extract is to have it believed that these changes could not have been met with in Champeau, inasmuch as he lived only three days. Now to know our author's meaning, let us contrast Dr. N.'s quotation with the passage in Craigie:—

[Beginning of left column.]

> The changes and morbid products may take place in a short space of time—that is to say, five, six, or eight days.

[Beginning of right column.]

> The changes, &c.——*and with symptoms and symptomatic fever more or less violent—or within a much longer space of time, and with very trifling and obscure symptoms of general disorder or local uneasiness.*

[End of two-column section.]

Is it not evident that this passage, so far from being in favour of Dr. N., is at variance with him. It is intended merely to show that "these products" are to be met with not only in acute cases, (which Dr. N. denies can be,) but also in chronic. The two are contrasted by the violent symptoms and short duration of the one, and the obscurity and lingering nature of the other. The passage, in fact, completely refutes Dr. N.'s assertion, that effusion "takes place when the inflammation has been in part subdued and assumed the chronic character."

2d Extract.—"When inflammation takes place in the peritoneum, it may, under energetic measures promptly employed, terminate, there is reason to believe, without giving rise to effusion"—add "of albuminous exudation."

The intention of this extract must be to show that Champeau having been treated energetically and promptly, the treatment had prevented the effusion.[10] What would have followed? Craigie says: "No adhesion takes place; the over-loaded vessels gradually return to their usual capacity: the natural circulation and secretions are re-established." He then adds,

"This is the only termination by resolution." The case, then, is one of cure. Was Champeau cured? If this were a case similar to Craigie's, what becomes of the highly injected, turgid, and engorged vessels he saw in C.? Was this "the return to their usual capacity"? Again, if we allow, in consequence of the "promptness" of Dr. N.'s treatment, that the disease had terminated in resolution, how can he blame me for not seeing what he had succeeded in removing or preventing—viz. the presence of inflammation and its products. But I am here obliged to allude to Dr. N.'s claim to *prompt* treatment. C. was wounded about noon on Wednesday; began to complain very much of pain during the night, and was not seen or bled till next day about one. Is this *prompt* treatment? Was it right to let a man supposed to have a perforated abdomen go home and never go near him to ascertain the moment of the onset of inflammation? The application of treatment very shortly after the commencement of the disease, is what Dr. Craigie means by "prompt" treatment. Dr. N.'s case, therefore, cannot come within the category of those which Craigie says (and mark how doubtingly) may terminate without effusion.

3d Extract.—Dr. N.'s case in this quotation is equally unsupported, as it depends upon the former. It directly contradicts his, and conclusively confirms my position.

[Beginning of left column.]

> From the original intensity of the disorder, or from the antiphlogistic measures not being adopted with sufficient promptitude, and carried to proper extent, secretion of fluid takes place in more or less abundance.

[Beginning of right column.]

> *In a large proportion of cases, whether from patients neglecting to apply early for advice or from the original*, &c.

[End of two-column section.]

Now I have shown that "prompt" measures were not applied, and Dr. N. himself asserts that the inflammation was "intense." It is clear, also, it had not subsided by resolution. What, then, had we a right to look for on dissection? Was it not "secretion of albuminous fluid, in more or less abundance?" Yet where was it? Dr. Craigie says, "It is the *natural cure or course of the inflammation*"—that is, if the inflammation do not subside by resolution, it will necessarily pass on to effusion, *for it is its nature to do so*.

I have been obliged to dwell a long time on these extracts from Craigie, because they are brought forward triumphantly to confirm those previously quoted, and I believe I have demonstrated that there is not one of them that bears out Dr. N.'s assertion; on the contrary, that they all recoil upon himself.

But I cannot give Dr. N. the advantage of dismissing his witness, but shall insist on extending his cross-examination. I suppose people would generally imagine, from Craigie being quoted in support of Dr. N., that he entertained similar opinions, viz.: that effusion did not take place "till after the inflammation had gone through some of its phases." But Craigie was one of those who, according to Dr. N., "did not write his book to bear him out in this particular case." Certainly not; for we shall find that in picking out the extracts which he has published, Dr. N. must have passed over four pages filled with observations totally at variance with what he is

now endeavouring to prove from the testimony of this same Craigie. He observes, "The train of anatomico-pathological changes has been well described by Hunter, &c. The observations of the first are so good, &c. I place them in the natural order of the morbid process: "The following I give as an example, which I have often observed in the peritoneum of those who have died in consequence of inflammation of this membrane. The intestines are more or less united together, and according to the stage of inflammation this union is stronger or weaker, &c." After continuing the quotation from Hunter, Craigie then remarks: "These may be regarded as the first or incipient effects of inflammation attacking the peritoneum. If after the effusion of lymph, the morbid process subsides spontaneously, adhesions or false membranes are the only traces of the disease. But if the inflammation stops not here, another train of events succeeds;" and he then goes on to describe the various kinds of fluids. Also, at page 164, he says, "The appearances now described belong to the acute form of the disease when it has not proved fatal, and when it has stopped after moderate effusion of lymph. When the morbid action is not so suspended, but continues, both lymph and serum or seropurulent fluid continue to be effused by the membrane."

These quotations sufficiently prove that Craigie, though quoted by Dr. N., is entirely at variance with him.

Having, I think, conclusively proved that Dr. N. is wrong in the general question, I shall address myself to the consideration of the case itself, and its morbid anatomy.

Confining myself for the present to the abdomen, I remark, that there are points on which Dr. N. and I agree, and others on which we differ. 1st. We agree on the presence of redness in some parts of the intestines and omentum, and on the absence of lymph or other effusions. 2d. We disagree as to the degree of redness and injection and on the opacity and dull reddish colour of the membrane.

I have, in a previous note, observed that Dr. N. would seem to impute to me that I did not allow redness as a mark of inflammation. Such is by no means my opinion; but it is decidedly my opinion that every redness, even when to a considerable extent, is not to be set down as inflammation. I shall request your attention, in corroboration of the above, to two or three passages, from recent writers:—

Alison, Outlines, page 147.—"The first effect of inflammation in any texture, often perceptible in the living body, and more generally in the dead body, is congestion of blood in the small vessels, with some effusion of the serous part of the blood. Where the symptoms of inflammation, during life, have been well marked, these appearances may, in some cases, be all that may be found after death. *But if no farther effects of inflammation* are observed, these are not sufficient of themselves to entitle us to affirm that the part had been inflamed."

Cyclopædia of Practical Medicine, Art. Inflammation, page 736.—"There is perhaps no point of pathological anatomy which has given rise to greater diversity of opinion, has proved a more fertile source of error, and remains yet more undetermined, than the exact nature of the morbid appearances, which separately characterize congestions (both active and passive,) and inflammation. This is in fact a subject often surrounded with many difficulties, an ignorance of which has led to the erroneous practice of pronouncing hastily and indiscriminately as inflammatory, appearances of redness, injection, and turgescence belonging perhaps only to either active, passive, or cadaveric congestion. The following are the only sure signs of genuine inflammation: considerable increase of vascularity, with extravasation of blood and coagulable lymph, and formation of pus, &c."

[Beginning of left column.]

POST MORTEM BY DR. N.

The whole membrane was opaque, of a dull reddish colour: vessels highly injected; even the most minute were evident and turgid[11]: the marks of congestion and vascularity were manifest on the left portion; where it was reflected over the pelvis, the vessels were most distinct and engorged: about two-thirds of the lower part of the omentum was of a high rose colour, and most beautifully injected. The spleen adhered firmly to the left side—the result of former inflammation. Stomach at its upper and posterior portion, had the internal vessels highly injected; the mucous coat and vessels easily removed by scratching with the finger-nail.

[Beginning of right column.]

POST MORTEM BY DR. H.

Peritoneum throughout smooth, glossy, and transparent, without any particular vascularity. The small intestines exhibited, in some parts, considerable vascularity below the peritoneal coat through which the vessels were seen. The omentum was beautifully transparent, except where occupied by fat, which was of a light rose colour, caused not by injected vessels, but general throughout the mass. Spleen, without any signs of recent inflammation, but large and firmly bound to the side by strong adhesions, the result of former inflammation. Stomach perfectly white throughout its whole outer surface. When cut into, it exhibited, upon its lesser curvature, or upper part, congestion and injection of the vessels with numerous points of ecchymosis, and the mucous coat was softened.

[End of two-column section.]

Such are the appearances which I saw in Champeau's abdomen, and which led me to very different conclusions from those of Dr. Nelson. Why we should differ in describing the same appearances, must be left to the judgment of others. I had no previous opinion to support.

Resting, then, on my own observations of the morbid appearances, I declare, in opposition to Dr. Nelson, that Champeau did *not* labour under "intense" or any other inflammation of the peritoneum; and the proofs I bring are precisely those which Dr. N. says I rest on, viz. the soft, glossy, and transparent state of the peritoneum—the transparency of the omentum—the want of exudation of lymph on the surface of the peritoneum, which would have rendered it opaque, —the want of adhesions between the different parts—the want of any liquid effusion—and the want of that degree of vascularity and injection which I should expect to see accompanying the other marks of inflammation.

There are a few particulars still to be noticed regarding these appearances:—

1st. Dr. N. says, "Immediately under the point where the bayonet rested, the peritoneum was ecchymosed about the size of the pulp of the finger." Was it surprising a little ecchymosis should be produced at this point? But what had it to do with the peritoneum? Amounting to little more than a mere stain, it simply lay in contact with the outer surface of the peritoneum. The membrane over it was not changed, but equally glossy as other portions; and the fact of the slight ecchymosis being seen through the membrane, proves that the latter had not become

opaque.

2dly. In reference to the omentum, the anterior layer of this viscus was so transparent, except where occupied by fat, that the bag or cavity formed by its layers in passing off from the stomach, was seen so clearly as to have led me to express regret that students were not present to see it, (it being a portion of anatomy not always well understood.)

3dly.—The spleen exhibited no appearance of recent inflammation: it was bound down to the side by bands which, it may be recollected, I examined with care, and they were admitted to be old. Now if the peritonitis arose from the external injury, should we not have expected to find it chiefly developed in the neighbourhood of the part affected,—yet we find the spleen situated immediately inside of the bruised part, and not only so, but morbidly connected with it, and probably, (in consequence of former inflammation,) more disposed than natural to take on disease, exhibiting no mark of inflammation on its peritoneal coat.

4thly. The stomach showed marks of congestion, &c., in its inner membrane—but what had that to do with the peritoneum? Its whole external surface was white, without any appearance of vascularity, except, perhaps, a few of the ordinary vessels; and supposing the apparent inflammation of the mucous coat could have been occasioned by the injury, where should we expect to find it? Would it not be at the point nearest to that which had been injured? Would it not have been the great curvature which lies in contact with the spleen and the injured external parts? Yet instead of that, the part of the mucous coat which was inflamed, was at the greatest distance from the seat of the injury, viz. at the upper and back part (or lesser curvature). It may be recollected, that, had I not particularly requested it, the stomach would not have been opened, as it appeared on its exterior perfectly healthy,—and my reason was, a curiosity to know whether there would be met with here any of those appearances which by Yelloly and others we are cautioned against, and which Professor Sewall, of Washington, has figured, as being common occurrences in the stomachs of those addicted to the use of spirituous liquors. Any one looking into Sewall's plates, published by the Temperance Society, will be at no loss to account for the congestion and inflammation in the mucous coat of Champeau's stomach.

There is one other discrepancy between Dr. N. and myself, viz. the existence of gangrene of the external parts, which I must notice.

Gangrene is a vital operation, and if present on the surface, would have shown itself before death, and if so, would have been quite distinguishable eight hours after death, that is, on Sunday morning, when Dr. N. and I made an external examination of the body. Yet at this time Dr. N. let drop no expression indicating an opinion of gangrene having taken place. In his paper he quotes from Castle's Manual: "There are some causes which produce death at once by the violence of their operation. A very powerful blow on any portion of the body may destroy its vitality in this sudden manner." "Where, there has been so violent a degree of contusion as at once to destroy the organization of the part, the patient scarcely suffers any pain at all." He then adds, "Champeau complained of no pain in the loins, where the severe contusion was." Was the vitality of his loins then destroyed? If so, where was the sphacelus, the pourriture that might have been expected in three days and a half, especially when the dead part was macerating in poultices? It is true, a few bubbles of air and some oozing of sanious fluid were observed, though not, (as far as I can recollect) bearing out his expressions, "Bubbles were constantly escaping," and "continued oozing of bloody serum." Dr. N.'s words in his evidence were, "a bloody serum was exuding from the smaller wound, with particles of air."

The appearance of the two wounds I particularly stated at the inquest. The front wound was perfectly free from discoloration around it: the back wound was surrounded by a livid (that

is, a black and blue,) circle of perhaps four inches in diameter; the whole back of the body was discolored by the gravitation of blood which usually ensues after death; there were no vesicles on the skin, and no appearance of the cuticle peeling off.

But twenty-eight hours after, when we again met to open the body, two vesicles had been formed, containing bloody serum[12]; and the cuticle was loose and easily detached. It is to be recollected that this was thirty-six hours after death,—that the thermometer stood at 73 in the middle of the day,—that the patient's side had been kept covered with poultices,—and that the body was kept lying on its back,—thus favouring the subsidence of the blood towards the wound;—all which circumstances are quite enough to account for the blisters and the detachment of the cuticle, without having recourse to gangrene, of which no evidence was visible twenty-eight hours before.

The state of the muscles within, though evidencing previous inflammatory disease, being softened and infiltrated and darkened, can scarcely warrant the term "decomposition" or "disorganized" as applied to them. The language used in evidence is much less strong than that employed in his paper. He says: "The lower wound was from an inch to an inch and a quarter deep, very much bruised; the whole lumbar region, considerable effusion, part soft."[13]

Having concluded my remarks on the pathological evidences of peritonitis, and having used these evidences as applicable to the case of Champeau, my task I should have considered accomplished had not Dr. N. sought to fortify his case in a manner which would lead one to suppose he wrote *ad captandum vulgus* rather than for the information of the medical profession. For instance, was it news to the profession that a perforating wound of the abdomen is exceedingly dangerous? Was it necessary to quote J. Bell to prove this fact? And after it was proved, what had it to do with the case of Champeau, whose wounds were not perforating, but only what are called flesh wounds? Or again, was it not equally unnecessary, if he wrote for the profession, to bring forward authorities to prove that peritonitis is often induced by external injuries? What was to be gained by proving that a cause sufficient to produce peritonitis had existed, if afterwards its signs were found absent? But who, however willing to admit such external injury, would place any reliance on it, as proving that peritonitis did exist? Where was the need of double columns to show the comparison of C.'s case with the accounts of authors? The profession certainly did not need to be informed of the symptoms of peritonitis. Dr. N. relies (as he was justified in doing) upon symptoms as indicative of the disease; and had we had no opportunity of post mortem examination, the case might have still been one of "intense peritoneal inflammation." But Dr. N. should recollect that such examinations are the correctors of erroneous diagnoses, and where they can be had are the criteria by which we should decide. Judging from the symptoms detailed, following an apparently efficacious cause, I should not have hesitated to admit this to be a case of peritonitis; but enlightened by the post mortem, I hesitate just as little in declaring that it was *not*. How, then, it may be asked, can you account for the symptoms so closely resembling peritonitis? Before answering, I shall remark on some discrepancies between Dr. N.'s statements at the time and those detailed in his paper. Dr. N. told me that Champeau found most relief by sitting up upon an arm chair, while in the paper he says, "he could only lie on his back with his legs up."

Again Dr. Nelson, at the post mortem, seemed as much surprised as any at the evidence of bruise in the loins: yet in the case he writes as if C. had told him he received the bayonet wound behind at the same time as a violent blow from some blunt instrument. In evidence, Dr. N. says, "I found towards the back-bone a wound (a small one) and told him that was where he was

wounded: he said 'it was nothing, it was only a poke.'" Again, "I can attribute his death to no other cause, than the bruise or contusion on the left side: we inferred that it must have been a blow by all the appearances, and could scarcely think it could have been done by a bayonet."

Dr. N. says in his evidence: "I saw him in the course of the afternoon (Friday), still in a favorable situation, though he felt weak; gave him gentle diffusible stimulants—took tea with some relish. On asking if he would like a little broth, he took some—saw him several times up to eleven o'clock on Friday night, all the functions free—gave him an anodyne.

Dr. N. says in the case: "Saw him frequently in the afternoon: vomited three or four times: approaching collapse: slight hiccough: ordered mild diffusible stimulants. 10, P.M. weaker still: cold clammy sweats, hiccough; opium and hyoscyamus, camphor, &c."

And now to reply to the question which I have supposed might be asked. What other disorder could have produced such symptoms? I reply that inflammation of the external parietes, (muscles and fasciæ), which did exist,[14] might have produced many of the symptoms: for instance, the great pain on motion; the necessity of keeping the muscles relaxed by drawing up the feet; painful respiration; the high fever; headache; flushed face; abstracting which, the remaining symptoms are not characteristic: while there are several well known symptoms of peritonitis absent, viz. the face grippée (or contracted and distressed)—vomiting was slight and only occasional. Dr. N. told me, (if I did not mistake,) that he had no pain or tenderness on the right side, while peritonitis spreads rapidly over the whole.[15] Also, if he felt most relief in the sitting posture, though with his legs up, it was, not the usual posture for peritonitis.[16]

It may be expected that I should give an opinion as to the treatment. On this point I remark unequivocally, that I consider Dr. N. justified, according to the circumstances and symptoms of the case, in treating it as peritonitis. The symptoms bore a general similarity to that disease, while the wound (being supposed to have entered the belly) would seem a sufficient exciting cause. So far from blaming Dr. N. for the "promptness and energy" of his treatment, I should rather find fault with his deficiency in these respects. He can scarcely be justified in having left the patient remain twenty-four hours from the time of receiving the wound, without seeing him, knowing, (as in his quotation from Good,) that "bleeding, both general and local, should be carried into effect with all possible speed;" and how likely a patient, ignorant of the nature of the wound would be to neglect the primary symptoms. The violent pain, Dr. N. stated to me, came on during the night, yet he was not seen till one o'clock the next day, a delay probably productive of important results on the subsequent features of the case. Again, after treatment had commenced, and when the restriction of the pain and tenderness to the left side seemed to point out a local rather than a general peritonitis, why was local bleeding (so efficacious in such instances, especially after a general bleeding, and when by it the inflammation had only been checked and not subdued,) not had recourse to by the imposition of a large number of leeches? [17] These would have been peculiarly beneficial for the external inflammation, of the existence of which, or at any rate its importance, Dr. N. did not seem to have been aware, as evidenced by his surprise (in common with others) at the state in which the lumbar region was found.

But while I exonerate Dr. N. from blame in treating the case as one of peritonitis, I cannot help believing that the treatment contributed to bring on the fatal result. Dr. Nelson, in the last paragraph of his essay, seems to have abandoned the peritonitis as the cause of death,[18] and to attribute that event to the "collapse, resulting from the violent contusions." Now, in the supervention of a state of collapse terminating in death, I agree with him; but I attribute it to a compound cause, arising partly from the injuries themselves and their consequences, and partly from the operation of other depressing powers, among which I place the free bleedings

which he underwent.

In my evidence before the Coroner, I stated: "I am of opinion that the wounds made by the instrument, front and rear, were not enough of themselves to cause death. I do not think there was evidence from the state of the body of what the man died, and I cannot state what was the immediate cause of death. I do not think either of the bayonet wounds (which I presume they were) was enough to cause death. I am decidedly of opinion that his death was not caused by the wounds above described; the wound in front was what is called a flesh wound, because it did not penetrate into the cavity."

At the time of the inquest, coming immediately from the examination of the body, in which I had expected, and had been disappointed in meeting with, all the marks of violent peritoneal inflammation furnishing decisive proof of the cause of death; not believing the existence of the gangrene alluded to by Dr. N.[19]; and imperfectly aware of the course of the case, I conceive I was not warranted in propounding a more decided opinion. As far as I considered myself well informed, I gave a most decided testimony: where I was in doubt, I conceived myself unwarranted in giving opinions. I did mention "that people sometimes die in an extraordinary manner, without physicians being able to assign a cause,"—a fact well known to every one much conversant with disease[20]: the accession of collapse or sudden sinking, is not an uncommon cause of death in acute disease; yet to have said he died of collapse, without indicating the reason of the collapse, was precisely of the same import as to say that I did not know what was the immediate cause of death.

Subsequent reflection and further information have enabled me to come to a conclusion as to the reason of the collapse.

"We have in the case of C. a man whose mode of life (boating and hard labour in summer—perfect repose in winter: fond of good living: see Dr. N.'s paper,) exposed him to undue plethora,[21]—whose system was predisposed to disease, as evidenced by marks of former extensive inflammation about the lungs and spleen. This man, in the spring, is placed in circumstances of strong excitement, accompanied, perhaps, by unusual indulgence in spirituous liquors, and during this state is suddenly subjected to severe injury. He is immediately deprived of the stimulants to which he is accustomed; suffers extreme pain: his mind is depressed by fears of the result; and he is still further debilitated by large abstraction of blood thought necessary for his disease. It is not very surprising, then, if a man subjected to the conjoined influence of all these causes,—the deprivation of stimulants to which he was accustomed,—the exhausting effect of long continued and severe pain,—the debilitating effect of mental despondency,—and, finally, strong depletion, should have fallen into a state of collapse, from which the powers of a constitution injured by previous disease, and very probably by previous habits of indulgence, were unable to rally."

Regretting that I have found it unavoidable to extend this paper to such a length,

I remain, &c.,

A. F. Holmes, M. D.

Montreal, September 25, 1844.

---

[4] In reference to some of these quotations, it is necessary to remark that Dr. N. seems to wish to put me in the false position of having denied that redness and injected vessels constituted signs of previous inflammation. The absurdity of this must be evident, for my denial of the redness found in C. being sufficient to prove inflammation, is a very different matter from

denying that redness is *one* of the marks by which inflammation may be recognized. This explanation will suffice to take away all force from the two first quotations, viz. “the celebrated Scoutetten says, Inflammation of an internal membrane will, in every case, leave marks of increased redness after death”; and again, “as the inflammation advances, the blood-vessels become evident and numerous.” Because redness and vascularity are found after inflammation, it by no means follows that they cannot exist without it.

[5] This is certainly an unfortunate passage, for Dr. N.’s idea “that those (viz. adhesions, &c.) are the products of slow or sub-acute inflammatory action,”—especially when it is known that the author is speaking of cases which got well, i. e. terminated by resolution.

[6] Be it remarked that this is spoken not of the peritoneum particularly, but of inflammation of serous membranes generally, and refers to ecchymosis on the free surface or into the cavity and not on the outer surface as occurred slightly in C.’s case.

[7] Observe the term “sèche” means very differently in Broussais from what it is intended to do in Dr. Nelson’s quotations—meaning that the effusion is not liquid, but “un produit membraniforme.”

[8] For the meaning of “sec.” refer to previous note, or to the words following “agglutines,” &c.

[9] These extracts are not from a continuous passage, but isolated passages taken from pages 161, 162, 175.

[10] Observe the inconsistency which, if this extract was intended to be of any use, takes place. This extract is given to show a cause without which there would have been effusion: while in others it is intended to prove that none would take place.

[11] There is a strong contrast between this description and that given in evidence. It is, “The peritoneum was more injected than natural, the omentum red, vessels as if injected.”

[12] These vesicles, though formed many hours after death, Dr. N. called “gangrenous vesications,”—by which expression he must have intended that they were the consequence of gangrene occurring during the man’s life; for gangrene does not occur after death.

[13] I think it probable, that had the man lived, suppuration to a considerable extent, with perhaps sloughing of a portion of the cellular and muscular tissues, might have ensued.

[14] Dr. Nelson in evidence says “there was swelling and fulness over the left side of the abdomen down to the groin, and considerably large, extending backwards.”

[15] I find in the written evidence Dr. N. is reported to have said, referring to C.’s state towards the close, “There was always pain upon pressure in the right side toward the groin.” I am disposed to think this a mistake, as nothing

had been said before of the right groin.

[16] I offer in confirmation of these remarks an extract from a favourite authority of Dr. N.:—

"Mais il y a d'autres maladies avec lesquelles on pourrait la confondre: ce sont certaines affections rhumatismales OU PLUTÔT L'INFLAMMATION DES MUSCLES DE L'ABDOMEN, &c." "Il y a peu de temps qu'un medecin de ma connaissance, fort instruit, croyant avoir affaire à une peritonite chez un jeune homme qui présentait en apparence les principaux accidens de cette maladie, &c. Le malade mourut, et à l'ouverture du corps au lieu des traces d'inflammation qu'on s'attendait à decouvrir, on vit que les intestins étaient réunis en bloc, et noues dans une portion de leur étendue."—*Dict. Scien. Med., art. Peritonite*, page 505.

[17] "Topical bleeding is of much efficacy—of greater efficacy perhaps than in most other forms of abdominal inflammation. The surface of the belly should be covered with leeches."—*Watson*, vol. 2, page 353.

"Having allowed the patient to recover from the faintness produced by the general bleeding, leeches should be applied in numbers proportioned to the urgency of the symptoms and the strength of the patient. They should be specially concentrated over the part where most pain and tenderness on pressure exists."—*Stokes, in Cyc. Pract. Med., article Peritonitis*, page 306.

[18] "The immediate cause of the deceased's death was intense inflammation, caused by the first wound, in addition to the other injury." Again, "Either wound might have caused his death." Again. "The wound in front might not have caused his death alone."—*Dr. N.'s Evidence.*

[19] Indeed I do not recollect Dr. N. having expressed that opinion at the post mortem, and I believe the first intimation of it I received was in listening to his evidence.

[20] "It is apt to take us by surprise, for it is sometimes very insidious, and sometimes sudden in its mode of accession."—*Marsh. Hall, Pract. of Med. on Sinking*, page 74.

[21] "It is true, that he was in a state that predisposed him to violent inflammation."—*Dr. N.'s paper.*

IMPERFORATE ANUS.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,

As a brief narration of the annexed case of mal-formation may not be uninteresting to some of your readers, I send it to you for publication.

One of my patients was some time past confined, after a natural labour, of a male child, bearing the evidence of health, the penis being rather large. On the evening of the same day I was informed that there had been two motions, and I naturally supposed every thing right. The nurse showed me that there was no anus and that the meconium was being passed by the penis, and without much apparent difficulty, the urine being voided at the same time, the meatus, or cloaca, as it may in this instance be properly termed, was situated immediately beneath the glans, which had no covering, and in the situation where the frœnum usually is, the glans was large, the organ partly erectile, the transit of the dejections was perfectly visible from backwards; forwards, there was scrotal hernia of the right side; in the median line there was a raphe corresponding to the usual place of the fundament. It was found impossible to introduce a small probe either into the urethra or the continuation of the rectum, its point being arrested by the bottom of the pouch-like opening about half an inch in length.

The infant had manifested symptoms of uneasiness, and the necessity of a speedy operation became imperative; accordingly, I requested the advice of some friends, and made the first incision in the median line, from the rudiment of the anus forward, but with caution, for the absence of probe direction in the urethra rendered me apprehensive of injuring it, and the abnormal condition caused me to suppose that independently of perineal there would necessarily he hæmorrhoidal vessels divided; after steadily severing the external parts and a few fibres, which appeared muscular, the childs' cries assisted me,—for now the abdominal action producing a species of tenesmus, the rectum was forced down its prominence greater at one part, namely where the flexion of the tube forward commenced, significantly pointed where the opening should be made; dividing yet slowly, I reached the gut and slit it longitudinally about three quarter of an inch; at once a large quantity of meconium, mixed with grumous blood, was forcibly ejected, and the present success of the operation evident. The causes of solicitude now being, whether the sphincter would possess its power and whether the prolonged portion would be obliterated, concerning the first, I need not have felt anxiety, for the stools, from the moment of the operation, were periodical; there was not even stillicidium; of the second I may feel confident, for not a particle of any description has been passed by the original opening.

The wound has healed kindly, leaving a hiatus, bearing a precise resemblance to a natural anus, the urine is ejected in a stream, freely, and without pain or difficulty; the hernia has disappeared, and from present indications, I cannot foresee any untoward result, nearly two weeks having elapsed.

Z.

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

MONTREAL, OCTOBER 1, 1844.

THE EDITORIAL NOTICES.

The remarks made by us in our last leader, in reference to the present anomalous constitution and functions of the Medical Board of this District, have drawn down upon our devoted heads the most awful denunciations of a nondescript, although certainly scribendi-cacœthic correspondent of the *Morning Courier*.

Were the arguments adduced by Philo-Medicus, this youthful champion, although "*not the apologist of the Medical Faculty of McGill College*," one twentieth part as tangible or subversive of our position, as the whole tenor of his communication was frivolous, absurd, and intemperate, and evincing that in him

> "Did bile, and wind, and phlegm, and acid jar,
> And all the man was one intestine war."

we should have considered it a bounden duty to our readers, to have transcribed into our columns the article entire, and calmly and dispassionately argued the matter; but when, from beginning to end, he loses sight of the real subject, and in some places *of the truth*, and indulges in a strain of most unqualified abuse against *the Editor of the Courier, the public, (at least that portion of it which is guilty of countenancing our enormities,) and ourselves*, we must confess we almost feel inclined to dispose of him summarily, by recommending for his future study that interesting fable in Æsop, of the Lion and the Mouse.

But in justice to ourselves, we cannot, on consideration, afford to let him off on such terms, as, from ample information afforded to us, we entertain now not the slightest doubt, that the lengthy affair was concocted with a view to produce, at *this particular moment*, an effect upon the public; but it has only served to convince us more strikingly of the fact, (as it has also done many of that same discerning public,) that the author of the Miseries of Human Life was entirely ignorant of one of the greatest sources of discomfort to men possessed of over sensitive, and lamentably weak minds, when he omitted from his category, the painful influence exercised by the *pinching of a tight-shoe*. Pretending not to such vastness of erudition, such unerring closeness of logical reasoning, such unquestionable consistency, but above all, such a perfect absence of self conceit, as he would evidently desire to cajole the gentle public into believing that he possesses, we were not at all surprised to find, that after all his initial efforts at parade, and in the absence of *facts* to contradict our assertions, he should descend to the paltry use of personal invectives, under the cowardly protection of an assumed title.

We would strongly, though in all kindness and sincerity, recommend to Philo-Medicus, not to appear as the double of last year's "Honestas," for we have not yet forgotten the severe castigation inflicted upon the bearer of that title by the Rev. Mr. Carruthers, at the St. Maurice Street Chapel, and which must have made the individual referred to quail as beneath the exterminating gripe of a tiger. The advice of the old Roman, "Ne sutor ultra crepidam" had been

last sight of, and the retribution was of a character, which none of those present on the occasion can ever, we fancy, lose memory of; we must advise him, then, to be careful for the future, for men as daring as himself, have unwittingly, by availing themselves of this false security, subjected themselves to very unpleasant, though wholesome correction—

"Men as daring, and as bold
Disdaining bounds, are yet by *rules* controll'd—"

Perfectly willing, then, as far as regards his remarks levelled against ourselves, to "let the puppy dog bark on unheeded," we shall close this article by a short running commentary on this prodigy of the McGill College champion and his tissue of malversation, misrepresentations and absurd deductions, on the *subject* immediately connected with our last leader. The other matters shall not be lost sight of on fitting occasions.

After a most tremendous flourish on the influence of the press, which we have been so much in the habit of reading over for the last twenty years, that it really now comes to our ear, like the commencement of an old nursery tale, "There was once upon a time;" this juvenile writer favors the public with his reasons for adopting the prœmium above alluded to, namely, a "short editorial eulogy on the Montreal Medical Gazette," (a sin of which the Morning Courier has not been alone guilty,) "its last leading article, and a *parenthetic allusion to a communication of Dr. Nelson's*." Query. Was not the last the most influential cause of all? He then states, that in spite of "the favorable opinion entertained of our journal," (be informed, too, Philo-Medicus, that this is confirmed by its increasing circulation,) he must register "*his verdict against it, as the decision of a calm, deliberately formed judgment*." *Judgment!* if he form the same judgment on other matters as he has done on this, we fear the public will be compelled to form but a sorry judgment of several of his qualifications. But what is the cause of this *deliberately formed judgment*? Because it contains so very few interesting or useful articles. We can vouch for it, that none of Philo-Medicus' contributions have ever appeared, and we will pledge ourselves to this, that none similar to that which we are noticing ever shall appear, while we have the direction of the *Montreal Medical Gazette*.

He then goes on to inform the world, that he has discovered something! a Mare's nest? no —the danger of allowing bug poison to be used in our houses? no—but "that an under current of ill-feeling is manifested towards the Medical Faculty of McGill College individually and collectively." We laugh at the idea while we write. The Medical Faculty of that College must indeed be tender, vastly thin-skinned, as well as something else, if their collective wisdom can come to a deliberately formed conclusion, that a communication on Peritonitis, another, commenting on circumstances connected with a late case of supposed psoas abscess, extracts of two letters bearing on the same subject, and our last editorial, in which we absolutely contended for the possession by that Faculty of privileges which they do not yet possess, to make their degree what it should be, prove the existence of an under-current of ill feeling towards that body. But this is not all. It is not only against the Medical Faculty of that College that our envy and spite are levelled, "but against the reputation of the school, over which they have presided with so much credit." We must be forgiven by Philo-Medicus, but really for this last word we must substitute, for euphony's sake, "advantage to themselves."

The positions which we assumed in our last leader, then, we maintain to the minutest tittle:

1. That the Medical Faculty of McGill College, having the power of conferring degrees, should likewise have power granted to them by the Legislature of at once, (without any farther "*useless formality*,") recommending to the Executive, for license to practice, such gentlemen as

they shall have found worthy of their *summos honores*.

2. That the attestation of Foreign Diplomas is not only *legitimate* but *necessary*.

3. That the Board, as now constituted, is entirely dismantled of power.

4. That the District Medical Board should consist of *entirely disinterested members*, of individuals *altogether unconnected with Public Medical Schools*.

And lastly, That the necessity for the existence of a District Medical Board must *ever* be, as it would at all times be the only competent authority for the examination of the Diplomas of strangers, and their attestations.

Such were the positions with which we set out; to such we adhere; such was the meaning conveyed by our expressions; such we have recorded them; and any others promulgated in our name, by Philo-Medicus, or any other person, we hesitate not to declare as wanton misrepresentations, and further, that the promulgators knew them to be so.

In conclusion, we cannot but remark, that the observations made by Philo-Medicus, with reference to political opinions actually entertained by ourselves, are dictated by the same bad taste as that which pervades his whole communication. We are of this opinion, however, that the Members of our Profession, as well as those of its Sister, the Church, should on all occasions feel the influence of strong necessity, before they meddle at all with politics. This has ever been our maxim, and we earnestly and sincerely trust that we shall ever be influenced by it; we have neither the time nor the inclination to wander from the path of duty, connected with that vocation to which it has pleased God to call us. Disease recognises no political creeds, and surely science has not, and ought not to have, more to do with them.

UNIVERSITY LYING-IN HOSPITAL.

On the 7th ultimo, the University Lying-in Hospital, which was originated towards the close of the last year, and supported, (as was announced in its advertisement,) at the sole expense of the Members of the Faculty of Medicine of McGill College, was placed on a permanent basis, by the election and appointment of Ladies Patronesses, Ladies Visitors, and Ladies Collectors.

The ostensible object in establishing this second *maternité*, was the practical instruction of Medical Students in the important department of Obstetrics, and the education of Midwives.

Strange it is that the pressing want of such an establishment had not been felt for upwards of twenty years; yet, perhaps, not so, for we *know* that *three* of the members of the original Montreal Medical School did not approve of patients being under the charge of Midwives at all, but that is no reason why their successors should not have felt “a change come over the spirit of their dreams.”

Could we be satisfied that the Lying-in Hospital, founded and conducted by Dr. McNider, and which has received, for the last eighteen months, the willing support of the Montreal public, was either inadequate to the wants of the poor of this city, that its management was found to be so faulty as to sanction or demand the withdrawal from it of the confidence of its friends or the public, or that the motives for getting up this second institution, were perfectly *pure*, entirely *charitable*, and *altogether devoid of any actuating cause*, save that of the benefit of those for whom such institutions are recommendable to all civilized communities, we would have wished it a hearty God speed; but until the information received by us can be proved to be incorrect, we must declare our unwillingness to subscribe to the Jesuitical proposition of doing, commending, or sanctioning evil that good may come. Both hospitals are open to students for practical purposes, on the payment of a certain fee.

We perceive that the Lecturers of King's College, Toronto, have announced the Curriculum of Medical study for the ensuing winter's session. The Course promises to be a complete one; the several branches of the profession are ably represented, and no doubt the students will be numerous.

We see, too, that one of the requisites is attendance at an hospital, where *Clinical* Lectures on Medicine and Surgery are given.

A preliminary, too, to the commencement of medical studies, is a successful examination in the Greek and Latin languages and the elements of Natural Philosophy. This is decidedly the proper, indeed the only mode of action, in an University; for, as the medical examination for the degree of M. D. in McGill College now exists, candidates often present themselves who cannot pass an ordinary ordeal in the classics: they have commenced the study, have terminated their periods, and have totally neglected those important branches of a gentleman's education.

We heartily wish them success.

Following the example of the Medical Officers of the Self-Supporting Dispensary, during the last Session, three of the Medical Staff of the Montreal General Hospital, have undertaken to give Clinical remarks to the Students of that Institution during the ensuing winter. That these Clinical Lectures cannot be regarded as a part of the Curriculum of the McGill College, is evident, from the fact of the valuable assistance of Dr. Crawford having been secured; but yet it strikes us as a singular coincidence, that Dr. McNider, who, we believe, attends at the Hospital during Dr. Sewell's turn, should not have been solicited to take part in this invaluable means of instruction. Verily this does savour too much of exclusiveness and "conservative principles" for us.

As a means of inducing Medical Students to give that attention to Clinical practice, which it so especially merits, the Editors of the *Montreal Medical Gazette* have determined to offer to the Students of Medicine of United Canada, for the best series of Clinical reports, drawn up by themselves, a standard professional work and a complete set of this Journal.—The reports to be either in French or English.

Dr. Von Iffland's paper on Cynanche Parotidæa in our next.

MEDICO-CHIRURGICAL SOCIETY.

August 3, 1844.

F. C. T. Arnoldi, M. D., in the Chair.

The subject of Chronic Meningitis occupied the attention of the Society this evening, and Dr. A. detailed the histories of three cases, with the post-mortem appearances.

The first case appeared in the person of a boy æt. 10 years, who, three weeks before his death, was seized with gastric symptoms, followed by dilated pupils, extreme deafness, costive bowels, *no convulsions, delirium*—before death, perfect sensibility returned. Three months prior to this attack, the lad had fallen from a tree and was taken up in a state of insensibility. On post mortem inspection, a quantity of serum and coagulated lymph were found on the surface of the convolutions, with ramollissement of the substance of the brain—1½ oz. of fluid in the lateral ventricles, the choroid plexus much engorged.

The second case was that of a youth æt. 24 years, of rather dwarfish make. The symptoms

in this case were much of the same kind as in the preceding one, but were soon followed by those of cerebral irritation. 14 years before met with an accident by a fall in Viger Square, and from that time a peculiar soberness of manner and taciturnity seemed to possess him; these were accompanied by peevishness and surliness; from this period, too, the stunting of growth appeared manifest. The second night before death, evinced the greatest irritability, constantly twisting his body about like a boa; he was quite conscious but wild; the pupil was little altered; on bending the arm to feel the pulse, it was observed that a cataleptic position was assumed by the limb, and in which it remained for 25 minutes. He died with all the muscles in a state of rigidity.

Examination after death.—The arachnoid was inflamed and covered with lymph, a quantity of serum effused on the convolutions; the substance of the brain perfectly hard and tough, giving the sensation on cutting it of skimmed milk cheese—no vascular appearance was denoted by arterial points on dissection, but the medullary matter was rosy or almost brown in colour, and the cineritious much darker than usual. This case was interesting, in shewing the two different effects produced on texture by the same cause. There was observed also in this case, at the place where the pineal gland should have been found, a large hydatid.

The third was the case of our lamented friend, Dr. Robertson. The history of his case is too well known to require repetition. The appearances after death were the following. Enormous hypertrophy of the bony structure of the head, confirmed by the deposit of two bony spiculæ with jagged edges, between the dura mater, forming the falx; engusegement of the sinors, a large quantity of serum between the dura mater and arachnoid; the latter was covered with a thick layer of coagulable lymph, and its texture much thickened; a small quantity of fluid was found in the ventricles; the substance of the brain firmer rather than usual.

EXTRACTS

EXCISION BY LIGATURE OF AN INVERTED UTERUS.

Mr. Crosse records a case in which complete inversion of the uterus occurred after delivery. It was found impossible to replace it, and after a month the patient becoming exhausted by discharge and irritative fever, Mr. Crosse resolved on removing the organ. For this purpose he applied a ligature, which he *gradually* tightened. The tumour was thus separated by ulcerative absorption, and not by strangulation. The patient recovered in about five weeks and has since "performed conjugal duties without inconvenience."—*Lancet, July 27.*

PROPHYLACTIC REMEDY AGAINST PTYALISM.

Dr. Schoepf, Professor of the University of Pesth, recommends the following tooth-powder, while administering mercury, in order to prevent salivation taking place. R. Pulv. alumin, exsiccat, oij., pulv. cinchon. zj. m. To be applied by means of a soft brush morning and evening. —*Ibid.*

LARGE DOSES OF QUININE IN EPILEPSY.

M. Taroni mentions in the *Gazette Medica di Milano* the case of a young woman who was the subject of epilepsy from fright. Failing other measures and the disease manifesting a marked periodicity, M. Taroni exhibited quinine in large doses, beginning with twenty grains daily, and gradually raising the quantity to forty grains, which were given daily for six days, after which the dose was gradually diminished. During all this while the cure was progressive, and was finally accomplished.—*Medical Times.*

Dr. Hope, who has filled the chair of Chemistry in the University of Edinburgh with so much distinction died on the 13th of June; and the vacancy thus created has been supplied by Dr. William Gregory of the University of Aberdeen.

ANALYSES OF BLOOD IN DISEASES.

Dr. Scharlau, of Stettin, having sent to Professor Liebig some specimens of blood drawn from patients suffering from various diseases for the purpose of having their amount of carbon and hydrogen determined, Professor Liebig entrusted the investigation to Dr. Herman Hoffman. The specimens, as sent to Giessen, were inclosed in waxed paper, having been dried and coarsely powdered. They were examined by the usual method of organic combustion with oxide of copper, the following results were obtained:—

		Ashes.	Carbon.	Hydrogen.
1.	Blood from a patient labouring under pneumonia which was drawn from the arm and exhibited a buffy coat (1st bleeding)	4.365	57.428	8.615
2.	Do. do. another specimen (2nd bleeding)	4.081	52.280	——
3.	Do. another specimen (1st bleeding)	3.880	51.966	8.543
	(2nd bleeding)	3.784	51.149	7.832

4.	Typhus	3.901	54.954	8.542
5.	Tubercular phthisis; no buffy coat	4.026	53.734	7.451
6.	Typhus abdominalis, fifth day; from the arm	3.209	50.901	8.925
7.	Do. do. second day, from the arm (1st bleeding)	3.108	54.184	8.493
	(2nd bleeding)	3.479	55.295	7.945
8.	Do. from the head	4.702	——	——
9.	Do. from the vena cava	3.509	49.281	7.217
10.	Do. do.	3.960	45.575	7.897
11.	Do. from the aorta	4.184	——	——

—*Liebig's Annalen.*

CHARACTERS OF THE PULSE IN DISEASE OF THE HEART.

In contraction of the aortic orifice the pulse is regular, and preserves its natural strength and fulness, unless the obstruction be extreme, when it becomes small, weak, and, in some rare cases, intermittent.

In the regur-gitant lesion of the aortic orifice, the pulse is almost pathognomonic of the disease: it is regular, but jerking and receding, and the pulsation of the arteries is visible. This depends upon these vessels being incompletely filled, owing to a portion of blood transmitted by the systole of the left ventricle returning into the ventricle during its diastole. In addition, in this valvular lesion, the radial pulse follows the ventricular contraction at a somewhat longer interval than in the healthy heart. These characters of the pulse will be better marked when the left ventricle is, in addition, hypertrophied and dilated. —*Dublin Medical Press.*

INHALATION OF OXYGEN GAS AN ANTIDOTE TO POISONING WITH CARBONIC ACID.

An individual in the course of some pharmaceutical experiments, inhaled a large quantity of carbonic acid. Removed into another chamber he lay motionless, the eyes closed, and the face a pale yellow, the cheeks, together with the lips, tongue, and hands, were livid; the pupils were fixed and somewhat dilated; all the senses had entirely disappeared; the carotids beat violently; the action of the heart was frequent but weak, the pulse scarcely perceptible, and the breathing weak and irregular. The cold douche, bleeding, and other means were unsuccessfully had recourse to. A quantity of oxygen gas was then prepared, and this he was made to inhale, to the extent of two quarts and a half. In about fifteen minutes he rallied as if from a deep sleep, and recovery was progressive. The use of the oxygen gas is in this case sufficiently evident. We have seen chlorate of potass, which contains a large amount of oxygen administered under similar circumstances, with a most beneficial result. This case is recorded at length in the *Northern Journal of Medicine*.

LONG TUBULAR MEMBRANE EXPELLED IN A CASE OF CROUP.

In a recent number of the Brussels "Journal de Medicine" is narrated a case of Croup, in a child three years and a half old, where a membranous tube nearly five inches in length, was

expelled during the act of vomiting: on the surface of the tube were several reddish lines which looked like minute venous ramifications. The symptoms—which up to the time of the expulsion had been very alarming—immediately subsided, and the young patient afterwards rapidly recovered.

There was every reason to believe that the tubular membrane was the result of exudation on the surface of the Trachea, and had become dislodged by the violent expulsive efforts of vomiting.

TOBACCO-SMOKE APPLIED TO GOUTY LIMBS.

In M. *Reveillés-Parise's* work on Gout and Rheumatism, we read that "the fumigations of Tobacco—recently proposed by the Abbé *Girod*, canon of Nozeroy, and which consist in exposing the pained part to the smoke of the dried leaves, thrown upon heated coals, for about a quarter of an hour at a time—have been often found to afford great relief: they may be repeated three or four times in the course of the day. To guard against the return of the malady, the Abbé advises the occasional use of a foot-bath made by boiling tobacco-leaves in water."

THE SYMPTOMS OF THE FIRST STAGE OF CANCER IN THE STOMACH.

The symptoms of cancer of the stomach are well sketched in the following passage:—

"Pale tongue, or of natural colour; mouth clammy, and with mawkish or sometimes a bitter or acid taste; failure of appetite; laborious digestion, especially of solids; discomfort, uneasiness, and sensation of weight almost habitually in the region of the stomach, or dull and deep-seated pain in this region, increasing under pressure, felt when the stomach is empty, but most severe immediately after the ingestion of food; breath heavy and nauseous; eructations with disagreeable sour and caustic taste; great quantities of flatus. At a later period the epigastric pain is sometimes lancinating with occasional exacerbations, and gradually becomes continuous; the bowels grow more and more obstinately constipated, and nausea with slight vomiting of watery, ropy, viscid, and glairy, sour or insipid matter occurs. Still later, a few mouthfuls of food are rejected after meals. The colour commences to change, and becomes pale, wan, and sallow."—*British and Foreign Review.*

AMMONIA IN DELIRIUM TREMENS.

In one of the recent German Journals, we find a paper by a Dr. *Charn*, on the subject of this troublesome and distressing malady. The learned doctor, having experienced no little disappointment from the use of the remedies in general use, and conceiving that, as the disease is nothing else but intoxication arrived at the period of its *apogee*, it should be treated by the very same means which are known to be most serviceable against the latter, had recourse to the employment of Ammonia, in the form of the pyro-oleaginous solution, or of the Succinate of the alkali. By means of this very simple and innocuous remedy he has succeeded, he assures us, in curing a great number of very severe cases of the disease.

It deserves notice that M. *Brachet*, also of Lyons—a gentleman whose opinions are justly entitled to consideration—has recently recommended the same remedy, Ammonia, in the treatment of delirium tremens.

(Ammonia by itself will rarely suffice to subdue the excitement and allay the restlessness of this neurosis: opium must almost always be associated with it. We have often used, with good

effect, the Ammoniated Tincture of Valerian and the Liquor Opii Sedativus—not forgetting the application, at the same time, of warmth to the feet, and of cooling spirituous lotions to the head. When symptoms of febrile or inflammatory irritation are present, it may be necessary to resort to leeching, and the administration of effervescing saline draughts with Antimonial Wine.)—*Ibid.*

TUBERCLE OF THE BRONCHIAL GLANDS.

Is a subject almost unnoticed by British writers; it has been, however, lately investigated minutely by M. Barthez. The symptoms of this disease are obscure, as it is seldom met with alone, but is generally combined with similar changes in the lungs. The author thus attempts the diagnosis. If we observe cough, emaciation, fever, and night-sweats, in a child, between three and four years of age, without being able to detect tubercle in the lungs, brain, or abdomen, we may suspect its presence in the bronchial glands—*Provincial Journal.—Boston Medical and Surgical Journal.*

ACADEMIE DES SCIENCES.

M. le docteur Scoutetten a entretenu l'Académie d'une opération de trachéotomie, qu'il a pratiquée avec succès sur sa propre fille, âgée de six semaines. Ce fait est intéressant à cause de l'extrême jeunesse de la malade, des circonstances dans lesquelles l'opération a été pratiquée, et enfin de la position particulière de l'opérateur qui fut forcé d'agir lui-même pour sauver la vie de son enfant.

Cette petite fille était arrivée a l'âge de six semaines sans avoir rien présenté de notable dans sa santé, lorsqu'elle fut prise tout à coup d'accès de suffocation. Après quelques tentatives infructueuses pour combattre ces accidents, M. Scoutetten chercha à rappeler la vie en insufflant de l'air dans les voies respiratoires. A cet effet, il souffla d'abord dans la bouche de la petite malade, et ne réussit qu'imparfaitement à la ranimer: il passa alors une sonde de gomme élastique dans le larynx, et fit ainsi pénétrer directement de l'air dans les poumons en insufflant avec précaution. La vie sembla aussitôt se ranimer, mais avec la vie, la sensibilité revint, la toux qui se manifesta ne permit pas de laisser plus longtemps la sonde en place, et aussitôt qu'on l'eut retirée, la respiration se ralentit, et on crut n'avoir plus affaire qu'à un cadavre. Cependant la sonde fut introduite et retirée plusieurs fois. Mais enfin il arriva un moment où cette lutte contre la mort ne pouvait plus se prolonger; il fallait recourir à un moyen plus efficace, ou abandonner cet enfant à une mort certaine. M. Scoutetten, qui était assisté de deux confrères, proposa de recourir à la trachéotomie; mais ces deux médecins n'étant point familiarisés avec les opérations chirurgicales, il dut surmonter son émotion et recourir lui-même à cette cruelle épreuve. La trachée-artère fut ouverte, non sans quelques difficultés, tenant, soit à la petitesse des organes, soit à l'émotion de l'opérateur. L'air se précipita aussitôt dans les poumons, et l'enfant, presque complètement asphyxié, sembla revenir à la vie. Une canule fut introduite dans la plaie; mais la respiration cessa bientôt, et l'opération aurait été infructueuse si M. Scoutetten n'avait alternativement insufflé de l'air dans la canule, et comprimé dans la poitrine afin d'établir en quelque sorte une respiration artificielle. En même temps on cherchait à rappeler la vie et à réchauffer les parties du corps, dont la mort semblait s'être emparée. Après deux heures de soins assidus, un mieux se manifesta. On plaça une sonde d'un plus grand diamètre, et enfin la respiration et la circulation parurent s'établir plus régulièrement. Il survint encore des accidents sérieux, qui forcèrent d'enlever plusieurs fois la canule, et même de faire

une application de sangsues. L'air ne commença à passer par la bouche et les narines que le cinquième jour après l'opération, et la canule ne put être enlevée que le dixième jour. Cependant, M. Scoutetten reçut enfin le prix de tant de soins, et il vie son enfant se rétablir entièrement. Cette demoiselle, aujourd'hui âgée de 15 ans, conserve seulement une cicatrice à la partie moyenne et antérieure du cou. Le timbre de la voix n'est point altéré.

M. Scoutetten a depuis cette époque pratiqué six fois l'opération de la trachéotomie dans des cas semblables; mais malgré ses soins tous ses malades ont succombé.—*Journal de Médecine et Chirurgie Pratique.*

NOUVEAU MOYEN DE GUERIR LES FISTULES LACRYMALES ET LES LARMOIEMENTS CHRONIQUES, PAR LE DOCTEUR PAUL BERNARD.

M. le docteur Paul Bernard, frappé du peu de succès de l'opération de la fistule lacrymale, a cherché si, en tarissant le cours des larmes, on s'arriverait pas plus sûrement à la guérison qu'en cherchant à maintenir ouverte une voie que le développement des tissus tend sans cesse à combler. A cet effet, sur un sujet qui, depuis dix années, portait un larmoiement de l'œil gauche, contre lequel on avait inutilement employé la canule de Dupuytren, le clou de Scarpa, et différents autres moyens, M. Bernard procéda a l'enlèvement de la glande lacrymale elle-même, qui était considérablement hypertrophiée. Il en retrancha d'abord un lobe assez volumineux, et n'obtint ainsi que de l'amélioration. Deux mois après, il acheva l'extirpation de la glande, et son malade, promptement rétabli, se trouva entièrement débarrassé de son larmoiement.

M. Bernard propose donc de substituer l'extirpation de la glande lacrymale aux autres opérations usitées pour guérir les fistules, tout en ne se dissimulant pas que les avantages de cette extirpation ne sont encore appuyés que sur un seul fait. Nous reviendrons sur ce sujet dès que M. Bernard nous en fournira l'occasion.—*Journal de Médecine et Chirurgie Pratique.*

M. Lafargue, de Saint-Emilion, a indiqué un moyen fort simple pour guérir ces tumeurs érectiles congéniales qu'on désigne sous le nom d'*envies* ou de *nævi materni*. Ce moyen consiste à faire sur ces tumeurs, et à l'entour, cinq à six piqûres avec une lancette trempée dans l'huile de croton tiglium. Chacune de ces piqûres donne naissance à une pustule qui, grossissant par leur base, finissent par former une masse, dans laquelle la tumeur érectile se trouve désorganisée. M. Lafargue conseille de ne pas pratiquer plus de six piqûres, dans la crainte de causer quelques graves accidents. On pourrait, suivant ce médecin, remplacer l'huile de croton par une solution de tartre stibié.—*Journal de Médecine et Chirurgie Pratique.*

LINIMENT CONTRE LA BRULURE.

M. le docteur Debourge de Rollot emploie depuis quinze ans, avec le plus grand succès, le liniment suivant, dans les cas de brûlure:

Pr. Chlorure de chaux liquide
Huile blanche } à parti égales.

Mêlez bien exactement.

Il faut avoir le soin de faire les pansements avec un linge fin ou mieux avec un taffetas gommé et fenestré, enduit du mélange oléo-calcaire. On place sur ce taffetas un plumasseau de ouate recouvert également de cette préparation.

M. Lafargue, médecin à Saint-Emilion, a annoncé voir guéri un grand nombre de névralgies et même des paralysies légères en inoculant la vératrine à l'aide de la lancette. A cet effet on delaie une petite quantité de ce sel dans quelques gouttes d'eau, et, après y avoir trempé la pointe de la lancette, on pratique matin et soir dix ou douze piqûres sur les points les plus douloureux. Les malades éprouvent une assez vive douleur, qui va croissant pendant dix minutes environ, puis s'affaiblit et disparaît bientôt. Cette médication si simple a souvent dissipé des névralgies très-opiniâtres et même quelques paralysies.—*Journal de Médecine et Chirurgie Pratique.*

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

In the article, “Dr. Holmes’ Remarks on Dr. Nelson’s Communications”, the sections originally printed in a two-column format are presented sequentially to improve readability on electronic devices.

Obvious printer errors have been silently corrected.

Inconsistencies, variations and possible errors in spelling and punctuation, including the accenting of French words, have been preserved, with the following exceptions:

“sàrie” changed to “série” on page 204,
“tooth-power” changed to “tooth-powder” on page 226, and
“douleureux” changed to “douloureux” on page 232.

On page 202, “Vol. 1l” has been changed to “Vol. 1”. The quotation is taken from Lecture XI of Volume I of the cited work, and it is possible that "Lecture 11" had been intended.

Occurrences of the prefix “M‘” in names such as “M‘Gill” have been changed to “Mc”.

[The end of *The Montreal Medical Gazette, Volume 1, Issue 7* edited by Francis Badgley & William Sutherland]