

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. 2.
MONTREAL, MAY 1, 1844.

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VOL. I.

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No. 2.

DR. CRAWFORD ON STATISTICS.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN.—Observing a statement, contained in an article on the subject of “The Pneumonia of new born children,” in the April number of the Montreal Medical Gazette, viz. that “the mortality in Montreal is absolutely twice and a quarter greater than that of London,” I am induced to offer some brief observations on the subject; as the ideas I entertain on this matter, are by no means in correspondence with the above startling assertion. I perfectly coincide with the remark, as to the difficulty, (*and I will add impossibility*) of obtaining accurate medical statistics in civil life; when we can scarcely expect to obtain any information, beyond the mere record of births and deaths; and a vague, total amount of the population, derived, perhaps, from a census made long previously. You are well aware, that besides this, there is much required to be known, that is utterly hopeless to look for; to enable us to estimate the salubrity or peculiarities of climate, and the nature of the disease, which has occasioned the mortality. With the Military it is quite otherwise; every facility exists of obtaining the necessary data; and the most rigid attention to every point connected therewith, is required of the Army Medical Officers; which renders all authority emanating from this source, of the highest value. Being in possession of a series of reports on the present subject, through the kindness of an old and valued friend, I shall make a few remarks on this interesting topic; with the hope that the conclusions I expect to deduce, will be more encouraging to the good citizens of Montreal, than those derived from the source alluded to, in the article which has drawn my attention to the subject. I am unable to enter into any estimate of the mortality of early life: I am, however, well aware of the injurious effects of confinement to the house, during our long winter; and the fatal character of one or two of our hottest months; and I cannot doubt, but the exposure of infants at the very earliest moment after birth, which we constantly see, must in many instances, have an injurious, if not a fatal influence, on their tender frame. I am nevertheless still of opinion, that the comparative ratio of mortality between the densely peopled “modern Babylon” and our good city, cannot be supposed as fairly estimated. My observations must necessarily be confined to the effects of disease and climate on the adult; and to enable me to do so, I purpose giving a brief summary of a work on Military Medical statistics; published by order of the Secretary at War, a few years ago, by Major Tulloch and Dr. Marshall, Dy. Inspector Gen. of Hospitals, from returns and reports furnished by the Medical Officers of the Army. As

this work is necessarily of very limited circulation, I presume these extracts will not prove unacceptable to the readers of the Medical Gazette. To enable me to exhibit at a view the comparative salubrity of several countries, I have condensed into one, a number of tables, from which it will appear that the climate of Canada, notwithstanding its severity, and the extreme vicissitudes of temperature it is subject to, is not inferior in salubrity, to other more temperate, and heretofore deemed more healthy climates.

In order to avoid any error in the comparative estimate, as to the salubrity of the United Kingdom, and the colonies, the calculations for the former, have been made from a class of men, who never are sent abroad; lest the effects of disease acquired in other climates might influence the results. The effects of disease at the respective ages have been estimated. It is not, however, my intention to enter into these minutiae, as it would extend this communication, beyond the limits I purposed confining it to. A comparison between the mortality of the civilian population and the military, in the larger towns of England, may be glanced at, by comparing the following table, taken from Marshall's Parliamentary Digest, with those of the Military, which will afterwards appear; although, to accomplish my object, of *showing the effects of climate on a body of men, in almost every other respect similarly circumstanced*, I needed not to draw any parallel, between these two classes of men.

Out of every thousand of the population in the several undermentioned towns, the number deceasing annually at each age, has been ascertained to be as follows:—

TOWNS.	Ages 15-20	Ages 20-30	Ages 30-40	Ages 40-50
Chester.	6	14	15	17
Leeds.	7	17	19	23
Bolton.	9	19	20	21
Bury.	9	18	18	19
Preston.	8	19	20	22
Wigan.	8	16	16	21
Bradford.	9	15	15	18
Stockport.	9	18	19	24
Macclesfield.	10	18	20	23
Average of York, Hull, Norwich, Plymouth, Portsmouth and Liverpool.	7	14	15½	19½
Glasgow.	8	12	16	23
London.	0	12	17	25
General Average of these Towns.	8	16	18	21

In the rural districts, a higher degree of health and longevity is attained by the inhabitants, over those of the great towns. The Military being uniformly stationed in the latter, no allowance, or calculation, is necessary to be entered into.

The medium age of the Soldier, is estimated at 30 years, and the rate of mortality per 1000 of this class, in London, is calculated at 15-3/10 for that age; which brings it very near to the

general average as above, among the civilian population. The following abstract, condensed from several tables, exhibits the several diseases amongst the military, in eight different parts of the British Dominions:—

Table showing the comparative rate of disease and mortality at the several stations. The average age of the Soldier being about 30 years. Violent deaths, from suicide, murder, drowning and such like, are not included.

DISEASES.	England, average of 7 years.		Gibraltar, average of 19 years.		Malta, average of 20 years.		Ionian Islands, average of 20 years.	
	Annual ratio per 1000 of the mean strength.		Annual ratio per 1000 of the mean strength.		Annual ratio per 1000 of the mean strength.		Annual ratio per 1000 of the mean strength.	
	Admiss.	Deaths	Admiss.	Deaths	Admiss.	Deaths	Admiss.	Deaths
All classes of Fevers	75	1.6	161	9.3	173	2.9	457	13.0
Eruptive Diseases	3	0.2	1	0.0	1	0.1	1	0.0
Diseases of the Lungs	148	7.7	141	6.5	120	6.0	90	4.8
Diseases of the Liver	8	0.5	13	0.4	21	1.1	17	0.8
Diseases of the Stomach & Bowels	94	0.8	186	2.1	155	3.6	156	3.5
Epidemic Cholera	4	2.8	7	2.2		0.0		0.0
Diseases of the Brain	6	0.8	6	0.5	6	0.8	10	1.0
Dropsies	1	0.3	1	0.3	2	0.4	2½	0.6
Rheumatic Affections (a)	50		38		34		34½	
Venereal (b)	181		57		180		66½	
Abscess and Ulcers (c)	133		102		147		117	
Wounds and Injuries (d)	126		89		100		120	
Diseases of the Eye (e)	19		97		102		41	
Diseases of the Skin (f)	29		15		21		17½	
All other Diseases (g)	44		36		40		34	
(a)-(g) combined		1.4		1.3		1.4		1.5
Total	921	14.3	950	21.4	1102	16.3	1164	25.2
		Bermuda,		Nova Scotia and				Cape of

DISEASES.	average of 20 years.		New Brunswick, average of 20 years.		Canada, average of 20 years.		Good Hope, average of 20 years.	
	Annual ratio per 1000 of the mean strength.		Annual ratio per 1000 of the mean strength.		Annual ratio per 1000 of the mean strength.		Annual ratio per 1000 of the mean strength.	
	Admiss.	Deaths	Admiss.	Deaths	Admiss.	Deaths	Admiss.	Deaths
All classes of Fevers	136	11.0	69	1.6	214	2.4	88	1.9
Eruptive Diseases			2		2	0.2		
Diseases of the Lungs	126	8.7	125	7.5	148	6.5	98	3.9
Diseases of the Liver	14	0.5	9	0.2	8	0.2	22	1.1
Diseases of the Stomach & Bowels	415	5.3	94	1.5	155	1.3	126	3.1
Epidemic Cholera			5	1.4	6	2.1		
Diseases of the Brain	17	2.0	11	1.3	14	1.2	10	1.3
Dropsies	7	0.6	2	0.5	2	0.4	2	0.6
Rheumatic Affections (a)	33		30		40		64	
Venereal (b)	39		83		99		210	
Abscess and Ulcers (c)	191		105		109		118	
Wounds and Injuries (d)	135		148		162		126	
Diseases of the Eye (e)	99		51		45		32	
Diseases of the Skin (f)	7		23		22		14	
All other Diseases (g)	32		32		39		46	
(a)-(g) combined		0.7		1.1		1.6		1.7
Total	1251	28.8	789	14.7	1065	16.1	956	13.7

In the foregoing table, the several varieties of fever, are included under one general head; they are more particularly exhibited in the following table, together with the averages of admissions and deaths:—

Key to table:

Avg. = Average per annum of admissions of the several diseases.

Prop. = Proportion of deaths to the admissions for given years of the

several diseases.

SPECIFIC FEVERS.	Gibraltar average strength for 19 years. 3172.		Malta average strength for 20 years. 2041.		Ionian Islands average strength for 20 years. 3515.		Canada average strength for 20 years. 3316.		Nova Scotia and New Brunswick average strength for 20 years. 2322.	
	Avg.	Prop.	Avg.	Prop.	Avg.	Prop.	Avg.	Prop.	Avg.	Prop.
Quotidian Intermit.	9 3	1 in 35	11 12	1 in 232	268 3	1 in 122	93 0	1 in 619	33	0 in 33
Tertian Intermit.	6 10	0 in 124	4 0	0 in 79	192 8	1 in 350	160 12	1 in 3212	4	0 in 4
Quartan Intermit.	0 0		0 0		5 7	0 in 107	0 16	0 in 16	0	
Remittent Fever	16 10	1 in 11	19 4	1 in 24	346 7	1 in 69	14 7	1 in 16	15	0 in 15
Yellow Fever	80 6	1 in 3 $\frac{2}{3}$	0 0		0 0		0 0		2	1 in 2
Continued Fever (a)		1 in 84		1 in 67		1 in 69		1 in 77		1 in 48
Synochus (b)		1 in 40		1 in 25		1 in 9		1 in 20		1 in 11
Typhus (c)		1 in 3		2 in 3		1 in 2 $\frac{1}{2}$		1 in 3		1 in 3
(a)-(c) combined	397 6		319 3		795 8		383 4		301	
Total		1 in 17		2 in 60		1 in 35		1 in 89		1 in 43

I have not the means of exhibiting a parallel between the diseases of Upper and Lower Canada, as fully as I would wish. The following table will show the relative proportions of admissions and deaths, from the several Fevers, during a period of ten years.

Key to table:

Rates = Rates of admissions per 1000 of strength.

SPECIFIC FEVERS.	Upper Canada aggregate strength 12825.			Lower Canada aggregate strength 20341.		
	Ad.	Deaths	Rates	Ad.	Deaths	Rates
Quotidian Intermette (a)	1289			262		
Tertian Intermette (b)	988			272		
Quartan Intermette (c)	9			1		
(a)-(c) combined			2	178		26

Remittent Fever	149	7	12	19	4	1
Common Continued Fever	1150	17	90	2670	38	131
Synochus	62	4	5	140	5	7
Typhus	3	1		1	1	
Total	3650	31	284	3365	49	165

From the above return it will be observed that Intermittent and Remittent fevers, are extremely prevalent in Upper Canada; while they are very rare in the Lower division of the Province; and if the necessary deductions were made, of the cases which have originated in the former, the proportion would be considerably less. An extraordinary exemption from this class of Fevers, is observable in Nova-Scotia, and New Brunswick; a circumstance very inexplicable, according to our generally received opinions, on this subject.

At Annapolis, Windsor, and Fort Cumberland, in Nova-Scotia; which are situated at the embouchures of rivers, daily exposed to extensive inundations, by the rise of the tide, where the banks for several miles exhibit a combination of mud, marsh, and decayed vegetation, so generally considered a prolific source of this class of febrile diseases; Intermittents and Remittents are extremely rare; and at Fredericton in New Brunswick, situated on the marshy banks of a river, surrounded by a dense wood, and luxuriant vegetation, these diseases are scarcely ever met with, proving that although, on some occasions, circumstances of this nature may favor the development of this disease, its prevalence or existence is by no means a necessary consequence, or concomitant; on the other hand, this class of disease has been very prevalent (as may be seen by the table) at Gibraltar, the Ionian Islands and Bermuda; countries which are destitute of marsh, and comparatively barren of vegetation; circumstances equally in opposition to the generally received opinion. Two cases of Yellow fever appear in the Return from Nova-Scotia; these, probably, were cases of the gastro typhus fever, noticed by Dr. Graves, as very prevalent in Ireland, on some occasions, and which very closely resembled the Yellow fever, of the West Indies. A case of this description occurred to me, in this city, about two years ago, accompanied by the black vomit, which however recovered.

It must appear rather a matter of surprise that disease of the Lungs and the fatal consequences from consumption, are not more frequent in Canada, Nova-Scotia and New Brunswick, where so many apparent exciting causes abound; and where great and sudden changes of temperature are constantly occurring; and in particular to the soldier who perhaps leaves the guard room for his post, between which there may be a difference of 100° of temperature. Yet an inspection of the table will show, that the proportion of admissions is not greater than in England; while the rate of mortality is somewhat less; and considerably under that of the temperate, and comparatively more equable climate of Bermuda; which has heretofore been frequently selected as a most suitable residence for patients labouring under Pulmonic disease; the falsity of which position, I have long been acquainted with. The same may be said of the climate of the Mediterranean, which in like manner has heretofore been deemed a suitable residence for invalids labouring under similar disease. We find however that inflammatory affections of the lungs are nearly twice as prevalent, in the Mediterranean, as in the United Kingdom; and in the mild climate of Malta, they are also *twice as fatal*.

The proportion of admissions from Pulmonic disease, between Upper and Lower Canada for 10 years, appears to be nearly twice as high in the latter as in the former, as will be seen by the

following Return:—

Key to table:

Rates = Rates of admissions per 1000 of mean strength.

DISEASES.	Upper Canada aggregate strength 12825.			Lower Canada aggregate strength 20451.		
	Ad.	Deaths	Rates	Ad.	Deaths	Rates
Inflammn. of Lungs	383	13	30	1226	36	60
Consumption	61	33	5	145	89	7
Catarrh	571	7	45	1401	10	72

A comparison may be made between Canada and two other countries, where the Thermometer rarely in one falls to the freezing point; and in the other never lower than 50° and where its fluctuation is comparatively trifling.

	Aggregate strength at each station.	Total attacked by Consumption.	Rates per 1000 attacked annually by Consumption.
Gibraltar for 19 yrs.	11721	103	8 8-10
Bermuda for 20 yrs.	60269	394	6 ½
Canada for 20 yrs.	61666	402	6 ½

The degree of mortality from these diseases is much the same throughout the whole North American Colony, the proportion of admissions being rather greater in Canada, than in Nova-Scotia, and in New Brunswick; chiefly owing to catarrhal affections, and inflammation of the lungs and these principally occur in Upper Canada.

It also appears that the proportion of Officers attacked by Phthisis, *has been more than twice as high in the Mediterranean as in Canada.* While in Nova-Scotia and New Brunswick, *not a case of Phthisis occurred among the Officers,* and only nine of Inflammation of the Lungs, during a period of 16 years.

We find by the tables that Rheumatism is of more frequent occurrence, in the mild climate of the Mediterranean, than in our own inclement regions; and it is even still more prevalent at the Cape of Good Hope, where there is occasionally a total absence of rain for years; circumstances which are not easy to be accounted for.

It is somewhat remarkable, that the proportion of liver complaints, should be so low in this country, where intemperance in the use of spirituous liquors is so prevalent, and its fatal termination even more rare, than at any of the other stations referred to. This fact would indicate that at least in cold climates, frequent excesses in this indulgence, do not tend so much as is generally supposed, to induce affections of the liver. On the other hand, many evil consequences are abundantly manifest, in the frequent occurrence of delirium tremens and other cerebral, and fatal diseases, induced by this vice in Canada, Nova-Scotia and Bermuda; where the facilities of indulgence are so great.

Out of every 100 of the troops at the several undermentioned stations, there are constantly

ineffective from sickness, respectively:

In Great Britain	50
Gibraltar	41
Malta	45
Ionian Islands	47
Bermuda	53
Nova Scotia and New Brunswick	34
Canada	44

From the above summary I conceive we are entitled to conclude that the climate of Canada, notwithstanding its severity and extremes of temperature, enjoys a salubrity in no way inferior to any other portion of the British Dominions, which I have on present occasion brought under comparison with it.

I am, Gentlemen, your obedient servant,

J. CRAWFORD, M. D.

St. James' Place, Montreal, 20th April, 1844.

DR. VON IFFLAND ON RUPTURE OF THE BLADDER.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—The case herein respectfully submitted for publication having been drawn up by the Senior Apothecary of the Marine and Emigrant Hospital, under the immediate eye of the Visiting Physician, Dr. Painchaud, I have allowed it to remain unchanged from its original form. It was placed in my hands for signature, and with the request of adding such observations, as I deemed necessary; but, having omitted to do so at the time, I could not now place, at this remote period of time, implicit reliance on my memory, for those peculiar circumstances which may have engaged my attention.

I remain, Gentlemen,

With great regard, your very faithful and humble servant,

A. VON IFFLAND.

Yamaska, (near Sorel,) 6th April, 1844.

HÔPITAL DE MARINE, 7 Septembre, à 8, A. M.

Mary Crosnan, æt. 27, vint ce matin, venant de la campagne; c'est une pauvre émigrée, qui suivant le rapport de la sage femme, est dans les douleurs de l'accouchement depuis la veille au matin. Elle dit avoir perdu ses eaux (liquor Amnii) avant l'arrivée de la sage femme. Le terme de sa grossesse est complété. Elle a l'abdomen d'une grosseur énorme. Il est tendre et d'une sensibilité extraordinaire, de sorte quelle ne peut endurer la moindre pression et pas même le toucher. Son urine coule continuellement et par gouttes, elle est noirâtre et fétide. Il y a constipation, respiration saccadée, grande anxiété et agitation continue. Son pouls est petit et précipité.

Diagnostic, peritonite et rupture de la vessie.

Prescription.—

Huile de Ricine oz. ss,

Huile de Croton, gt. I, toutes les heures.

Midi,—Vomissement, constipation, augmentation des autres symptômes.

Prescription.—Sangsues a l'abdomen et ventouses sanguinolentes, quatre onces d'injections cathartique; deux drams de sel d'Epsom toutes les heures. Le toucher *per vaginam* n'annonce aucune marque d'accouchement; l'*os uteri* n'est point dilaté, et la tête du fœtus est reconnu à travers les parois de l'utérus. Le cathéter n'a fait sortir que deux ou trois cuillerées (petites) d'une urine noire et fétide.

Soir, 6 heures.—Dyspnée excessive, respiration purement diaphragmatique, pouls intermittent, extrémités froides, vomissement continue. Direction au médecin résident d'extraire le Fœtus par l'opération césarienne, aussitôt après la mort.

8 heures du matin.—Délire passager, soit excessive et les autres symptômes aggravés, mort à six heures du soir. Quelques minutes après le décès on procéda & l'extraction du Fœtus, par l'opération césarienne. L'incision est pratiquée sur la ligne blanche. Le Fœtus à déjà souffert une grande décomposition, le Placenta est tombé dans le petit bassin. Le pansement est fait comme si la femme était vivante.

Le lendemain matin, à 9 heures, et en présence du Dr. Morin, on procéda à un examen minutieux des viscères abdominaux. Le Péritoine est couvert de lymphes coagulables et en grande

partie en suppuration. Les intestins sont couverts d'une fausse membrane et sont adhérents entre eux, en plusieurs endroits. L'Uterus est fortement contracté, et on a peine à découvrir la place de l'incision césarienne, la vessie est ouverte par son fond; on y passe facilement le doigt indicateur.

Le Vagin n'a rien d'anormal. Les intestins sont distendus par l'accumulation des fæces.

JOS. PAINCHAUD,

Méd. Visit. H. M.

A. VON IFFLAND, M. D.

Resident Physician.

The above case occurred about six years since, while I was performing the duties of Resident Physician and would long ere this (as at the time intended) have been published with others, bearing some similitude, had it not been mislaid among manuscript Hospital Reports. It is one, which, from its features, may offer nothing of interest, save happily, its rare occurrence, and with a simple report of which, and without any practical deductions, we must alone remain satisfied. To the reflecting mind, is affords a melancholy proof, that however a judicious Physician may generally be considered as a faithful servant, in tracing the elaborate and winding progress of nature; and, however frequently he may be called upon, as her attentive and vigilant counsellor, in all her views and operations, yet, human science and intelligence have unfortunately their limits. To the young, and yet inexperienced Physician or Surgeon, similar cases may occur in the course of his practice, and without a knowledge of the difficulties and embarrassments which must naturally present themselves to his mind, and, unless he be fully prepared to render a satisfactory explanation to those most nearly interested in the issue, his reputation and future prospects in life, cannot fail of being seriously impaired. On these considerations, then, a faithful report of similar cases as the above, must be viewed of the highest importance, for, let him rest assured, that in no department of his profession will his acquirements be subjected to closer scrutiny and watchfulness than that of midwifery.

A. VON IFFLAND.

Yamaska, 6th April, 1844.

DR. NELSON ON ACUTE LARYNGITIS.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—Should you deem the following case of *Acute Laryngitis*, worthy of a place in the *Montreal Medical Gazette*, I would feel obliged by your inserting it in a publication, which promises to reflect as much honor on the Editors, as it will prove beneficial to the Medical profession of this city, which was hitherto destitute of a vehicle for communicating to its members, the improvements that are daily taking place in the Medical World abroad, as well as the advance it is making in Canada, and in the good City of Montreal in particular; which, from its population, charitable institutions, and the large number of its medical men, it is reasonable to infer, does not remain stationary, while the faculty elsewhere are laudably engaged in the cause of humanity and science; and I am not at all disposed to think that my Canadian brothers of the scalpel and lancet, are less intelligent, less capable, or less disposed to add their modicum to the general stock; but time must tell. With great respect and best wishes,

I remain your humble servant,

WOLFRED NELSON.

On 1st April, 10 A. M., Madame Chs. Beauchamp, æt 34; of leuco-phlegmatic temperament, applied to me for “*a mal de gorge*,” which appeared two days before, preceded by slight febrile symptoms, some tenderness of the throat, and tickling cough; the symptoms were progressing fast; she was very hoarse, and her voice was scarcely audible, with a sensation of tightness about the fauces, and some pain in deglutition; pressure about the thyroid cartilage caused distress and pain; the tongue was red; papillæ rather prominent, velum, tonsils and fauces dry, red and a little tumefied; there was a frequent desire to expectorate, as if the throat were filled or obstructed with phlegm; the pulse was soft, if anything, weak, but not accelerated; febrile symptoms hardly apparent. The constitutional symptoms were so trivial, that my patient said she had applied merely to be relieved from the cough, to facilitate the expectoration. I told her, this complaint might become very serious and not to neglect it; to abstain as much as possible from hawking, and forcible efforts to raise the mucus, ordered an embrocation of two parts *spts terebinthinæ* to one part *adipis suillæ* to be applied round the neck, and then to wrap it well up with several folds of heated flannel; 15 grs. pulv. ipecac, with 10 grs. pulv. ipecac, *Comp.* in 8 oz. water; one table spoonful to be taken every ten or fifteen minutes, so as to promote perspiration, induce a constant state of nausea, and if vomiting occurred, so much the better, but it was not to be carried far; to drink copiously of linseed tea, to keep warm and within doors, as she came to see me while visiting a neighbour.

At 6, P. M., I was called to see my patient, voice barely sibilous, great sensation of constriction and strangulation about the throat, much difficulty in swallowing; breathing rapid and distressed; pulse rather slower than in the morning; surface cool, face suffused and red, eyes watery; has vomited repeatedly without much effort; and with no sensible relief; bowels not moved for the last 11 hours, gave chlorid. Hydragryri, grs. 20, with pulv. jalapae. grs. 10. To remove the heat, dryness and pain in the mouth and fauces, pulverised nitrate of potash was frequently applied, by means of a strong feather over the parts, and hot vapour inhaled in the intervals; dry warmth to be applied to the extremities.

At 10, P. M., was again hurried to the poor woman, who was reported to be suffocating; the priest was sent for, as she was thought to be dying. There was extreme difficulty of breathing,

constant jactitation, face bathed with cold sweat, lips livid, eyes staring, pupils dilated, nails blue, and extremities cold and clammy, with a distressing sensation of chilliness over the whole body, an incessant effort to disembarass the throat; whisper inaudible, pulse 66, soft and weak. It was painful in the extreme to witness the agony of the poor woman; each attempt to breathe seemed to be the last. Mustard paste was abundantly applied to the arms and hands, legs and feet; a large plaster of the same over the whole lumbar region, and a blister covered all the back to the neck; the throat, neck and lower jaw also had their full share of the mustard coating, and all over a good wadding of cotton wool was applied. There was so much restlessness, that no little trouble was experienced in these manipulations; ordered pulv. nitratis potassae drs. iv. pulv. ipecac, dr. i. in aqu; oz. 8, a teaspoonful to be taken in the mouth every 5 or 6 minutes, holding the head back, that it might reach the fauces, and this could only be retained a moment, from the incessant efforts to breathe and open the mouth. But by dint of perseverance, vomiting was soon produced, and a quantity of tough mucus and shreds of coagulable lymph, were ejected; and immediately after the breathing became freer; from this moment the expectoration became more abundant. A pill consisting of ext. belladonna gr. $\frac{1}{4}$ gum. opii. gr. i. to be taken every two hours till tranquillity was produced; three pills were taken; sleep soon ensued, but often interrupted to raise the phlegm. The bowels were moved copiously twice, in the night, the dejections extremely fetid.

In the morning at 7, A. M., I was delighted to find my patient calm, breathing with tolerable freedom; the voice had partially returned, the face was composed; she was more cheerful and full of hope; the pulv. nit. pot. was directed to be continued to the palate, &c. &c. demulcents persevered in, and an expectorating mixture ordered.

6, P. M.—Patient continues better; to take 2 of the bel. and opii pills. No little complaint was made in consequence of the burning caused by the mustard; and in good truth, it had performed its office faithfully. In two days, my patient was quite convalescent.

You may probably look upon this description as very prolix, but I have been thus particular, that the real nature of the case may be understood, as well as the treatment, which I conceive was not of an ordinary kind; and to it my patient, her friends and myself under Providence, attribute the recovery.

N.B.—I have treated several cases of this truly appalling disease *secundum artem*; bleeding, leeches, calomel, emetics, &c. &c. and with but poor success. In this *peculiar* case of phlegmasia, I shall not in future abstract blood, except in the plethoric, when there is determination to the head and a congested state of the lungs; when the constitutional symptoms are marked by phlogosis, and this only at the earliest stages; a state of collapse soon supervenes, when the most rigorous revulsives are demanded; at once to arouse the nervous action, and also, by the general stimulation over the skin, to create another of a different kind to that which exists.

The topical remedies were certainly useful; promoted secretion, and removed much of the dreadful feeling of constriction about the fauces; the addition of the pulv. ipecac: seemed to excite vomiting very speedily, when thus prescribed, by sympathy no doubt, as she had taken nothing to nauseate for many hours previously.

I should have stated, that Mad. B. complained in the first instance of a numbness down the spine, and arms in particular, with sudden, frequent, but transient pains darting over the whole body. Would not this justify us in the opinion that the nervous system was much implicated in this case? Was it not corroborated by the sensation of cold complained of, which produced much uneasiness? Would this account for the sudden prostration of strength and state of the

pulse? Does not this obtain more or less in all cases of this description of fatal malady?

With the frankness of a lover of his profession, I have thrown out those hints, and should feel truly happy, if what I have here advanced could at all lead to a more successful plan of treatment, than that hitherto employed, as well as to a more complete investigation of the pathology of the disease. Let us keep an eye to the anatomy and physiology of the larynx, its many and delicate muscles, its abundant supply of nerves, the comparatively loose mucous membrane which invests it, and which so readily admits of inflammation, and lastly, of infiltration.

W. N.

DR. BOWIE ON CHRONIC BRONCHITIS.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—That variety of chronic bronchial inflammation occasioned by the presence of foreign bodies, which have passed accidentally into the windpipe, is by no means of frequent occurrence. I am aware, however, of those cases which have been recorded. One by Dr. Lottsom, of the button of a foil having dropped into the trachea of a boy; another by Dr. North, of a leaden shot which slipped into his own windpipe, while swallowing a glass of wine; and a third by Mr. Howship, of a small nail which had fallen into that tube. In each of these cases the usual symptoms of chronic bronchial inflammation were induced. And in each, after a lapse of years, the foreign body was ejected by coughing; and recovery eventually took place.

To the above, I would beg leave to add a case, very analogous in its history, which came under my own observation, while residing in the country. An elderly, but healthy man, in the act of swallowing a piece of boiled fowl, allowed a bone of the neck to pass into his trachea. It produced such a degree of irritation and coughing, that he was induced to send for me. But the distance to my residence being considerable, some time was necessarily spent before I reached my patient. However, when I did come, any urgent symptoms which might have existed, had entirely disappeared; which led me to doubt the nature of the accident. No violent symptoms followed; but a dyspnœa, and frequent fits of coughing, with a muco-purulent expectoration, continued to harass the patient for about two years. At the end of this time, in one of the coughing fits, the neck bone of a fowl, about the size of a large pea, was expectorated. This was speedily followed by a disappearance of all the unfavorable symptoms, and a return to perfect health. The above cases are remarkable, as exhibiting none of those symptoms (at least in their usually aggravated form,) so well known to characterize the contact of foreign substances with the mucous membrane of the trachea. What interposed here, to prevent the usual spasmodic constriction of the larynx, and the distressing dyspnœa which accompanies it? They are important, moreover, as exemplifying a species of disease, bearing a clear resemblance to, and easily mistaken for, pulmonary consumption. In the case which came under my notice, the cause of the complaint was not suspected. It was regarded as one of those pulmonic affections, which, in spite of every treatment, hold on their course with such unerring certainty, to a fatal termination;—until the expectoration of the bone, and the relief which followed, revealed its cause. Although the favorable result of those cases prevented the possibility of ascertaining with certainty, the extent of lesion which existed, yet I think it very probable, that not only the bronchial membrane, but also, the pulmonic tissue, were maintained in a state of chronic inflammation, during the presence of the foreign body. Wishing you entire success, in your attempt to establish a Medical Journal in Montreal,

I remain, Gentlemen, your obedient servant,

T. BOWIE.

CASE OF OVARIAN TUMOR OPENING INTO THE BOWELS— THE PATIENT RECOVERING.

BY W. FRASER, M. D.

The subject of the following disease is a respectable married female, aged 27, whose general health and conformation of body, is good—she has been upwards of three years married, and in May 1842, became the mother of a healthy looking child, which shortly afterwards died. I attended her accouchement; it was natural. For sometime previous to her confinement she suffered much from a pain in the back and iliac regions, together with dysuria: finding that she carried her child rather lower than usual, I regarded these symptoms at the time as owing to the stretching of the uterine ligaments, and now mention them as probably forming the first link in the formation of the disease I am about to describe.

For two months previously to the present attack she had not menstruated; had had morning sickness, and thought herself pregnant—the papillæ of the nipples were elevated, but the areolæ were not well marked—the breasts were larger than previous to menstruation ceasing; the os Uteri was thick but not closed—she had a slight attack similar to the one now to be described about a week previously.

November 22d, 1843.—On the morning of that day I was requested to see her, and learned she had been taken during the night with a severe pain in the right ilio lumbar region, affecting the corresponding portion of the spine, and shooting down the thigh of the same side, accompanied with frequent desire to pass water; it had subsided gradually, and she was now comparatively easy; there was still a dull, aching feeling in the parts, and before my visit ended and her paroxysm commenced, so severe in degree that it caused her to moan loudly. The tongue was slightly furred—the bowels were moved the previous day—the pulse was quick but not strong—the skin dry, without any extraordinary heat. On examining the seat of pain, the right iliac fossa appeared fuller than its fellow, and tender to the touch—in the course of the day it became harder and more tender; but in the evening, after leeching, purging, &c. was softer and less tender. From the 23d Nov. up to the 10th Dec. there was no severe attack of pain, only slight uneasiness on going to stool; on the latter day she had a severe attack of pain, and on requesting to make an examination of the parts, the patient directed my attention to a point to the right of the linea alba, half way between the pubis and umbilicus, where I readily discovered a well defined tumor, about the size of a large turkey's egg. There was neither swelling nor hardness in the original site of pain; it was very apparent then that the fulness originally felt in the iliac fossa had been caused by the tumor now distinctly felt in the situation mentioned, but which had weighed anchor, and was susceptible of being extensively moved about, even to the left of the linea alba. From the 10th to the 14th Dec. the tumor enlarged rapidly. On the latter day I think it must have been equal in size to an ordinary cocoa-nut—the pain and feeling of distension were insufferable; the patient often expressing her belief that it would burst; on the 14th, an exploratory puncture was made into it with a fine trochar, and three ounces of straw coloured liquid obtained, which partly coagulated as it flowed from the trochar into the basin and formed a white and solid jelly, when treated with nitric acid. Slight peritoneal tenderness followed the puncture, but the pain and feeling of distension in the tumor were decidedly relieved for four or five days, when they recurred, and continued for the succeeding six weeks, varying in severity—the worst paroxysms being always in the course of the night, preventing the patient from sleeping, and rendering the constant use of anodynes absolutely

necessary. As might be expected from such suffering and its necessary treatment, the patient's general health during this period suffered seriously—she became very thin and had a nasty dry cough. The tumor progressed in size, though not I think so rapidly as previous to its being punctured; about the 10th of January, it occupied most of the space between the pubis and umbilicus, and laterally in proportion—it pressed down the anterior wall of the vagina, and prevented the possibility of a satisfactory examination of the uterus, which, so far as it could be ascertained, was enlarged; its os rough to the touch, thick and still open.

About the 15th, the uterine souffle was distinctly heard, and on the 25th of January premature labour came on, when she was delivered of a fœtus about four months old—notwithstanding this occurrence the pain still continued as severe as ever, with some hysteric symptoms superadded. Consequently, on the 9th Feb. being 14 days from the period after confinement, I called a consultation of three medical gentlemen who had previously seen the case, with a view, if thought practicable, of removing the tumor by operation, as lately so extensively and successfully practiced in England, and if this was not thought advisable, I intended puncturing it with a large trochar, in order to diminish its tenseness, and give at least temporary relief.

Nature had, however, anticipated us—the tumor having that morning, shortly previous to our visit, effected an opening into the bowels, and which we saw freely discharged, per anum; the discharge was of a dark red color and very fœtid; the tumor felt much softer and the patient easier; it continued to discharge for three or four weeks, gradually diminishing in quantity, and entirely ceased early in March. The remains of the tumor, or more strictly speaking, the contracted sac, are now to be felt above the pubis, inclined rather to the right; the size of an orange, hard to the feel, evidently attached to the uterus; there is still an uneasy sensation about the bowels, or rather a feeling as if the contracting sac dragged the bowels, but no severe pain. The patient's general health is greatly improved,—she was able to walk about the room, has been out driving, and at church. Such is a brief epitome of the history and symptoms of the case.

Symptoms so severe as I have described at the commencement of the attack, when the tumor could not have been larger than a hen's egg, are, I believe, unusual in the history of Ovarian disease—they consequently rendered the diagnosis obscure. From being the patient's ordinary medical attendant, I was aware that she occasionally suffered from irritation of the urinary organs—that on these occasions the urine deposited a lateritious sediment, which circumstance, together with the symptoms, made the case appear not unlike a calculus in the ureter. On the other hand, the swelling and difficulty with which the bowels were moved, looked fully as like an obstructed coecum or colon, pressing upon the ureter and subjacent nerves. A free discharge obtained from the bowels without the appearance of scybalæ or hardened fæces, and with only temporary abatement of the pain, forbade the idea of its being an obstructed coecum: the dislodgment of the tumor from its original situation, and the exploratory puncture, not only proved it not an obstructed ureter, but clearly pointed it out as a tumor; while the albuminous nature of the fluid obtained by the puncture seemed conclusive as to its being Ovarian. The symptoms of pregnancy, although sometimes produced by Ovarian disease, indicated at the commencement of the case, the probability of the co-existence of pregnancy and the uterine souffle heard at a later period, converted this into a certainty. This, on the 14th December, was the first deliberately formed opinion of the case, and it ultimately proved to have been correct.

But the constant recurrence of the paroxysms of pain, the rapid increase of the tumor, and

the impossibility of making a satisfactory uterine examination, had subsequently led to a suspicion of the case as being one of extra uterine foetation, which it certainly greatly resembled; but, as the reader is already aware, proved not to be the case.

And here I would, *en passant*, make a remark on the value of the exploratory puncture in similar cases. From the description given by physiologists, of the chemical properties of the liquor amnii, by all of whom albumen is mentioned as one of its constituents, I was under the impression that it coagulated by heat or nitric acid; a few days ago I was undeceived, having had an opportunity of obtaining some, I find it coagulates not by these tests; the albumen in it must consequently be trifling, and when contrasted with the solid jelly formed by the liquid obtained from the tumor, is I think sufficient to distinguish an Ovarian tumor from an extra Uterine pregnancy, when any doubt exists: other differences in the properties of the liquid contained in Ovarian tumor, and the liquor amnii of extra Uterine foetation, might no doubt be discovered; but the one now mentioned is, I think, ample for all practical purposes, and simple in its application.

The most prominent symptoms of the case were severe pain in the situation of the tumor, in the back, and right thigh, extending down the limb, desire to pass urine, constipation, flatulent distension of the bowels, hysteric symptoms, and lastly, though not the least remarkable feature of the case, the rapid increase of the tumor itself. These symptoms, with the important exceptions of the first and last, are all referable to pressure by the tumor on the subjacent nerves, the ureter and bowels. At the commencement of the attack, I think the tumor must have been adherent in the right iliac fossa, for after it ascended, the symptoms of pressure on the ureter and bowels or the nerves supplying them, were not by any means so troublesome. With regard to the pain in the situation of the tumor during the paroxysm of pain, the patient's own sensations of distension in the tumor were so distinct that I am inclined to refer it, partly at least, to a morbid sensibility in its sac; this I am induced to do from the circumstance of its presenting several points of a firm or fleshy-feel. Such a structure must have been supplied with nerves of sensation, which would necessarily suffer from the distension.

The rapid increase of the tumor was unusual; in the short space of ten days, from the 10th to the 20th December, it must have secreted a quart; the only circumstance which can in my opinion account for it is the co-existence of pregnancy, the unusual quantity of blood sent to the uterus during that period would supply a tumor which to all appearance sprang from its ovary, with a larger quantity of blood than in the unpregnant state.

The treatment comprised one general bleeding, warm bath, hot fomentations, several applications of parties of leeches over the seat of pain, together with antispasmodics and anodynes,—the most effectual and generally used of which were morphia and assafoetida enemas. The bowels were kept open by confection of senna, castor oil, injections, and occasionally a blue pill. When the patient's health began to suffer various tonics were administered, such as compound infusion of gentian with soda, steel wine, infusion of columba and quinine. The cough was overcome by hydrocyanic acid, liniments to the chest, and nourishing diet. When the tumor commenced discharging, the patient felt great weakness,—for which a firm bandage was applied round the abdomen, and quinine, wine, malt liquor, beef tea and jellies, liberally allowed. She has latterly along with the quinine taken Bull's compound Extract of Sarsaparilla, a preparation containing iodide of iron and potash, and the compound iodine ointment has for the last five weeks been applied freely over the remains of the tumor which it appears rapidly to diminish. Mercurials I have studiously avoided on account of the debility produced by them, and from having but little faith in their efficacy in the present case.

Montreal 20th April, 1844.

DR. MACDIARMID ON SOLUTION OF TARTRAT OF ANTIMONY AS A COUNTERIRRITANT

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—Through the medium of your journal, (whose appearance I hail with pleasure,) permit me to call the attention of the profession to the use of a solution of (say gr.ʒ of the Tartrat of Antimony, to ℥ I of distilled water,) as a counter irritant application, in place of the “Unguent: Tartar: Emetic,” of the Dublin Pharmacopœa which is usually employed. I was led to substitute it some time since by the consideration that the ointment is disagreeable to many, (particularly female patients,) and that the medicine in this form is not in the best possible condition for absorption. The simple solution then in distilled water is the formula I would recommend for further trial, trusting that the results will be made public, if satisfactory.

I remain your obedient servant,

J. DUNCAN MACDIARMID,
Assistant Staff Surgeon.

Isle aux Noix, April 22, 1844.

DR. CARTER'S CASE OF PSOAS ABSCESS.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—The accuracy of my diagnosis having been questioned, and the treatment adopted by me, having been severely censured, in the following case, I will feel obliged by your inserting it in the pages of your valuable Journal, and trust that it may elicit from my medical brethren further information on this, perhaps, imperfectly understood subject.

I remain, your obedient servant,

C. CARTER.

L. R. C. S. E.

March 2d, 1843.—I was requested to see Miss D. *æt.* 21, of plethoric constitution and very sedentary habits. She had been complaining for some weeks, of dull, heavy pain, extending from the groin upwards to the lumbar region, and had some difficulty in walking, inclining forwards with a peculiar limp in her gait. Had previously been attended by a Physician, who had pronounced her case to be Rheumatism in the bowels. Bowels habitually costive, seldom being relieved more than once in two or three days. At the time of my visit her skin was hot and dry—tongue foul, pulse 130, and wiry. On examining the abdomen, I found considerable distension, especially towards the right ileo lumbar region, corresponding to the seat of pain, which confirmed me in the opinion I had first formed, of the existence of a large quantity of hardened *fæces* in the Caecum and Colon, producing irritation and inflammation of a sub-acute character, in the parts contiguous.

Powerful purgatives having failed of relieving the bowels of their enormous load, I prescribed bleeding, followed by full doses of calomel and opium—and subsequently mild laxatives, which, on the third or fourth day, effected the evacuation of an immense quantity of *scybalæ*, some of very large size. The pain was now much relieved, and the general appearance improved.

Aware that affections of this nature sometimes gave rise to abscess in the right iliac fossa, and suspecting, from her peculiar way of walking, that it might exist, I requested her mother to examine her, and compare both hips, in order to discover whether any difference in size existed. The following morning, she informed me, that the right hip and side were much larger and rounder than the left. This I found, on examination, to be perfectly perceptible. The iliac region presented also a diffuse swelling, which extended downwards, towards Poupart's ligament, and conveyed a distinct impression to the hand, when the patient was made to cough; reclining on her back, with the right knee raised and bent, afforded her most relief from pain, which the erect posture and walking invariably brought on.

I now directed accurate measurement and comparison to be made by means of tape brought up from the Perineum in front, over the iliac region, and up from behind over the lumbar region, meeting on the *crista ili* also from the spine to the *linea alba*; in the former way the difference in size, indicated about six inches.

These and other indications convinced me not merely of the commencement of abscess, but that matter had fairly formed; the absence however of hectic symptoms, the little constitutional disturbance which existed, and the improvement in health she already experienced, from the irritating cause being removed, induced me to refrain from alarming the patient or her friends, by not acquainting them with the serious nature of the case, and the fatal consequences, which

not unfrequently followed; I was determined at least to try the effect of medical and proper constitutional treatment, previous to occasioning what might be unnecessary uneasiness.

The treatment now adopted consisted of small doses of blue-pill combined with squills and digitalis, carried to the extent of slightly affecting the gums—Iodide of potassium in large doses, three times a day—repeated cupping over the lumbar and superior gluteal regions—bleeding from the arm whenever plethoric symptoms presented themselves—and purgatives; under which her general health improved greatly and the swelling rapidly diminished.

Towards the latter end of April she was quite convalescent, entirely free from pain, and could walk with freedom considerable distances; all traces of the swelling having disappeared—but to perfect the cure I ordered a continuance for a short time longer of the medicines, to prevent a reaccumulation of matter, and admit of the walls of the sac being agglutinated together; my advice was, however, neglected.

After this she attended a friend's nuptials and entered into the festivities of the occasion. In a short time a return of the symptoms of her complaint took place, and on Monday the 15th May, she was suddenly seized, on getting out of bed, with acute and violent pains in the right groin, extending to the region of the lumbar muscles, with great fever and general uneasiness, quick, hard and wiry pulse (130); skin hot and dry—great jactitation. A partial return of the swelling to the extent of a couple of inches was discovered.

I saw her at 1, P. M. and bled her to approaching deliquium—which was productive of immediate relief. Ordered a full dose of calomel and opium, to be repeated every hour, with tartarised antimony every two hours, until free from pain. 16th—Reaction having come on, the bleeding was repeated, which she bore well, omitted the calomel and opium, and administered a purgative, and subsequently an anodyne which produced a good night's rest.

17th—Much relieved; all acute symptoms entirely absent. Continue the medicines at longer intervals. The swelling once more subsided, leaving the integuments, over the ilio-lumbar region of the right side, in a very flaccid state, and in marked contrast to the left. Notwithstanding these favourable circumstances, the minds of the parents were filled with anxiety, probably in consequence of the long previous illness of my patient—but increased, doubtless, by the officious interference of friends. A consultation was therefore proposed, to which I immediately acquiesced, though I stated there was no longer any necessity for it, as she was entirely out of danger, was convalescent, and would be quite well in a short time, without danger of a return of the disease, since, from the acute nature of the relapse, the inflammatory symptoms, had required and been more energetically treated, and had been also completely subdued; the debility which remained after this she would speedily recover from; however, to remove all anxiety from the mind of the mother I would be happy to meet any medical man that might be named. Dr. Campbell was proposed, and accordingly saw her with me in consultation on the following day (Thursday) at 4, P. M. My patient appeared to be then in the best of spirits, and seemed to have regained an extraordinary degree of strength since the preceding day. She had remained in bed, she said, in expectation of our visit, otherwise she would have been up “long ago.”

While Dr. Campbell was examining the patient, her mother, showing me the tape, told me she had measured her daughter accurately that morning—and found very little difference, if any, between the two sides—remarking at the same time how rapidly it had disappeared since the Monday previous, when “it had measured so much.”

Dr. Campbell finding no abscess existing entered into an argument at the bed-side of the patient, and maintained that it could never have existed.

Such is the history of a case my judgment in the management of which has been impugned. With every feeling of respect, it is submitted to the members of my profession, for their opinions thereon.

Montreal, April 20, 1844.

THE MONTREAL MEDICAL GAZETTE.

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

MONTREAL, MAY 1, 1844.

THE EDITORS' ADDRESS.

There is no subject connected with the Science of Medicine of such paramount importance or interest, as that of Statistics. This term, originally employed, we believe, by Sir John Sinclair, in his valuable and standard work published with reference to his native country, was made by him to comprehend not only "the population, production and trade" of every county of Scotland, but also "the food, diseases and longevity" of its inhabitants.

It is now, however, so universally adopted, and its meaning so perfectly understood, even although the matters included within its range are much more numerous than when he wrote, that we shall not stop to explain the meaning applied to this branch of study in the present day; but shall merely remark that while its cultivation affords so rich a harvest to the Student of Natural History, and becomes so indispensable a requisite for the political economist, the natural philosopher, the agriculturist, and the man engaged in mercantile pursuits, it promises to become doubly inviting and instructive to the Medical practitioner who, unfettered by the opinions of speculative theorists, and unbiassed in forming his judgment of disease by the weight of pristine and bygone authorities, calmly and dispassionately argues upon all the commemorative circumstances of the case, or, in other words makes himself thoroughly acquainted with every particular in the history of his patient, and with all those incidents which can in any way influence the production, or existence of the symptoms for which he is called upon to prescribe.

The effects of climate on diseases, and the modifications of these brought about by thermometrical and barometrical variations, have, by common consent, long been acknowledged; but, it is no less well known, that by the geographical position and geological structure of a district or country determining the occupations of its inhabitants, the status or condition and mode of life of these are mainly and ultimately settled:—need we add, how far these are concerned in originating and modifying many diseases, which are totally independent of climate?

The subject naturally divides itself then into General Statistics and what is styled Medical Topography, by which is understood the description of every local circumstance or matter which can or does proximately or remotely bear upon or influence *man's health*.

The study of the former belongs more especially to the politician, the latter is identified with the Medical Profession—and although it is only within a few years, comparatively, that this subject has engaged the attention of the Members of our Profession to the extent that it has done, and very far from that to which it is so justly entitled, nevertheless, it is gratifying to

observe the immense strides which its cultivation is exhibiting in this our own day, in every part of the world, and to what definite, nay, almost certain, conclusions, it is leading us in the consideration of diseases in general and of some more particularly. To what must we attribute all the knowledge that we do possess with reference to the intricate subject of epidemics? To what must we refer the vastly improved mode of practice adopted in our Lunatic Asylums? What will account for those rational and philosophical modes of treatment now pursued in our public services, but the study of Medical Topography? Vide Dr. Crawford's valuable communication in our present number.

These remarks are in an especial manner called forward in a country like this, whose geographical delineation is now in the course of being accurately completed; whose geological structure is about to be so correctly and scientifically made known to us, by the labours of our friend and countryman, Wm. Logan Esq. who, in addition to profundity of knowledge in this department, has brought his amor patriæ to bear upon the arduous but interesting task in which he is employed; lastly, we are prompted to solicit the deep and earnest attention of every well informed and candid member of our profession to this highly interesting and useful study at this moment, from the fact, that at the next meeting of the Provincial legislature, a corrected return will be made of the number, ages and occupations of the inhabitants of this immense segment of Her Majesty's dominions—a return, from which immeasurably valuable data may be obtained for *commencing* the investigation to which it has been our wish in this article to stimulate our brethren in every nook and cranny of this extensive and interesting Province. That it is a work which cannot be undertaken by an individual must be admitted, but, as in other great undertakings, *how much may be accomplished by a division of labour*, and what a mass of valuable information may be accumulated by the combined exertions of all! Let the members of our profession, then, in United Canada, shake off the torpor under which they have laboured; let the chains of that inertia by which they have been enslaved, be broken asunder; let them come forward to a man, having now a common medium of communication afforded to them, in the Montreal Medical Gazette, and proclaim that they are willing and able to do something for the advancement of Medical Literature in this country, and that they are unwilling any longer to be regarded as mere drones in the great hive of the Medical community.

The Winter Medical Session in this City, terminated last week. Being the conclusion of the first Course of Lectures delivered at the School of Practical Medicine and Surgery, a most eloquent Valedictory Lecture was given to the Pupils of the School, by Dr. Arnoldi, Jun., in the presence of upwards of sixty gentlemen, an M. P. P., several of the members of the Profession residing in town, and some who had come in from the country for the occasion, testified their approbation of the proceedings. After taking a review of the labours of the Session, &c. &c., Dr. A. paid a well merited compliment to the Pupils, for the attention, diligence and respectful conduct displayed by them during the last six months, and having, for himself and his colleagues, bade them a heartfelt adieu, the meeting was addressed by Dr. Horace Nelson, now associated in the School; by Mr. Ouellet, one of the senior Students, who had been deputed by his confrères to return their most sincere thanks for the advantages which had been afforded to them by the Lecturers, in their respective branches, and for the unwearied zeal and industry which they had evinced in forwarding their studies. The meeting was finally addressed in the most heart-stirring manner by Dr. Nelson, urging the necessity of close and untiring study on the part of all those who would desire to shine in the Profession of Medicine, as in all other branches of Science. He laid before them the opportunities now given to students, whether of

English or French origin, for acquiring oral instruction, offered his measure of praise to the Lecturers of the School; and concluded by urging those before him to avail themselves during the recess of the many leisure hours which hitherto they had been in the habit of wasting, to improve themselves in those studies, by which they might hereafter become ornaments in their profession. The class opened with 29 Students.

It was our intention to have published a report of four cases of poisoning by the *cicuta virosa*, which occurred in the Recollet Suburbs on the 11th ult. From the number of original contributions, however, and consequent want of space, it must be deferred to our next number; we will merely remark, that of the four children who had eaten of it, two died within four hours, with all the symptoms of narcotico acrid poisoning, the other two have perfectly recovered. We had an excellent opportunity of testing on this occasion the utility of the plan suggested by Dr. Nelson of administering remedies through the nasal passages, by means of a bent up spoon and we have obtained the permission of that gentleman to transfer to our pages a communication made by him before the existence of this Journal to the Boston Medical Gazette on the subject. We must not omit acknowledging with thankfulness the readiness and kindness displayed by Mr. Shepherd, Nurseryman of Hospital Street, in forwarding our wishes to discover the real nature of this poisonous plant.

We have received a report of the case of the unfortunate man Champeau, whose death took place on Sunday week last. We have also before us the Professional evidence, reported to have been given in the Coroner's Court, and of which we propose to present our readers with a digest on a future occasion, with remarks arising out of certain portions of that evidence. For obvious reasons, we purposely abstain from doing so in the present number; although the case is one full of interest in a pathological and practical point of view. We are thankful, that the sciences with which we have to do, are unaffected or uninfluenced by politics, and that we can reflect upon this case as one not only furnishing us with much matter for deep consideration as professional men, but also as evidencing how truly "in the midst of life we are in death."

DEATH OF SIR HY. VAUGHAN HALFORD, BART., M. D.

The death of this distinguished physician is announced in the late English papers to have occurred in London on the 9th ult. He had reached the great age of 78 years. No member of our profession ever enjoyed so exalted a reputation among the highest classes of society in England, from royalty downwards, as the subject of our present notice. He had the high honor of being Physician to four Sovereigns in succession, and to George IV. for a short period he acted as Private Secretary. As an accomplished scholar, a most finished gentleman, and one of the most zealous members of the College of Physicians in maintaining, that the highest standard of honor and talents was alone compatible with our profession, he was second to none. By his death, the College of Physicians of London has lost not only its President but also one of its brightest ornaments. We well remember the effect produced on his hearers by his beautiful and learned communications at the conversaciones of that distinguished body in Pall Mall.

MEDICO-CHIRURGICAL SOCIETY.

16th March, 1844.

DR. SUTHERLAND in the Chair.

A very interesting case of purpura hæmorrhagica, occurring in a young gentleman, æt 15, was submitted to the Society, with the view of considering its pathology. When first seen by Dr. S., with the exception of some few petechiæ and œdema of the lower extremities, none of the more marked symptoms of the disease were present, and no medicine was prescribed. But in ten days, the affection under consideration became manifest; the petechiæ had increased in number and size, and had extended over the entire surface of the body; those which had appeared first disappearing, and fresh hæmorrhagic deposits being made, these at first had a florid colour, becoming, in less than twenty-four hours, purple. There were great lassitude, prostration of strength, occasional vomiting, the pulse varying from 95 to 100, with little elasticity; the conjunctiva and lining membrane of the mouth were ecchymosed in a manner similar to that of the skin; bowels regular; no cough; skin cool, even cold at the extremities; nails blue; tongue moist, and slightly coated. At this period, there was no hæmorrhagic evacuation of any description. The boy was visited on the 17th March. Quinine, with a quantity of sulphuric acid, more than sufficient to give the sulphate solubility, was prescribed. On the 19th the symptoms had increased: this was attributed to the stimulating effects of the quinine; there was now vomiting of blood, dark and coagulated; blood was also passed by stool; little or no tenderness of the epigastrium; no cough, nor did the stethoscope give any peculiarity of respiratory murmur. Prescribed 15 grs. of acetate of lead, without opium, to be repeated every two hours, should the vomiting of blood continue; if not, every four hours. Six doses were left and taken during the next twenty-four hours, at which period the hæmatemesis had ceased entirely. But there was now superadded another condition, more alarming than the preceding—namely, comatose symptoms. On the 20th, the pulse was steady and full at about 90; twelve ounces of blood were taken from the arm. On the 21st, six more doses, 15 grs. each, of acetate of lead, were again ordered; there was now slight oozing of blood from the fauces; occasionally black blood was spat up without effort—the lungs now exhibiting some degree of participation in the general affection; there was, too, a species of pleurodynia, increased by percussion, supposed to be owing to a petechial state of the pleura costalis. From this day, the lad improved. On the 28th, a mixture, containing acetate of lead was again taken in small doses, to prevent, if possible, the formation of fresh ecchymosis. On the 1st April, convalescence was established; the spots remained for several months, with a tendency to œdema of the feet and legs after fatigue. No unpleasant symptom was produced by the acetate of lead.

Dr. Sutherland conceived that this disease depended essentially on a debilitated state of the capillary vessels; while Drs. Arnoldi and Badgley, admitting this as a consequence, argued that a change in the quality of the blood itself was the primary cause of this singular disease.

Dr. Arnoldi related to the Society the particulars of a highly interesting and most curious case of vicarious menstruation, which he had seen, as well as another member of the Society, while in Edinburgh, where purpura and bloody extravasation on the skin were present for several months, and which had attracted the particular notice of the late Professor Duncan, and some others of the Professors of that University.

Dr. Fraser mentioned the case of an elderly man, in whom purpura came on apparently as a

sequence of asthma.

Drs. Crawford and Godfrey also alluded to the occurrence of purpura in two children, of the same family, aged seven and three years, during the existence of small pox and typhus fever.

NOTICES TO CORRESPONDENTS.

Dr. Horace Nelson's case of Scrotal Hernia in our next number.

Dr. C. Carter's "Remarks" are unavoidably postponed until next month, from press of matter.

"Z."—Want of room must account for the non-appearance of the continuation of his article.

"A Subscriber" is informed, that it is our intention, on completing the twelve numbers, constituting a year's volume, to transmit to each of our subscribers, not only an index of contents, but also a title page;—that the work may be bound.

"W. A. R. G.'s" communication in our next.

Dr. Déchène's letter Rimouski—has been received—he shall hear from the Editors with the least delay possible, in the mean time they offer him their best thanks.

ON THE PREPARATION OF VINUM FERRI.

BYM. DONOVAN, ESQ.

Take of the best hock one pint; common rust of iron of the shops well levigated, two ounces. Introduce both into a matrass, which plunge into a water bath maintained at the temperature of 100°. Constantly agitate the matrass for an hour; then remove it from the water, and the next day filter. The colour of this vinum ferri is a very deep greenish brown, almost black when the volume is great; its taste is ferruginous, agreeably and highly vinous; it produces a pleasant warmth in the stomach, and never sickens. In its effects it must be tonic, diuretic, emmenagogue, anthelmintic, and carminative. It does not, in a moderate dose, excite. No other wine than hock will afford a preparation possessing these virtues. The dose for an adult may be three or four drachms thrice a day; in smaller doses, it is of little use. If it is to be exhibited in combination with a bitter, it agrees well with colombo or gentian. By this method, in one day, we obtain a far better preparation than is procurable by the processes of the pharmacopœas in two months. The iron exists in it chiefly in the state of protoxide.—*Dublin Medical Press.*

MEDICINES ADMINISTERED BY THE NOSE.

BY DR. NELSON.

Having, for several years, been invariably successful in administering medicines through the *nose*, when the powers of deglutition were totally lost, as well as when medicines have been rejected either through imbecility or obstinacy, and where it was impossible to introduce any in consequence of the tetanic state of the jaws, without having recourse to the barbarous practice of knocking out several teeth, I deem it a duty incumbent upon me to make the procedure known to the profession, as I am not aware that a similar method has hitherto been observed, at least in the human subject. I have adopted the same plan in suspended animation, or asphyxia, with astonishing success—life having been restored, even when its last spark was almost extinguished, and death seemed complete. I shall very briefly state a few cases.

A stout, plethoric girl was taken with convulsions, shortly after a full meal at supper. The family physician was called in, but the convulsions were so violent, and the *jaws* so firmly locked, that he could not introduce any medicine into the mouth. Attempts at bleeding were made; frictions, sinapisms, sprinkling of cold water, &c. &c., were used, to no purpose. At 11, P. M., I was called in. Never had I seen a more violent case of hysterical convulsions—the friends apprehended speedy death. Twenty grains of pulv. ipecac, with 1 gr. potassio-tart. ant. were mixed in a spoonful of water. This was poured into the nostrils, and passed down, as was manifest by the action of the throat. Immediately after, $\frac{1}{2}$ drm. spt. ammon. arom., undiluted, was sent after the other; this produced a marked uneasiness; sneezing followed, but soon ceased. The fits returned, and the aromatic spirit was repeated, at least ten or a dozen times. The face gradually lost its livid hue, the patient became more tranquil, and in twenty minutes the “jaw fell,” and copious vomiting of much acid and undigested food followed. The next morning my patient was up and about to the astonishment of all, and well, save a tenderness in the nose and some heat in the fauces.

Not long after the occurrence of the preceding case, I was requested to see a fine, and most completely “spoiled child,” four years old. Speedy vomiting seemed to be indicated; 10 grs. pulv. ip. and gr. i. of tart. ant. were repeatedly forced into the mouth, and as often spurted out in the faces of the assistants—holding the head back, and ample pinching of the nose, notwithstanding. Seeing this, a similar dose was prepared in a spoonful of water, and poured into the nostril. This readily passed into the stomach, maugre the efforts the urchin made to send it whence it came. The medicine had the desired effect, and, I take it, saved the wayward child. After this, the little vixen was ready enough to take medicines in the right way.

Last summer I was called in haste to a sailor, who had fallen into the river, and had been under water “upwards of ten minutes,” as affirmed by the Captain and by-standers. He had all the appearance of being dead—the face bloated and livid, the mouth filled with froth and mucus. Another practitioner had preceded me, and was industriously occupied in rubbing the body, which was cold and exposed to the air. He was immediately wrapped up in warm blankets, and under these dry mustard was abundantly rubbed over the whole surface, while I was busily employed with the spt. ammon. arom., first pouring $\frac{1}{2}$ drm. down the nostril, then dipping a quill, saturated with the *aqua ammoniæ*, and which was thrust down the nose as far as could be reached. This caused some motion—the face became a little florid, a feeble attempt at sneezing was evident—then an attempt to cough, but in a moment after, all was again still; but by persevering in this course for fifteen minutes, the man sneezed forcibly. From this instant it

was easy to produce excitement. Thirty grains of pulv. ipecac., mixed with water, was now poured down the nose. In about ten minutes vomiting occurred; much mucus, and the remains of a half-digested dinner, came up. In one hour he was partly conscious; he was then bled ℥ xvi., followed by suitable aperients, &c. &c., and in a few days, to use his own language, he “would be quite well, if it was not for the infernal burning and itching of the skin (caused by the mustard,) and the thump on the head,” for he struck it on a plank while falling into the water.

A few months since, I was called to a man stated to be dying, from the effects of an extraordinary portion of whiskey he had just taken. He was cold and clammy; the face and the extremities quite blue; mouth filled with froth; breathing nearly suspended, and pulse countless. He had all the appearances of one in *articulo mortis* with Asiatic cholera. Not having a stomach pump at hand, and not having time to wait for one, as life was nearly gone, thirty grains of pulv. ipecac. were at once mixed up and poured down the nose, as nothing could be passed through the mouth; and the slight effort to swallow led me to think it was trickling down the throat. Immediately after, ½ dr. spt. ammon. aro. was poured into the other nostril; this caused manifest uneasiness, but nothing more. Another portion was administered, which produced some wincing. A long quill, well saturated with the common aqua ammoniac was repeatedly thrust in through the nose. An effort to sneeze, then a cough, and then a good hearty sneeze, assured me that the topor was entirely gone. Nausea soon became apparent, vomiting followed, and in two hours the wretched man had knowledge enough to ask where he was, and the next day was sufficiently well to take the temperance pledge.

An athletic man, raving mad with *delirium tremens*, to whom it was impossible to give any medicine by the mouth, was in two hours in a state of tranquility, having swallowed through the nose one grain ext. belladonna, two grains of pulv. ipecac., and three grains pulv. opii, mixed with water in a spoon.

I am by no means an advocate for the constant and indiscriminate exhibitions of medicines in this manner. I am even apprehensive, that the liquid thus introduced might *occasionally* pass into the trachea, and produce considerable distress. But where no other means are left, I am decidedly of opinion that the plan above stated should be employed, and I feel satisfied that life might be restored in many cases when otherwise it would be lost; at the same time, I am free to state, that in no instance could I detect any injury resulting from the practice.

When the powers of deglutition are lost, or a spasmodic affection of the throat, or rather of the fauces, exists, as in *hydrophobia* especially, I would strenuously recommend the above practice. And in *asphyxia*, I am satisfied no more effectual nor more prompt means could be used to excite respiration. In all cases where persons are strangled, as it were, from inhaling noxious and poisonous gases—such as are given out from putrefying vegetable and animal substances, after having been closely pent up and suddenly loosened, bodies recently interred, privies long closed and then uncovered—or from breathing carbonic acid gas in brewers’ tubs, and in deep and foul wells, or in close rooms where charcoal has been burned, I would suggest that the aq. ammon. be applied to the nostrils, and as far down the throat as possible, by means of a strong and long feather. A writing quill I have found to answer admirably well, and in the absence of any of these things, I pour the ammonia from the phial; and if there is the smallest vitality left, it will be called into action by thus irritating the extremely sensible Schneiderian membrane, which will at once call the respiratory organs into activity. I shall not dilate on the above, but leave theory and speculation to such as have more time and talent. I have dealt with facts, and flatter myself on having made known a treatment that will be found available in some of the desperate and most melancholy cases that have but too often baffled the best attempts

of able and humane men by other means. Let it be remarked, however, that while these powerful measures are resorted to, other and obvious adjuvants are not to be neglected.—*Boston Medical and Surgical Journal.*

ACETOUS EXTRACT OF CANTHARIDES.

Mr. Saubeiran has published the formula for a blistering preparation which is a good deal used in many parts of Germany. It is prepared by digesting with a gentle heat four parts of coarsely powdered cantharides, one part of concentrated pyroligneous acid, and sixteen parts of alcohol, filtering the mixture, and slowly evaporating the fluid. The product has the consistence of butter, and if smeared on a piece of paper and applied to the skin, will be found to raise a blister in a short time. The consistence of this preparation, and more especially the presence of the acetic acid, suffice to prevent the cantharidine from crystallizing, a result which always takes place with the etherial extract, and constitutes a great objection to its use. —*Medical Times, December 16, 1843.*

The vesicatory plaster sold in this city at the Medical Hall, must be made of a preparation, similar to, if not identical with, the one here described. It seldom fails of producing vesication in four or five hours. [*Editors Montreal Medical Gazette.*]

ON THE PRESERVATION OF FERRUGINOUS PILLS.

BYM. SIMONIN, OF NANCY.

The following method is said to have the effect of preserving ferruginous pills in an unalterable state, and maintain their proper consistence, which is not obtained by the ordinary formula:

Take pure protosulphate of iron,
pure subcarbonate of potash, of each equal parts.

Reduce separately into a fine powder, then mix and triturate together until they begin to liquefy. Add a sufficient quantity of clarified honey to render the mixture completely liquid. Place the mortar on a very slow fire, and constantly triturate until the mass assumes a pilular consistence. Preserve in a pot or divide into pills.

Bulletin Général de Thérapeutique. Janvier 15 et 30, 1841.

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TRANSCRIBER NOTES

Obvious printer errors have been corrected.

Tables have been reformatted to improve readability. On page 36, decimal notation has been used in place of separate columns of units and tenths, in order to reduce the width of the table.

Inconsistencies in spelling and punctuation have been preserved.

[The end of *The Montreal Medical Gazette, Volume 1, Issue 2* by Francis Badgley/William Sutherland]