

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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VOL. MONTREAL, APRIL 1, No. 1.
II. 1845.

TO THE EDITORS OF THE
MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—The following cases are forwarded for insertion in the pages of the *Medical Gazette*, if approved, for the purpose of correcting, in the two first, that senseless, popular prejudice in favor of *immediate bleeding* in all cases of severe and dangerous accidents; and in the two latter, of showing the beneficial effects of preparing a patient,

by the complete prostration of strength, by V. S., and the use of the *Tart. Antim. previous to attempting to reduce a dislocation of the hip joint.*

1st. Miss ——, a beautiful girl of fifteen, while incautiously stepping on the edge of a steep precipice to gather some wild flowers, fell over! When assistance reached the spot she was found deadly pale and faint; there was a dislocation, with a fracture of the ankle joint, and a severe injury of the shoulder. A medical gentleman from New York, just arrived, offered his services, and accompanied the party in the dangerous descent to where the fair sufferer lay. *She was immediately bled!* As soon as possible she was removed to the Hotel and visited by two other medical gentlemen in the neighbourhood; shortly after reaching the house she expired. On enquiring the motive for bleeding the patient, the answer was, *mirabile dictu*, "THE PEOPLE COMPELLED ME."^[1]

Whatever the nature or extent of the injuries sustained might be, it is very evident that taking blood away immediately after the accident, and the syncope, was, in fact,

"taking life;" the only remedies should have been stimulants, brandy, ammonia, &c.

2nd. Mr. ———, a young gentleman, returning from a pleasant ball and supper about 4, a. m., was thrown from his horse, which, in falling, rolled over him; he was immediately extricated from his dangerous position by a person near, and assisted to *walk* a few yards to the barn floor, where he was laid down; complained of *being very faint*; when visited some hours after the accident, the following alarming symptoms were present: the face and lips *deadly pale*, with an expression of intense internal suffering, referred to *the left side of the chest*, directly over the cardiac region; the pulse in the right arm and leg, very indistinct, while none could be found in either of the *left side*! He had every appearance of dying from internal hæmorrhage, asked constantly for cold water and air; no fracture of the ribs or any external appearance of contusion could be detected; while rolling a strong bandage saturated in some stimulant liquid round the chest, and raising him cautiously for the purpose, he was seized with a violent anæmic

convulsion! "You will bleed him, Sir?" asked the friends: "Bleed him, no! certainly not; bleeding in *this case will be certain death*," was the reply. "Bring me the whiskey bottle; give him as much as you can." This, alternated with the spirit ammoniæ aromat, was continued at intervals during the day, until the faintness abated. On the following day symptoms of reaction took place, requiring the use of the lancet, leeches, blisters, &c. On this occasion the patient had the advantage of Dr. Lowe's, of Niagara, able assistance and advice; a gentleman whose skill and knowledge of his Profession, require no aid from the writer to raise his fame and reputation to a high standing in the Profession. After some weeks confinement he was gradually restored to health. It is more than probable that had the surgeon in this instance, yielded to *popular clamour*, and been "*compelled to bleed his patient*," shortly after the accident, he also would have "*gone the way of all flesh*;" fortunately, he had learned that inestimable blessing of being able to say *No!* and he earnestly recommends to his junior brethren of the Profession, (for

whose especial benefit "he trims the midnight lamp," and to whom these admonitory lines are addressed,) to practise in the fullest effect of distinctive expression and force! This simple word No, if founded on skill and judgment, will raise a beginner high in the estimation of the public, who are wonderful adepts in detecting a waverer! while the abject, grovelling sycophant, trying to please every body, will please nobody, and lose his ass into the bargain!!

3d. A. B. was thrown from a waggon load of hay on the right side, and dislocated the head of the femur on the dorsum ilii; the characteristics, with the exception of a greater *moveableness* of the limb than usual, were very distinct; the man was strapped and placed between two strong men, in the erect posture; there were the anxious expression of pain and suffering in the countenance, *the body bent forward*, the limb shorter, knee and toes turned inwards, the trochanter major considerably higher than the opposite, and the shape of the buttock altogether altered; assisted by my kind and intelligent friend, Dr. M'Claghan, Staff Assistant Surgeon to the

Royal Rifle Regiment, who rendered us most important aid, and having a goodly number of stout Irishmen, with all the *requisites* at hand, V. S. *pleno rivo* was performed as he stood, and large doses of the solution of tartrite of antimony given freely, until signs of faintness *shewed the desired state of relaxation*; he was then placed on a mattress on the floor and extension commenced *cautiously and gradually* for some time: the *first effort failed!* the second, by altering the direction of the *pullers*, rotating and raising the head of the bone, *together with an addition of a large dose of the solution*, succeeded *with an audible snap* to the great delight of the patient, doctors and all present. The whole affair lasted about half an hour, and a most satisfactory proof of the value of preparing a patient first.

P. D. while journeying home in a thick fog, at three o'clock in the morning, fell over a precipice forty feet high, on the left side, and dislocated the head of the femur on the dorsum ilii. A medical gentleman in the neighbourhood was immediately called upon, and, with the aid of some men, sheets, &c. at

once commenced the operation of reduction! As might be expected, he failed, and at his own recommendation another Surgeon was called upon, the former declaring to the bystanders the *impossibility of success with one!* on examining the patient in the erect posture, there were the *same expression of pain in the countenance, the body bent forwards, the inversion of the knee and toes, and a fixture of the limb.* The necessary apparatus and the requisite number of men, (eight;) all ready, he was bled in the erect posture, and well dosed with a plentiful solution of the tartrite of antimony, and when *some effect* was perceived, he was placed on a mattress on the floor, when the extension, in the same cautious and slow manner, was made and continued, but without the desired effect! The patient, a stout, hardy Canaller, looking the Surgeon full in the face, enquired with much naiveté: "*Is it sick ye're trying to make me;*" "*Certainly.*" "*Then, be Jabers, ye'll not do it entirely,*" answered Paddy,—and Paddy was right! *The first effort failed!* The bandage was removed from the arm, another large basin of blood abstracted, and *larger* doses of the

solution most liberally administered. The extension again resumed. The head of the bone rotated and raised by a towel passed round the upper part of the limb and carried over the surgeon's neck, while the knee was depressed and rotated—during this *most interesting affair* Paddy was loud in his exclamations that "*he wouldn't be sick!*" yet the relaxation of the muscular powers was evident, the passage of the head of the bone could be distinctly traced to its place; in a few minutes, he roared out lustily, "ye may stop pulling, boys, the bone is in!" and sure enough, Paddy was right again—but there was *no* snap or sound to distinguish the reduction!!!

The singularity of this case was the requirement of two full bleedings and very large doses of the tartrate of Antimony, without producing, to the fullest extent, that complete prostration of the animal powers, so desirable, previous to attempting a reduction of dislocation of the hip joint.

It is only fair, for the writer, to add, that when the second surgeon arrived at the place, the first was, "*non est inventus, evasit,*

erupit"! and when sent for, as in due courtesy bound, the answer was, "Oh! he can do it very well himself; he does not require my assistance"!!! These remarks and hints are, of course, only intended to guard against the pernicious and indiscriminate use of the lancet, when syncope follows the accident; where an opposite state is found, the surgeon will not hesitate, it is presumed, to bleed his patient.

Should these observations and remarks, perhaps considered too diffuse and prolix by some, the result of upwards of a thirty-six years extensive practice in the old country and Canada, prove beneficial to the junior members of the Profession, and be the humble means of saving only one sufferer from a premature grave, or one poor fellow creature from being crippled for life, the object will be gained, and no trifling degree of sincere gratification bestowed on,

Gentlemen,

Yours, very respectfully,

JOHN MEWBURN. M. R. C. S. L.

Danby House, Stamford, M. D.

[1] This was "Vox Populi"

with a vengeance; it is
hoped such may not be
heard again.

AUX ÉDITEURS DE LA GAZETTE
MÉDICALE DE MONTRÉAL.

MESSIEURS,—Je vous prie d'avoir la bonté
d'insérer dans votre intéressant journal la
communication suivante, d'un cas
remarquable d'une grossesse extra uterine,
terminant en la troisième année par expulsion
par le rectum d'un Fœtus d'environ six mois
et la guérison de la malade.

J'ai l'honneur d'être,

Messieurs,

Votre très obéissant serviteur,

W. A. R. G.

Madame B. de la Paroisse de St. Grégoire
âgée d'environ 25 ans jouissante
généralement d'une assez bonne santé, devint
enceinte pour la seconde fois en le mois
d'Octobre 1841, se plaint de symptômes
extraordinaires et différents à ceux qu'elle

éprouva pendant le commencement de sa première grossesse, ses malaises devinrent de plus en plus insupportables à mesure que la gestation progressait.

Le 5e. mois les mouvements et les autres signes de la vitalité de l'enfant cessèrent, elle éprouva des douleurs comme des coliques accompagnées de faiblesses, de syncôpe, et qui durèrent plus ou moins jusqu'au mois de Juillet 1842, lorsque je fus appelé, et je la trouvai se plaignant de douleurs aiguës dans le bas de l'hypochondre droit et ayant une décharge très alarmante de sang, des intestins... Elle jouit généralement depuis ce temps là jusqu'au mois d'Octobre dernier d'une assez bonne santé, et je l'ai confié aux soins du Docteur Bourgeois, jeune Praticien Canadien (qui promet devenir un ornement à la profession) de qui je reçus l'histoire de la terminaison de ce cas de cette malheureuse jeune patiente: comme suit... Je me suis borné dans mon traitement que vous avez mis entre les mains à lui faire prendre de temps à autre de l'huile de ricine et a veiller la marche de la nature afin d'appliquer un prompt traitement contre les inconvéniens qui auraient pu

survenir.

Depuis quelque temps chaque période de la menstruation a été accompagnée par une décharge de parties charnues en putréfaction et rarement de parties osseuses le tout par le rectum comme vous savez... Enfin, le 29e. de Janvier dernier Madame B. étant réglée, comme a l'ordinaire, le squelette ou la plus grande partie du squelette d'un Fœtus s'engagea dans le rectum et il s'en suivit un grand désir d'aller à la selle. Cependant lorsque le corps en fut venu à franchir l'anus, la malade eut des douleurs déchirantes, causées, sans doute, par l'extrémité des côtes du Fœtus qui étaient aigues et piquantes. Découragé par les douleurs et les instances de son épouse, M. B. se mit à faire des tractions sur le squelette, déjà expulsé en partie et qui la malade ne pensait être autre chose qu'un amas de matières fœcales denses. Aussitôt que son mari connut la nature du corps engagé dans le rectum il se hâta de m'envoyer chercher, et je me rendis promptement. Lorsque je fus arrivé, je trouvai Madame B. à demie morte de frayeur. Le col du Fœtus avait été rompu par les tractions, emmenant

avec lui l'occiput qui s'était séparé des autres os du crâne et qui était fortement attaché à l'atlas; moins il était à présumer (et c'était aussi le cas) que la tête était retenue dans le rectum, car elle y sentait une tumeur qu'elle disait être ronde et qui l'empêchait de s'asseoir. Je voulus la persuader de se soumettre à l'extraction de la tête retenue au delà du *sphincter ani*, mais fatiguée de tant de douleurs qu'elle avait soufferte et encore plus par la crainte et l'inquiétude, elle me pria de la laisser reposer quelque temps, je lui donnai une dose d'huile de ricine et je m'en retournai chez moi, lui recommandant de m'envoyer quérir dans trois ou quatre heures, si la tête n'avait pas été encore expulsée.

Mais heureusement deux heures après elle sentit le désir d'aller à la selle et dès les premiers efforts, quatre os de la tête franchirent le *sphincter ani*; ces os sont les deux temporaux, une des pariétaux et le sphénoïde, les parties du squelette expulsées avant mon arrivé, sont, les 24 vertebres, assez fortement liés ensemble, huit côtes du côté gauche avec l'omoplate et la clavicule du même côté, cinq côtes du côté droit, enfin

l'occiput fortement attaché à l'atlas, les côtes sont seulement attachées à la colonne vertébrale, leurs autres extrémités sont libres et dépouillées de leur cartilage; on y distingue très bien le foie et l'estomac, ainsi que des vestiges d'intestins, le tout ressemblant un *pas de cimetière*.

Les organes du thorax sont presque entièrement disparus, exceptés quelques traces des poumons mais aucuns vestiges du cœur.

Le lendemain un *humerus*, un *femur* et un *tibia* furent expulsés, mais rien a été renvoyé depuis.

Malgré qu'on n'a pu rassembler toutes les parties osseuses du Fœtus, je suis cependant porté à croire que Madame est entièrement délivrée de sa grossesse extra-utérine et je pense que les os qui manquent ont été expulsés enveloppés de parties charnues et ont été ainsi dérobées à nos recherches. Depuis ce temps là elle s'est trouvée bien soulagée.—Vers la fin de Juin elle subit une grosse fièvre et des douleurs aigues dans le ventre, mais ces symptômes se sont terminés par la menstruation naturelle.

TO THE EDITORS OF THE
MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—I beg again to draw the attention of your readers to the case of Catherine R——, which I related in the 9th number of your periodical. I regret that I am unable to give you any detail of the case since the beginning of January, at which time I discontinued my attendance at the hospital; I am, however, informed by the House Surgeon, that she has been twice subjected to the mesmeric influence, after each of which occasions, her bowels were freely evacuated, which are the only times they have been moved for three months.

While on the subject of torpor of the bowels, consequent upon Hysteria, I shall notice a case which came under my care in the beginning of September of last year.

Isabella E——, ætat 21, a married woman, with one child, about a year old, separated from her husband for nearly the

same period, and only a few weeks in this country; was admitted into hospital for amenorrhœa, (not having seen her catamenia for five months) she also complained of severe and almost constant headache, and pain of her spine, principally of the Dorsal region, and also under the left mamma, any pressure over the former region, increasing the pain in the side; there was also a slight fulness and hardness in the left hypochondrium, attended by pain on pressure. Her bowels were torpid, stomach irritable, with nausea; she occasionally complained of dysuria, her countenance was chlorotic and dejected, and her spirits depressed; in other respects she did not appear out of health.

The treatment at first pursued was cupping and blistering over the spine, and other painful parts, with frictions of antimonial ointment, exhibition of aloetic and other purgatives, Tonics as iron and the oxyde of silver, tincture of assafœtida, valerian and guaiacum; these remedies in general procured temporary relief, but the symptoms soon returned, varying in degree of

severity and prominence. Her bowels continued torpid, and her stomach nauseated almost every kind of purgative, generally retaining them but for a very short period, rendered it very difficult to act on the bowels; a variety of enemata were used, the fœtid, terebinthinate, common &c. in aid of the purgatives. About the beginning of November, her bowels became unusually torpid, and remained uninfluenced by the treatment for ten days. After being irregularly and unsatisfactorily opened for a few days, they again became obstinately confined for about eight days, resisting the action of Croton oil, scammony, gamboge, calomel, jalap, together with enemata. A large dose of opium was given, in hopes to overcome any spasm that might exist; after this period they again became obstinate, and were not moved for 30 days, although the same active treatment was persisted in, and copious enemata were thrown up once or twice a day, by means of the œsophagus tube, passed up twenty-four inches into the bowels; blisters were applied over the abdomen, strychnine, combined with croton oil and extract of

colocynth, was continued several days; the treatment towards the close of my attendance was restricted to large and frequent enemata thrown up by means of the æsophagus tube, when at last the bowels yielded and copious fæculent evacuations were for several days procured daily to her great relief, the tumefaction and pain of the abdomen subsiding proportionately. This fortunate condition continued for about a week, at the expiration of which time, my period of attendance at the Hospital having terminated, I lost sight of the case; except by an occasional visit. I find that since that period her bowels have not been once opened—now nearly four months; the abdomen is irregularly tumid, particularly in the umbilical and left iliac region, and is also very painful to the touch. Her health does not appear to suffer, although her countenance is expressive of distress; her headache and other pains continued, although in some measure overwhelmed by the abdominal distress; she has not menstruated for twelve months.

Cases of obstinate constipation connected with hysteria, somewhat similar to the above

are recorded in the 11th volume of the London Medical Gazette, pages 246 and 352; one of which did not yield to the remedies for four months, while another continued for *seven months!* shortly after which time the patient met with an accident, which together with the impaction of the bowels, brought on inflammation, of which the patient died.

I am, gentlemen,

Your obedient servant,

J. CRAWFORD, M. D.

St. James' Place, 21st March, 1845.

MEDICAL REFORM.

On the 25th February last, Sir J. Graham moved for leave to bring in his bill for the better regulation of medical practice throughout the United Kingdom. The measure had three leading objects to which he adhered:—1st. The establishment of a Council of Health, which would give him the general control of all the medical and surgical bodies in the United Kingdom, and which

would be so constituted as to assist to give advice to the Executive Government in all cases affecting the health of the community. 2nd. To secure to all medical practitioners throughout the United Kingdom equal facilities for practice, and at the same time, to secure to the public an equality of attainments. 3d. To give to the public the guarantee, that the practitioners had undergone the necessary examination, and had come up to the required standard of medical and surgical skill. The alterations that he proposed to make in the Bill printed last year were principally these:—1st. To repeal the act of Henry VIII, which gives the Royal College of Physicians, the exclusive right to practise in London and within seven miles of it, only with respect to practitioners registered under the Bill, leaving an exception for those who had graduated at Oxford and Cambridge, in the hope that some arrangement would be made, by which they would come under its operation. 2d. To repeal a part only of the Apothecaries' Act, so far as would affect parties registered under this Bill, thus leaving all existing penalties

untouched, for which the Society of Apothecaries might go if they pleased. 3d. To make it a misdemeanor for every unregistered person to pretend to be authorized to practise as a Physician, Surgeon, Apothecary, Doctor or other recognized designation. 4. To repeal that part of the Apothecaries' Act which renders it necessary for the examiners to be of the civic Guild of London, and in lieu thereof, that they should be general practitioners of ten years standing. 5. That 25 years shall be the age at which a person shall be deemed qualified to practise as a Surgeon, unless he had passed his examination as a licentiate. 6. That the Council of Health should make provision for an examination in Midwifery.

The Right Honorable Baronet advised the general practitioners to be satisfied with their connection with the College of Surgeons, and not to insist on a separate charter; and he adhered in substance to his last year's purpose as to the constitution of the Council of Health.

Mr. Wakley expressed his entire satisfaction at the proposed alterations.

The second reading of the Bill was fixed

for the 2nd April. Sir J. Graham also obtained leave to bring in a Bill to enable Her Majesty to grant new charters to certain Colleges of Physicians and Surgeons. He said that the principal object of these charters was to facilitate the operation of the measure, which he had just obtained leave to introduce.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN:—The importance of the science of Statistics is now so universally allowed, that I am certain I have only to hint that a statement of the admissions, births, presentations, and deaths (if any) of both mothers and infants, and the causes of such accidents, in the two Lying-in Hospitals of our good City for the last six months, if not from other establishments, would be of infinite instruction and benefit to the profession, for you to use your influence in obtaining the publication of them from Drs. McCulloch and McNider in an early number

of your Journal, and oblige yours,

AN ENQUIRER.

March 26th, 1845.

We are extremely happy in being able to inform an Enquirer, that Dr. McNider, with a willingness which does him credit, has promised to furnish the profession, through our pages, with a statistical report of the cases admitted into the Montreal Lying-in Hospital since its commencement. We have long wished, that similar reports from all the public Charities in this Province, could be obtained. We are endeavouring to effect the object.

EDS. M. M. G.

TORONTO LUNATIC ASYLUM.

DR. REES' REPORT TO THE COMMISSIONERS.

The admission of patients into this Institution during the twelve months ending 31st August 1844, amounted to 57—36 males

and 21 females.

There remained in the Asylum last year 29 males and 22 females in all 108 patients, of which number 24 have been discharged cured—10 have been discharged relieved or removed—7 are convalescent—5 have died, and 69 remain.

Of those remaining last year 15 were afflicted with monomania,—24 with mania—8 with dementia or fatuity, and 4 with idiocy.

Of those since admitted 22 suffered from monomania,—32 from mania, and 3 from dementia.

Of the twenty-four patients discharged 2 females had been afflicted from 2 to 4 years. Two males and one female from 2 to 3 years, and the affliction in three took place within one year. The remainder being sent chiefly from District Jails, no information of their cases, as usual, could be obtained.

Two of the deaths occurred from protracted and complicated disease of the abdominal viscera, two from cerebral disease, and one from external injury of the head, for which he had been some months professionally treated (as frequently occurs)

previous to his admission into the Asylum.

Of the 347 patients (as per returns rendered), namely from the commencement of the Institution, 21st January, 1841, to 1st September 1844 (idiots and incurables included) 21, or 6½ per cent. of the number have died,—113, or 32½ per cent. were discharged cured—48, or 14 per cent. were discharged relieved, or removed by their friends—15 were re-admitted from fresh attacks—7 are convalescent, and 6 remain in the Asylum.

93 patients were brought to the Asylum within twelve months of the attack, of whom 79, or 85 per cent. were discharged cured, and 8, or 8.6 per cent. died.

59 patients were admitted who had been afflicted from one to five years, of which 18, or 30½ per cent. were discharged cured, and 11 or 18.6 per cent. died.

Of the recent cases admitted, 60 were discharged cured within three months of their admission—18 within six months—12 within 9 months, and 8 within twelve months.^[2]

Of old cases cured, 8 were discharged of from one to two years duration, 6 of from 2 to

3 years, and 4 from 3 to 5 years.

Of the re-admissions, from relapses, which took place in most instances from intemperance or exposure to the ordinary exciting causes, 8 were males and 7 were females.

Of the 69 patients remaining 28 males and 24 females are old cases, or such as have labored under the disease from 1 to 10 years, 9 are in a state of dementia or fatuity, and 4 are afflicted with congenital idiocy.

The disorder in 11 patients was complicated with epilepsy—in 6 with delirium tremens—in 25 with intermittent fever—in 8 with diseases of the heart and lungs and in 19 with remittent fever—in 13 with surgical or local diseases.

Of those who suffered from mania or the more acute form of the disease, 85 were males, and 36 were females.

Of those who suffered from monomania, 84 were males and 51 were females.

150, or 43 per cent. arose from physical causes—52, or 15 per cent. from moral,—and 24 or 7 per cent. from hereditary.

In the better class or pay patients nearly

50 per cent. were hereditary.

So far as could be ascertained of the age and civil condition,

6	males	were	20	years	of	age
		under				
55	"	"	between	20	and	30,
31	"	"	"	30	"	40,
23	"	"	"	40	"	50,
10	"	"	"	50	"	60.

Of the	7	were	20	years	of
females		under			age,
	24	between	20	and	30,
	30	"	30	"	40,
	23	"	40	"	50,
	8	"	50	"	60.

The remainder being sent from District Jails, no particulars of their cases could be acquired.

64	males,	or	per	were	married,
		19	cent.		
76	"	or	"	"	single,
		22			

7	"	"	widowers,
3	"	"	blind,
1	"	"	deaf,
2	"	"	dumb.

Of	72,	or	per	were	married,
females		21	cent.		
"	36	or	"	"	single,
		10			
"	17				were
					widows,
"	5				had been
					deserted
					by their
					husbands,
"	8				Orphans,
"	1				afflicted
					with loss
					of
					speech.

2 males and 2 females were people of colour.

Of the 2 occurred from apoplexy, deaths

4	from	atrophy,
1	"	bilious diarrhœa,
2	"	pulmonary consumption,
1	"	dropsy of the chest,
6	from	inflammation of the brain,
4	"	chronic inflammation of the abdominal viscera,
1	"	external injury of the head.

Included in the above is the patient reported last year as having cut off his arm with an axe, also the patient who from injury and exposure had suffered amputation of his legs.

The autopsy in the whole of these cases (which was conducted in the presence of several medical gentlemen) exhibited disease of the brain to a greater or less extent, and in several throughout their entire structure.

Appended to this report are tables exhibiting the causes of the affliction, as far as it was practicable to ascertain them, as well as the trades or occupations of the patients—their religion and place of nativity.

The medical treatment which has been pursued at this Institution from the commencement up to the present period, as before described, consists in the exclusion and removal of all external causes of irritation, and in reducing and tranquillizing inordinate action of the vascular, nervous and voluntary systems, by the most energetic means, local and general, and by attention to regulation of the animal functions.

It has been found to a certain extent necessary to employ this treatment with the class usually termed incurable—cases in which the progress of the disease has been arrested sufficiently to prevent their lapsing into a state of fatuity; and thus rescued, the Institution remains up to the present period, exempt from any of the painful cases of the loss of the voluntary powers, which would render them a burden intolerable, both to themselves and to the Institution, during the

remainder of their lives.

As regards the system of moral treatment and mode of classification the extremely limited accommodation of the present building almost precludes the adoption of either the one or the other.

The convalescent patients are regularly exercised, when the weather permits, through the more retired parts of the City and its vicinity. A large swing exists in the Court yard; books and a few objects of attraction and amusement are occasionally supplied.

Others are usefully employed in sewing or house-work.

Appropriate apartments are afforded to the more respectable class, and the noisy and refractory are excluded whenever circumstances render it necessary. Vigilance on the part of the attendants is strictly enforced, throughout the establishment. Mechanical restraints have never been introduced. It will be observed by the ordinary returns that the patients received have been sent from nearly every part of Canada West, and it is proper here to observe that as they were for the most part cases of

great exigency, it became absolutely necessary to afford accommodation for a much greater number of patients than the building was originally estimated to contain. Through these means, however, it will be satisfactory to learn that in no instance has any admissible case been excluded for which application had been made.

The numerous and painful difficulties under which the present establishment has for so long a period suffered, particularly with respect to the moral treatment of the patients, and of affording pure air and the means of exercise to those who are convalescent, induce me to suggest to the Commissioners the propriety of making an early application for a temporary building to be provided on the proposed site of the permanent Asylum by which the greater portion of the male patients might be employed both beneficially to themselves and profitably to the Institution... a means of relief which might be extended with equal advantage to the Province, as it appears by the population returns that nearly 300 Lunatics (supposed to be incurable) remain yet unprovided for, a

great portion of whom, it may reasonably be presumed, could be at least sufficiently restored to prove no longer burthensome to the public.

Should this suggestion appear worthy of attention, a circular containing the necessary queries should be addressed to the various Districts with the view of eliciting the precise nature of all such cases as they may respectively possess, and to whose support, it may be reasonably supposed, such Districts would gladly contribute, until the permanent building shall have been erected.

Possessed at length of an unexceptionable site as regards its natural advantages, and one susceptible of every modern improvement, the future results of treatment, it is to be hoped, may yet more fully realize the just expectations of the Public, whilst the very arduous and onerous duties devolving upon the medical and other attendants must necessarily be followed by a corresponding degree of relief.

It only remains for me to claim for the present establishment existing nearly four years and supplying as nearly as practicable

all the advantages contemplated by the permanent Asylum, such wholesome regulations at least, as obtain in all similar establishments, as well as such additional professional assistance as both its efficiency and the protection of its character imperatively demand.

WM. REES.

Toronto, 1st September.

[2] These calculations are made by the nearest whole number.

UNIVERSITY OF NEW YORK.

The ceremony for conferring the degree of M. D., upon the candidates for graduation for the session 1844-45, took place in the beautiful chapel of the University, on Wednesday; and having been present on the occasion, we take much pleasure in recording our feeling of gratification on the triumphant evidence which this, the fourth medical commencement of the Institution, furnished

of its unparalleled success and prosperity.

After a beautiful prayer by the Rev. Cyrus Mason, D. D., the Chaplain of the Medical Faculty—the Chancellor of the University, the Hon. Theodore Frelinghuysen—after a few observations on the great prosperity of the Medical Department—announced to the assembly that he had been commissioned by the Council of the University to confer the degree of M. D., on ONE HUNDRED AND TWENTY candidates, who, having passed, with honour to themselves, their examination, had been recommended to the Council for the Doctorate. We were much interested, on the reading of the list. It would seem, that not only had every State and Territory of this Republic sent on their quota to this most flourishing Medical Institution, but not only that, even the subjects of Queen Victoria had furnished from the Canadas, Nova Scotia, New Brunswick, and the West Indies, a large representation. When the very superior facilities which New York affords to her Medical students are considered, this was to be expected; and we are convinced that the Medical Department of the University of

New York requires only to be known, to attract from these countries increasing numbers. After the Chancellor had conferred the degrees on the candidates, Gen.

Tallmadge, the President of the Council, gave a most interesting account of the prosperity of the Medical School. He stated, that it had only now terminated its fourth session, and that the fact that the fourth Class which had assembled in its Halls, had numbered 378 students, and had furnished 120 graduates, proved that its prosperity was without a parallel, either in this country or in Europe. Wonderful as this success was, it was easy of explanation. *First.* There was no city in the Union which could afford to the Medical Student the same facilities and advantages for study as the city of New York. Its Hospitals, Infirmarys, and Dispensaries were on the largest scale, and its opportunities for the study of Practical Anatomy were not surpassed even by those of Paris. *Secondly.* The Council had appointed a Faculty of Medical Professors, of whom they justly felt proud, and who, by their energy, talents and their zeal, had more than realized the most

sanguine hopes and expectations of the friends of the University. It was only, he added, necessary to name the members of the Faculty—men whose reputations were not confined to the Scavans of Europe, to prove the attractions of this Medical School. They were Valentine Mott, Granville S. Pattison, John Revere, Martyn Paine, Gunning S. Bedford and John Draper. The ceremonies concluded with a most chaste and beautiful Address to the graduates, by Dr. Draper. We trust it will be published.

ACADEMIE DES SCIENCES.

M. Amussat a communiqué à l'Académie le résultat de nouvelles recherches sur les blessures des vaisseaux sanguins. Le travail de ce chirurgien se termine par les conclusions suivantes:

1^o Lorsqu'une artère coupée en travers dans une grande plaie cesse spontanément de donner du sang, c'est une erreur de croire que c'est par le spasme, l'éréthisme, la contraction

de l'artère que ce phénomène survient comme on le professe généralement.

2° La cessation de l'hémorragie est produite par un obstacle physique, par un caillot sanguin qui ferme et obstrue complètement l'extrémité du vaisseau.

3° En observant une artère divisée complètement, on voit tout d'abord qu'elle donne à plein jet, et on distingue le bout du vaisseau saillant au-dessus du niveau de la plaie. Bientôt on observe une saillie rouge, conique et le jet diminue. Enfin il cesse entièrement, et l'on aperçoit alors une petite saillie rouge, mamelonnée, une sorte de moignon qui est soulevé à chaque pulsation du cœur. C'est le caillot spontané ou bouchon obturateur que l'on observe également sur l'homme comme sur les animaux.

4° Ce caillot spontané n'est pas simplement un bouchon, comme je l'avais d'abord supposé. C'est une espèce de capuchon ou cône creux, sondé et identifié avec le rebord ou le pourtour de l'ouverture artificielle et particulièrement à la membrane celluleuse. Il résulte de cette disposition que

le tube artériel se prolonge dans le caillot et se termine en cul de sac. Si l'on coupe transversalement ce caillot conique à différentes distances entre son sommet et l'extrémité de l'artère divisée, on trouve un trou ou canal central dont le diamètre diminue à mesure qu'on s'éloigne de la section du vaisseau. Ce fait explique parfaitement la diminution progressive du jet de sang et l'obturation complète de l'artère.

5° Le fait de la formation du caillot spontané obturateur est d'une grande importance pratique pour les chirurgiens; car, au lieu de chercher l'orifice béant d'une artère divisée comme on l'enseigne dans les cours et dans les livres, ils devront chercher un caillot et non pas une *lumière* artificielle, comme sur les cadavres après les manœuvres opératoires.

6° La difficulté de trouver un vaisseau obturé par un caillot lorsqu'on n'a pas appris à le reconnaître sur les animaux vivants et les accidents graves qui en résultent, doivent engager les chirurgiens à faire des études auxquelles on ne peut se livrer ni dans les livres, ni sur le cadavre, ni en opérant sur l'homme, mais seulement en ayant recours

aux vivisections.

7^o Enfin, mes expériences et les faits observés sur l'homme prouvent qu'il ne faut pas trop se hâter d'abandonner les recherches auxquelles on s'est livré pour trouver un vaisseau que l'on croit obturé définitivement, car des hémorragies graves peuvent survenir malgré la compression et le tamponnement. Les fait malheureux abondent à l'appui de cette proposition.

—Nous trouvons dans les *Annales de la Société de Médecine de Gand*, le résultat d'expériences comparatives faites par le docteur Coppez, pour empêcher les marques de la petite vérole.

M. Coppez a surtout employé le soufre et le mercure en frictions. Sur cent observations relatives au premier de ces topiques, il en cite quatorze qui lui permettent de conclure: 1^o que les préparations sulfureuses n'arrêtent pas la marche des boutons; 2^o qu'elles enraient souvent les progrès de l'inflammation de la peau, mais que cela n'a pas toujours lieu; 3^o que le soufre irrite la conjonctive, malgré les

précautions prises pour ne pas toucher les yeux; 4^o enfin que dans les vraies varioles confluentes, il n'empêche pas les cicatrices quoiqu'il les rende cependant moins profondes.

L'onguent mercuriel, au contraire, appliqué dès le début de la maladie, empêche la suppuration des pustules, les resserre et les racornit. L'emplâtre de Vigo surtout, prévient non-seulement leur suppuration, mais encore l'éruption, et diminue, par conséquent beaucoup la gravité de la maladie. Sur ce point, les faits rapportés par M. Coppez sont tous confirmatifs des conclusions publiées par Zimmermann et Rozen, par M. Serres, et plus récemment, par MM. Briquet et Nonat.

Il résulte de ces diverses expériences que l'emplâtre de Vigo est le meilleur topique pour empêcher de faire avorter ou arrêter le développement et prévenir les cicatrices de la variole. Il paraît même être le seul agent qui procure un résultat identique et assuré, sans offrir le plus mince inconvénient, ni chez les enfants, ni chez les adultes.

POLYPE MUQUEUX DES FOSSES NASALES, TRAITE' PAR L'EMPLOI COMBINE' DE LA DILATATION ET DE LA CAUTERISATION.

L'observation suivante, à laquelle se rattache un point important du traitement des polypes, a été publiée par M. le Docteur Cayrel fils, dans le *Journal de Médecine et de Chirurgie de Toulouse*.

Un homme âgé de 40 ans portait depuis plusieurs années un polype muqueux à chaque fosse nasale. Deux opérations avaient été faites, mais après chacune d'elles, les cavités du nez n'avaient pas tardé à se remplir, et bientôt le malade s'était trouvé aussi peu avancé qu'auparavant. Mr. Cayrel fils songea alors à la cautérisation. Cherchant donc un moyen plus propre à porter le caustique que les procédés employés jusqu'ici, afin d'agir directement et sans danger sur toute la muqueuse altérée, il pensa par analogie à l'instrument de Ducamp. Il se servit, une première fois, d'un porte-caustique en gomme élastique, avec lequel il commença

les cautérisations. Il augmenta graduellement le volume de l'instrument, et, pour compléter l'analogie, à mesure qu'il cautérisait il dilatait avec des bougies introduites jusqu'à l'ouverture postérieure des fosses nasales. Dans les derniers jours du traitement, le malade introduisait lui-même avec facilité, et laissait à demeure fixe, pendant plusieurs heures, une portion de sonde œsophagienne.

De cette observation, M. Cayrel a conclu:

1^o Que dans le traitement des polypes muqueux, il ne suffit pas de débarrasser le malade de son infirmité; qu'il faut encore un traitement consécutif qui le préserve d'une réapparition;

2^o Que reconnaissant pour cause des polypes muqueux un état pathologique de la muqueuse nasale, c'est particulièrement cette muqueuse qu'il faut modifier;

3^o Que le meilleur modificateur des muqueuses étant le nitrate d'argent, il doit être préféré dans cette circonstance;

4^o Que par analogie, dans certains cas d'occlusion des narines à la suite de l'opération du polype, comme dans toute

autre maladie analogue, la cautérisation avec un instrument semblable au porte-caustique de Ducamp, et la dilatation avec les sondes de gomme élastique peuvent être efficacement employées.

Réflexions. Le raisonnement de M. Cayrel peut être juste, mais ses conclusions sont-elles rigoureusement déduites du fait qui précède? il nous semble qu'on en peut douter. Deux choses en effet sont à remarquer dans l'observation recueillie par ce praticien; d'une part, l'occlusion des fosses nasales; de l'autre, l'existence d'un état pathologique constituant le polype. Or nous voyons que l'introduction des sondes de gomme élastique a rétabli assez largement le passage de l'air à travers ces cavités. Ce moyen avait été conseillé par Boyer, dans les cas d'épaississement de la muqueuse nasale, et il pouvait être également indiqué ici. Mais peut-on dire, que le polype ait été complètement détruit par la cautérisation? n'en restait-il plus de traces? s'est-il écoulé un laps de temps suffisant pour constater la non réapparition de la maladie? M. Cayrel n'en parle pas; et cependant c'était là, suivant nous, le point important de la

question. Sous ce rapport, l'observation de M. Cayrel est incomplète, et nous le regrettons d'autant plus que si la cautérisation justement proscrite pour les cas de polype fibreux, charnu, carcinomateux est insuffisante pour détruire les polypes vésiculeux, il ne nous répugne pas d'admettre qu'après l'arrachement elle peut être employée avec succès. Nous croyons surtout que le procédé mis en usage par M. Cayrel doit contribuer à l'efficacité de la cautérisation; mais encore une fois ce ne sont là que des suppositions plus ou moins raisonnables, et qui manquent de faits à l'appui pour être érigées en préceptes.
—*Journal de Med. et Chir.*

NOUVEAUX CAS
D'ETRANGLEMENT HERNIAIRE
GUERI PAR L'EMPLOI DU TAXIS
ET DES IRRIGATIONS D'ETHER.

M. Chabrely a publié dans le *Bulletin Médical de Bordeaux* deux observations qui

viennent confirmer l'utilité des irrigations d'éther pour réduire la hernie étranglée.

Dans le premier cas, il s'agissait d'un vigneron âgé de 52 ans, qui présentait une tumeur dure, marronnée, du volume d'une grosse noix très-douloureuse, le traitement fut dirigé de la manière suivante:

Saigué du bras de 600 grammes; emploi du taxis pur et simple; bain prolongé; effort de réduction inutiles. M. Chabrely eut recours à l'éther sulfurique dont il envoya chercher 250 grammes. Il répandit amplement de cette liqueur volatile sur le bubonocèle qu'il pétrit, pour ainsi dire entre ses doigts, en le poussant dans le sens de l'anneau inguinal. A mesure que l'éther se vaporisait, il en épanchait de nouveau, et manœuvrait sans désespérer. Bientôt M. Chabrely comprit à un léger gargouillement, que des gaz avaient cheminé au delà de l'obstacle; il redoubla alors de zèle et d'attention, faisant verser aussi souvent qu'il était nécessaire l'éther, pour entretenir une vaporisation constante sur le lieu de la tumeur. Au bout d'un quart d'heure la réduction fut complète.

Le sujet de la seconde observation était

une femme de 35 ans, chez laquelle existait une hernie crurale du côté droit, Aux vomissements caractéristiques de l'étranglement, se joignaient des coliques et des douleurs atroces. La sensibilité de la tumeur rendait le contact de la main insupportable. Cependant M. Chabrely put pratiquer le taxis *à sec*, pendant quelques minutes, mais sans succès. Faisant alors une large aspersion d'éther sur le siège du mal, il profita de l'instant où s'opérait l'évaporation du fluide pour tenter de nouveaux efforts de réduction. Aussitôt il sembla que le canal crural, comme par un mouvement de succion, aspirait la portion d'intestin sortie, et en effet en quelques minutes, tout était rentré dans l'ordre.

Il serait fort inutile d'expliquer ici le mode d'action de l'éther, mais n'est-il pas évident que, dans les circonstances dont il s'agit, l'insuccès du taxis seul tient en partie au surcroît d'inflammation qu'il provoque. Ajoutez, au contraire, à cette manœuvre, les irrigations d'éther sur le point douloureux, et vous voyez les choses se passer tout autrement. L'appel du sang déterminé par la

pression de la main est prévenu par la réfrigération continue; les gaz se condensent dans la tumeur; l'innervation est activée du côté de l'organe hernié lui-même; circonstances dont le concours favorise la réduction et montre combien l'emploi de l'éther est à la fois rationnel et efficace.

EMPLOI DE L'EUPATOIRE DANS CERTAINES FORMES DE BRONCHITE, ET NOTAMMENT DANS LE TRAITEMENT DE LA GRIPPE.

Il résulte des remarques faites par le docteur Peebles de Petersburg (Etats-Unis,) que l'eupatoire ne mérite pas le dédain dont elle est l'objet dans nos traités de matière médicale. Voici en effet ce que nous trouvons au sujet de cette plante dans l'*American Journal* de Philadelphie.

Le docteur Peebles ayant à traiter un grand nombre de malades atteints de

l'influenza ou grippe épidémique, mit en usage divers agents thérapeutiques, parmi lesquels *l'eupatorium perfoliatum* produisit les effets les plus remarquables. Dans quelque cas, dit ce praticien, il fallut lui donner pour auxiliaire le calomel ou l'ipécacuanha, mais dans les autres plus nombreux qui se faisaient remarquer par la céphalalgie, les douleurs contusives, la toux déchirante et les alternatives de chaleur et de froid à la peau, l'eupatoire seule suffit pour faire disparaître le mal comme par enchantement. A peine cette substance était-elle ingérée dans l'estomac, que le sentiment de lassitude générale cessait ainsi que l'abattement. La transpiration était modifiée non-seulement en quantité, mais aussi en qualité; c'est-à-dire que le produit de la sécrétion cutanée devenait plus abondant et perdait à la fois le caractère morbide qu'on lui connaît dans cette maladie. Or ce résultat n'était obtenu ni par la poudre de Dower, ni par les antimonialaux. La transpiration ainsi modifiée, la toux céda, et il survenait du côté des organes respiratoires une amélioration que M. Peebles attribue surtout

aux propriétés expectorantes de l'eupatoire qui, dit-il sont on ne peut plus prononcées.

Mais ce ne sont pas là les seuls avantages de cette plante; elle est en outre essentiellement toniques, et dès lors d'une grande efficacité chez les individus âgés ou affaiblis par des accès de toux prolongée. Quant à lui, M. Peebles n'hésite pas à considérer l'eupatoire comme le meilleur des médicaments qu'on puisse administrer contre la grippe, et l'emportant de beaucoup sur toutes les combinaisons imaginées pour guérir cette affection.

Passons au mode d'administration de cet agent. Voici comment M. Peebles a cru devoir le régler.

Le malade étant couché et bien couvert, boit de demi-heure en demi-heure un verre à vin d'une infusion chaude préparée avec 32 grammes de feuille sèches d'eupatoire, et un litre d'eau bouillante. Il survient ordinairement des nausées et même des vomissements après la quatrième ou la cinquième dose. Ces phénomènes gastriques sont suivis d'une diaphorèse franche, et par suite, d'une amélioration notable de tous les

symptômes. L'infusion est continuée alors pour maintenir le premier résultat obtenu; seulement, au lieu de la donner de demi-heure en demi-heure, on ne la donne plus que de trois ou même de quatre en quatre heures à la même dose. M. Peebles a remarqué que vers le soir du second jour du traitement, surtout si le malade s'était exposé imprudemment au froid, il y avait un retour des accidents, et alors il était indiqué de revenir à l'emploi de la première prescription. Mais en général la médication, continuée comme il vient d'être dit, tenait la maladie en échec, et donnait une guérison complète le quatrième jour. Si le traitement avait été commencé avec le calomel, l'ipécacuanha ou les antimoniaux, l'infusion de feuilles d'eupatoire était introduite dans la médication le second jour, à titre de diaphorétique et d'expectorant, et donnée à la dose d'un verre à vin, de deux heures en deux heures.

Comme tonique, dans la convalescence, on administrait un verre d'infusion trois fois par jour. Chez les vieillards ou chez les sujets dont la maladie avait de la tendance à la prostration, on substituait l'infusion froide à

l'infusion chaude pour reprendre celle-ci dans le cas de retour à l'état aigu.

Nous pensons que ce médicament pourrait être utilement expérimenté dans l'asthme, dans la coqueluche, etc., et si l'observation en démontrait l'efficacité, ce serait véritablement, comme le dit M. Peebles, une conquête d'autant plus précieuse que l'eupatoire s'obtient à très-bon marché.
—*Journal de Médecine et de Chirurgie.*

DES CRAYONS DERMOGRAPHIQUES ET DE LEUR USAGES EN CHIRURGIE PRATIQUE.

Plusieurs professeurs de clinique se servant avec avantage des crayons dermographiques pour tracer certaines indications sur les téguments, nous croyons faire une chose utile en reproduisant quelques détails publiés à ce sujet dans la *Gazette des Hopitaux*.

PREMIERE FORMULE.

<i>Pr.:</i> Axonge	1 partie.
Térébenthine de Venise	2
Cire	3
Noir de fumée	Q. S.

Faites fondre, agitez et malaxez avec une spatule, en ajoutant petit à petit le noir de fumée, jusqu'à consistance peu molle. Ensuite retirez le tout du feu, et agitez, toujours jusqu'à refroidissement. Donnez à la masse la forme de crayons.

Pour enlever de la peau les lignes tracés par ces crayons, il suffit de les frotter légèrement avec un linge imbibé d'essence de térébenthine. D'ailleurs, si l'on voulait avoir un crayon moins durable et facile à effacer sans avoir recours à autre chose qu'à un simple frottement, on remplacerait la térébenthine par du savon commun et l'on mettrait partie égale de cire.

Cette première formule avec ses variétés, quant à la couleur, ne laissait rien à désirer par une température froide ou seulement tempérée, mais les crayons ainsi obtenus se

ramollissant trop facilement pendant les chaleurs, on a eu recours à la préparation que voici:

DEUXIEME FORMULE.

<i>Pr.:</i> Colophane	5 parties.
Stéarine	4
Cire	2
Noir de fumée	Q. S.

Faites fondre, agitez et malaxez avec une spatule en y ajoutant peu à peu le noir de fumée jusqu'à consistance peu molle; ensuite versez dans les moules pour former les crayons et laissez refroidir.

M. Piorri a tiré de ces nouveaux crayons un parti qui doit être signalé et dont le fait suivant donnera une idée succincte.

Une petite fille portait une hypertrophie partielle de la colonne épinière due à une affection tuberculeuse. Pour apprécier les effets du traitement dirigé contre cette maladie, M. Piorri circoncrivit la tumeur avec le crayon dermographique, puis appliquant dessus une feuille de papier mince il obtint à l'aide d'une pression modérée une

empreinte parfaitement exacte.

Or, on comprend tout ce que ce procédé offre de ressources, non-seulement en médecine proprement dite, mais dans bon nombre de cas chirurgicaux. Ainsi, par exemple, pour l'inspection et la palpation, il fournira les moyens de conserver un dessin fidèle de la circonscription de phlegmasies diverses, de douleurs cutanées, d'ulcérations, de tumeurs, etc.; de sorte qu'il est peu d'affections chirurgicales où cette organographie ne soit utile. Pour l'orthopédie, elle servira à recueillir le dessin plessimétrique exact de la colonne vertébrale. Ce dessin servira de terme de comparaison pour apprécier les changements, en bien comme en mal, qui plus tard pourront survenir dans la direction de l'épine.

Le chirurgien dans la délimitation des tumeurs de diverses sortes, en marche croissante ou rétrograde, et dans beaucoup d'autres cas, pourrait utiliser la dermatographie reproduite sur le papier. Il faut, en outre, remarquer que des esquisses de ce genre envoyées à distance à un chirurgien consultant, lui donneraient une idée plus

exacte de la maladie que toutes les descriptions du monde. Il convient donc de voir dans ce que M. Piorri propose de nommer l'*organotypie*, un moyen nouveau qu'on ne doit pas dédaigner quand il s'agit de diagnostiquer et d'observer des maladies analogues à celles dont nous venons de parler.—*Ibid.*

THE MONTREAL MEDICAL GAZETTE.

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

—*Cicero.*

MONTREAL, APRIL 1, 1845.

It is lamentable to discover the extreme dulness of comprehension evinced by some

men, in all matters which do not immediately furnish data for the improvement of their own pecuniary possessions. Ever since we unfolded to the Profession the scheme of establishing a Medical Association in this Province, we have been assailed by such enquiries as the following: What is the perspective advantage contemplated from such an Association being formed? Will not the expenses consequent on its formation be a heavy outlay, without the prospect of any return for our investment? Why need we interfere in matters which the Legislature should take up, and why should the members of our Profession, whose time is already fully occupied with their own private affairs, be called upon to offer suggestions or tender advice to the Executive on matters connected with public health, or medical education, without remuneration? We give a general answer to all these queries; that in our opinion, the establishment of a general Medical Association is the only means by which the Profession in Canada is to be absolved from the influence of the Incubus, in the deep clouds of which it has been and is

still involved, to be elevated to that standard, which is freely awarded in all other countries to men supposed to have received a liberal education, to stimulate its members to do something for the general welfare, the future benefit of their own families, and their own credit. If we be not the recipients of pecuniary advantage, our children may. Doubtless here as elsewhere men are to be found, who, satisfied with being able to provide for the daily necessities of themselves and families, shrink from entering upon any undertaking of a public character, because they themselves are not to derive all the profit arising from such an outlay of mental or corporeal capital. Where the blessings of civilization and education are not felt, the supply of the mere animal wants is all that is craved for, but as soon as the ideas of men become influenced by education, and they are made thereby to feel that they were not born solely for themselves, then do they perceive that they may be of service, albeit in a slight degree only, to humanity. To what are to be referred the savings of millions to our own Government in its public services; the

increase in the public revenue; the trebly increased commerce; the increased duration of human life; and the incalculably increased comforts of mankind? Are these the results of individual efforts? Certainly not, "union is power, and knowledge is power," and how can knowledge be so profitably obtained as by the co-operation of men engaged in the same pursuits, mutually communicating and transmitting the contents of their individual storehouses. But we are told, that the object contemplated in originating the Provincial Medical Association of England in 1832, was to effect the reform of abuses, the removal of restrictions and impositions, under which the Profession in the United Kingdom had been groaning for centuries. Had Associations of this description been coeval with the institution of the bodies, which exercised such fearful tyranny over thousands of individuals then unborn, is it to be supposed, that such restrictive charters would have been granted? We think not; we are now seeing what changes can be wrought by the steady, respectful, but unflinching demands for justice raised by 20,000 men; and these

calling as with one voice for reform. Monopolies of privileges and restrictions of spheres of action are about to be removed, and men possessed of the requisite qualifications are about to be permitted to labor and earn their livelihood wheresoever they list. With regard to this Province, it is true, that there are no old grievances to be got rid of, but there are several modern ones, which unless scouted by the profession in a body, will ere long call forth a loud cry for reform. Prevent then, say we, the necessity for reforming abuses, while it is in your power to crush in the bud the threatened evils, and of these the following strike us most forcibly. The annihilation of the newly introduced system of professional attendance by *contract*, a system utterly derogatory to the profession, inducive of dishonest bargaining in the public, and now scouted by the whole English Nation even with respect to the attendance on the Poor. The proscription of unlicenced men from carrying on their work of destruction to the detriment of the qualified practitioner. What *individual* would victimize himself by prosecuting one

of the most daring and impudent quacks in his neighbourhood, knowing that by doing so, his own means of subsistence would be removed from himself and probably conveyed to the *martyr*? The abolition of monopolies in our profession, either in Schools or Public Charitable Institutions, by throwing open these appointments to public competition. These constitute a few of the growing evils connected with our Profession in Canada, and at the root of which, the axe should at once be set.

We call the attention of our readers to the valuable report of Dr. W. Rees, addressed to the Board of Commissioners, on the condition of the Lunatic Asylum of Toronto, under his professional charge and we regret that want of space has prevented us from publishing in our present number the Statistical Tables which accompanied his Report. They are drawn up in a most clear and satisfactory manner. During this gentleman's stay in Montreal we have elicited from him much valuable information relative to the Institution, the organization and

supervision of which were entrusted to him in 1840 by the original Commissioners appointed by Lord Sydenham. The Bill under which these Commissioners were appointed was passed in 1839, and by one of its provisions, the Superintendent was to receive a salary of £300 per annum with a suitable residence &c. in or near the establishment. By Dr. Rees' Report, the average amount of cures since the opening of the Asylum has been 60 pr. ct. which we conceive redounds most highly to his credit, and considering the limited accommodation in the building, the many perplexing and mortifying difficulties which he has had to encounter in the execution of his onerous duties, it speaks volumes in favour of his thorough acquaintance with the malady, to the treatment of which he has for some years given up his whole attention and energies. In a very able report, drawn up by Dr. Spears in March 1843, we find as confirmatory of this opinion of ours, a statement of the average number of cures effected in different countries, by which we learn that our friend Dr. R. stands second only on the list. The

average number of cures effected at Bethlehem on all cases is there stated to be 63 per cent. In the Connecticut Asylum 57,—40 pr. ct. in France, 42 pr. ct. and in England generally 32 pr. ct. How stand the mortalities. —In Connecticut these are 4—4 pr. ct. in Paris 7—7 pr. ct. and at Toronto 7, 5 pr. ct. The report above alluded to of Dr. Spears with others of Drs. Dunlop and Rees, we hope to be permitted to publish in future numbers, for they contain a mass of information, rendered doubly valuable at this moment from the fact of all the institutions at present existing in this Province being merely of a temporary description.

MEDICAL MISCELLANY.—A book has just issued from the French press, entitled, "The Physicians of Paris judged by their works." It is from the pen of Mr. S. de la Barre. He concludes his preface by this remark, "I give an unqualified contradiction to any one who pretends either to have purchased my praise or to have bribed me into silence." A late Montpelier Journal makes mention of a Provincial Medical man who had

accumulated clinical notes to the extent of fifty-four quarto volumes. A noble example of industry and the possession of a real love of his profession. The Medical Times of the 28th Dec. last contains a curious twin case. The first child (a female) was born on the 1st Oct., the placenta came away naturally three hours after the child. On the 2nd Nov., the Surgeon (Mr. Burleigh) was again hurriedly sent for and arrived just as the second child, a boy, was born; two hours afterwards he removed the placenta. There were two singular circumstances connected with this case, that there was no secretion of milk until after the second child was born, and that there was no lochial discharge after the birth of the first child.

It appears by a lately published report, that during the last eight years, no less than 217 Physicians arrived in the United States in charge of Emigrants. The number of deaths in Boston during the last year amounted to 2241, of which 1109 were children under five years of age. The deaths by fevers of different kinds amounted to 458—of which there were of typhus 75; of lung 132 and of scarlet fever

229. Dr. Castar of Berlin mentions a fatal case of tetanus caused by extirpating too deeply a corn from the little toe. By the late English Journals, we hear of the death of Dr. James Home, late professor of the Practice of Physic in the University of Edinburgh. A Physician of Boston recommends sheet India Rubber as an external remedy for rheumatism and pain in the limbs. A new Hospital, of immense dimensions, is about being constructed in Paris, to be called after the King.

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

ANIMAL MAGNETISM.—M. Brachet may be justly considered high authority on all topics connected with the phenomena of innervation, in the state alike of disease and of health. His great experience and clear-sighted practical sagacity entitle his opinions to universal respect. As a matter of late course, he, like other medical men of

experience, has seen something and read more, of the vaunted marvels of Mesmerism, as it has been revived of years by *Dupotet*, *Elliotson*, and others. Let us hear what judgment he has formed on the subject.

"From the Magnetism of Mesmer has arisen that other jugglery, denominated Animal Magnetism. Twenty Times beaten down by science, and reason and facts, every now and then it has again lifted up its head, more ridiculous and amusing, indeed, than dangerous. We do not, however, mean to deny, the effects which may be induced in persons of highly nervous constitutions by the *passes* and other grimaces that are usually practised. In the magnetic stupor of the animal energies that is sometimes induced, the entire nervous system is compromised; and this influence may unquestionably appease pain and spasmodic contractions for a time, by acting powerfully on the imagination. We can readily conceive the possibility of this; and certainly there is no lack of cases of alleged cure in hypochondriacal, as well as in many other ailments. Although we have heard of such,

we have not ourselves met with any well authenticated examples. In our opinion, this Animal Magnetism, even when divested of all the apparatus of Charlatanry, is on the whole more likely to do harm than good in the disease now under consideration (Hypochondriasis.) If such be our opinion of Magnetism, we need scarcely say that we equally discredit all the recorded wonders of Somnambulism, the exhibitions of which are now almost entirely limited to rogues, whose only object is to attract the public notice, and rob their silly dupes.^[3] These distant voyages without moving from off one's chair, these divinations, these transpositions of the senses, &c. are only so many clever tricks contrived to amuse the weak and entrap the foolish. It may so happen that a poor silly hypochondriac, who is strongly prepossessed in favour of this culpable jugglery, appears for a time to derive some benefit to his health; but then it is only from his becoming the dupe of his credulous fancy, and not from any direct or actual sanative influence bestowed."

We observed in a recent number of the

Medical Gazette a quotation to the same effect, of the opinions of the celebrated *Müller*, of Berlin, on the subject of Animal Magnetism. How long will any men of education allow themselves to be imposed upon by the juggling tricks of clever rogues, and the paid-for testimony of credulous women? Medical men at all events, should know better; for they must have studied the history of the nervous system and its functions only indifferently well, not to be aware that many startling, and not easily explicable, phenomena are apt to occur during the progress of some of the neuroses. —*Medico-Chirurgical Review*.

[3] Within the last few weeks, the mountebank mummery of M. M. Marcillet and Alexis, who were fleecing the West-end ignoramuses at the rate of five guineas for every private *séance*, has been covered with the ridicule and contempt which it deserves, and these knaves have been

chassés from the metropolis, in consequence of the clever exposure of their lying and dishonest tricks.

STRICTURE OF THE URETHRA.

In the Parisian hospitals this affection is treated in various manners; thus, Dr. Jobert, ere he has recourse to dilatation, introduces an aluminated bougie; Professor Roux passes sounds, fixing them in the bladder, and increasing gradually their size. Mr. Lisfranc rejects small sounds, and makes use of a large one at once, pushing it slowly onwards until, after a day or two, it enters the bladder where he fixes it; he likewise recommends, to prevent relapses, that a sound be passed for some time after the cure. Professors Blandin and Gordy increase gradually the size of the bougie into the bladder, allowing it to remain only an hour or two in that organ. Doctor Chassaignac has modified this latter method;

he takes a number of gum-elastic bougies, and begins with one which enters freely into the bladder; this done, holding the one, next in size to that in the urethra, in his right hand, he requests an assistant to withdraw the latter, and ere the parts have time to contract, introduces the former; this method is continued until the bougie appears to pass the stricture without difficulty; the operation is then ended, the last being kept *in situ* a longer or shorter time, according to the pain it produces, and is then removed by the patient himself. Care must be taken to avoid hæmorrhage; this accident, according to Dr. Chassaignac, may be productive of very serious consequences. This last method is mentioned in a pamphlet, published by Dr. Béniqué; and Dr. Rognetta, editor of the "Annales de Therapeutique," has twice had recourse to it, once conjointly with Dr. Fournier Deschamps, eighteen months back, and a second time alone, about six months ago; both patients were cured after two months' perseverance in this method.

WEEKLY CONSUMPTION OF FOOD IN THE NEW YORK STATE LUNATIC ASYLUM.

Dr. Brigham, in his last highly interesting annual report, in order to give some idea of the amount of food required for all the inmates, presents the following "table of the weekly consumption of the various articles. It is for the week ending October last, and was not made with reference to publication, but for the guidance of the steward in his purchases. Some weeks would probably present a different result in several of the articles.—1750 pounds of bread; 195 of crackers; 196 of flour; 240 of corned beef; 230 of beef steak; 175 of roast beef; 171 of mutton; 50 of salt pork; 50 of codfish; 56 of mackerel; 273 of sugar; 14 of tea; 35 of coffee; 94 of cheese; 370 of butter; 30 of rice; 4½ galls. of molasses; 6 doz. of eggs; 3 bushels of apples; 20 of potatoes; 3 of beets; 1 of onions; 1 of carrots; 36 heads of cabbage. The insane," he adds, "require as much food as the sane, and we think rather

more; many of them have been reduced by sickness, or by their real or imaginary troubles, before they came under our care, and when they begin to recover eat very heartily. They also increase in flesh most generally when recovering.—The total increase in weight of the 132 discharged recovered the last year was 1565 pounds."

BURSAL SWELLING OF THE WRIST AND PALM OF THE HAND.

BY JAMES SYME, ESQ.

There are few subjects of surgical practice that have occasioned more trouble and disappointment than morbid distension of the bursa, which accompanies the flexor tendons of the forearm, in their course under the annular ligament of the wrist, towards the fingers. The resistance of the ligament prevents any enlargement of the bursa where lying under it; but the wrist and palm become distended, so as to occasion an unseemly

swelling, and weakness of the hand. The fluid effused into the cavity is generally associated with numerous small cartilaginous-looking bodies, of a lozenge or lenticular figure.

In treating this form of ganglion, the means generally employed prove very unsatisfactory in their effect. Blisters and pressure are altogether unavailing. Punctures either heal without producing any improvement, or remain open, so as to occasion obstinate sinuses. Incisions of larger extent, caustics, and setons, have all been carefully employed with very uncertain benefit, and frequently great suffering; indeed I have known the continued irritation so produced prove fatal. As the treatment of similar derangements in other parts of the body is not attended with such troublesome consequences, the question naturally presented itself, what local peculiarity is concerned in causing the obstinacy of this particular case? The reply suggested by what has fallen within my observation is that the constriction caused by the annular ligament produces the effect in question, by preventing the portion of bursal sac corresponding to it

and the subjacent tendons from undergoing the healing process. Impressed with this conviction, I tried the following experiment, the complete success of which encourages me to hope that the method tried will be found to afford at once an effectual remedy for a complaint which has hitherto proved so troublesome.

Janet Preston, aged 20, was admitted on the 13th of February, complaining of pain and weakness in her left hand. The wrist and palm of the hand were much swelled, but not discoloured, and pressure on these parts caused distinct fluctuation, with the jarring sensation that characterizes effusion into the bursal sheaths. She stated that pain had been first felt about two years before, and that for the last twelve months she had had hardly any use of the hand, in consequence of the swelling and weakness attending it.

I made a free incision from the wrist into the palm of the hand, dividing the annular ligament. This gave vent to a quantity of glairy fluid, with many small flat cartilaginous-looking bodies, exposed to view the flexor tendons, separated and surrounded

by thickened bursal membrane. The cavity was filled with dry lint, supported by a bandage moderately compressing the hand and wrist. In the subsequent treatment care was taken to prevent protrusion of the tendons, by drawing the edges of the wound together, and applying a compress over the seat of the annular ligament. Not the slightest disagreeable symptom followed the operation, and three days after it, the patient was able to sew, which she had been prevented from doing for many months previously. In the course of a few weeks the wound healed, and the limb was in every respect perfectly sound.—*Lond. and Ed. Month. Jour. Med. Sci.*, Oct. 1844.

LUXATION OF THE FOREARM FORWARDS WITHOUT FRACTURE OF THE OLECRANON.

This is supposed, by most surgeons, to be impossible. M. Morin, has, however, recorded an example of it in the *Journal de*

Médecine de Lyon. It occurred in a boy, between six and seven years of age, and resulted from a fall. It was reduced by the following plan. The shoulder was fixed by bands. The forearm being then strongly bent on the arm, M. M. placed his hands in the bend of the arm with his fingers crossed on the palmar face of the forearm, and drew this part downwards and backwards.—*Journ. de Méd. et de Chirurg. Prat.*, Feb., 1844.

M. Segalas has made a number of experiments on living animals, in order to ascertain what is the physiological influence of the spinal cord on the functions of the genito-urinary organs. He firstly analysed the facts by which Krimer, quoted by M. Ollivier d'Augers in his work on "Spinal Diseases," endeavours to establish, experimentally, that the secretion of the urine is modified by lesions of the spinal cord; and details his own experiments, which prove, on the contrary, that every portion of the spinal marrow may be successively destroyed without the secretion of the urine being suspended or even sensibly diminished, provided, on the destruction of the cervical portion, respiration

be artificially kept up.

M. Segalas then examines what is the influence of traumatic lesions of the spinal cord on the composition of the urine. He has found, as the result of his experiment, that the section of the cord, either in the lumbar region or at the lower part of the cervical, has no constant influence on the quantity of urea in the urine, or on that of the phosphates, of the sulphates, of the uric acid, or of the mucus, and that if the urine be modified by this operation, which he considers doubtful, it is in a very diversified manner. He, therefore, thinks that the modifications which Krimer says occur in the constitution of the urine, after severe injury of the cord, cannot be considered constant. M. Segalas recapitulates the results of his researches and his opinions on the subject in the following propositions:

—

1. Traumatic lesions of the spinal cord do not prevent the secretion of urine.

2. Nor do they directly modify its composition.

3. The change in the composition of the urine which shows itself subsequently, is the

result of the catarrhal inflammation of the bladder.—This inflammation is itself produced by the lengthened presence of the urine in the organ, or by the action of the permanent sound, and that with or without the assistance of other causes.

4. Traumatic paralysis is always primarily complicated by retention of urine. The incontinence which follows, if proper treatment be not resorted to, is, at first, the result of over-distension of the bladder, and subsequently of the inflammation which supervenes.

5. Traumatic lesions of the spine do not arrest the secretion of sperm.

6. They do not sensibly alter its composition.

7. They are often attended with erections without desires, which are sometimes followed by desires without erections.

8. They do not always prevent sexual intercourse.

9. They do not prevent conception or gestation, but when such lesions exist, artificial means become necessary to accomplish parturition.

By these propositions M. Segalas evidently means to assert that the spinal cord exercises little or no influence on the functions of the kidneys, the testicles, or the ovaries, whereas it keeps under its immediate control the bladder, the seminal vesicles, and the uterus.—*Lancet*, Oct. 19, 1844.

LIBERIA MEDICAL SCHOOL.

In a letter from Dr. J. W. Lugenbeel, the colonial physician in that interesting and rising State, Monrovia, Africa, to the Secretary of the American Colonization Society, under date of Oct. 22d, he acknowledges the receipt of sixteen volumes of medical books, the gift of Dr. Bell, of Philadelphia, "for the use of the Liberia Medical School." He further observes, "My students are making fine progress in their studies. They are of very considerable assistance to me, and I hope and believe they will become blessings to the colony. I endeavor to give them every opportunity to

learn practically, as well as theoretically, by frequently taking them with me and giving them Clinical Lectures." From some further remarks in the same communication, we learn that Dr. Lugenbeel is decidedly of the opinion, that ninety-nine persons in a hundred, visiting Africa from America, might pass safely through the acclimating fever of the country, provided their constitutions were not much impaired by previous disease, and they could be prevailed on to exercise that prudence which is necessary. "Moderation in exposure and exercise, contentment of mind, and temperance in eating and drinking and in the *use of physic*," he says "are *sine qua non* in this country." Without doubt, the discovery will hereafter be announced that there is necessarily no acclimating fever there. This notion is already beginning to attract attention. The bad state of preparation by the mode of living on the voyage, unquestionably predisposes to the development of bilious and congestive fevers on landing in the new settlements. We consider that Dr. Lugenbeel's observations are already tending to this opinion, which is a favorite theory, at least

with ourselves.—*Boston Medical and Surgical Journal.*

SCIENTIFIC LECTURES FOR THE INSANE.

Dr. Earle, in his recent report of the Bloomingdale Asylum, which we have read with much satisfaction, has really made known a new source of rational enjoyment for lunatics. He has been giving a series of scientific lectures, generally illustrated by diagrams and pictures, of a size to enable every person in attendance to have a distinct view of them. Among other subjects, Dr. Earle lectured on the physiology of the eye, and the phenomena of vision; physiology of the muscular system; and the following are to be the ensuing topics: physiology of the brain and nerves; heart and blood vessels; organs of respiration; auditory apparatus; organs of speech; electricity; hydrogen and nitrogen gases, &c. The result, on the disturbed minds of the Bloomingdale hearers, was most

happy. "The several sources of instruction herein mentioned," says Dr. E., "are among the principal promoters of peace, tranquillity and order; they are some of the most valuable aids in restoring the mind to its original healthy action." Those who are placed over other lunatic institutions, have a very encouraging precedent to follow, and we fully expect to hear, in proper time, that an annual course of miscellaneous public lectures, expressly for the patients, is considered an indispensable curative process, conducing alike to present intellectual gratification and permanent enjoyment.
—*Ibid.*

SPONTANEOUS GANGRENE— LAW SUIT TO RECOVER MEDICAL FEES.

Mr. Baker, a surgeon of Hampton, England, was called to Mr. Lowe, aged 64, who was affected with spontaneous gangrene of the toe, but otherwise healthy. Stimulating

medicines, brandy, meat, wine, &c., were ordered, and in four or five days the toe was amputated. But the disorder extended over the foot, and Mr. Liston being called, stimulants were abandoned and "the soothing system" adopted. It became necessary, however, to amputate the foot. Mr. Baker continued his attendance, and finally sent in his bill for 437 visits at 7s. 6d. a-piece, which with some medicine amounted to over £193. The bill was disputed, and this action was brought to recover the whole amount. Mr. Bransby Cooper, Mr. Partridge, Mr. Liston and Mr. Perry were brought to testify as to the propriety of the plaintiff's treatment. Mr. Lawrence, however, Mr. Aston Key and Mr. Skey give contrary evidence. The former surgeons considered spontaneous gangrene as resulting from a debilitated constitution, and therefore requiring stimulants. The latter considered such treatment improper, as likely to increase the inflammation and extend the disease. Amputation of the toe, too, they thought the worst course that could be pursued, as it was an act of violence upon a part already in a great state of excitement.

The mildest and most soothing applications they thought were indicated, with general abstinence and quietness. The necessity of amputating the foot they considered as the result of amputating the toe and of the stimulating treatment employed. The jury brought in a verdict for the plaintiff of £138 14s., calculating the visits at 5s. a-piece, and found no want of proper skill in the treatment.—*Ibid.*

A FISH-HOOK REMOVED FROM THE ŒSOPHAGUS WITHOUT AN OPERATION.

Reported by ANDREW R. KILPATRICK, M. D. Woodville, Miss.—In the summer of 1837, Mrs. —— was enjoying her usual *siesta*, in the afternoon of a warm day, on a pallet spread upon the floor in a cool part of the house; and while she was lying on her back sleeping pleasantly, no doubt dreaming of past pleasures, her grandson, a little urchin of three or four summers, was playing about

the house with a fishing tackle complete, pole, line and hook; who, when he discovered the old lady with her mouth widely distended, thought it was a fine opportunity to "catch a fish." Accordingly, in order to effect his purpose, he cautiously deposited the "barbed hook" (I believe there was no *bait* on it) into his granddame's open mouth. The titillation caused her to awake suddenly, and as her mouth was dry from exposure, she closed it, and swallowed the hook two or three inches below the uvula. So soon as she discovered her situation, the whole family was assembled by her calls and cries of distress, *except little Charley*, who had dropped his pole in a panic, and, in provincial phrase, *mizzled*.

Some gentle efforts were essayed to remove the hook, both by the patient and some of the family; but being apprehensive of fixing the barb in the throat, they ceased all efforts, and despatched a messenger for Dr. E. Leroy Antony, who resided in the neighborhood. When he arrived, and found that the hook was not fastened into the flesh, his fertile brain suggested a plan by which it

could be removed safely, easily, and *without an operation*.

His plan was, to cut off the line within a foot or two of the mouth of the patient; then to drill a hole through a rifle bullet and drop it over the line, down on the hook. In order to fix the bullet on the point of the hook and maintain it firmly in that position, a reed was procured, the joints punched out, and then passed down over the line, and pressed firmly over the bullet. In this manner the hook, bullet and reed were all withdrawn at once, very easily, without any injury to the œsophagus or fauces.—*Boston Medical and Surgical Journal*.

ON A NEW METHOD OF MAKING MEDICATED TINCTURES.

Dr. Burton describes in the London Medical Gazette, (Aug. 30, 1844,) a method for making medicated tinctures, which seems to have advantages, not only over the old process, but also over the more recent French

one of percolation. In the ordinary process of making tinctures; maceration and filtration are both necessary, which cause both loss of time and a waste of spirit. By Dr. Burton's process, maceration and filtration are simultaneously conducted; the solid being loosely packed in a bag, which is suspended just under the surface of the solvent, so that all parts of it are immersed, and a space left between its lowermost end and the bottom of the macerating vessel. In this process no shaking or stirring is requisite;—"as soon as the spirit begins to act on the solid, a coloured tincture will be seen to gravitate through the colourless and lighter spirit by which it is surrounded. In proportion to the rapidity with which the heavier tincture gravitates, a corresponding bulk of light spirit ascends, and is carried or forced into contact with the solid suspended at its surface. Thus, in a short time; a descending and ascending current will be established throughout the fluid, and will continue to move as long as the solid contains any soluble extract, or until the solvent has become saturated, and incapable of dissolving an additional quantity."

One of the best illustrations of this process, the author observes, is afforded by the phenomena which may be observed during the making of tincture of kino, with the proportion of ingredients directed in the London Pharmacopœia; a brief description of which will serve as an explanation of this new application of a principle long familiar to scientific chemists.

Take, for example, 126 grains of kino, in small fragments or coarse powder, and inclose them loosely in a calico bag, large enough to contain as much again, and secure the mouth of it with a fine string. Next choose a glass bottle, stoppered, with a wide mouth capable of holding four fluid ounces of spirit, and pour into it three fluid ounces of spiritus rectificatus, having a specific gravity of 0,838 at 60°. Then suspend the bag of kino by its string, attached to the neck of the bottle, just below the surface of the spirit, and close the bottle.

The bottle should be left at rest, and almost as soon as the kino is immersed its dissolution commences; in proof of which a bright red stream of tincture begins to

descend, and for a short time remains at the bottom of the bottle, distinct from the colourless spirit above and around it; but in the course of a few hours the red stratum will have increased in thickness, and eventually ascended to the upper surface.

The tincture of kino thus produced will be perfectly clear, and its physical properties at the end of three or four days will correspond precisely with a tincture made with kino of the same quality, and spirit of equal density, mixed in the same proportions, and macerated together in a bottle for the space of fourteen days, according to the old method.

"Fine flannel or calico," Dr. B. says, "will answer the purpose of a filtering bag very well; and in this the dry solids should be loosely packed, so as to allow space enough for their expansion on being immersed in the spirit, and for the circulation of the latter through them."

The same plan may be followed in making infusions; but the macerating bag should be open as the coffee-baggin, and the boiling water poured on the solids to be infused in a vessel having a spout through

which the infusion may be found when cold.

INSANITY COMPLICATED WITH ASTHMA.

A large number of cases of insanity, complicated with asthma, have come under my care. Asthmatics are more frequently insane than their proportion in society would admit, if their disease had no agency, as a cause, in producing insanity. This complication does not necessarily interfere to prevent the recovery of patients affected with this disease; yet I apprehend it is an impediment in the way of a cure. There is often a marked coincidence between the paroxysms of asthma and the periods of excitement in periodical insanity. It is an interesting subject of inquiry, whether the circulation of black blood to the brain, in asthma, predisposes to the excitement of mental disease. Facts connected with it would be exceedingly interesting and instructive.

—*Dr. Woodward's Annual Report.*

STETHOSCOPIC SOUND PRODUCED BY TÆNIA.

Prof. Piorry relates the case of a woman affected by Tænia in whom, on auscultation, a peculiar characteristic sound was heard, very different from, and weaker than, that produced by borborygmi. This was heard by several persons, and all were unanimous in stating, that it was evidently produced by a slender body moving about by jerks, which lasted several seconds. According to one, it resembled somewhat the hydraëric murmur, with very minute bubbles, and was tremulous; according to another, it was like that caused by a small body moving rapidly in a liquid; to a third, like the sound of the rolling of a carriage, heard at a distance; to a fourth, like a peculiar tremor, or undulation. This noise was heard during several days, but only when the patient felt the tænia move in the intestine. Finally, more positive results were obtained by immediate, than by

mediate, auscultation.—*Med. Times*, 16th,
Nov. 1844.

ON THE ADMINISTRATION OF PURGATIVES BY THE ENDERMIC METHOD.

In many acute and chronic diseases, intense constipation exists; purgatives given are immediately rejected, and enemas cannot penetrate, whilst manual operations are useless when the fæces are contained in the colon. In these cases, Dr. Salgues proposes sprinkling different purgative powders on the skin, deprived of its epidermis by means of a blister, and quotes several cases, in which evacuations were thus obtained. The conclusions to which he has been led by experience are: that in many cases the practitioner may have recourse to purgatives by the endermic method, to overcome constipation, which may give rise to serious, if not fatal, accidents; that colocynth is more powerful, and ought to be preferred (dose

from grs. v. to grs.); aloes is not so efficacious (dose from grs. viij. to grs. xv.); that when the purgative does not produce the evacuation of the retained fæces, it may cause irritation, or hæmorrhages of the stomach or intestines, and sometimes even an excitation of the whole system; that, as by this method only drastic purgatives can be employed, they are counter-indicated whenever any latent or ardent phlegmasia exists; that they must be discontinued when their application is not followed by evacuations; that when the purgative does not cause the symptom, against which it is directed, to yield, it acts as a perturbator, and if it has not an advantageous action on the primitive disease, it may produce serious accidents; consequently, the abdominal organs must be attentively examined ere it is prescribed.

—*Revue Medicale de Dijon.*

DEPURATION OF THE BLOOD.

Dr. Barlow, in a paper, read before the

Physical Society of Guy's, states that he conceives the depuration of the blood to be wholly effected by the two-fold agency of air and water. The atmospheric air acting through the medium of the pulmonary circulation, removes, in the form of carbonic acid, the carbon which has been formed in the capillaries of the aortic circulation, and which would act as a poison if returned to the left side of the heart, and again transmitted through the system. The water acts through the medium of the portal circulation, by the capillaries of which it is taken up from the stomach and small intestine, and is employed for the purpose of holding in solution the solid contents of the bile, the urine, and the perspiration, preparatory to their elimination by their respective secreting organs, and without which these solid contents cannot be separated from the body, unless they are brought to the emunctories in a state of solution. These views he supported by references to the symptoms, pathology, and effects of remedies employed in cardiac, hepatic, and renal disease, and also to dropsical effusion in the cavity of the

peritoneum, and to the symptoms and state of the blood in Asiatic cholera: Dr. Barlow dwelling particularly on the impossibility of procuring diuresis, when disease of the liver has proceeded so far as materially to obstruct the entrances of water from the small intestine into the portal circulation.

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TRANSCRIBER'S NOTES

The following printer errors have been corrected:

p. 2 knowlege -> knowledge

p. 3 as might be expected -> As might be expected

p. 4 Atimony -> Antimony

p. 4 respectfully -> respectfully,

p. 8 Rôyal -> Royal

p. 9 Ayslum -> Asylum

p. 9 monomonía -> monomania

p. 12 appartments -> apartments

p. 13 accout -> account

p. 13 paralled -> parallel

p. 17 céphalagie -> céphalalgie

p. 20 Piorry -> Piorri

p. 23 magnectic -> magnetic

p. 24 bougee -> bougie

p. 26 analysis -> analysed

p. 27 acknowleges -> acknowledges

p. 29 skil. -> skill

p. 31 evucations -> evacuations

p. 32 abdominal -> abdominal

p. 32 symptons -> symptoms

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*,
Volume 2, Issue 1 edited by Francis Badgley
and William Sutherland]