

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.*

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ON DIABETES MELLITUS.

BY DR. VON IFFLAND.

Few diseases have more excited the particular attention of Physicians, and have more frequently been made the subject of particular enquiry, than Diabetes Mellitus.

It is a disease, the nature and causes of which are so obscure and uncertain, that the most accurate Physicians have been unable to

determine them; and so obstinate in its resistance to almost every mode of cure, that every means, which long experience has ever recommended, or theories suggested, have failed.

It may, however, be observed that several important circumstances, as are well known to the body of general Practitioners, induced the late Dr. Rollo, holding high rank in the Ord. Medical Department, to publish the result of his experience and observations on this interesting disease; and whatever opinion may be entertained of his theory, till now unconfirmed by the concurrent testimony of other eminent Physicians, the well attested facts he adduces are certainly entitled to great attention, and also confer a considerable degree of value on his labour.

The symptoms which generally characterise this extraordinary disease, are, excessive thirst, voracious appetite, tongue white and moist, saliva frothy and sweet, countenance florid, skin dry and cold, pulse weak; great sense of pain after eating; gums reddish, and bleeding from the least friction, and a *great discharge of urine*, which by

evaporation may sometimes produce about an ounce and even an ounce and a half of saccharine matter to every pound evacuated, tenacious and of the consistence of wax—strongly smelling of molasses, and which extract is well known, when mixed with Nitrous Acid, to produce the Oxalic Acid, and which, in appearance, smell and taste, can scarcely be distinguished from honey. These symptoms I have, however, seen to vary much in certain cases, particularly the tongue, which is sometimes found very foul, with bright scarlet edges, and the salivary excretions, mawkish, sweet, and sour—the urine, at times, very pale, and at others, of a pale straw colour—and the skin slightly hot.

Two views generally present themselves to the Physician, viz: the one as depending primarily on a changed process in digestion, and, the other, on a primary action and condition of the kidneys—on the former one, Dr. Rollo, depended entirely, and established his treatment accordingly; confirmed in that opinion, by the appearance of the stools, the taste of the salivary discharge,—the phenomena of the blood, and the wasting of

the general system—these, he thinks, mark a general disease, depending on a changed and peculiar state of the stomach, by which sugar or matter possessing saccharine properties is copiously formed with a defect of assimilation.

The serum apparently containing less saccharine matter than the urine may depend, he supposes, on the power of the kidneys in separating saline substances; and, that the action of the kidneys becomes increased from the stimulus—the painful state of the kidneys is attributed to the long continuance of this increased action. The object of the treatment, therefore, was to destroy the saccharine process going on in the stomach—to promote a healthy assimilation—to prevent a supposed increase of absorption by the surface—to diminish the increased action, and to change the imagined derangement of the kidneys. To answer these indications, a Diabetic patient, of high military grade, appears, with all the symptoms of the disease,—a diet of animal food was strictly enjoined—total proscription of every vegetable substance,—a drachm of Potassæ sulphuret to be taken daily—the skin

to be anointed with Hog's lard—exercise to be avoided—antimonial wine with opium to be taken at night—an ulceration, about the size of half a crown to be formed opposite to each kidney—and, the bowels to be kept open by Aloes and Soap. This plan was pursued, with some trifling variations, for five months, when the patient was considered as perfectly cured.

This, with another case, less favorable in its result, seems to have drawn the laborious and industrious Doctor into many general and comparative inferences, and upon which were formed his practical and theoretical conclusions so far back, as fifty years. Yet, from these, we can scarcely arrive at the general conclusions of himself and his contemporary converts, *That the Diabetes Mellitus, is so far understood, as to be successfully cured.*

From the experiments, however, of the late Mr. Cruickshank on sugar, and even of Abernethy, we are led to the utility of the remedies employed on Dr. Rollo's principles, and particularly, such pure Alkalies as cannot but counteract the formation of saccharine

matter in the stomach; and, the necessity of a diet, consisting entirely of animal food.

The most respectable Reviewer, at the time Dr. Rollo's work was submitted for his critical analysis, expressed a conviction, that the Doctor's history of the disease was undoubtedly, the best and most accurate that we were in possession of. The circumstances, whether making for, or against the author's theory, are related with the greatest fairness and candour. Relying on this disposition, then, we shall not scruple to confess, that, notwithstanding the variety of the facts, and the great probability they undoubtedly afford to the theory, we feel considerable difficulty in according with his opinion. We are far from thinking that the question, respecting the primary seat of the disease, is satisfactorily determined, in favor of either hypothesis. Many facts, and much attentive observation are wanting to decide this point. From the most attentive consideration of all the circumstances, the weight of evidence appears to lean in favor of the supposition of Diabetes depending on a primary affection of the kidneys; others, no doubt, as facts happen

to strike them, will join the author in his conclusions. The final determination of the question must still remain *sub judice*.

That there is considerable affection of the kidneys in all instances of the disease, has been allowed. (In two post mortem examinations, wherein I chiefly directed my attention to the state of the kidneys, I found them much enlarged and lax and also, producing a strong sour smell.) The intimate connexion of the stomach and kidneys is well established, and, that an affection of either should occasion irregularity in the action of the other, can be easily conceived. So far, therefore, the irregularities of appetite and digestion, may as well depend upon kidney affection, as the contrary. The dry tongue, and other marks of increased action in the system, are also referable to a morbid state of the kidneys; and this could not be inconsiderable, if it was sufficient to excite pain, and a sense of uneasiness, not in the loins only, but through the whole course of the urinary organs. With respect to the production of Sugar in Diabetes, the question is, where is it formed? If in the stomach, then

ought it to be evident in what is thrown up, at a certain stage of digestion, which has never been shewn. If the kidneys merely separate it from the blood, along with the other saline matter, the serum of the blood should shew it more strikingly than it ever appears to have done. There can be no difficulty in supposing the kidneys capable of forming or secreting sugar, under a peculiar action. We find the breasts separating, or rather forming this substance copiously: it is not probable, as has been supposed, that the milk is a portion of the Chyle merely, for milk is secreted freely long after eating; and, there is a considerable difference in the properties of the two fluids. Is not the milk of carnivorous animals as sweet as that of the herbivorous tribe? Is a diseased state of the kidneys ever produced by large quantities of sugar being taken as food, as is the case in the West Indies—and, does the urine in such cases contain sugar? These questions, if answered, would probably throw some light on the subject.

I have so far extended my observations—observations, for which in a great measure, I remain indebted to others. It is, however, a

disease so fatal in its consequences, and so baffling to the application of the attributes of our exalted Science, that I almost despair of offering any strictly remedial suggestions. Yet, this extraordinary disease having proved fatal to a very near friend,—a personage, the most illustrious and popular throughout the British nation, my attention has been engaged for upwards of twenty-five years upon the subject.

I shall now proceed to offer one or two cases, out of a great number which have fallen under my immediate care—and bearing as nearly as possible to the indications of a favorable result. These, I shall also premise by a few observations.

*(To be continued in our next number.)*

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## TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—In compliance with your request, I have the pleasure of furnishing you with notes of two cases of Ramollissement of

the brain, which I related at a meeting of the Medico-Chirurgical Society. The subject is one full of interest, and still in much obscurity, although considerable light has been thrown on it, by the researches of recent pathologists.

I am, Gentlemen,

Your obedient Servant,

J. CRAWFORD, M.D.

St. James' Place, 20th Feb. 1845.

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Mr. C. a young gentleman 17 years of age, tall and thin, of particularly quiet and temperate habits, and generally in the enjoyment of good health; but occasionally liable to headach: received a blow on his forehead, from a light piece of wood, which was swinging from a part of the apparatus in a Gymnasium on the 17th of January last.— He felt slightly stunned for the moment, but was not knocked down; a headach followed immediately afterwards, to which he did not pay much attention; next day (although the headach still continued,) he visited the gymnasium, but did not feel himself equal to take part in the amusements; on the 19th he

went for a short time on snow shoes; the exercise, however, increasing the headach, he soon returned home. On the 20th he took a dose of salts, which he supposed turned his stomach, as vomiting came on, and returned at intervals during that day; next morning, the headach continuing with irritability of stomach, I was desired to call and see him; he then complained of headach, principally in the forehead, and left temple, of a throbbing character, aggravated by even a slight noise, intolerance of light, and some degree of nausea, skin cool, pulse 60 small, pupils natural, countenance not indicating any suffering, and free from flushing, or unusual heat. He got calomel grs. X, and was desired to apply cold water and vinegar to his forehead; 22nd, did not sleep much in the night, the headach and pulse as before. Infus., Senna-c., Mag. sulpt. oz. ij., 2nd quaque hora ad effect, applic hirudines vi. tempori sinistro, et vesicat, nuchœ; 23rd, some relief from the headach, which was only transient, pulse 60, repetantur hirudin 12. tempori; the calomel in doses of gr. vi. was ordered every 4th hour, his hair to be cut short, and the cold

applications continued, as the temperature of the head was rather above the natural standard; no febrile indications, nor thirst, countenance at ease, pupils irritable, but not contracted, felt his head light, and himself weak, when he got out of bed; 24th, passed a quiet night, but did not appear to sleep much, pulse only 46, small, weak and unequal, skin cool, headach as before, bowels confined. Doctor Campbell saw him with me to-day. Several attempts were made to get blood from his arm, but in consequence of the smallness of the veins and languidness of the circulation in the superficial vessels, scarcely any was got; in like manner opening the temporal artery was in a great measure ineffectual, leeches were repeated to the head, which was shaved; sinapisms to his legs, and the calomel continued every three hours, with small quantities of nitrate of potash, a drop of croton oil was also given, which freely opened his bowels; 25th, there was little change during the day, in his symptoms, or treatment, his pulse being about 60—the heat of his head and intolerance of light rather increased, the calomel, leeching and cold

applications were persevered in; 26th, he appeared much better, some saline aperient medicine being all that was given to-day; in the night he was worse, head hot, face flushed, raved occasionally. 27th, pulse 60, unequal and small, pupil contracted, face flushed; could not make known his wants so readily, and complained that he forgot words,—several sinapisms were applied to his limbs, and while they were being taken off, he had a short but strong rigor, the calomel in doses of a scruple every four hours, and the leeches to be repeated as before; during the day he lost the power of articulation, although he was, however, perfectly intelligent, and understood, and did every thing required of him; he also appeared to lose the power of protruding his tongue, although he moved it freely in his mouth, a slight convulsion of the muscles of the left side of his face appeared for a short time,—the pulse rose to 100, and became fuller, the circulation in the temporal artery strong,—36 leeches had been applied, during the course of the day; about ten ounces of blood were now taken from the temporal artery—these means appeared to produce a

decided good effect, pulse fell to 80, and assumed a more natural character; he slept better during the night, and next day he appeared to be going on well, and in the evening was so much improved, that good hopes of his recovery were entertained, when about 11 o'clock p.m. he was seized with a violent convulsion, after which his right side became hemiplegic, and for some time the flexors of the right leg were in strong spasm, causing him much distress, he slept little during the night, vomited several times a quantity of green fluid, and passed his motions under him, hiccup occasionally troubled him, some thirst, pupils rather dilated; he still however appeared conscious, and sensible; during the night a sinapism was put on the epigastrium, and blisters on the temples. He continued much in the above described condition, till 5 p.m. of the 30th, when he died.

On opening the calvarium, the vessels of brain were found very turgid with blood, and a considerable effusion of lymph appeared under the arachnoid membrane, which in several limited places had a puriform

appearance; the substance of the brain was generally firm, and very vascular, the ventricles did not contain any unusual quantity of fluid; about two ounces of bloody serum escaped when the brain and cerebellum were removed from the cranium; in the left anterior lobe of the cerebrum, a large reddish brown mass resembling in colour port wine was observed, the substance of the brain in immediate contiguity being soft, and streaked of different colors, varying between yellow, reddish, and the natural appearance. The red mass which on a superficial view appeared like a clot of effused blood, on closer inspection, proved to be blood still confined to the vessels, which when torn, gave out their contents, in minute drops; the mass appeared also capable of being (as it were) unravelled, not unlike the substance of the testes.—The preparation when put into spirits, lost much of the character of ramollissement, but still retains many interesting and distinctive characters. Surrounding the red or brownish mass, several portions of the brain are occupied by petechial or haemorrhagic patches, like

purpura haemorrhagica, the vessels still confining their contents and showing thro' the white medullary substance, others appear to exhibit a granular appearance. The lower surface of the affected portion of the brain which rested on the sphenoid and frontal bones, felt soft to the touch, like as if an abscess occupied it, and a spot of puriform looking effusion, larger than those on the superior surface of the hemispheres, was observed under the arachnoid in the sulcus, which divides the left anterior from the middle lobe.

We have in the above case a most satisfactory proof of the occasional origin of ramollissement in acute inflammation; the direct and immediate consequences of the injury (altho' slight) continuing their fatal course, till the autopsy exhibited unquestionable pathological evidences of arachinitis, as well as of ramollissement of the substance of the brain, these conditions were not indicated by the character of the pulse, or animal temperature, which if depended on as diagnostics would not have suggested a sufficiently active antiphlogistic

plan of treatment.

A case of a more chronic character occurred a few years ago in a man about 30 years of age, stout and full person, and short neck, the purser of a steamboat, steady and temperate in his habits. He had been subject to Epileptic attacks for five years, which was an hereditary complaint in his family; 7 or 8 months previously to his death, he had suffered much from a severe and constant headach, principally in his forehead and temples, and for the last four months, his eye sight had been failing, the left eye being first affected; about a month after he observed his sight failing, his hearing also became dull, these affections were both subject to occasional exacerbations. At the time I first saw him, he could scarcely make his way from the defect of his sight, and he was so deaf that he required to be spoken loudly to, in order to make him hear; his gait was tottering, his countenance dejected and stupid looking, brows frowning, his memory considerably impaired, and he found much difficulty in recollecting words, often using wrong ones, of which he was fully sensible,

pulse and respiration natural, no throbbing of the temporal arteries, nor apparent determination to the head, appetite good, and his tongue clean.

The impossibility of his making himself understood, obliged me to learn his history from one of his relations, when I found he had been under an occasional, but inefficient treatment. He was freely cupped, and took an alterative, apparently with manifest benefit. This treatment was only repeated three times, when he found his headach nearly quite gone, his hearing much improved, and his sight so good, as to enable him to distinguish letters, for some days subsequent to this, the treatment was discontinued, when his symptoms becoming worse, it was again had recourse to, with the same marked beneficial effects, and he was so much improved, that on the night previous to his death, (about a fortnight after I first saw him,) he played cards with his family the whole evening, and *also indulged in a hearty supper of beef steaks*. In the night he was seized with severe pain in his head, which continued during next day, accompanied by vomiting; his temporal

artery was opened, and an emetic given, with slight benefit; towards evening he grew worse and became in some degree insensible, the cupping was repeated, and sinapisms applied to his legs.—He died a few hours after, without a struggle.

The autopsy showed the vessels of the brain and meninges, very turgid with blood, a small spiculum of the bone was attached to the falx, about two ounces of fluid in the lateral ventricles, the right one being much distended, the pes hippocamp of that side hypertrophied apparently to twice its natural size. The left anterior and middle lobes of the brain very soft, and of a mixed reddish color, like some putrid muscle, the cortical and medullary portions being in a great measure blended, or confounded together; the convolutions of these lobes appeared separated and unravelled. A portion of the diseased anterior lobe pressed on, and appeared, united to the decussation of the optic nerves, a small hydatid was found in the substance of the posterior lobe.

It is curious that with the extensive ramollissement which existed, there was

neither convulsion, nor paralysis of any of the muscles, with the exception of the general tottering, which was only occasional, the difficulty of expressing himself depended entirely on the defect of memory—which was a remarkable phenomenon in both of these cases.

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## MESMERISM—MISS MARTINEAU'S CASE.

[The following, from the London Lancet, exhibits the opinion of the editor of that work respecting Miss Martineau's case, and also a portion of her own statement.]

"After the unequivocal, and almost unprecedented, exposure to which the fraud of mesmerism was subjected, under our own immediate guidance and inspection, we did not consider that it would again be necessary to notice such a piece of arrant trickery and scandal in our columns; but a proper feeling of gallantry demands that we should not pass unnoticed the literary production with which

that well-known lady, Miss Martineau, has favored the profession and the public, in the number of *The Athenæum*, journal of literature, for November 23rd. Miss Martineau, it appears, has long been an implicit believer in the powers of "mesmerism," and yet omitted to resort to that art for aid, although laboring, as she believed, under an incurable disease, during a confinement to her room of four-and-a-half years' duration—a circumstance which seems to us to be entirely inexplicable, and renders the statement of her sufferings for so long a period, and her firm belief in the efficacy of the remedial agency of mesmerism, utterly inconsistent and irreconcilable. If Miss Martineau had been considered to be a quack in politics and literature, her present performance might have been regarded as unworthy of attention. It might have been considered, that in producing the essay now before us, she had not manifested any unusual extravagance of thought, pretension, or feeling. But, inasmuch as she has attracted much notice, and the opinions of the world are strongly divided as to her mental and

literary labors, we apprehend that her recent performance in mesmerism will be attended with a different result, and that only one opinion will, or can prevail concerning its true nature and objects. To the sober judgment then of our medical readers, we commit the following extracts from an essay on mesmerism, by an aged maiden lady:—

"One very warm morning in August, when everybody else was oppressed with heat, I was shivering a little under the mesmeric influence of my mind—the influence, in those days, causing the sensation of cold currents running through me, from head to foot. 'This cold will not do for you, ma'am,' said M. 'O!' said I, 'it is fresh, and I do not mind;' and immediately my mind went off to something else. In a few minutes I was surprised by a feeling of warm water trickling through the channels of the late cold. In reply to my observation, that I was warm now, M. said, 'Yes, ma'am, that is what I am doing.' By inquiry and observation, it became clear to me, that her influence was, generally speaking, composing, just in proportion to her power of willing that it should be

so."—*Athenæum*, No. 891, pages 1071 & 1072.

"As the muscular power oozes away under the mesmeric influence, a strange inexplicable feeling ensues of the frame becoming transparent and ductile. My head has often appeared to be drawn out, to change its form, according to the traction of my mesmerist, and an indescribable and exceedingly agreeable sensation of transparency and lightness, through a part to the whole of the frame, has followed.—Then begins the moaning, of which so much has been made, as an indication of pain. I have often moaned, and much oftener have been disposed to do so, when the sensations have been most tranquil and agreeable. At such times, my mesmerist has struggled not to disturb me by a laugh, when I have murmured, with a serious tone, 'Here are my hands, but they have no arms to them:' 'O dear! what shall I do? There is none of me left!' the intellect and moral powers being all the while at their strongest. Between this condition and the mesmeric sleep there is a state, transient and rare, of which I have had

experience, but of which I intend to give no account. A somnambule calls it a glimmering of the lights of somnambulism and clairvoyance. To me there appears nothing like glimmering in it. The ideas that I have snatched from it, and now retain, are, of all ideas which ever visited me, the most lucid and impressive. *It may be well that they are incommunicable*—partly from their *nature* and *relations*, and partly from their *unfitness for translation into mere words*. I will only say that the condition is one of no 'nervous excitement,' as far as experience and outward indications can be taken as a test. Such a state of repose, of calm translucent intellectuality, I had never conceived of; and no re-action followed, no excitement but that which is natural to every one who finds himself (query, *herself*) in possession of *a great new idea*."—*Idem*, page 1072.

[The following letter from Dr. Robert Hull, of Norwich, where Miss M. resides, has more recently appeared.]

"This admired writer has, however, thought right to announce her case publicly as one of successful mesmerism—and the

interests of truth and society compel the antagonists of this medical heresy to analyze, so far as possible, the history, and falsify the conclusion, that, because the patient is well, the mesmeric aura hath effected her cure. Now, although the laudable delicacy of this extraordinary lady hath suppressed the details of her malady, yet I have a right to assume that the circulated whispers were well founded, and that the malady was abdominal tumor. Here (in Norwich) this celebrated author is so well known that her age can be no secret; and her amiable and simple character would render her careless to conceal it. And she will not be surprised, therefore, nor angry, if she is told, that she has been laboring under the climacteric disorder of her sex; that this often produces a physcony of the abdomen, with oppression and universal languor; that in such circumstances the single woman is terrified with ideas of cancer, dropsy and organic diseases; the married lady fancies she is about to multiply the species, and her fond husband provides a doctor and the nurse. A case of this kind is reported in the person of a Mrs.

Trunnion, by Dr. Smollet; and instances of the first-named deception in spinsters are daily occurring. But nature goes through her proceedings; the abdominal tumefactions subside; and when the climacteric period has passed, women often enjoy better health and longer life than the other sex. In this particular case of our popular townswoman let not the mesmerizer triumph! The success was due to the natural process, aided by the vigor obtained from faith and hope. Hence energy, exercise, air, *omission of opiates*—and it seems to me that this delightful result would have been earlier effected—I mean the natural cure—had not the patient become, from her own confession, a complete opium-eater. She had poisoned herself for years with this exterminating drug. To conclude: my firm persuasion is, that this vaunted case is one of thousands, in which the mind has relieved the body from *functional*, not organic, disorders; while ladies of a particular age will do well *not* to applaud Mesmer for the cure of their peculiar symptoms, which time and the physician will generally cure, unless baffled by pernicious treatment; and

that young ladies should be especially careful to eschew this revived foolery, which in many instances hath created, instead of relieved, tumors of the abdomen."

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A MESSIEURS LES ÉDITEURS DE  
LA GAZETTE MÉDICALE DE  
MONTRÉAL.

MESSIEURS,—Sachant par avance, votre obligeance à élucider tous les sujets d'embaras professionnels qui vous sont soumis, je prends aujourd'hui occasion de soumettre à l'impression, dans votre intéressant Journal, les quelques réflexions suivantes, en vous priant de donner toute l'expansion possible à chacune de vos remarques; si toutefois vous trouvez la teneur de cet écrit digne d'insertion.

Vous obligerez, infiniment

Votre obéissant serviteur,

ED. BOUDREAU, M. D.

1<sup>o</sup>. Que doit faire l'accoucheur dans une présentation du bras, en totalité, hors de la

vulve, avec portion du cordon ombilical, lorsque les contractions utérines se succèdent bien rapprochées et que la femme a sa pleine vigueur.

2°. L'accoucheur doit-il temporiser pendant huit à neuf heures dans l'attente de quelque changement dans la présentation, ou procéder à l'accouchement *par version*, après ample connaissance de la position fœtale in-utero, surtout à la suite d'une hémorrhagie abondante?

3°. Des suites d'une hémorrhagie d'environ trois livres, s'opère-t-il un relâchement dans l'appareil musculaire de l'Uterus? et de là n'est-il pas à présumer que le col utérin soit assez dilaté ou dilatable, pour permettre l'introduction de la main, et tenter de suite la version?

4°. N'est-ce pas de l'impéritie ou du cynisme le plus grossier, que de décider d'accord avec une sage-femme, qu'il n'y a que la *Craniotomie* ou le démembrement de l'enfant, dans un cas de cette nature après avoir épuisé, suivant eux, toutes les autres ressources que fournit de nos jours, la science

des Accouchemens?

Ne se croit-on pas, pour un instant, à de telles suggestion, au centre de l'ignorance la plus littérale des vieux siècles, où l'on n'envisageait qu'avec effroi une telle présentation, et persuadés qu'on ne pouvait délivrer la femme sans mutiler le fruit, on tordait, on morcelait inhumainement l'extrémité dans son articulation?

5°. Je vous demanderai s'il est logique de croire et de décider que la Craniotomie soit faisable dans une présentation du bras?

6°. Peut-on redouter des suites fâcheuses, résultant de la version, lorsque les manœuvres ont été des plus soignées, l'accoucheur n'opérant les évolutions *in utero*, que d'après l'assurance de la malade elle-même, qu'elle ne souffrait nullement et qu'elle avait toute la force nécessaire?

7°. Peut-on présumer une rupture de l'Utérus, lorsqu'après être débarrassé de son contenu, il y a parfaite contraction dans tout le globe utérin, la manipulation en donnant la certitude?

8°. Ne doit-on pas avec plus de raison

appréhender les suites de couche, comme cause mortelle, la malade étant couchée dans un appartement bien froid, pâle, froide et vertigineuse sans douleurs aucunes?

9°. Etait-il prudent d'administrer des opiates dans l'état précité de la malade, et de l'abandonner ainsi aux soins de gens sans expérience, sans restaurants quelconques?

Quels dangers peuvent résulter d'une mauvaise administration d'opium dans des cas d'inertie de l'Utérus?

Malbaie, ce 11 Février 1845.

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A ED. BOUDREAU ECUIER, M. D.

MONSIEUR,—En réponse à votre communication contenant plusieurs interrogations en référence à ce que l'accoucheur doit faire dans un cas de "présentation du bras en totalité hors de la vulve avec protrusion du cordon ombilical" etc. etc.

Nous avons a remarquer que toutes les autorités de renommée disent qu'il faut délivrer par les pieds, et cela aussitôt que possible, surtout si la pulsation du cordon est encore sensible. Mais nous présumons d'après

les faits contenus dans vos interrogations que non seulement la pulsation dans le cordon avait cessé, mais aussi, les eaux avaient été entièrement évacuées, en autant que vous ajoutez que "les contractions utérines se succèdent bien rapprochées." Il est un fait à l'égard des contractions utérines dans tels cas, c'est que l'utérus n'étant plus distendu par la liqueur amnii, il reste, dans un état de forte contraction, même pendant les intervalles des douleurs contractiles.

*Denman* en 1772 a remarqué que dans certains cas rares il arrivait ce qu'il nomma "l'évolution spontanée du Fœtus" par lequel dans un cas de présentation du bras les fesses descendaient dans le bassin; et plus récemment en 1811 le Docteur Douglas a fait la remarque, et le Dr. Gooch l'a plus récemment corroborée que "l'évolution spontanée," de *Denman* est plutôt une "expulsion spontanée," car ils disent que dans tels cas le bras ne monte pas, au contraire, il avance aussi bien que l'épaule sous l'arcade pubienne, le côté du thorax se forçant sur le périnée "et se montrant de plus en plus extérieurement," et qu'enfin "le côté du

thorax, de l'abdomen, et des fesses passent l'un après l'autre, faisant une glissade énorme sur le périnée, jusqu'à ce que les fesses et les jambes furent complètement délivrés." Mais aussi faut-il bien se garder de ne pas trop se fier à tel événement, même là où l'opération de tourner l'enfant serait difficile ou même dangereux, car il ne faut jamais se dispenser d'en faire l'essai, tant que la situation de la femme le permettrait. "L'expulsion spontanée est toujours plus ou moins dangereuse à la mère, et presque certainement fatale à l'enfant." Si, comme dans le cas que vous citez dans vos interrogations, il y a non seulement prolapsus du cordon, mais aussi une hémorragie abondante, le temps devient précieux, et l'accoucheur devrait procéder sans délai à chercher les pieds—mais en faisant cela, il ne faut pas qu'il essaie à remonter le bras—encore moins sera-t-il nécessaire de l'amputer à l'épaule.

Quand à votre interrogation en rapport à l'opération de "*Craniotomie*" dans un cas de "présentation du bras", en totalité hors de la vulve, nous ne pouvons pas en concevoir la possibilité.

Ce qui nous semble assez semblable à votre cas, en en exceptant l'hémorrhagie, est ce que dit le Dr. Merriman. "Il pourrait se faire, que les eaux out été évacuées bien de bonne heure, que l'os uteri est plus ou moins dilaté et que les douleurs sont fréquentes, et bien fortes. Dans de telles circonstances il serait probablement inutile de tenter l'opération de tourner, et l'essai serait accompagné de grand danger pour la mère. Alors il ne reste rien à faire que de guetter la malade attentivement, et d'attendre ou jusqu'à ce que l'utérus s'étant épuisé par de vains efforts à expulser l'enfant, devient torpide, et incapable de s'exercer d'avantage; ou il faut diminuer la vigueur du système par la saignée et autres moyens déplétants, ou diminuer l'action utérine par une forte dose de Laudanum." Le Dr. Hamilton recommande ce dernier moyen, et donne 80 gouttes pour une dose. Mais si, en conséquence de l'empactement de l'enfant, ou de la rigidité des parties de la mère, et si surtout celles-ci deviennent enflées et enflammées; si les efforts de la mère deviennent épuisés, et que la faiblesse survienne; si l'essai de tourner

l'enfant a été tenté judicieusement sans effet, il ne nous reste pour choix que l'opération *d'Embryotomie*.

Par ces remarques nous croyons avoir répondu à ce qui regarde spécialement le cas en question, quand à votre 7<sup>ième</sup> interrogation la contraction de l'utérus est ce qui arrive toujours après sa rupture, si en même temps il se débarrasse de ce qu'il contenait—mais aussi la rupture est-elle bientôt reconnue par des symptômes décisifs, tels qu'une douleur accompagnée d'une agonie particulière immédiatement suivie d'une hémorrhagie et d'une cessation subite des tranchées.

EDS. G. M. M.

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MESSIEURS LES ÉDITEURS,

Si l'observation pathologique suivante mérite la publication, vous en avez le plein pouvoir. Je prie seulement les lecteurs d'avoir l'indulgence d'en excuser le style.

Le 5 Juin 1844 vers 2½ heure P. M. je fus appelé auprès d'un individu du nom de Flood, âgé d'environ 50 ans, demeurant à environ une demie lieue de chez moi. C'était

un homme d'une haute stature et d'un  
tempérament sanguin. Je le trouvai couché en  
supination, ne pouvant à peine parler, tant sa  
respiration était gênée. Il me dit avoir été  
battu la nuit précédente par un certain M  
—— dans une taverne. Il me montra d'abord  
des plaies à la tête, au nombre de deux, l'une  
vers l'angle antérieur et supérieur du Coronal  
gauche l'autre du même côté près la  
fontanelle postérieure. Ces solutions de  
continuité avaient été produites, disait-il, par  
des coups de bayonnette. Il y avait lacération  
du cuir chevelu seul. Ces déchirures  
n'indiquaient aucun danger, aussi furent elles  
guéries en peu de jours par le traitement le  
plus simple. L'inspection du pouls montrait  
quelque chose de grave. Il était vif dur et très  
élevé. La face était animée, la conjonctive  
injectée et les yeux saillants, la langue  
couverte d'un enduit blanc et très épais elle  
était rouge sur les bords et très pointue, la soif  
cependant était modérée. Il avait grande peine  
à respirer, son expression était "qu'il  
étouffait." Il me dit avoir reçu des coups dans  
la poitrine et l'abdomen, et qu'il croyait avoir  
des côtes fracturées. En écartant les

couvertures, et voulant le palper, j'observai un emphysème général du côté gauche du thorax et l'abdomen, s'étendant depuis un peut plus haut que la clavicule jusqu'à la ligne blanche. J'ordonnai au patient de se lever, il ne le put seul il fallut l'aider, ce mouvement le fit souffrir beaucoup et augmenta la dyspnée. L'emphysème en arrière occupait tout le dos depuis la base de l'occiput jusqu'au sacrum. Je fis toutes les investigations possibles, pour m'assurer s'il n'y avait pas fractures des côtes. Toutes mes recherches furent vaines. Les côtes étaient à l'état normal. Poussant mon examen plus loin, j'aperçus plusieurs contusions et ecchymoses sur le thorax et l'abdomen, sans pouvoir me rendre compte de l'emphysème. Enfin je vis près de l'insertion du grand pectoral gauche, un petit caillot de sang que j'enlevai incontinent. Qu'elle ne fut pas ma surprise, d'apercevoir une plaie triangulaire de la forme d'une bayonette, par laquelle s'échappa avec bruit une grande quantité d'air. Depuis cette ouverture jusqu'au mamelon, l'emphysème était plus considérable, la pression plus douloureuse, et le creptus produit par l'infiltration de l'air

dans le tissu cellulaire, était plus marqué qu'ailleurs. Une sonde ordinaire, que j'introduisis dans toute sa longueur laissa échapper une grande quantité d'air avec beaucoup de bruit. La direction que prit ma sonde était de gauche à droite, de dehors en dedans et de haut en bas. Je craignis d'employer une sonde plus longue, en égard à l'hémorrhagie que j'aurais pu produire.

Mon diagnostic fut que le parenchyme du poulmon avait été lésé et que quelques divisions des bronches avaient été perforés.

Le pronostic était facheux.

Le traitement que j'employai fut on ne peut plus antiplogistique comme on peut le penser. Je débutai par une saignée copieuse, jusqu'a syncope. Je donnai le sulp magn; Le nit pot; enfin tous les raffraichissements; j'ordonnai la diète la plus abstème. Je tins la plaie extérieure béante au moyen de tente. Je prescrivis la pression extérieure au moyen d'un bandage en doloir.

6 Juin. Je reiterai la seignée par d'eux fois, j'augmentai la pression, prescriptions raffraichissantes telles que la veille.

7. L'emphyseme avait considérablement

diminué, la respiration était plus libre, les symptômes généraux améliorés,—même traitement sauf la saignée.

8. Amélioration générale plus marquée,—même traitement.

9. Mieux plus tranché encore, seulement, il y avait eu pendant la nuit insomnie et frissons. Je donnai un anodin et des antimonialux.

Du 10 au 16 les symptômes inflammatoires et l'emphysème, disparaissent tous les jours par degré, je suspendis de même, le régime antiplogistique, car le malade était très réduit.

17. Le malade étant parfaitement rétabli, il reprit ses occupations usuelles (celles d'armurier.) Je cessai de le voir et il partit bientôt après, pour le haut Canada, en parfaite santé.

T. KIMBER.

Chambly, 20 Février 1845.

TO THE EDITORS OF THE  
MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—Having observed in the 11th number of the Medical Gazette, "some remarks on Bronchoceleor Goitre" which you have transferred from the pages of the London and Edinburgh Medical Journal; I take the liberty of noticing an assertion therein which I conceive is not supported by facts, and which if permitted to occupy your pages unnoticed would be tacitly admitting its correctness and giving it confirmation and authority. I allude to the statement that this "unsightly disease" "has in consequence of the clearing of the woods, *entirely disappeared* from certain parts of North America," where it had previously greatly prevailed, upon which assertion the author bases a novel opinion as to the origin or cause of the malady. It would be a very unnecessary waste of ink and time, to tell you or your readers, that our good City and other populous towns and "clearances" of North America still exhibit very numerous and aggravated cases of "the unseemly malady," and that many of these cases (even at the present day,) originated in immigrants from the "Old World," after their arrival here, who

have from the first located in our Cities, and have never exposed themselves to any of the more acknowledged evils, of the primeval forest; I therefore think the author must look to other causes before he is likely to discover the unknown source of this malady, its prevalence in "Merry England," on the summits of the Alps, or on the Hymalayha Mountains, as well as in Southern or Northern America, refute the idea of its dependence on the damp and close atmosphere of the forest. I shall pass over the fancied connection between Goitre and Rheumatism, which the author notices, as I have not remarked their association. I would however take the liberty of noticing a rare circumstance which I met with about three years ago, viz: a case of congenital Goitre, only two cases of which I can find on record. The patient was brought to me two days after birth, in consequence of a considerable tumor on the front and sides of the neck, occupying the situation of the thyroid body, the hypertrophy still remains, as nothing has been done for it, a tumor of somewhat similar character likewise arose on the mother's neck,

during her puerperal state, a few months before her accouchment, which I believe has wholly or in great measure disappeared. I notice this rather extraordinary coincidence, without in any way attempting to theorize, or speculate on these mysteries.

I am Gentlemen,

Your Obedient Servant,

J. CRAWFORD, M. D.

St. James Place, 17th Feb. 1845.

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TO THE EDITORS OF THE  
MONTREAL MEDICAL GAZETTE.

*Darby-House, Stamford, C. W. Feb. 5th.*

GENTLEMEN,—I have addressed the Honorable, the Attorney General Smith on the proposed Medical Bill, now before the House, for the purpose of entreating him to delay the passage of the Bill until the next Session, when the sense of the profession can be obtained, by calling public meetings at Toronto, Kingston, and other large towns, as in England. I have also urged the Attorney

General to copy three clauses of Sir James Graham's new bill, containing the Registry, inability of non-registered Practitioners to hold Medical offices, give evidence in Courts of Law, sue for fees, penalties &c. in addition to which I have recommended that all examinations for Diplomas *be public*, as in the "Concours" in Paris, where the Candidates are compelled to perform dissections, operations, &c. on the body.

To myself individually, these changes can be of trifling importance, I should wish, however, to see in the country of my adoption, the Profession of Medicine placed on the highest pedestal of integrity, honor and skill; but, which the present Bill, if not much altered and improved, will do little to effect.

I respectfully urge you gentlemen, to render every assistance in your power to prevail upon the Attorney General Smith to do an act of justice to the Profession, by delaying this proposed Bill.

I remain,

Yours very respectfully,

J. M. MEWBURN,  
*M. R. C. S. London.*

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We cordially agree in the suggestions of our correspondent, but altho' we have reason to fear, that the Bill as now proposed will not be much improved this session, yet, we live in hopes, that with the establishment of a general Medical Association in Canada, all the subjects above referred to and *many others* affecting the interests of our Profession will be canvassed and settled before the next session of Parliament. Our correspondent may rely on *our* not hybernating during the interval.—*Edrs. M. M. Gaz.*

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## PECULIAR AFFECTION OF VISION.

BY DR. VON IFFLAND.

*June 10, 1839.*—J. M. The vision of both eyes is considerably impaired; with the right eye he can read with exertion at the usual distance; the print, however, appears very soon indistinct, but after closing the eye for

some time, he again sees distinctly. With the left eye, he can discover paragraphs but not the letters. The eyes have a peculiar expression, less lively than usual. No speck nor opacity can be perceived within the cornea. The pupils appear dilated, but very slightly—they contract almost equally in both eyes on the approach of light. He feels no pain except occasionally over the right eye. He first observed indistinctness in this, about a year ago; it began with the appearance of black spots floating before him. He has had also shooting pains of his head, principally over the eye. About four months previously to his consulting me, the left eye became affected. The right has since been better. He was obliged to leave his professional avocations, about three months since. The indistinctness of vision, has varied much on different days. He has lately had a blister to the back of his neck, and to his left temple, which produced much relief to the pains in his head, but, his sight continues as before. He is not in general, healthy, very much subject to headach, and has complained of his bowels for many years.

11th June,—Appli. Front. Super cilia vesicator duo falciformia.

12th,—Thought he saw rather better this morning.

R. Sol. Tart. antim. dr. 2. aq: menth, pip. oz $\frac{1}{2}$ . M. capiat ter in dic.

13th,—Continues as before.

Cont. sol. tart. ant. capiat h. hor. tertiâ post merid atque iterum hor. 8va.

14th,—He feels no nausea from his medicine.

Augeatr. sol. tart, antim. gj. 3oz. capiat ut antea.

16th,—Feels a little weakness for some time, after taking the medicines, but it presently goes off.

17th,—Continues the same—contr. med. et. applicetr. Vesicat, fronti supercilia ut antea.

From this day to the 21st remained much the same. Continued the medicine.

21st,—Says his left eye is much better. Contr. sol. Tart. antim.

22nd,—Not much better. Eliciantur scint. Elect. fronte et temporibus quotidie.

From this day to the 26th improved. To

continue the medicine.

26th,—Nostrils very dry. Hauriat naribus omni nocte pulv. asari gra. v. contr. alia. Eliciantr. scintill. electric æ. frote et temporibus quotidie.

30th,—Is much better with the left eye, and says that he can see with it, as well as the other. Complains of soreness of his ears, throat side of his nose and cheeks, passes some blood from his nose in the morning.

Omittr. Pulv. asai—contr. sol. Tart. antim.

3rd *July*,—His sight is greatly improved, pain above his eyes has greatly abated, but maxillary and sublingual glands are much swollen and very sore. Contr. sol. Tart. antim. Repetr. Elictricit etiam.

4th,—Sees perfectly well, and can now attend to his professional avocations.

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MEDICO-CHIRURGICAL SOCIETY.

*8th February, 1845.*

## DR. CRAWFORD IN THE CHAIR.

The very interesting case of Ramollissement of the Brain, communicated by Dr. C. will be found in another part of this Journal.

The following resolutions were submitted by Dr. Badgley for the adoption of the Society, and are to be taken into consideration on Saturday the 8th March next.

I, *Resolved*, That with a view to carry out the objects originally contemplated in establishing this Society, and that the Members of the profession generally, scattered through this extensive Province, may feel that there exists a centre round which they can rally, it be proposed to the Toronto Medico-Chirurgical and the Quebec Medical Societies, that a General Association be at once formed, under the name of the "The Medical Association of Canada;" and that the members of the existing Societies and of all such others as shall hereafter be formed for the same purpose, be considered de facto members.

II, *Resolved*, That the objects of this General Association shall be; The advancement of Medical Science in the most extended sense of the term, but especially, the acquisition of statistical information regarding this country, as tending to settle the mean duration of life, under the peculiarities of climate, geographical position, geological structure, and atmospherical influences. The protection of the interests of the qualified and licensed practitioners against the inroads and usurpations of the unlicensed.—The establishment of that union and good feeling among the members of the profession which should characterize men engaged in the same pursuits and animated by the same desire to see their profession in Canada occupy its merited position, and the formation of a fund for the relief of incapacitated or decayed but deserving members, their widows and orphans.

III, *Resolved*, That the association shall meet in each successive year at a City or town in Eastern and Western Canada,—that the members of the different branch Societies who shall be present at the annual meetings

represent the Societies to which they belong, respectively—that members of the profession not belonging to such branch Societies shall be admitted into the association by ballot, on presentation of the degree, diploma, or license under which they are practising, and that the transactions of the Association be yearly published under the supervision of the respective Committees who have conducted the investigations to which the several papers refer, and of a general committee of management.

IV, *Resolved*, That the annual subscriptions be devoted to meeting the necessary expenses attendant on the publication of their transactions and the ordinary business of the Society, and to offering prizes for the best communications on subjects of interest to be determined upon at the annual meetings.

V, *Resolved*, That members of the Profession not being already members of the existing Societies or of any of the Branch or District Societies to be hereafter formed, be required to pay, in addition to their annual subscription, an entrance fee: but that a strong

recommendation be made for the establishment of such District Societies with a view to their general amalgamation.

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## RETAINED PLACENTA.

DR. ROBERT LEE has recorded in his *Clinical Midwifery* the histories of seven fatal cases of retained placenta, and nineteen in which more or less difficulty and danger were produced from portions of the placenta or the entire mass being left within the uterus beyond the usual period. The best method, he says, of preventing the occurrence of similar accidents, is to apply the binder immediately after the birth of the child, to make pressure with the hand over the fundus uteri at short intervals, and slight traction upon the cord downward and backward in the direction of the hollow of the sacrum. By these means the upper part of the uterus usually goes on contracting till the placenta is detached, and pressed down through the os uteri into the vagina. In all these cases, whatever the cause

of the retention may be, if the placenta at the end of an hour is not detached from the uterus and expelled, it should be withdrawn artificially by passing the hand along the cord to its insertion, expanding the fingers, and grasping the whole mass, or as much as can be seized and brought away. The difficulty of removing portions of placenta, adhering with more than the natural firmness to the uterus, is only increased by delay.

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# THE MONTREAL MEDICAL GAZETTE.

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Omnes artes, quæ ad humanitatem pertinent,  
habent quoddam commune vinculum, et quasi  
cognitione quadam inter se continentur.

—*Cicero.*

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MONTREAL, MARCH 1,  
1845.

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Our subscribers will perceive that with this issue the first volume of the Medical Gazette is completed, and it is with sincere gratitude we announce our being in condition to continue for the future the publication of our periodical. Great as were the obstacles with which from the first moment of our existence we have had to contend, it is a matter of real gratification to be conscious that we have thus far been victorious: that in our endeavors to establish in this Province a real love for our profession we have been cheered and assisted by the good will and kind offices of many of our brethren in both the sections of Canada. We assure our subscribers that we shall not languish in the attempt to render the Gazette yet more worthy of their support. In the present Number it will be seen that the type is much smaller and consequently that one half more than our usual matter is by this means contained in the same number of sheets.

The establishment of a Medical Journal was but one of a series of acts, wherein we were the chief movers, whose sole object was

the placing of all the members of the profession on a footing which it seemed to us it did not hold in this as in other countries. Such was our purpose and such we are pleased in being able to say has been the result of the humble efforts devoted thereto for the brief period of eighteen months. That we did not originate this journal with the view of its being the means whereby we were to derive our being, it is scarcely necessary to say, for, if at the end of each year we shall have wherewithal to meet the expences of our publishers, we will feel amply remunerated; our time has been and yet will be cheerfully and gratuitously devoted to the great end: and that we have been deemed the medium by which things medical may be influenced, if not guided, the number of letters received touching the Medical Bill fully attests. In the course followed by us we have nought wherewith to upbraid ourselves, no whispering tongues can question our hearts, where is your honour? without their receiving an approving answer; no still small voice can whisper to our conscience without receiving the echo of a mens conscia recti. Not one

sentence which we have penned would we not again record.

A title page and index will be forwarded next month with the first Number of the 2nd Vol. We send with blue paper envelopes the Gazettes of those persons who have not paid their year's subscription, and we hope that they will remit us with as little delay as possible the amount; to each individual the 15s. can be of but little moment, but collectively to ourselves the sum total is of material importance.

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We beg to call the particular attention of our readers to the series of resolutions to be submitted to the Medico-Chirurgical Society of this city for adoption, on Saturday next by Dr. Badgley. The more our attention and thoughts are directed to the consideration of the subject, (and it is one which has engaged our serious and anxious meditation for the last nine months,) the more do we become convinced of the absolute necessity that exists for establishing a Medical Association in this Province. It *used* to be a reproach against our profession in Great Britain, (and it is with

good reason urged by the laity in this country at this day,) that there is no body of men, among the members of which such rank jealousy, hatred, and malice appear to exist as among ourselves, such want of unanimity, such entire absence of professional etiquette—not to say, of even gentlemanly bearing the one to the other. The reason of all this is sufficiently obvious. In the ordinary affairs of life, the knowledge of a man's acts being liable to a strict scrutiny at the bar of public opinion, will frequently prevent him from being guilty of the commission of a misdemeanor, which he would not hesitate to perpetrate, if the eye of his neighbours could be securely blinded from beholding it; but, in our profession, from the fact of there being no such controlling influence exercised by the body at large, men are emboldened to act towards their neighbours in a manner not only disgraceful to themselves, but insulting to the race to which they belong. The establishment of the various associations in Great Britain, all bound by one indissoluble cement, has wiped away for ever this stain against our profession in that country

rendered dear to us from a thousand reminiscences. The establishment of a similar association in Canada will, we trust, strike at the first offshoot of such vices, and have the effect of, for ever, absolving our brethren from an imputation, with but too much reason cast against them. It was our intention, when we began to pen this article, to have discussed all the objects coming within the scope of the subject. Our space will not permit us to do so in this number, but in our next, we will review the whole matter, and see what has been done in the land of our fathers by the promotion of these associations. It may be urged, that the objects for which these associations were formed in Great Britain are in a fair way of being realized, we mean the obtaining of medical reform, and that they will cease and determine. Now we do not believe in any such thing; so complete a revolution has been achieved in the moral circumstances of the profession, by exciting kindlier feelings among its members, the one towards the other, that they will still persist and act as a powerful check upon the unruly spirits which

have found and will ever continue to find their way into our ranks. But if the reform of acknowledged abuses be likely to be carried out in the old world through their instrumentality, surely it is desirable, that they should be originated and prosper in the new, to prevent the necessity of obviating that which it is boasted, (but the truth of this is not satisfactorily established in our minds,) does not exist here.

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The Bill to incorporate the College of Medicine and Surgery in this city was discussed on Monday night and passed the lower House by a large majority.

Indeed there seemed to be scarce a dissentient voice on the principle of the Bill, but on some of the clauses there were: the first which elicited argument was that which prescribed the name of the incorporation; that proposed was a College of Medicine and Surgery,—a designation by which the school has been recognized for the last twelve months. The Honorable Attorney General East, proposed an amendment to the effect that the word "College" be struck out and that

of school substituted. After some discussion in which Messrs. Smith, (Missisquoi,) Smith (Frontenac,) Hale, Moffatt, Dunlop, Berthelot, &c. took part,—the amendment was put and lost by a majority of twelve, (23 to 35,) the original clause remaining unaltered; the next five clauses relating to the amount of property (£5000), number of lectures (120) &c. were passed without comment; a few words were spoken as to the name to be given to the certificate or testimonial to be granted by the College to its students, objections being made to diploma. Mr. Scott, the introducer of the Bill expunged that word and certificate or testimonial being unchallenged the clause passed without further interruption; not so however, that in which according to the Bill it was rendered obligatory on the Medical Board to examine those presenting the certificates of the new College for approval or endorsement; Mr. Scott proposed as an amendment that the words "if necessary" be inserted; thus removing the compulsory action of the clause, yet leaving the members free to examine or not, the candidates as they might

deem necessary; the amendment per se, was of trifling importance, yet on it the longest debate was held: the opposition arguing that the advantage conferred was too great, while those in favor of it maintained that it was but a seeming advantage of no practical benefit to the candidate but a conferring upon the examiners the power of exercising their judgment; in this, those gentlemen already mentioned, together with Messrs. Roblin, Wilson, Aylwin, and Sherwood, were engaged, on the amendment being put it was carried by a majority larger than that which negatived the question of College. It had been stated during the debate that a Provincial Parliament could not confer the powers specified in the bill; Mr. Roblin was of a contrary opinion and maintained his position by producing a precedent, that of Victoria College, of Cobourg, C. W. Indeed these were during the whole period of the arguments the lapides offensionis.—College and diploma—being by the opposition confounded with University and degrees; not a sentence in the bill can be construed into asking for power to grant degrees—and no

one will dream of accusing the College of being desirous of being or of becoming attached to, an University—Dr. Dunlop "expressed himself as being strongly in favor of the Bill; he had, he said, at first been opposed to the new institution and had expressed his disapproval of the petition when presented to the House, because he had been led to suppose that its sole purpose was the manufacturing of doctors by steam, and that thus prejudiced he had been named on the Committee appointed to report on the merits of the petition, but he was pleased to be able to acknowledge his prejudice unfounded, for while sitting on the Committee he had satisfied himself that the claims of the petitioners were just and that the course of instruction followed at that school was good, that he had been present at one of the lectures and would gladly have attended twenty, and therefore, that from what he had himself seen he was confident that all the requirements necessary to teaching the different branches of the profession were present." Than this open, generous expression of a maturely formed verdict there cannot be

anything more gratifying to us and the other lecturers in the new College; we value it the more highly not only because it was the judgment of a man, one of the most talented in the country, but because it was unbiassed, —unsolicited—spontaneous—uninfluenced by any grovelling *vis a tergo*; and if from any cause the bill as passed by a large majority of both sides in the Lower House, be rejected by the Legislative Council, we shall in our disappointment cherish the recollection and speak with gratitude of his decision.

Our limits do not permit of our entering more at length into the debates, we shall but state that the issue was by far more flattering than we could have hoped; for, though we counted with certainty upon a majority, we did not anticipate that it would be so large a one; and we take this occasion solemnly to avow that we have not solicited the vote of a single member, that we implicitly relied on the merits, for the success of the bill; and that whatsoever may be the fate of the measure we have reason to be self gratulatory when we feel that we have not been guilty of pusillanimous sycophancy—a *modus*

operandi peculiar to our worthy adversaries; who seek to enlist the sympathy of members by declaring that our rise must inevitably produce their fall. And has it come to this? Is it their poverty or their will which thus consents to cringe and beseech usque ad nauseam for protection from the inroads of an ostrogoth establishment, which a few short months ago was treated with ridicule and contempt and styled a pseudo attempt? Who not satisfied with a maintaining power of five hundred pounds, modestly crave an additional momentum of five hundred pounds to drive the vis inertiae of their machinery. This too not without further assistance from without, all difficulties—all obstructions must be razed, and the path once levelled the wheels will revolve for six months—verifying the adage vires acquirimus cundo. Now the New College pray not for a motive agency—ask not subsidies, claim not immunities—demand not endowments—seek not privileges inconsistent with the spirit of the British Constitution: it has its own connate impulse, its own acquired wealth, its reputation, its own resources in itself; it solicits a boon

which will affect the French Canadian Student, and it respectfully applies for the priveleges in the bill, because a measure is about to pass in the Houses by which it will be compulsory on the student to attend lectures: how are those who do not understand a word of English to be taught in that to them unknown tongue?

We may have occasion on some future opportunity to again touch upon this subject; in the meantime we regret to inform our friends in Quebec, that the serious illness of Dr. Taché has prevented the introduction of their bill, it is, however, about being taken up warmly, we understand, by a member who feels a deep interest in the success of these Schools in the Province.

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ON THE CAUSES AND  
TREATMENT OF UTERINE  
HEMORRHAGE, IN THE LATTER  
MONTHS OF PREGNANCY.

BY ROBERT LEE, M. D.

The placenta may adhere to any part of the inner surface of the uterus, and flooding never takes place during pregnancy, unless the placenta has been separated from the uterus. When the connection between them is destroyed, blood flows from the open arteries in the lining membrane of the uterus, and from the great semilunar-shaped openings in the veins, until the uterus contracts, and coagula of the fibrin are formed. The contractions of the uterus, and the formation of the clots within its cavity, and in the orifices of the arteries and veins of the uterus, after the separation of the placenta, are the principal means employed by nature for arresting the flow of blood. The semilunar or valvular-like edges of the veins at their termination in the inner surface of the uterus, are well adapted to ensure the effect of arresting the current of blood through these passages by the contraction of the fibres with which they are everywhere surrounded. All the different efficient means which have been recommended for checking the discharge in

uterine hemorrhage, operate either by exciting contraction of the uterus, or by promoting the coagulation of the blood itself within the vessels. The placenta is most frequently attached to the upper and posterior part of the uterus, but in some cases it adheres to the circumference of the internal orifice, and from this peculiar situation of the placenta, arises one of the most dangerous varieties of flooding in the latter months of gestation.

In 1609, Guillemeau stated that the placenta sometimes presents or comes before the child, that this gives rise to a dangerous hemorrhage which nature is unable to suppress, and that the most safe and expedient means of arresting it, is to deliver immediately by passing up the hand into the uterus and turning the child. He has made no observations from which it can be inferred that he believed the placenta to have been originally adherent to the upper part of the uterus, and to have descended thence to the cervix. This was an erroneous hypothetical opinion adopted by Daventer at a much later period. In those cases of uterine hemorrhage

in which the placenta did not present, but had been detached from the fundus uteri, Guillemeau had likewise recourse to artificial delivery, and for the knowledge of this practice he states that he was indebted to Ambrose Paré. The symptoms and treatment of cases of placental presentation were accurately described by Mauriceau, and in all cases of hemorrhage from this cause he recommends immediate delivery. He has related seventeen cases of uterine hemorrhage in the latter months of pregnancy from presentation of the placenta, and in sixteen of these delivery was accomplished artificially by passing the hand through the opening formed by the separation of the placenta from the uterus, rupturing the membranes, and turning the child. Two women died after the operation, and one who would not consent to have it performed, died undelivered. Mauriceau has likewise recorded the histories of thirty-seven cases of uterine hemorrhage, in which the placenta did not present, but had adhered to the upper part of the uterus, and been afterwards detached.—Twenty-one of these cases occurred before 1682, and in most

of them he delivered artificially by turning the child, as he had done in the sixteen cases of placental presentation, and as Paré and Guillemeau were accustomed to do in all cases of flooding in the latter months of pregnancy. On the 9th June, 1682, he says, "I delivered a young woman in the eighth month of pregnancy who had uterine hemorrhage caused by a violent fall upon the knees four days before. During the whole labour she had only slight pains in the abdomen which produced no effect. As the hemorrhage was moderate, and the uterus was gradually dilating, I committed the labour to nature, contenting myself with rupturing the membranes of the child." There is no account given of the circumstances which induced him to make this important change in the treatment of cases in which the placenta did not present, and to adopt that improved method of treatment which was at a later period so strongly recommended by Puzos, and considered by him as his own discovery. In eight cases Mauriceau ruptured the membranes and left the labour to nature with the happiest results. He recommends the

same practice when hemorrhage occurs in the first stage of labour.

Portal's Treatise, 1685, contains an account of eight cases of uterine hemorrhage, in which he found the placenta not merely at the mouth of the womb, but adhering to the whole neck of the uterus. In several of these cases he left the placenta adhering all round to the internal orifice of the uterus. In the account of his sixty-ninth case he says, "Je sentis l'arriere faix, qui se presentoit, et qui etoit fort adherant, et attaché à l'orifice de la matrice de toutes parts." In the histories of all the other cases, the same circumstance is expressly stated. In those cases the treatment employed by Portal did not differ from that which had been employed by Paré, Guillemeau, and Mauriceau, the propriety of artificial delivery by turning being then as completely established as at the present time, and the important fact demonstrated that the hemorrhage is produced by the placenta adhering to the neck of the uterus. Petit, Giffard, Ræderer, Smellie, Levret, and W. Hunter, were all well acquainted with the fact, and deduced from it the correct practical

inferences deduced from it. Dr. Rigby states that "Giffard saw more than twenty cases where the placenta was found at the os uteri, but he plainly supposes that it had been originally fixed there, for he says, 'it is customary in floodings to find the placenta sunk down to the mouth of the womb.'" "I beg leave," says Giffard, in the history of his last case of uterine hemorrhage, 1731, "before I proceed to give any further account of the delivery, to give my opinion in a point of midwifery in which I differ from most authors that have wrote on the subject. It is generally believed that the ovum, after its impregnation and separation from the ovarium, and its passage through the tuba Fallopiana always adheres, and is fixed after some time to the fundus uteri; in this case the placenta adhered, and was fixed close to and round about the cervix uteri, as I have found it in many other cases, so that upon a dilatation of the os uteri a separation has always followed, and hence a flooding naturally ensues." "When I had passed my whole hand into the uterus, I found the placenta adhering all round the os internum,

so that I was forced to separate it on one side to reach the membranes, which I tore." "The edge or middle of the placenta," says Smellie, "sometimes adheres over the inside os internum, which frequently begins to open several weeks before the full time, and if this be the case, a flooding begins at the same time, and seldom ceases entirely until the woman is delivered. The discharge may, indeed, be terminated by coagulum that stops up the passage; but when these are removed, it returns with its former violence, and demands the same treatment that is recommended above." "If in time of flooding," he adds, "she is seized with labour pains, or if by every now and then stretching with your fingers the os internum, you bring on labour, by which either the membranes or head of the child is pushed down, and opens the os internum, the membranes ought to be broke, so that some of the waters may be discharged, and the uterus may contract and squeeze down the fœtus. This may be done sooner in those women who have had children formerly, than in such as have not been in labour before. If, notwithstanding this

excellent expedient, the flooding still continues, and the child is not like to be soon delivered, it must be turned immediately; or if the head is in the pelvis, delivered with the forceps; but if neither of these two methods will succeed, on account of the narrowness of the pelvis or the bigness of the head, this last must be opened and delivered with the crotchet. In all these cases let the parts be dilated slowly, and by intervals, in order to prevent laceration." These are the most clear, concise, and accurate rules which have been laid down by any author, for the treatment of hemorrhage in the latter months of pregnancy, and in the first stage of labour.

Dr. Lee relates thirty-five cases of placental presentation, in seven of which death took place "soon after delivery from loss of blood, and in six, at periods more or less remote from the time of delivery by uterine phlebitis, or inflammation of the deep structures of the uterus. In one with distorted pelvis the uterus was lacerated. In eleven there had been more or less rigidity of the os uteri, with dangerous hemorrhage, and turning was performed in several of them,

where the whole hand could not be introduced into the uterus. The tampon or plug was not beneficial in any of them, and the ergot did positive injury. Rest in the recumbent position, and the application of cold were the only means found really useful in checking the hemorrhage till delivery could be effected. Dr. Joseph Clarke met with four cases of placental presentation in the Dublin Lying-in Hospital, one of which proved fatal. Dr. Collins met with eleven in 16,654 labours. Two of the women, where the children were turned, died. Dr. Ramsbotham has related nineteen cases of placental presentation, eight of which proved fatal. In five the placenta was only partially adherent to the cervix, and in three the expulsion of the placenta took place before the child. Out of one hundred and seventy-four cases of placental presentation recorded by different authors, Dr. Churchill states, that forty-eight proved fatal, or nearly one in three, and that in eighty-five cases of uterine hemorrhage where the placenta was at the fundus uteri, twenty-four proved fatal, or nearly one in three."

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## PUNISHMENT OF QUACKS IN OLDEN TIMES.

At a period when Quackery is prevailing to such an unprecedented extent amongst us, it may be of advantage to indicate some of the punishments that were formerly inflicted in England on these impudent impostors. We copy the following instances which we find recorded in a recent number of the *Provincial Medical and Surgical Journal*:—

"In Edward the Sixth's reign, one Grig, a poulterer, in Surrey, was set in the pillory at Croyden, and again in the Borough of Southwark, during the time of the fair, for cheating people out of their money, by pretending to cure them by charms, by only looking at the patient or by casting his water.

"In the reign of the first James, the council dispatched a warrant to the magistrates of the City of London, to take up all reputed empirics, and bring them before the censors of the college, to examine how

properly qualified they were to be trusted either with the limbs or lives of his Majesty's subjects.

"Dr. Lamb, a most noted quack, and who had got a large fortune by his pretended medecines, was at last obliged to confess he knew nothing of physic.

"Read and Woodhouse, two other contemporary quacks, were likewise brought to justice, and acknowledged the same.

"In Stowe's Chronicle we meet with a relation of a water-caster being set on horseback, his face to the horse's tail, which he held in his hand, with a collar of urinals about his neck, led by the hangman through the city, whipped, branded, and then banished.

"Fairfax was fined and imprisoned in King William's time for doing great damage to several persons by 'Aqua Celestis;' also one Anthony, with his 'Aurum Postabile;' Arthur Dee, for advertising medecines which he gave out would cure people of all diseases; Foster for selling a powder for the green sickness; Aires for selling purging sugar-plums; and Tenant, a urine-caster, who sold

his pills at a pound each. Hunt was punished for putting up bills in the streets for the cure of diseases; and Philips, a distiller, for selling strong waters, inserting in the directions what they were good for, and how persons were to take them."

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## DIAGNOSIS OF INVERTED UTERUS AND POLYPUS.

BY M. LISFRANC.

In inversion of the uterus, the bladder and a portion of the intestines are lodged in the concavity formed by the depression of its fundus; if, then, a curved catheter is passed into the bladder with its concavity downwards, and its beak is directed to the most depending part of this organ, the extremity of the instrument will be readily felt by the finger in the vagina, if the case is one of inversion, unless, indeed, the intestines have become adherent to the womb in such a way as to prevent the catheter penetrating

into the depression formed by the inverted organ—a circumstance of very rare occurrence. M. Lisfranc thinks, however, that the best way of discriminating between polypus and inversion of the uterus, is to seize and depress the tumour with two fingers passed into the vagina, and then introduce the index-finger of the other hand into the rectum; no tumour can be felt through the gut above the one which is grasped in the vagina, if the case is one of inverted uterus; but if, on the contrary, we feel through the rectum a second tumour, similar in shape to the uterus, above the vaginal tumour; then this latter tumour is a polypus. In one instance, indeed, M. Lisfranc was misled by this mode of examination; he diagnosticated inversion of the uterus, but the patient having died, a small fibrous tumour was discovered implanted on the uterus, which was flattened and reduced to the tenth part of its natural size.—*B. & F. Med. Rev.* July, 1844.

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OPINION OF THE COLLEGE OF

## PHYSICIANS OF EDINBURGH IN REGARD TO THE SUPPRESSION OF QUACKERY.

As the sentiments which it expresses in regard to legal interference with Quackery, coincide with our own; and as the New York Legislature at its last session in relation to this subject, has rendered it one of interest to the profession in this State; we copy from a contemporary one of a series of Resolutions adopted by the Royal College of Physicians of Edinburgh relative to Sir James Graham's celebrated Bill "For the better regulation of Medical Practice in Great Britain:"—

*"Resolution 5th.* That the college have, with regret, observed that the part of the Bill which proposes to abolish the practice of prosecuting unlicensed and unqualified practitioners, has given rise to great alarm and a good deal of opposition. The college are inclined to doubt the practicability of restraining unlicensed practice by penal enactments, or the expediency of attempting to do so by such means, and in this view they

are strengthened by the fact, that such powers, although vested in some of the public bodies in Scotland, have for many years been allowed to lie dormant without any practical inconvenience. But notwithstanding that these are the sentiments of the college, yet, if it shall appear that it is the desire of a large proportion of the intelligent members of the profession, to attempt to restrain such practitioners by penal enactments, rather than endanger the final success of a measure otherwise so beneficial, the college are disposed not to urge strongly their opinions on this head."

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## ABSCESSSES OF THE LIVER IN ALGERIA.

A letter to the Academy from M. Ferrin, army-surgeon in Algeria, contains the following statement: "The intermittent, remittent, and continued fevers, which attack the inhabitants of Algeria, at first disturb the entire economy, without affecting any

particular organ. If the attack persist or return, it is followed by congestions and hypertrophies of the viscera, especially of the lungs, the spleen, and the liver; thus it is evident that these accidents are the effects, and not the causes, of the vital reaction.

Abscesses often form in the liver, as in the East Indies. We have had twenty illustrations of this pathological fact during the present year. In one case an abscess opened into the bronchi; the patient having died, the progress of cicatrization was found to be considerably advanced in the liver."—*London Lancet and Boston Medical and Surgical Journal*.

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## PROLAPSED UTERUS— PREGNANCY.

Dr. P. Darbey, of Drogheda, has communicated to the *Dublin Medical Press*, (Nov. 6, 1844,) the case of a woman forty-two years of age, who, having had *prolapsus uteri* for some years, and being now for the seventh time pregnant, was suddenly seized

on the 23d. August, with labour pains. On examination, Dr. D. found, on his arrival, the uterus lying between the patient's thighs, presenting a livid appearance, and the os uteri having a dry feel, and no symptoms of dilatation. The labour pains were strong, violent cramps in the lower extremities. Dr. D. immediately took thirty ounces of blood from the arm, and administered the following draught: R aq. menth. sativa, oziss.; tinct. opii. acetat. gtt. 4; syrup cort. aurant. ʒij.— M.: which procured some rest, and appeared to have checked the cramps and other bad symptoms. After a comfortable repose of two hours, labour pains returned, the os uteri gradually dilated, with a sufficiency of mucous secretion, and a healthy but small-sized child was born. The placenta followed after a short time, and the uterus being replaced and suitably secured, nothing untoward followed.

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THE LATE MR. COLLES,

Lecturing on Tetanus, says:—

"The face is very peculiar, and if once looked at with attention can never be forgotten. The forehead is wrinkled, both transversely and in the perpendicular direction, the eyebrows being drawn in a remarkable manner towards each other; the eyes are not fully opened; the nostrils more or less dilated; and the angles of the mouth drawn backwards and a little upwards. There is generally an expression of uneasiness, and slightly of apprehension; the mouth is not quite closed, and the teeth are seen; the body is sometimes hot and dry, but oftener the upper part is covered by perspiration, at times profuse.' Mr. Colles then remarks that, 'There is no disease which has been so often confounded with others as tetanus, although the symptoms are so well-marked. For my own part, I think the countenance would, in every case, be sufficient to distinguish it from all others. I never saw but one description of face, one tetanic expression of countenance; it is the same in all cases; it is the first thing that gives the alarm, and the last symptom to depart. Even where a patient recovers, and is

able to go about his business, that tetanic face remains. I believe it never leaves him."—*Dublin Medical Press*, Jan. 31, 1844.

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## NOUVEAU PROCÉDE POUR LA GUERISON DE L'HYDROCELE.

M. Ricord a communiqué à la Société de chirurgie de Paris des détails sur une opération par laquelle il supplée à l'injection vineuse ou iodée dans le traitement de l'hydrocèle. Ce chirurgien, après avoir fait ressortir ce que l'injection généralement usitée a de dangereux ou d'incertain, a décrit ainsi le mode opératoire qu'il propose, et qui peut s'exécuter de deux manières.

Le premier procédé, que M. Ricord appelle *procédé par suture en bourse sous-cutané de la tunique vaginale*, s'exécute de la manière suivante: On commence par reconnaître, à l'aide du toucher et de la transparence, la position relative du testicule et du liquide épanché dans les bourses; cela fait, on saisit la tumeur avec la main gauche

et en la pressant on fait saillir le liquide en même temps qu'on retient le testicule en arrière. Alors on traverse l'hydrocèle d'un côté à l'autre avec une longue aiguille (on peut se servir de celle qu'emploient les femmes pour raccommoder les bas); cette aiguille porte avec un fil double. Une fois qu'elle est sortie par le point opposé à celui d'entrée, on la fait rentrer par ce dernier point pour la diriger sous la peau dans l'étendue d'un pouce; puis on la fait sortir du même côté pour pénétrer de nouveau par la même ouverture et traverser cette fois la tumeur de part en part. En répétant sur le côté opposé de la tumeur la manœuvre et ainsi de suite selon l'étendue de la tumeur, on arrive à l'extrémité inférieur de la tumeur, et l'autre son extrémité supérieure. Alors, après avoir évacué le liquide par un coup de lancette donné dans la partie la plus déclive de la bourse, on place dans l'extrémité à anse un bout de sonde ou un rouleau de diachilon, et on lie les deux chefs de l'autre extrémité sur un autre bout de sonde; en serrant les fils on fronce la tunique vaginale comme une bourse dont on tire les cordons, et cela sans prendre la peau avec

elle.

Ce premier procédé, employé sur un seul malade, a parfaitement réussi; cependant M. Ricord l'a abandonné à cause de la difficulté de son exécution, et il lui a substitué le suivant:

Deuxième procédé, *par suture enchevillée*. Avec une aiguille semblable à la précédente et armée comme elle d'un fil double, on traverse l'hydrocèle d'un côté à l'autre deux ou trois fois selon l'étendue de la tumeur, en plaçant ces points de suture à un pouce d'intervalle l'un de l'autre, puis on évacue la sérosité avec la pointe d'une lancette comme dans le premier procédé, et on place un bout de sonde de gomme élastique dans les anses des fils à suture, tandis qu'on lie les chefs de ces mêmes fils sur un autre bout de sonde; on termine enfin l'opération en rapprochant l'un de l'autre les deux bouts de sonde; et en les serrant médiocrement on met la tunique vaginale en contact avec elle-même dans une certaine partie en contact avec le testicule dans le reste de son étendue. Les points de suture doivent être laissés en place pendant vingt-quatre

heures.

M. Ricord trouve à ce procédé, auquel il s'est arrêté définitivement, de très-grands avantages sur la ponction suivie de l'injection quelque soit le liquide qu'on emploie. Il serait plus sûr, moins dangereux, d'une exécution plus facile, et enfin ne demande la présence d'aucun aide et la préparation d'aucun appareil. Déjà cette opération a été pratiquée sur huit ou dix sujets et elle a toujours parfaitement réussi.

MM. Malgaigne, Robert, Lenoir, etc., ont vivement critiqué cette opération, qui, suivant eux, n'est ni plus simple ni plus efficace que l'injection vineuse. D'autres membres ont pensé que, comme méthode exceptionnelle, elle pourrait peut-être quelquefois être employée; mais il n'ont pu partager l'opinion favorable de l'auteur sur les avantages de son procédé.—*Journal de Med.*

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## HOTEL-DIEU.

Plusieurs malades appartenant au même

service ont été soumis dans ces temps derniers au traitement des tumeurs blanches par les bains locaux. Ce moyen résolutif dont Boyer prescrivait l'emploi avec succès, est mis en usage à l'Hôtel-Dieu. Aussitôt que l'état aigu a été combattu et dissipé à l'aide des antiphlogistiques, du repos et des frictions mercurielle, l'articulation affectée est immergée dans un bain local composé de la manière suivante:

Potasse 200 grammes.

Eau tiède de 12 à 15 litres.

On renouvelle le bain chaque fois; du reste, les malades se trouvent si bien de l'action de cet agent médicamenteux qu'ils n'ont aucune peine à tenir leur membre endolori dans l'eau alcaline pendant plusieurs heures par jour; chez deux personnes affectées, l'une, de tumeur blanche du poignet, l'autre, de tumeur blanche du cou-de-pied, la maladie est non-seulement en voie de guérison, par résolution, mais on peut encore constater le retour des mouvements articulaires.—*Ibid.*

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M. Martin Solon a appelé l'attention des membres de l'Académie sur un phénomène qu'il a observé chez quelques malades: c'est le pouls veineux, non dans les veines jugulaires, mais dans les veines dorsales de la main. Deux malades lui ont présenté ces pulsations. Tous deux étaient atteints de pleuropneumonie; mais chez l'un les battements du cœur étaient très-forts, chez l'autre, au contraire, ils étaient faibles et le pouls n'offrait que 45 pulsations. Chez ce dernier, il est probable que l'extrême fluidité du sang aura été la cause principale de ce phénomène. Les battements observés étaient, du reste, parfaitement isochrones à ceux du pouls artériel; on les rendait plus sensibles en comprimant les veines de l'avant-bras; on en diminuait la force, au contraire, en plaçant les doigts sur l'artère brachiale.

Ce phénomène, après avoir duré quelques jours, a fini par se dissiper, et les malades ont très-bien guéri.

Tous deux avaient été saignés très-abondamment.

M. Martin Solon, en signalant ce fait aux praticiens, a fait remarquer que si le pouls

veineux est dû à un excès de fluidité du sang, il doit engager, lorsqu'il se manifeste, à être sobre d'émissions sanguines. Cette fluidité, du reste, donnerait, suivant ce médecin, une explication satisfaisante de ce qui se passe dans ce cas, le sang traversant le système capillaire et pénétrant pour ainsi directement dans les veines par la seule impulsion que le cœur lui transmet.

Quelques membres ont contesté la justesse de l'explication donnée par M. Martin Solon. M. Cruveilhier a vu le sang sortir par saccade d'une des veines du bras. Il pense que cette saccade était produite par les battements de l'artère sur laquelle reposait la veine. Il en pourrait être de même des faits observés par M. Martin Solon, le système artériel pouvant, dans certaines circonstances, imprimer une secousse à toutes les veines.  
—*Gazette des Hôpitaux.*

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Un riche habitant de Barcelone, don José Xifré, vient de donner à la municipalité de cette ville, une somme de 200,000 douros (un million de fr.) pour la fondation d'un hôpital de deux cents lits, s'engageant en outre à

payer tous les ans une rente destinée à l'entretien de cet établissement.—*Journal de Médecine.*

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Un accident qui a failli avoir de terribles suites, est arrivé à l'hôpital Saint-Louis. Sept femmes y prenaient un bain de vapeur, dans une étuve commune, lorsque tout à coup le couvercle de la chaudière s'est violemment détaché et a laissé échapper une quantité de vapeur si considérable et si intense que ces femmes sont tombées suffoquées. Les secours les plus prompts ont été donnés à ces malheureuses; l'asphyxie, qui était imminente, a pu être prévenue, et les sept femmes en ont été quittes pour des brûlures, graves il est vrai, mais qui, grâce aux soins empressés que les victimes ont reçus dans l'établissement même, n'auront pas les résultats fâcheux qu'on aurait pu craindre. —*Ibid.*

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M. Gillette a cité dernièrement à la Société médicale d'Emulation un fait assez curieux par sa rareté. Une dame de 87 ans, d'une santé habituellement parfaite, paraissant

avoir 70 ans, et portant sur le front une cicatrice de variole contractée au berceau, a été atteinte d'une variole confluyente sur presque toute la face, avec tuméfaction. Les pustules n'étaient pas fortement ombiliquées; mais elles se rencontraient sur la langue, sur le voile du palais et sur le pharynx.—*Ibid.*

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M. Cruveilhier fait dans son service à la Charité un grand usage de limonade, d'acide et de sirop citriques, chez tous les malades qui présentent les caractères de la fièvre typhoïde. Ce praticien n'a que rarement recours aux émissions sanguines. Il considère comme inutiles les cataplasmes et autres applications topiques. Il ne prescrit jamais les purgatifs. Voici en quoi consiste toute sa méthode de traitement:

1<sup>o</sup> Une potion gommeuse additionnée de 30 grammes de sirop citrique prendre de deux heures en deux heures par cuillerée à bouche;

2<sup>o</sup> Un lavement avec égale quantité du même sirop;

3<sup>o</sup> Deux pots de limonade édulcorée avec le sirop de gomme;

4<sup>o</sup> Diète complète jusqu'à parfaite  
disparition des symptômes de la maladie.  
—*Ibid.*

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## SINGULAR CASE OF FATAL INTRA-UTERINE HÆMORRHAGE.

Mr. Thompson records in the Medical Gazette, the case of a female who, having previously borne twelve children, had arrived at the close of the ninth month of pregnancy. As well as usual during the day, she passed a disturbed night. A midwife, sent for on the following morning, found labour commenced, and the presentation natural. The patient gradually became exhausted, and died, undelivered, in a few hours. Examined after death, the uterus was found to be

"Very large, and apparently filling the whole cavity of the abdomen, pressing the floating viscera strongly upwards and backwards; these latter had a very bleached appearance, and all their vessels were empty. On raising the fundus of the uterus, an

immense quantity of bloody fluid rushed from the vagina; and on cutting into the womb (the walls of which were very thin), we found that it still contained more than two quarts of fluid and grumous blood, mixed with large coagula, which completely surrounded the child, enveloped in its membranes entire, with the head in the brim of the pelvis.

"The placenta was wholly detached from the uterus, but the place where it had been attached was evident enough, on the side of the womb, below the fundus; we examined this part very narrowly, but could discover nothing unusual in its appearance, or in that of the placenta."—*London Lancet*.

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## REMEDY FOR PSORIASIS.

BY JOSHUA WADDINGTON, ESQUIRE.

In the treatment of psoriasis diffusa, or palmaria, the best application is the ol. palm. cocc. (cocoa-nut oil), diluted with equal portions of ung. cetacii. The affected parts

should be washed every night and morning with tepid *rain* water, then made quite dry, and the ointment applied lightly (with a camel's hair brush); over this, oiled-silk should constantly be worn. Pilul. hydr. sub. compt. (Plummer's pill), gr. x., each night at bed-time, with liq. potassæ, m. xx. three times a day, are among the best *internal* means.  
—*Lan.*

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## NOTICES TO CORRESPONDENTS.

OSHAWA WHITBY,—We regret much to learn, that our three last numbers have not reached their destination; they have however, been regularly posted. They shall be again forwarded with this one.

BRANTFORD.—Our Correspondent's communication as well as its enclosure have been duly received. The valuable hints contained in the former will be made available in the constitution of the Medical Association of which some notice will be found in this Journal.

LE DOCTEUR BOUDREAU,—Recevra les huit exemplaires de notre Journal pour ce mois. Si il veut bien nous faire la bonté de nous transmettre par le même medium cinq piastres, un reçu lui sera envoyé pour son abonnement pour l'année.

DR. MEWBURN'S practical communication with its enclosure have come to hand, the former was too late, however, for insertion in this No. It shall appear in our next, and his wishes shall be attended to.

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Correspondents are requested to address the  
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prepay their communications.

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### TRANSCRIBER'S NOTES

The following printer errors have been  
corrected:

- p. 362 Potassæ -> Potassæ
  - p. 363 sufficint -> sufficient
  - p. 364 8145 -> 1845
  - p. 365 28th -> 25th
  - p. 366 Epileptec -> Epileptic
-

- p. 367 MARTINEAUS'S -> MARTINEAU'S
- p. 370 Craniatomie -> Craniotomie
- p. 372 jusqha -> jusqu'à
- p. 373 coutusions -> contusions
- p. 373 pertoral -> pectoral
- p. 373 incontineut -> incontinent
- p. 373 lde même, e regime -> de même, le regime
- p. 374 maldy -> malady
- p. 375 corresponhent -> correspondent
- p. 376 veiscator -> vesicator
- p. 377 backword -> backward
- p. 379 scies -> series
- p. 380 east -> cast
- p. 381 exressed -> expressed
- p. 382 sycophnacy -> sycophancy
- p. 382 is it their poverty -> Is it their poverty
- p. 382 TREAMENT -> TREATMENT
- p. 383 eighth -> eighth
- p. 384 tthe -> the
- p. 385 numcer -> number
- p. 387 syptoms -> symptoms
- p. 388 immideately -> immediately
- p. 389 l'antre -> l'autre
- p. 392 heve -> have

Additionally a small number of

punctuation errors have been corrected.  
Otherwise, the text is as in the original.

[The end of *The Montreal Medical Gazette*,  
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and William Sutherland]