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THE BRITISH AMERICAN JOURNAL OF MEDICAL & PHYSICAL SCIENCE.

EDITED BY

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Lecturer on Chemistry, University of McGill College; Member of the Medical Board of Examiners for the District of Montreal; one of the Physicians to the Montreal General Hospital; one of the Consulting Physicians to the University Lying-in-Hospital, &c.

VOL. V.]

SEPTEMBER, 1849.

[No. 5.

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MONTREAL, SEPTEMBER, 1849.

[No. 5.]

ART. XIX.—CASE OF COMMINUTED FRACTURE OF THE PELVIS, WITH SYMPTOMS OF FRACTURE OF THE CERVIX FEMORIS. UNION OF THE BONES COMPLETE BY THE SIXTEENTH WEEK. THE PATIENT ON THE EVE OF DISCHARGE WHEN HE IS ATTACKED WITH TYPHUS FEVER, DEATH FOLLOWING IN FIVE DAYS. NECROSCOPICAL APPEARANCES, SHOWING FRACTURE THROUGH THE ACETABULUM, WITH ELONGATION OF HEAD OF FEMUR OF AFFECTED SIDE, FROM DEPOSITS OF BONE.

By GEORGE D. GIBB, M.D.,

Licenciate Royal College of Surgeons, Ireland, Member Parisian Medical Society, and formerly Assistant House Surgeon to the Montreal General Hospital.

(Read before the Medico-Chirurgical Society, 4th Aug., 1849.)

Barney Fitzpatrick, ætat 61, an old soldier of intemperate habits, lean and spare, of short stature and nervo-bilious temperament, was carried into the wards of the Montreal General Hospital, on Tuesday, the 12th August, 1845, having fallen about an hour previously, from a considerable height, upon some stones below, sustaining a very severe comminuted and complicated fracture of the pelvis.

He had been working as a laborer at the new market buildings, Commissioners' Street, and whilst helping a mason to adjust some cut stones on the upper part of the wall of the second story, his footing gave way, and he was precipitated into the street in the midst of a lot of loose stones and rubbish,—the height of the fall being nearly eighteen feet. He was shortly after the accident removed to the Hospital.

As he laid on the bed, after removing his clothes he presented the appearance of a person suffering very great agony; his breathing was hurried and anxious, he was very restless, was moaning and groaning continuously from pain, and his pulse was feeble, irregular, and of a fluttering character. The least motion of the trunk or extremities was difficult and painful. His right foot was everted, and the entire limb laid on its external surface. On laying hold of the thigh or leg to examine the fracture, the pain induced was so great that the patient shrieked as if in perfect torture. It was found that the pelvis was most extensively fractured on its right side; on moving the thigh and pressing the hand above the acetabulum, several portions of broken bone were felt quite moveable, the posterior

part of the ilium was found to be fractured, as also the ischium of the same side, and considerable difficulty existed in diagnosing, whether the neck of the right femur was fractured; as, in addition to the eversion of the foot, there was shortening to the extent of one inch and a half; the trochanter major was nearer the anterior superior spinous process than on the sound side; on rotating the limb, the trochanter major appeared to move in the segment of a smaller circle than that of the left, and, lastly, crepitus was distinctly felt and heard in the joint itself. The leg could not be extended to the same length as the sound one, neither could the leg be inverted, but on attempting to do so crepitus was distinctly felt, and excruciating pain induced. The patient did not remember in what position he struck the ground, but from the existing symptoms he must have fallen on the right ischium and thigh; as, in addition to the fracture of the former, there was most extensive ecchymosis which had extended on to the thigh posteriorly.

Dr. Sewell, into whose service the patient was placed, ordered both legs to be tied together, and a firm roller to be applied around the pelvis. An anodyne draught of tinct. opii. at bed time, and the daily allowance of a pint of beer, which was changed next day to wine.

On applying the bandage around the pelvis and hips, it seemed as if a quantity of loose bones were being tied together; crepitus could be heard quite loudly, and the pain and suffering endured by the unfortunate patient were great in the extreme.

30th Aug.—From the restlessness of the patient, his bandages became frequently loosened, and had to be as often reapplied. The method which answered best, was a wide and firm circular band, applied around the hips, with a number of tails sewed thereto, which were brought around the thighs and perineum and fastened to the band above. He has not been free from pain since admission, and anodynes are nightly given to produce sleep. Occasionally the catheter has been used to empty the bladder, but no injury to that viscus or the urethra occurred at the time of the accident. A few days after admission he passed some blood in his stools, but there was no apparent lesion of the rectum. Ordered half a pint of brandy daily, in addition to his wine.

Sept. 5.—Three and a half weeks after the accident. Is more quiet and his health improved. Effusion of callus is now being perceived.

Dec. 3.—After recovering from the effects of the fracture, and being able to limp about with the aid of a stick, the right foot shorter than the left, the poor

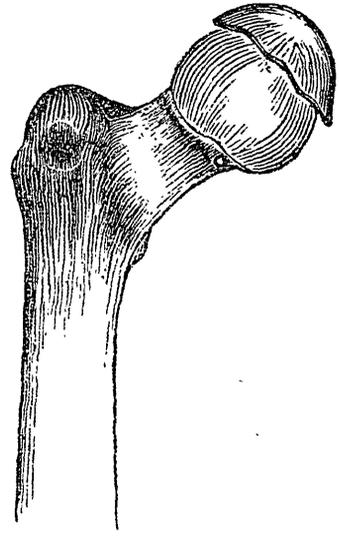
fellow was to-day seized with rigors and other symptoms of Typhus Fever, which daily increased in severity; jaundice supervened on the 5th in the space of half an hour, and he died on the 8th in a convulsive fit.

His body was taken to the School of Medicine and Surgery for dissection, and on the 28th March, 1846, I was fortunate enough in being enabled to procure the pelvis entire. The following is an account of its appearance:—

Fracture commencing at posterior third of the crest of right ilium, extending downwards and forwards to the anterior part of the sacro-iliac symphysis; a quantity of unabsorbed callus is still present here. Fracture commencing at the spine of right pubic bone, extending along upper part of the acetabulum to anterior inferior spinous process of ilium, then along the margin of pelvis to sacro-iliac symphysis. The portion of bone thus detached had united in an irregular manner, and projected upwards and inwards into the cavity of the true pelvis. The acetabulum was most completely fractured,—the only sound part being the anterior half of its iliac portion. A new ligamentous cavity replaced it, two inches deep,—its walls being formed by ligament and fragments of bone; some of the latter had become united by the same substance. The ischium was fractured at its junction with the pubis, and also with the acetabulum, and had united in a very irregular manner,—being closer to, and higher up, than its fellow of the opposite side. Fracture of ramus of pubis one inch below its spine, not rupturing the symphysis. The thyroid foramen was divided into two parts—the lower one of a quadrangular form, one and a half inch square; and the upper oval, one inch in length at its broadest diameter. Irregular portions and spiculae of bone projected from different parts of this united fracture, and one in particular had become detached and had fastened itself midway on the right border of the sacrum.

The result of the union of this fracture is a distorted pelvis, converting the brim into a triangular form, and contracting the dimensions of the true pelvis from the projection inwards of the body of the ischium, which extends to within half an inch of the mesial line of the antero-posterior diameter, thus changing the position of the bladder during life, and causing occasional retention of urine. The crest of the right ilium is higher and pushed farther backwards, with its anterior spinous processes approaching nearer the vertebræ than on the left side, destroying to a certain extent the right iliac fossa, and altering the relative position of the iliac vessels.

The femur of the affected side was sound, but its head was lengthened, from a deposit (?) of osseous matter, giving to it the peculiar form represented in the drawing, and which had accommodated itself to the deep ligamentous acetabulum. This deposit did not seem of a compact nature, as it was not only very porous, but even a scalpel could be pushed into it with very little force, showing evidently that it was not a detached piece from the head of the bone from fracture.



REMARKS AND OBSERVATIONS.—Cases of fractured pelvis are generally rare, and produced only by very great external violence; this is one in which the violence was indirectly applied, and although its immediate results were very severe, they are fully accounted for on considering the age and appearance of the subject of the injury.

The case presents many points of interest seldom witnessed:—

In the *first* place, there were the symptoms of fracture of the cervix femoris, when that lesion was not present, as eversion of the foot, shortening, crepitus, &c., as already detailed, and great nicety was required in forming a correct diagnosis.

Secondly. The shortened member could not be drawn downwards to an equal length with its fellow of the opposite side, neither could it be inverted, and motion in almost any direction gave great pain.

Thirdly. None of the pelvic viscera were injured, although the catheter had occasionally to be used, and blood was passed by stool.

Fourthly. The fracture, certainly extensive, had become perfectly united, and the patient was on the eve of discharge when another cause produced death.

Fifthly. The sequence showing the union of the bones, but in an irregular manner; the formation of a ligamentous acetabulum, with the wise provision of nature in the total absence of any new deposit within the articulation, which might have interfered with the functions of the joint.

And *lastly*. The osseous prolongation of the head of the femur, which, whether an effort of nature to accommodate the head of the bone to an enlarged and deepened cavity, or the result of an imperfect and irregular union of the opposed surfaces of a possible fracture within the capsule, is a matter for consideration.

Some of these will be noticed in the course of the subject.

Several cases have been published by various au-

thors, in which the fracture passed through the acetabulum, giving rise to the symptoms of fracture of the cervix in some, as in this case, and dislocation of the head of the bone in others.

Mr. Earle* has related four cases of the former, in which the foot was *everted* in each, together with a loss of prominence of the trochanter; there was no visible shortening, and the affected limbs could be drawn freely outwards, which motion is highly painful after fracture of the neck of the femur.

In the Cyclopædia of Anatomy and Physiology,† are the details of a case of fractured pelvis, caused by a fall off of a ladder from a height of fifty feet on to the flags of the street. The injured limb was two inches *shorter* than the left, which the patient ascribed to a fracture of the femur some years previously. No mention is made as to the position of the limb, but the general details go to show that it was distinctly *eversion*. Death occurred on the fortieth day, from acute pleuritis. The shaft, head and neck of the femur were uninjured, but the head of the bone was driven through the fundus of the acetabulum, which was fractured in a stellated manner, having been divided into three portions. The pelvis was broken in several places, and nature had not made the slightest attempt at reparation.

In the same work is the quotation of a remarkable case from Dupuytren:—

“The bottom of the cotyloid cavity had been driven in, and the head of the femur had passed entirely into the pelvis. The neck, which had not suffered any solution of continuity, was so strongly engaged in the opening, that, even when making the anatomical examination, I found it very difficult to disengage it, and to reduce this new species of luxation.”‡ The position of the limb was here also omitted.

Sir Astley Cooper§ relates a case, admitted into St. Thomas' Hospital, having the appearance of dislocation backwards, with shortening of the limb; the patient lived four days. On examination, the fracture was found passing through the acetabulum, dividing the bone into three parts; and the head of the thigh bone was deeply sunk into the cavity of the pelvis.

Mr. Wm. McTyer, on fractures connected with the hip joint, in *Glasgow Medical Journal*, No. XIII, gives four cases, in which the head of the thigh bone was driven through the acetabulum; only three of them were observed after the accidents, and each presented *shortening* of the limb with rotation *inwards*, and slight flexion of the knee. The two first cases were taken for fracture of the neck of the femur, and the third for a dislocation, in consequence of the difficulty experienced in drawing down the affected limb to restore it to the same length as its fellow. Chelius says||:—“If fracture of the hip bone extend through the hip socket and the broken ends be separated, the thigh may be shortened, the foot and knee turned inwards,

and the case may be mistaken for a dislocation of the head of the thigh bone.” He does not, however, mention any cases.

The above cases evidently show, that a sure diagnosis cannot always be made where the pelvic bones are extensively fractured, and if we judge from the number of cases published, with the additional lesion of fracture of the cervix femoris, we find that it is comparatively rare to meet the two co-existent. Sir Astley Cooper* mentions only one case where there was fracture of the thigh bone, and that was through the trochanter. On referring to numerous other authors, I cannot come across a single case where the neck of the bone was broken. Of five preparations of fractured pelvis in the Musée Dupuytren in Paris, which I examined, only one was fractured through the acetabulum, and in that case the thigh bone was uninjured.

In another of Mr. Earles' † cases, in which the foot and ankle were extensively fractured, as well as the pelvis, from a fall out of a three pair of stairs window into the area, patient alighting upon his left foot, he states after detailing the case:—“It is worthy of remark, that in this case, notwithstanding the extent of injury sustained by the foot, the force should have been so great as actually to separate the symphysis pubis and sacro-iliac symphysis, and to drive the whole os innominatum upwards, yet that there should have been no fracture of the neck of the thigh bone nor of the acetabulum. Fracture of the neck of the femur is said to be sometimes caused by perpendicular falls, but I never yet met with an unequivocal case of such an accident.”

My own notes supply me with the following case:—

On the 20th July, 1845, a very large and powerful man jumped off the upper gallery of the Montreal General Hospital, a height of thirty-eight feet. He died half an hour afterwards. On examination it was found that the head of the femur was broken internal to the capsular ligament. The right ilium was broken in three places, the pubis in several places, as well as the ischium. Many of the ribs were also broken. The convex surface of the liver was ruptured throughout its entire aspect. The lungs were ruptured, and about two quarts of blood effused into the thorax, and a quantity of blood was effused into all the organs and viscera situated on the right side of the body.

Here, although the *head* of the thigh bone was broken and the pelvis most extensively so, the acetabulum remained entire, but there was no shortening of the limb; it was everted and laid on its outer surface. We may therefore conclude from the extreme rarity of fracture of the cervix femoris occurring *with* fractured pelvis, that in almost all cases, if the limb is everted, shortened, and with a loss of prominence of the trochanter, together with acute pain on motion of the limb in almost any direction, that there is fracture through the acetabulum. But if the limb is *inverted*, and the symptoms of dislocation are apparently visible, we must remember

* *Medico-Chirurgical Transactions*, vol. xix, page 250.

† Article “Abnormal conditions of the Hip Joint.”

‡ *Leçons Orales*.

§ On Dislocations and Fractures of the Joints.

|| *System of Surgery*, translated by South, vol. 1, p. 544.

* *Op. cit.*

† *Medico-Chirurgical Transactions*, vol. xix.

the frequent occurrence again of cases in which, in addition to fracture of the bones of the pelvis, the posterior margin of the acetabulum is fractured, but here the diagnosis is ably assisted by discovering the head of the bone on the dorsum ilii, or resting on the edge of the socket, the ligamentum teres still being entire, and in the latter form free motion exists in the joint, such as flexion and extension.*

Inversion of the foot in fractured thigh is rare, but Mr. R. W. Smith† has seen seven examples of it, in five of which the fracture was external to the capsular ligament. "Such cases," he says, "merit the closest attention, for they are especially liable to be confounded with luxations."

I shall conclude this paragraph with quoting a well known French author, M. Nélaton,‡ to whose opinions at the present day, in France, is attached great weight:

"Dans les fractures du fond de la cavité cotyloïde, si le fémur ne suit point les fragmens enfoncés, le membre conserve sa longueur normale; si, au contraire, la tête du fémur s'enfonce dans le bassin, le membre est raccourci. Un peu d'attention suffira toujours pour empêcher de confondre cette lésion avec une luxation; mais il ne sera pas toujours facile de la distinguer d'avec une fracture comminutive de l'extrémité supérieure du fémur." * * * *

"Pour conclure, je répéterai encore ici ce que je disais précédemment, que les luxations iliaques ne seront jamais confondues avec une fracture par un chirurgien exercé; mais que nous ne possédons aucun moyen infailible de distinguer une fracture du rebord cotyloïdien d'avec une fracture du col du fémur, ou même un enfoncement du fond de la cavité cotyloïde."

There may be said in addition, that where the limb is shortened, everted, and cannot be extended to the length of its fellow, we may suspect fracture through the acetabulum, for we know well that in fractures of the neck of the thigh bone, the affected limb can almost *always* be extended to the same length as the sound one. This rule does not, however, apply where the symptoms of dislocation are present.

The appearance of the *head* of the thigh bone, as shown in the drawing, next merits attention.

That it is a pathological or rather an abnormal condition, very rarely affecting any joint of the skeleton, few can deny. But what may it depend upon, or how came it to be produced here, are questions which present themselves. Occasionally we meet with preparations of united fractures, with an appearance as if irregular growths of bone had become formed or deposited, but it has been shown by Mr. R. W. Smith,* that the cause of their formation is the union of the fracture itself. Cases of morbus senilis are by no means uncommon, where there is an extensive marginal deposit around the

head of the thigh bone, overhanging the neck, and giving it the appearance of a helmet. Several specimens illustrating this are in the Museum of the College of Surgeons in Dublin, and are described by Dr. Houstont.†

In my private collection, I possess a similar specimen; it has in addition an exostotic growth surrounding the attachment of the ligamentum teres. This peculiar condition would seem to be confined to the enarthrosis or ball and socket joints, as the head of the humerus is not exempt from it;‡ this smaller preparation shows this, but in a less marked degree than the previous one, and a growth of bone projects also from the centre of the articulating surface of the head.

In all the cases in which these deposits occur around and upon the joints, the subjects of them are old persons, and it is not unlikely in the case of the subject of this paper, but that old age may have influenced the deposit of bone; or, if that idea cannot be entertained, we may perhaps conclude that on the receipt of the injury, the ligamentum teres may have become ruptured and afterwards absorbed, and a copious effusion of callus have followed to make up for the apparent deficiency in the volume of the articulation, and to accommodate itself to the increased depth of the cavity produced by the fracture, so as to prevent the existence of a vacuum. I have omitted to mention in a previous part of this paper that no trace of the round ligament was found after disarticulation, but the head of the bone was kept in its place only by the capsular ligament, the portions of which attached to the margin of the acetabulum were much thicker than natural.

That there was fracture of the head of the bone here, is quite untenable, because I have shown the rarity of the co-existence of fractured pelvis and neck or head of the femur, and still more so the fracture of the head and acetabulum together. And secondly, the appearance of the thigh bone itself would preclude the supposition of fracture, as nearly all the head of the bone was uncovered, and its circularity only diminished by the superimposed deposit of bone. And lastly and finally, the osseous deposit was porous in its nature, quite soft, more resembling callus, and if it had been pared off, the head of the bone below would have been found to correspond in almost every respect with its uncovered portion.

48, Craig Street, Montreal.

ART. XX.—HYPERTROPHY WITH DILATATION OF THE HEART.

Reported by MR. McCALLUM, Student of McGill College.

James McGee, aged 63, a native of Ireland, a strong, healthy looking man for his age, with a pigeon-shaped breast, of a nervo-sanguine temperament, and having the gouty diathesis well marked, was admitted on the twenty-second of February by Dr. Badgley, for disease of the heart.

* See Lonsdale on Fractures. Sir Astley Cooper op. cit., cases No. 71 and 81. Cyc. of Anat. and Phy., already cited, vol. 2, page 803.

† Treatise on Fractures and Dislocations.

‡ Elémens de Pathologie Chirurgicale, Paris, 1844.

* Op. cit.

† Cat. Mus. Roy. Coll. Surgeons, Ireland, vol. II.

‡ See also the same work.

HISTORY.—He had been fifty-five years in America, residing in different parts of it, and for the last twelve years had been a painter in this city. His parents were healthy, father died at the age of seventy and mother at the age of eighty; he had four brothers and two sisters; they all died when about his own age,—one brother died of disease of the heart and one of decline, but he could not tell by what diseases the remaining brothers and two sisters were cut off.

He never had the painter's colic, but for the last four or five years had suffered from rheumatism, which affected him more particularly on the right side and back. He first observed this affection of the heart about four years ago; the first thing that drew his attention to it, was the great debility it induced, with violent palpitations; since that time the palpitations have gradually increased in frequency and severity, accompanied by great dyspnoea, and loud ringing noises in the ears; the slightest exertion, mental emotions, or anything that in the slightest degree excited the circulation, caused an aggravation of all the symptoms. He very often experienced a sensation of dizziness or "lightness of the head;" has been troubled with a hacking cough and great difficulty of expectoration; when he raises anything it is a tough viscid mucus, which he compares to glue.

About two weeks since his body and extremities were very much swollen; the swelling commenced in his feet and continued upwards. He never experienced much pain in the chest until last week, when he felt a stitch under the left nipple, shooting outwards to the "shoulder blade"; the nipple swelled to the size of a hen's egg. He has been, and always considered himself, a strong, healthy man, and a great walker; was very moderate in the use of ardent spirits.

APPEARANCE AND SYMPTOMS ON ADMISSION.—There was not any marked emaciation; his countenance was sallow, with numerous minute vascular lines spreading on the surface of his cheek, particularly over the malar bone; the expression was sanguine, and he expressed great hopes of his ultimate recovery. The lips had a livid appearance. There was a slight œdema of the feet and legs, but no observable swelling of the body; suffers greatly from difficulty of breathing during the night, but not so much during the day. He feels much easier lying on his back with his shoulders elevated than in any other position. Sometimes when he lies down he feels, as he expresses it, as if he was "losing his breath," as if he was gradually sinking down, and all about him was becoming dim and obscure and gradually receding from him, until, having reached a certain point, he suddenly starts into full consciousness, gasping for breath with a feeling of intense suffocation, accompanied by violent palpitations of the heart.

He feels as if something was loose in the lower part of the left side of the thorax, near the sternum, occupying a space about four inches from the lower ribs upwards by three inches laterally, and a sensation of weight extending along the line of the costal cartilages from the equaliform cartilage to the floating ribs; this part is so painful on the slightest pressure, that he is at times

obliged to remove the bed clothes from over it. Has a pain in the loins extending to the groin, experiences great difficulty in passing his urine; the pain in the loins came on before the difficulty of making water; the urine is high colored and contains a large quantity of a reddish brown sediment, says it is sometimes bloody. The appetite is good and the bowels are regular.

On the left side the radial artery felt like a knotted whip cord, in consequence of ossific degeneration, and the pulse was scarcely perceptible; on the right the artery was more free, but the pulse was so very irregular that I failed in my attempt to count it.

PHYSICAL SIGNS.—Left side—Resonant as low as the nipple, dull from the nipple downwards, and extending from the middle of the sternum to the vertebral column; no respiratory murmur. Right side—The sound on percussion was natural both before and behind. On applying the stethoscope to the cardiac region, the action of the heart was found to be extremely irregular, two or three beats occurring with unusual rapidity, followed by one or two much slower than natural. A rough bruit or rasp sound was heard accompanying the first sound of the heart; this bruit was heard more distinctly over the aortic valves and in the line of the large vessels, than over the mitral or towards the apex of the heart. The first sound, instead of being the long continuous sound which it usually is, approached in character to the second; and the second sound was not as loud or as distinct as natural. The sounds could be heard over the whole of the right side. By placing the hand over the cardiac region the heart could be felt striking a greater space than natural.

Diagnosis.—"General hypertrophy, with dilatation of the left side, gouty deposits in the valves of the left side, and arteries generally.—hydrothorax.—Prognosis.—death."

February 23rd.—He was ordered to be cupped over the cardiac region, and to take pil. hyd. gr. i; pulv. scil. gr. i; pulv. digitalis gr. i—to be made into a pill and taken three times a-day,—hydriodat. potas. grs. v. twice a day.

26th.—Breathing much relieved, sleeps easier, and looks better, says he feels weaker from his medicine, but is confident that he is better; apply a blister over the heart for four hours—sulp. magn. ζ i, carb. magn. ζ i, aqua. mentha. ζ viii; to be divided into four parts, one part to be taken every fourth hour.

26th.—Aque calcis ζ vi during the day.

27th.—Emp. Belladonna et Iodin over the blistered surface. Felt much weaker, the bruit could be heard more distinctly than on the 22nd; urine not so high colored, much the same in quantity.

28th.—Passed a very restless night, was quite unconscious during part of the time, appears to be in a state of great debility, difficult wheezing respiration, hands and body tremulous, talks hurriedly and incoherently. The belladonna plaster was removed during the night, as these untoward symptoms were clearly attributable to the absorption of the belladonna, the plaster being placed over the part where he had been cupped and blistered. Omit medicines.

March 1st.—Slightly comatose; slight tapping on the chest to awaken him caused startative breathing and

startings during sleep, with exciting dreams; considerable lachrymation, complains of a stitch on the left side. Ordered blister to the nape of the neck; alcohol ℥ij, spir. eth. nit. ℥iij, tinct. scil. ℥i½, to take ½ three times a-day. Aquæ calcis ℥vi. Apply the ointment of nit. argenti to the left side.

3rd.—Feels much better, suffers no longer from the stitch, but is troubled with a sense of weight or smothering at the lower part and side of the left division of the thorax; no sediment in the urine, this increased in quantity; lividity of the lips gone, as also the startings.

8th.—Breathing is much easier, pulse full and slow, with a slight irregularity in the time between each pulsation; pulsations 42 in a minute. The sense of smothering has quite disappeared, and the cough is very slight, the action of the heart is more regular, and the bruit is softer and more indistinct than before; complains of pain and swelling of the nipple; urine quite healthy in appearance, without the least sediment in it.

He died about four hours after the visit; his death occurred suddenly and without attracting the slightest notice. He had been up a few minutes before passing his urine, and even in death held the urinal. The nurse was the first to observe it; she went to the bedside for the purpose of giving him his medicine, and was quite startled to find him on his back, with his head inclining to one side, quite lifeless. His death was so easy that even the patient occupying the adjoining bed, although fully awake, knew nothing of what had occurred till he was made aware of it by the exclamation of the nurse. She stated that he appeared to be unusually cheerful during the time that elapsed between the visit and his death.

POST MORTEM.—The lips, face and whole surface, had an exsanguine appearance; the features were not in the least distorted. On opening the thorax the heart was observed to occupy a greater space than usual. The left pleural cavity contained fully six pints of serous fluid, the right did not contain any. The right lung was bound to the ribs by recent adhesions opposite to the 6 and 7,—was slightly congested, but in other respects quite healthy. The upper portion of the left lung was free from disease, and presented the same slightly congested appearance as the lung of the right side, but as the examination extended towards and through the lower lobe the engorgement became more and more marked till it reached its maximum at the most dependant portion of the lung, which looked like a mass of coagulated blood—in fact the lower lobe from above downwards exhibited the different hues of red, running one into the other, from a bright florid tint to one of the deepest shade, amounting to black. The structure of the lung was completely broken down.

The pericardium being opened, no fluid was found in it. The heart was then removed, and it was observed to be much larger (at least one-third) than natural. On examination, the cavity of the right auricle was found to be very much enlarged; the walls of the right ventricle were fully six lines in thickness, and the cavity but slightly dilated. The tricuspid valves were free from disease, as were also the semilunar

valves of the pulmonary artery. The *septum ventriculorum* was much firmer and thicker than natural; passing to the left side of the heart the cavity of the auricle was found to be dilated; the walls of the left ventricle were fully one inch in thickness, and the cavity not much more capacious than natural. On the free edge of the larger division of the mitral valve there were deposits of osseous matter, feeling when rubbed between the fingers like grains of sand. At the base of one of the aortic semilunar valves and in the *sinus aortici* was discovered an osseous deposit of an irregular shape, with a sharp point, hard, and feeling to the touch very much like a small spicula of bone. No blood was found in either of the ventricles or auricles; the arch of the aorta was considerably dilated and filled or bespangled with ossific deposits.

The calvarium being sawn through, a quantity of serum mixed with blood escaped from the surface of the brain; the surface of the inner table was rough and irregular. The dura mater was found to be in some places quite rough, and the branches of the meningeal arteries could be seen and felt like small wires extending in various directions through the membranes; the arachnoid was very much thickened and could be even taken between the fingers and raised with facility from the surface of the brain, drawing out at the same time the pia mater from between the convolutions, without destroying in the least degree the integrity of the cerebral matter. Small lines were perceptible encircling the basilar artery, and just at the point of junction of the vertebrals to form the basilar, a deposit of osseous matter like a large grain of sand could be seen and felt; no ruptured vessel could be detected. The substance of the cerebrum was of a natural firmness and color; the lateral ventricles being opened, very little fluid was found in them, nor was there any morbid appearance to be observed in their walls. The choroid plexus was of a natural color. The substance of the cerebellum was softer than usual.

The stomach when opened was found very much thickened, the rugæ were very prominent, and the membrane was covered with a great quantity of mucus—when this was scraped off it had an ash-grey appearance, with portions scattered throughout it, exhibiting marks of increased vascularity, apparently the result of sub-acute inflammation.

The liver was wrinkled on its surface, somewhat larger and harder than natural, and its structure had a granular appearance.

The kidneys were of an ordinary size, and longitudinal sections being made in them they presented a perfectly natural appearance.

The spleen presented a very singular appearance; the fibrous coat was perfectly white, and when cut into was found to be fully three lines in thickness, and appeared to be almost disconnected from the internal portions, separating readily from them when raised by the forceps; the areolar tissue and vessels forming the interior of the organ looked like a mass of jelly. The mucous coat of the bladder was slightly red

dened, the prostate gland enlarged; several small calcareous bodies were found about the neck of the bladder, from the size of a large pea to that of a small shot; there were none in the prostate.

It gives me much pleasure to publish the above case, as well as that of Acute Pericarditis, inserted in the July number, not merely for their own intrinsic worth, in a pathological point of view, but also as evidence of the progress in their professional studies, of the young gentlemen, Messrs. Bristol and McCallum, who kindly volunteered their services to me as Clinical Clerks during the last session at the Montreal General Hospital. Both of them were students of the University of McGill College, of less than two years' standing.

FRANCIS BADGLEY, M.D.

Little St. James Street, }
22nd August, 1849. }

ART. XXI.—CASE OF ARRESTED DEVELOPMENT OF THE RIGHT FOREARM IN THE FÆTUS.

By ARCHIBALD HALL, M.D.

In February last, I was called upon to attend Mrs. F. R., then in labor, at the full period of utero-gestation. When first seen, the os uteri was but little dilated, and no presenting part could be felt. In the course of a couple of hours, it became sufficiently dilated to permit the passage of the membranes, which enclosed a projecting body, the real nature of which I could not at first make out. After a little further delay, I became enabled to detect the ribs, and although yet unable to determine with any accuracy, the exact nature of the projecting body, I resolved upon the operation of turning. Having exhibited a full dose of laudanum, the operation was effected without difficulty; and a living child was born, but destitute of its right forearm.

On examination, the arrest of development commenced immediately above the condyles of the humerus, which were wanting; and the stump of the arm formed the presenting part, constituting it an arm presentation.

Cases of this description are of unfrequent occurrence; yet although by no means unique, they are still not undeserving of record.

Montreal, July 16, 1849.

ART. XXII.—SUB-CARBONATE OF IRON AND SULPHUR IN FEVER AND AGUE.

By MAJOR R. LACHLAN.

Although not a professional man, I am encouraged to crave a small space in the liberal columns of your valuable journal, to put to the test the pretensions of a medicine, stated to be an infallible cure for *fever and ague*, which has been in my possession upwards of twelve years, but has only lately been analyzed for me by our scientific friend, Mr. Hunt, chemist to the geological survey.

To account for my having as yet been unable to vouch for the effects of the medicine alluded to, I may observe that, having only three doses or powders in my possession, and that number being deemed necessary to produce a cure, I was unwilling to make use of them before being analysed, and that in the mean time they had been mislaid, until my arrival in Montreal.

It may be proper to add that the powders were given to me by a highly respectable and intelligent, as well as educated, friend in Devonshire, (now no more,) accompanied by a memorandum of instructions, &c., of which the following are the particulars:—

“One of the powders to be taken an hour before the ague fit comes on, in a glass of mountain or other generous *white wine*. If *white wine* cannot be had, try *sugar and water*, but do not use *red wine*. *Three powders are a certain cure*; and I understand it is also a preventive. *Besides a lady and gentleman of my acquaintance who were benefitted by it, more than two hundred men were cured in the French Prison, (at Dartmore,) one with four doses, who had had the ague four years; and I myself cured a private soldier and an officer.*”

It is only necessary to add, that according to the memorandum of the analysis of the powder furnished by Mr. Hunt, “the fever and ague medicine is an intimate mixture of sulphur and peroxyd of iron, (the carbonate of iron of the druggists,) and consists of nine parts of the former and one of the latter;” and that Mr. H. inadvertently omitted to ascertain the weight of the powder before analysis, but judged it to be from half a scruple to forty grains, and that on my weighing the only remaining powder in my possession I found it to be between 44 and 45 grains.

How far this very simple compound possesses the powerful virtues attributed to it, rests with the medical profession to decide, and more particularly with those members who reside in parts of Upper Canada where the distressing and debilitating disease in question is most prevalent, and where such a medicine would prove invaluable.

I might perhaps have been permitted to make this communication over an anonymous signature, but I prefer attaching my real name to it, as the best evidence of the credit I am disposed to attach to the statements in favor of the power of the medicine.

Montreal, August 20, 1849.

ART. XXIII.—*Clinical Midwifery, comprising the History of five hundred and forty-five cases of difficult, preternatural, and complicated labors, with commentaries, by ROBERT LEE, M.D., F.R.S., &c. Philadelphia: Lea & Blanchard, 1849. 12mo, pp. 238.*

This is a valuable collection of cases, and must prove eminently useful to the accoucheur of experience, who from his own knowledge is enabled to form his own estimate of the value of the rules of practice which are attempted to be inculcated. In many instances the young accoucheur is liable to be misled, from encounter-

ing a statement of practice different from that laid down by the best authors of the day. As a work of statistical reference on the peculiar subject of which it treats, it should form a portion of every medical library. The author's experience has been varied and extensive, and his practice eminently successful.

ART. XXIV.—*An Introduction to Practical Chemistry, including Analysis*, by JOHN E. BOWMAN, Demonstrator of Chemistry in King's College, London. Philadelphia: Lea & Blanchard, 1849. 12mo, pp. 303.

This is an American reprint of the English edition, neatly and carefully executed. The work is divided into five parts: the first is a complete detail of all kinds of chemical manipulations; the second details the action of reagents on bases and acids; the third has reference to qualitative analysis; the fourth to quantitative analysis; and the fifth and last to the examination of calculi, to the various reagents, with an appendix of weights, measures, and tables of various kinds. To the analyst, the work presents claims of importance, as it is full and comprehensive; and for the same reason, the medical practitioner will find it a most useful adjuvant, when called upon to undertake an analysis of inorganic bodies.

ART. XXV.—*A practical treatise on the domestic management of the most important diseases of advanced life, &c.*, by GEORGE E. DAY, M.D., F.R.C.P. and Physician to the Western General Dispensary. Philadelphia: Lea & Blanchard, 1849. 8vo, pp. 226.

This publication supplies a blank in works on practical medicine; for although numberless valuable monographs have appeared on specific diseases peculiar to, or connected with, old age, yet it must be confessed that no independent treatise, comprising them all, or embodying at least a majority of them, has yet appeared, if we except that of Canstatt; which is one, however, of by no means easy access. The diatetic rules laid down are good, and the practice inculcated in the various diseases which are especially dwelt upon, judicious.

ART. XXVI.—*Anæsthesia, or the employment of Chloroform and Ether in Surgery, Midwifery, &c.*, by G. Y. SIMPSON, M.D., F.R.S.E., Professor of Midwifery in the University of Edinburgh, Physician Accoucheur to the Queen in Scotland, &c. Philadelphia: Lindsay & Blakeston, 1849. 8vo, pp. 248.

If in medicine, surgery or obstetrics, there is one thing for which the present century will stand pre-eminently distinguished, it is the discovery of the means of allaying pain in surgical operations and childbirth; and although

its feasibility was first demonstrated by Drs. Jackson and Morton of Boston, in the employment of ether, yet Dr. Simpson is far more pre-eminent, in having employed and advocated the use of the chloroform, and extended its employment to midwifery practice. The work before us is a collection of all the papers published by the author on the subject, and will prove an enduring memorial of his indefatigable advocacy of the advantages derivable from the employment of anæsthetics under the circumstances mentioned.

The various papers which compose this volume have been so long before the medical public, are so generally known, have been so widely diffused, and have invited such captious criticism, even upon the supposed tendency which the subject presents, of a violation of one of the Supreme Being's best known decrees—"in sorrow shalt thou bring forth children;" that any observations of our own of a critical character becomes a work of supererogation. We must confess, however, that we have seldom read a more complete refutation of the arguments advanced by the well meaning and scrupulously conscientious persons, (of whom many were of our own profession,) against the employment of chloroform in midwifery practice, than is contained in the answer to the religious objections to the use of chloroform under the circumstances specified, which is embodied among the other papers contained in the volume before us.

The employment of anæsthetics has become a question, not of *posse*, but of *esse*, and all that the profession now seeks is to determine, with precision, in view of the fatal results which have occasionally followed their use, the conditions of the system which preclude them; and, possibly the substitution of one for another, in accordance with the exigency of the case, and its peculiarity.

The work before us should form a part of every library, and we earnestly recommend it to the consideration of our medical friends in this Province.

ART. XXVII.—*The British Record of Obstetric Medicine, Surgery, and Diseases of Women and Children, &c. &c.*; to which is added a library of rare, obstetric, medical and surgical monographs; edited by CHARLES CLAY, M.D., Manchester, L.R.C.P.L., M.R.C.S.; with the assistance of many eminent medical men, British and Foreign; illustrated with wood cuts and engravings. Manchester: William Irwin, 39, Oldham Street. London: Henry Rearham, 356, Strand.

We have received from the editor, vol. 1 of the above periodical, published semi-monthly, at the rate of 15s. 6d. per annum. It has been for some time on our table, but the pressure of engagements has prevented us from noticing it, or introducing it to the attention of the profession of this Province. The attempt to establish a

periodical exclusively devoted to obstetric medicine is new to Great Britain and the United States, although not unknown on the continent of Europe; and the present one, under the auspices of the present editor, appears well adapted to fill a hiatus in medical literature, which unquestionably existed. Surgical and medical science have had their advocates in the shape of periodicals and journals, expressly adapted to their cultivation, but obstetric medicine has had, up to the present essay, none; and the question arises, whether the attempt is worthy of the object or not. We have now carefully examined the volume sent out to us, and declare it eminently worthy of encouragement. Besides a large number of valuable original papers, which the present volume exhibits, it contains, among others, the following important rare monographs:—Fischer on the pelvis of the mammalia; Dzondi on congenital fissure of the trachea; Goodman on the cesarian section; Graaffe on the anatomy of the ovarium; Obstetric aphorisms of Hippocrates; Nægele on obliquely contracted pelvis, &c. &c.; any one of which are worth the price of subscription, and entitle the work to encouragement. Dr. Clay is entitled to the thanks of the profession for the work which he has undertaken, and we wish him sincerely the most perfect success; less, however, for his own sake, than for that branch of the profession which it is his object chiefly to cultivate, and with which his own name must become intimately allied.*

ART. XXVIII.—*On the Cryptogamous Origin of Malarious and Epidemic Fevers.* By J. K. MITCHELL, A. M., Professor of Practical Medicine, in the Jefferson Medical College of Philadelphia. Philadelphia: Lea & Blanchard, 1849. 12mo. Pp. 137.

The subject of the foregoing work was comprised in a series of six lectures, delivered to the medical class of Jefferson College, in 1846 and 1847, and has assumed its present shape in consequence of the appearance of a work by Charles Cowdell, M. B., entitled, "A Disquisition on Pestilential Cholera, being an attempt to explain its phenomena, nature, cause, prevention and treatment, by reference to an extrinsic fungous origin," published in 1848. Dr. Mitchell, in the introduction, establishes his claim to priority, which cannot be disputed in any common fairness.

The subject is, as already observed, treated in the shape of the six lectures already delivered. In the 1st,

* We have sent to Dr. Clay the 1st volume of the *British American Journal*, and the numbers of the present, regularly as they have issued. We have not received any numbers of the *British Record* since the first of January last.—Ed.

The theories of malaria; the vegeto-animal; the atmospheric; the gaseous; the animalcular; and those of Daniel, Hoffman, Jackson, and Ferguson, are considered. The second lecture relates to the habitudes of the fungi; their rapid growth; their poisonous properties decreasing with latitude; and the period of the year in which they usually abound. The third, touches upon the fact of their dispersion chiefly at night; the fungiferous power of epidemic periods and seasons; the *sudor anglicanus*; the miltz-brand; the milk-sickness of the Western Country. The fourth—the poisonous qualities of fungi; their production of fevers of a remittent and intermittent type, occasionally also attended with gangrene; of their being inductive of the potato rot, and many cutaneous diseases; and their existence and detection in every situation, even among the products of the animal organization. The fifth, contains an application of the fungous theory to the phenomena of fevers, plague, cholera, yellow fever, &c. And the sixth, after explaining the hygienic inconsistencies of seasons and places, the effects of volcanic eruptions, &c., winds up with a recapitulation.

We have seldom perused a work which has given us more real pleasure; but we are, nevertheless, constrained to admit, that, however ingeniously contrived and plausible the arguments of the author seem, he has by no means proved his case. We will let the author, however, exhibit his views, in his "recapitulation," based upon his preceding arguments.

"I began, by showing that all the usually received opinions on this subject, are liable to insuperable objections, except that which refers to the causation by organic life, and especially by animalcules, as held by Columella, Kircher, Linnæus, Majon, and Henry Holland.

"While I was impressed, for the reasons so ably stated by Holland, with the greater probability of the organic theory, I prefer, for reasons stated by myself, the fungous, to the animalcular hypothesis.

"My preference is founded on the vast number, extraordinary variety, minuteness, diffusion and climatic peculiarities of the fungi.

"The spores of these plants are not only numerous, minute, and indefinitely diffused, but they are so like to animal cells, as to have the power of penetrating into, and germinating upon, the most interior tissues of the human body.

"Introduced into the body through the stomach, or by the skin or lungs, cryptogamous poisons were shown to produce diseases of a febrile character, intermittent, remittent and continued; which were most successfully treated by wine and bark.

"Many cutaneous diseases, such as *favus* and *mentagra*, are proved to be dependent upon cryptogamous vegetations; and even the disease of the mucous membrane, termed *aphthæ*, arises from the presence of minute fungi.

"As microscopic investigations become more minute, we discover protophytes in diseases, where, until our own time, their existence was not even suspected, as in the discharges of some kinds of dysentery, and in the *sarcina* of pyrosis. We are therefore entitled to believe that discovery will be, on this subject, progressive.

"The detection of the origin of the muscardine of the silk-worm, and a great many analogous diseases of insects, fishes and reptiles, and the demonstration of the cryptogamism of these

maladies, their contagious character in one species of animals, their transfer to many other species, nay, even to vegetables themselves, all concur to render less improbable, the agency of fungi in the causation of diseases of a febrile character.

"A curious citation was subsequently made, of the fungiferous condition during epidemics and epizootics. These moulds, red, white, yellow, gray, or even black, stained garments, utensils and pavements, made the fogs fetid, and caused disagreeable odors and spots, even in the recesses of closets and the interior of trunks and desks.

"These moulds existed, even when the hygrometric state did not give to the air any unusual moisture for their sustentation and propagation. Their germs seemed to have, as have epidemics, an inherent power of extension.

"The singular prevalence of malarious diseases in the autumn, is best explained by supposing them to be produced by the fungi, which grow most commonly at the same season. The season of greatest photolytic activity, is, in every country, the period of the greatest malarious disturbance. The sickly season is, in the rains in Africa, in the very dry season in Majorca and Sardinia, in the rainy season of the insular West Indies, and in the dry season of Demerara and Surinam. Even when the vegetation is peculiarly controlled, as in Egypt by the Nile, and the cryptogami are thus thrown into the season of winter and spring, that season becomes, contrary to rule, the pestilential part of the year.

"Marshes are a safe residence by day, whilst they are often highly dangerous by night. In the most deadly localities of our southern country, and of Africa, the sportsman may tread the mazes of a swamp safely by day, although at every step, he extricates vast quantities of the gases, which lie entangled in mud and vegetable mould. This point, so readily explained by reference to the acknowledged nocturnal growth and power of the fungi, is a complete stumbling-block to the miasmaticists.

"The cryptogamous theory well explains the obstruction to the progress of malaria offered by a road, a wall, a screen of trees, a veil or a gauze curtain.

"It also accounts for the nice localization of an ague, or yellow fever, or cholera, and the want of power in steady winds to convey malarious diseases into the heart of a city, from the adjacent country.

"It explains also well, the security afforded by artificially drying the air of malarious places, the exemption of cooks and smiths from the sweating sickness, the cause of the danger from mouldy sheets, and of the stertoration from old books and papers.

"On no other theory can we so well account, if account at all, for the phenomena of milkbrand and milk-sickness, the introduction of yellow fever into northern ports, and the wonderful irregularities of the progress of cholera.

"The cryptogamous theory will well explain the peculiar domestication of different diseases in different regions, which have a similar climate; the plague of Egypt, the yellow fever of the Antilles, and the cholera of India. It accounts, too, for their occasional expansion into unaccustomed places, and their retreat back to their original haunts.

"Our hypothesis will also enable us to tell why malarious sickness is disproportionate to the character of the seasons; why it infests some tropical countries and spares others; why the dry Maremma abounds with fevers, while the wet shores of Brazil and Australia actually luxuriate in healthfulness. The prolonged incubative period, the frequent relapses of intermittents, and the latency of the malarious poisons for months, can only be well explained by adopting the theory of a fungous causation.

"Finally, it explains the cause of the non-recurrence of very potent maladies, better than the chemical theory of Liebig; and shows why the earliest cases of an epidemic are commonly the most fatal."

has communicated the following mode of treatment, which he (the general) has found extremely useful.]

Treatment.—If the patient is young or middle-aged, vigorous and sanguineous, and no medical aid at hand, a vein should be opened, and twenty or thirty ounces of blood taken, to insure which, the blood in most cases becoming dark and stagnant, it is necessary after the incision, to rub the arm, and put the feet in hot water, (if a hot bath cannot be procured,) as well as to administer and continue warm anti-spasmodic draughts, with warm frictions, and applying hot substances to the body and extremities, of which a very simple and efficacious one is sand, heated in a pan over a fire, and put into small linen bags or old stockings, and kept in contact with the hands and feet, stomach and spine; no quantity of liquid to be given, and nothing cold, particularly water, for which the patient usually has an incessant craving. Warm gruel is, perhaps, the best vehicle for everything.

Various stimulating medicines have been tried by different people, with pretty nearly the same effect; and I have at times, when travelling, and nothing else was at hand, given essence of ginger, brandy, laudanum, peppermint, &c., but where all the articles could be procured, I would recommend, (always and only in the absence of medical aid,) in addition to an immediate warm bath, half an ounce of the following mixture, more or less frequently, in a little warm gruel:—Opium, dr. j.; camphor, dr. j.; ginger, dr. j.; cardamoms, dr. j.; capsicums, dr. iss.; arrack or brandy, oz. viij. M. To be infused for seven days.

If this be not prepared, half a glass of brandy, with forty or sixty drops of laudanum, and twenty or thirty drops of essence of peppermint, may be substituted; or twenty grains of camphor, or from a tea to a dessert-spoonful of essence of ginger, either dose to be repeated every half hour or oftener, if not retained on the stomach, till a favorable change becomes visible. Warm enemata have proved beneficial, especially when the retching continued and the draughts were returned, and in one instance succeeded, when all hopes by other means were at an end. Calomel in large doses was used by the faculty in India, and successfully I believe; but I never had an opportunity of trying it, because there was not any to be purchased during the first two or three years of the pestilence.

Signs of Cure.—The first indications of amendment, where the blood has been originally congealed, are—its becoming limpid, and flowing freely, a return of the pulse, of warmth in the body, of softness and pliability in the skin, and falling into an easy slumber; but the most certain prognostic of a cure is the free passage of urine. A sleep of some hours succeeds, and the patient generally awakens to convalescence; I say generally, for in the course of my experience some few apparently relieved fell into a quiet slumber, from which they only awoke to breathe their last sigh, or expired without awaking at all.

After Treatment.—As soon as the first attack has been got over, a large dose of castor oil should be given, or a strong bolus of calomel and opium, and after its operation, if no fever should intervene, the patient should be warmly clad, and nourished with cordials and plain wholesome food, in small quantities, but particularly avoid all fruit, vegetables, or cold draughts, for some considerable time, as every relapse is attended with the utmost danger.

In conclusion, our author remarks, "as nothing is so conducive to illness, particularly the one in question, as terror or alarm, I would earnestly recommend to all my fellow-creatures to place a cheerful reliance on the all-sufficient protection of a long-suffering and ever gracious Redeemer, and to be prepared, by a life of faith and consequent usefulness, for whatever may befall them."—*Provincial Medical & Surgical Journal*, Nov. 1, 1848, p. 596.

Dr. CLUTTERBUCK:—

[At a meeting of the London Medical Society, Dr. C. stated that in the cases of cholera which have occurred recently in the Peckham Lunatic Asylum, the administration of chloroform [by inhalation] was productive of the greatest benefit, speedily relieving the spasms and pain. Mr. Garrett coincided with him in opinion, and stated that the cases at Peckham were decidedly of the malignant kind. Mr. G. said:]

Brandy and capsicum were first administered, the patient be-

PRACTICE OF MEDICINE AND PATHOLOGY.

ON CHOLERA.

(From *Braithwaite's Retrospect of Medicine*, Continued from page 96.)

Dr. C. COWAN, Physician to the Berkshire Hospital:—

{States that Lieutenant-General Welsh, of the Madras army,

ing in bed. Chloroform was then resorted to: this agent he considered to be beneficial by producing reaction. By forced respirations the pulse rose, and by the time the patient became fully under the influence of the chloroform, the body was warm. He believed that without the chloroform there would have been no reaction, for opium would not have developed its effects under two hours. The cases were undoubtedly those of spasmodic cholera. —*Medical Gazette*, Nov. 3, 1848, p. 767.

Dr. HILL:—

[The following account of the treatment of malignant cholera by chloroform at the Peckham Lunatic Asylum, is given by Dr. J. Hill, the resident surgeon. The inhalation of chloroform was suggested by Mr. F. Ferguson, assistant surgeon to the asylum and was employed in ten cases of malignant cholera with perfect success. Dr. Hill says:]

The following is our usual mode of treatment:—Place the patient in bed in warm blankets; give a glass of brandy in hot water, with sugar, and spice; apply friction to the body by means of warm flannels; and an embrocation composed of liniment, saponis comp., liniment camphoræ comp., tinct. opii, and extract. belladonnæ; apply to the whole surface of the body bags filled with heated bran; place the patient under the influence of chloroform by inhalation, and keep him gently under its effect as long as the bad symptoms recur, [which they frequently do on its effect ceasing and his regaining consciousness.] Give in the intervals small quantities of brandy and water, and thin arrow-root or milk for nourishment, along with milk and water, or soda-water with a little brandy for drink. Avoid everything else in the shape of medicine, and trust to the efforts of nature in rallying from the poison of the disease.

Of course great caution is necessary in administering the chloroform, and in not pushing it too far. In some instances the patient will sleep for twenty minutes or half an hour—in others, for several hours; and on waking will again be seized with a return of the vomiting and cramps, when the chloroform must again be resorted to, and the patient kept in a great measure under its influence till these symptoms abate. One of our cases required its use at intervals for twenty-four hours. Again, the reaction after its use may be so great as to require gentle blood-letting; which occurred in two of our cases, both being persons of full habit of body and sanguine temperament, the one a nurse, and the other a male farm servant.

Should the simple apparatus commonly used in the hospitals for administering it be not at hand, a small teaspoonful may be poured upon a towel, and will answer very well.

That which we use is of great purity, and procured chiefly from Messrs. Gifford and Linden, chemists, 104, Strand.—*Lancet*, Nov. 4, 1848, p. 514.

Mr. P. BRADY, of Hartow:—

[Mr. B. gives us the following case, treated by chloroform taken as a medicine, and not inhaled:]

Mary Parratt, aged 60, ordinarily enjoying good health, was on Saturday, the 29th ult., attacked with slight diarrhœa, for which the usual homely remedies were used. On the following morning at six o'clock, a.m., the diarrhœa became profuse; excessive vomiting supervened, accompanied by spasms in the calves of the legs, fingers and toes. Notwithstanding the urgent nature of the symptoms, reliance was still placed on the favorite remedy, brandy, without avail, however; the dejections became incessant, the spasms increased in intensity, and at nine o'clock a.m. on Sunday, the 30th ult., I was called in to see the patient, who, it was affirmed, was in a "dying state." Believing, from the description given, that I should have to treat genuine malignant cholera, and having pre-determined, should such a case present, to try the effect of chloroform administered internally, I took with me the following mixture:

R. Chloroform, ℥j.; ol. terebinth., ℥j.; aq. dest., ℥iij. M.

On my arrival I found the patient presenting all the symptoms of malignant Asiatic cholera in an advanced stage; the features collapsed and ghastly; extremities and tongue cold; burning sensation in the stomach and œsophagus; pulse rapid and scarcely perceptible; voice diminished to a whisper; stomach exceedingly irritable, and the dejections from the bowels presenting the charac-

teristic rice-water appearance; and all the voluntary muscles of the body were affected by spasm, so that the patient actually writhed in agony. I immediately administered a large teaspoonful of the chloroform mixture [containing about six minims of chloroform and forty of turpentine] in a wine-glass of dilute brandy, and applied sinapisms to the calves of the legs and abdominal and thoracic surface. Thirst was relieved by drinking plentifully of water, nearly cold. Notwithstanding the irritable state of the stomach, I had the satisfaction to find that the chloroform draught was retained, as well as the fluid drunk after it, and was followed by no dejection. I now [half an hour after the draught] gave two of the following pills:—

R. Calomelanos, ℥ss.; fellis bov. inspiss., ℥j. M. et divide in pilulas quatuor.

In an hour after the administration of the chloroform, vomiting ensued of a portion of the fluid drunk, slightly tinged with the gall: this soon subsided, the diarrhœa had apparently ceased, and the cramp diminished in frequency and severity. I now administered a second dose of the chloroform mixture, and soon after repeated the pills. The stomach retained both; she soon felt decided relief; the pulse rose in power and became slower, the spasms less frequent, and in an hour after the second dose she was bathed from head to foot in a warm perspiration, and expressed herself comparatively free from all uneasy sensations. The attack had been completely subdued, leaving behind a good deal of pyrexia and debility, from which she is now rapidly recovering.—*Medical Times*, Aug. 12, 1848, p. 237.

Mr. G. PLIMMER:—

[Mr. P. relates another case of cholera in which chloroform was given as a medicine. He says:]

I determined on giving chloroform, after giving hydr. chlorid. with opium, which was immediately rejected. I gave the following mixture:—Chloroform, $\text{m} \cdot \text{vj}$.; brandy, ℥iij.; water, ℥iijss. I gave a third part, which was thrown up in half an hour; I gave him a second dose, which was retained; the vomiting and diarrhœa ceased; the spasm less severe. I gave him, in two hours, the remaining part, and during the next six hours I administered, in two doses, six minims more of the chloroform with the most decided benefit; and he is now, the 17th inst., convalescent. To the extreme tenderness over the region of the epigastrium I applied flannel soaked in rectified spirits of turpentine. I observed there was no urine secreted, and I am firmly of opinion that the usual remedies would not have met this case. I candidly confess I had no hope of success, from its severity, and, but for Mr. Brady's case, I believe I should have lost my patient.—*Medical Times*, Sep. 16, 1848, p. 331.

J. B. STEADMAN, Esq.:—

[A woman 55 years of age was attacked by English cholera, and treated by Mr. Steadman in the usual manner. He tells us:]

About three o'clock on the following morning I was hastily aroused by her husband, as the patient had become much worse. All her symptoms had increased to an alarming degree; the spasm was universal and excessively violent, "as if knots were being tied in her bowels;" vomiting incessant; countenance livid and cold; articulation feeble, praying to be released from her sufferings. As all the medicines had been rejected, I thought it fruitless to continue them, but at once decided upon administering chloroform. A mixture composed of the following was prescribed:—

R. Chloroform, gr. xiv.; aquæ vitæ [cong], ℥j.; aquæ destill., ad ℥vj. M.

A fourth part was given immediately, which had a partial but most satisfactory effect; an abatement of all her symptoms was the immediate consequence. In two hours a disposition to a recurrence manifested itself, when a second dose of the mixture was administered; which entirely controlled all spasms, vomiting, and purging. She expressed herself "very comfortable," and fell into a quiet sleep. At nine o'clock I again saw her, and found her suffering only from some febrile symptoms, accompanied with much exhaustion. She was ordered cold rice and mucilaginous drinks, and had the chalk mixture with nitric ether prescribed. A dose of ox-gall [gr. x.] was given in the course of

the day, which produced three bilious evacuations and some disposition to vomiting, which soon passed away. In two days she was declared convalescent. In 1832, when the cholera visited this place, my patient was attacked, but she declares her sufferings then were nothing in comparison with her late disorder. The two remaining doses of the chloroform mixture were ordered to be carefully preserved in case she had any return of her symptoms. A daughter, grown up, who had assiduously attended upon her mother, was on Wednesday evening seized in precisely a like manner, except that the dejections were more abundant and frequent; and the mother, without hesitation or appeal for advice, gave her the two remaining doses of the mixture. The same magic result followed; the first dose was only partial in its effect, but the second completely subdued the disease. When I called on Thursday, the gratifying announcement was made to me of the success of my medicine in a second case.

Perhaps I am not justified in calling these decided cases of Asiatic cholera, but the disease in its latter stage, in the case of the mother, assumed a much more severe type than our English form usually bears.

Without offering any remarks upon the *fons et origo* of the malady in its worst form, and with prospective fears for its soon visiting our shores, I am but too happy [in conjunction with Mr. Brady] in being able to report so favorably of a remedy, which I believe only requires to be more extensively tested to be appreciated.—*Medical Times*, Aug. 26, 1848, p. 271.

Mr. C. E. J. JENKINS :—

[Mr J. states that in 1832, he treated cholera with *strychnine* and cold water in the following manner:]

Pure strychnia, one grain; conserve of roses, sufficient to form eighteen pills; one to be given every quarter of an hour, and washed down with copious draughts of cold water, which the patient will greedily and gratefully imbibe. The first three or four pills will be probably ejected, but the subsequent doses will be retained, and, their good effect, in conjunction with the water, speedily perceived.

With regard to the *modus operandi* of these remedies, I apprehend that strychnine, being the most powerful tonic known, acts in that capacity on the prostrate nervous system; and that the cold water in the first place replaces the loss of the fluids, and in the next, by its coldness, constricts the papillæ of the mucous membrane, thus suppressing their outpourings; lastly, that, by its volume, it distends and gives tone to the otherwise empty and flaccid intestinal tube.—*Lancet*, Sep. 2, 1848, p. 263.

Mr. J. R. HANCORN :—

[Mr. H. states that the plan which he here recommends, was found successful in a great number of cases, in 1831-2: it is therefore deserving of our consideration. He begins by relating the treatment for the diarrhœa, which sometimes ushered in the attack of cholera; observing that]

If the attack begin with a feeling of nausea, a very gentle emetic may preface the other remedies, as pulv. ipecac. ℥ij; but, if there be merely uneasiness and relaxation of the bowels, then the following

℞. Extr. opii, gr. ij; hyd. chlorid, gr. iv; in pill, to be followed in two hours by castor oil, ʒ oz.

About two hours after this, give two table spoonfuls of the following mixture every two, three, or four hours, according to the urgency of the symptoms:—

℞. Ammon. sesquicarb. ℥j; sodæ sesquicarb. ʒj; conf. aromat. ʒj; tinct. capsici. mxxx; liq. opii sedat, mxxx; misturæ, camph. ad ʒvj. miscæ.

℞. Hyd. c. crct. gr. iij; pulv. capsici. gr. iij; in powder, to be taken every four hours, as well during the collapse stage, as that of simple diarrhœa, always taking care that the mercurial preparation be not carried too far; it being of the utmost importance to keep up the secretion of the liver, the proper action of which will be found to be the great security against the after consequences, viz., typhus fever.

Should the Asiatic cholera supervene, I would strongly urge my professional brethren to try the styptic remedy, which I found so remarkably successful in 1832, viz., *tinctura ferri sesquichloridi*.

This was my sheet-anchor, and I gave it in as concentrated a form as possible immediately after each ejection.

Whatever may be the nature, cause, or original seat of disease in Asiatic cholera, the effect produced appears to be an atony of the secretory and excretory ducts and mucous follicles. It therefore follows as a natural indication to restore power and tone to these vessels as speedily as possible, and this is best effected by the administration of styptics. When I used the tinct. sesquichlor. in 1831-2, its immediate effect in reducing the quantity of fluid ejected was truly astonishing, and it gradually diminished after each dose, until it ceased altogether, and the cure was effected. It should be remarked, that, after this medicine, the evacuations, instead of being like rice-water, are black. This should be explained, otherwise the bystanders become much alarmed, and fancy that mortification has ensued.

As a local application for the relief of cramp, I found the following liniment far preferable to mustard poultices, not only from its stimulating properties, but because the requisite friction in using it is of itself an efficacious remedy:—

℞. Acid. sulph. fort. ʒiss; ol. olivæ, ʒiss. M. ft. liniment; the only objection to its use being its destructive action on the linen, which is of little moment, considering the direful nature of the malady.

The hot-air bath should be had recourse to. This is easily effected by means of a small spirit-lamp and apparatus on the principle of Sir H. Davy's safety-lamp, which is merely placed under the bed-clothes, when any degree of heat may be induced.

I cannot too strongly urge the avoidance of brandy or large doses of opium: they both enervate the system, prostrate the vital energies, and though the extreme coldness of the surface of the body, the coldness of the tongue—nay, the coldness of the breath itself—would seem to indicate the former, yet it is not so, for the patient complains of the most agonizing thirst, and intense heat in the epigastric region, which is best allayed by the free use of iced soda-water, iced champagne, and even small pieces of ice retained in the mouth, and occasionally swallowed.—*Medical Gazette*, Sep. 15, 1848, p. 452.

Dr. LEONARD STEWART :—

[At a Meeting of the London Medical Society, Dr. S. said:] He had seen one plan of treatment successful which was suggested to him by a friend who had been long in the East Indies; he tried it in one decided case. Six grains of tartarized antimony were dissolved in warm water, and half given, and repeated in half an hour: the first dose increased the symptoms, the second threw the patient into a violent heat and perspiration, and in ten minutes he was a changed man, and got quite well without any further treatment. This was the only case he had treated on this plan, but his friend had used it frequently. As to opium, and other plans of treatment, he had no faith in them.

Mr. Hurd had seen much of cholera on a former occasion, in the north of England and in Dublin, and it appeared to him to be contagious under certain circumstances; he had seen cold water tried very largely, and in these cases the disease did not seem to be followed by the consecutive fever which killed so many of the patients treated by calomel and opium. He should be inclined to try mustard emetics, repeated every hour or half hour, as they did not depress the system like tartarized antimony. He should also apply mustard poultices, hot bottles, and frictions of warm turpentine in the later stages, to check the enormous secretion from the bowels. He should give two grains of acetate of lead, and half a grain of opium, every hour or two, for a few times. He never saw calomel do any good. A friend of his had recommended carbon in these cases; and it was a fact that the cholera did not visit many of the places where there were springs containing carbonic acid gas. He had certainly seen great relief from effervescing draughts containing carbonic acid gas.—*Medical Gazette*, Oct. 20, 1848, p. 682.

Dr. WILLEMIN, of Cairo :—

[Dr. W. recommends the use of the resinous extract of Indian hemp in the treatment of cholera.]—*Medical Times*, Oct. 28, 1848, p. 48.

Mr. F. WARD :—

[Recommends the following contrivance for hot-air baths.] I obtained a planed deal board, two feet long, one foot wide,

one inch thick; this I had cut into a semicircle, and perforated in the centre by a hole, one inch in diameter, to receive a curved tin tube, two feet long; this formed the base or end; to the curve of this board I had stout wicker rods, three feet six inches long, at intervals of two inches, made secure by being inserted into the wood, and worked across, at one foot distance, with wicker or basket work, and at their ends to form a semicircle the same size as the board. The tin tube is circular, curved in the shape of a horn, the small end one inch in diameter, and made to fit air-tight in the hole of the board; the large end three inches in diameter. A small spirit-lamp completes the apparatus.

Mr. C. M. THOMPSON:—

[Recommends the following apparatus.]

It consists of a slight frame, similar to a fracture cradle, about six feet in length, two feet and a half broad, and one foot high. This frame, for the convenience of carriage, is divided into two parts, which slide into each other in telescope fashion. The foot of the frame is solid, with an aperture in the centre, to admit the nozzle of a tin case, which holds a small tin spirit-lamp, with two wicks.

The mode of applying it is to place the frame directly over the body-line of the patient; several blankets are then put over the frame, and well tucked in, covering every part of the body except the head. The lamp is then adjusted, and the hot air rushes into the cavity. In ten or fifteen minutes reaction is usually established. The lamp is then removed, and the frame withdrawn, leaving the patient enveloped in the blankets in a profuse sweat. The vomiting and cramps generally subside at the same time. During the whole process the patient should drink plentifully of hot mint tea.

Dr. Wood, of Peckham:—

Says, "I have been in the habit of recommending a cheap and easy mode of applying the vapor bath, for many years, by placing a hot brick in a tub of water, the patient being enveloped in a flannel gown or blankets round it, of course the head external. I have found this convenient, expeditious, and of great comfort to both rich and poor. At the same time I beg to observe, that I think medical men lose sight, in many cases of debilitated patients, of the great advantage of the vapor bath over the bath, the latter sometimes losing its beneficial effects by the patient being exposed to its influence too long."

Mr. H. HULME, of Liverpool:—

Sends us a drawing of an apparatus, which he says, "can be made by any tinman, at a very small cost."

1. It consists of an iron cup for spirits of wine, two inches and a half wide.
2. A furnace made of sheet-iron, with chimney.
3. Rings to support the chimney in the centre of guard, which must be fastened by rivets to the guard.
4. Guard for chimney, to keep the bed clothes from being burnt, two feet long by eighteen inches in diameter.

This apparatus is to be placed on a stool at the foot of the bed, and the guard introduced under the bed-clothes, which are to be propped up by pieces of stick, so as to admit the hot air equally over the whole surface of the patient.

Dr. R. CHAMBERS:—

Dr. R. C. suggests a spirit lamp encased in a double cylinder of wire gauze, and enclosed in a light wooden framework. I had it [says our correspondent] almost in daily use during a period of five years that I was physician to the Essex and Colchester Hospital, and I feel myself justified in stating, that for efficiency, portability, and facility of application, it has no equal. Indeed, I deem it to be an indispensable appendage to the armamentarium of every hospital and surgery.

About one ounce and a half of rectified spirit will keep it in action for an hour. When desirable, the vapor of camphor may be conjoined with it, by placing about two drachms of camphor upon the top of the gauze-cylinder, the heat of which volatilizes it.

For application it only requires to be trimmed as an ordinary spirit-lamp, and when ignited, to be placed between the patient's

lower extremities, an extra blanket being placed upon the ordinary bed-clothes. From fifteen to thirty minutes will be sufficient for a single application, and so powerful is it, that I have known the perspiration to drop through the bed.

I regret to say that I do not know to whom the merit of the invention is due. It is manufactured by Mr. Wallis, an ironmonger at Colchester, who received the pattern many years ago from an old gentleman, who used it for chronic rheumatic gout. In a communication which I had from Dr. Golding Bird on the subject some time ago, that intelligent physician informed me that he remembered to have seen something similar exhibited many years back at the Medical Society of London.—*Lancet*, Oct. 7, 1848, p. 402.

On the Treatment of Pericarditis; especially on the Effects of Bloodletting and Mercury in that disease. By John Taylor, M.D., Fellow of the Royal College of Physicians in London, and Physician to the Huddersfield Infirmary.—In this communication the author has analysed the forty cases of pericarditis, published in the *Lancet* in 1845 and 1846, in respect to the treatment of the disease. The cases are divided into two classes—first, those occurring in connexion with acute rheumatism, the subjects of which were previously in good health; and secondly, the cases occurring in connexion with renal disease, or in persons previously in a bad state of health. The patients in the first class, besides being in good health, were younger, and suffered from much fewer complications than those in the second class. Very few of those in the first class died, whereas all died in the second class. The conclusion from these facts is, that the age and previous health of the patients, and the nature of the complicating diseases, have more influence upon the favorable or unfavorable termination of pericarditis than any differences in the treatment. The remedies whose effects are examined are chiefly bloodletting and mercury.

1. *Bloodletting*.—The conclusions arrived at are the following:—

1. The duration of pericarditis increases in proportion as the time is longer between the commencement of the disease and the first bleeding.
2. The duration of the cases bled after the first four days is greater by one half than that of those bled within the first four days from the invasion of the disease.
3. The influence of bleeding was more marked in the cases in which it was copiously and repeatedly, as well as early, practised, than in those in which blood was drawn less frequently and more sparingly.
4. Pericarditis is never extinguished at once by bleeding, however early, or however copiously practised.
5. In several cases the pericarditis was suspended for a limited time. The suspension in every instance was immediately consequent upon the local abstraction of blood.
6. It is probable that renal has a longer duration than rheumatic pericarditis.
7. Bloodletting must be less copious, and is more frequently inadmissible, in renal, than in rheumatic pericarditis.
8. Bloodletting probably lessens the mortality, inasmuch as it lessens the duration of pericarditis; but direct proof of the reduction of mortality is not to be obtained from these cases.
9. The abstraction of blood by venesection, cupping, or leeches, almost invariably relieved the pain at once, but not permanently. There is no reason to believe that any one form of bleeding relieved pain more effectually than another.
10. Bloodletting never lessened the frequency of the pulse, except when there were signs of the inflammation having abated.
11. The tendency to syncope in some cases of pericarditis, renders it necessary to be very careful in abstracting blood by venesection.

12. Free venesection for pericarditis does not always prevent the subsequent appearance of serious inflammation in other internal organs.

11. Mercury.

1. The cases in which mercury was given within the first four days had an average duration less by five days than those in which it was given later.

2. The cases in which salivation was produced within the first four days had an average duration less by two days than those in which it occurred later.

3. It is difficult to determine how much of the benefit was due to the mercury, because all the patients who took mercury were likewise bled, and in almost every instance the two remedies were first employed on the same day.

4. The author is inclined to the conclusion, that the benefit was due in greater measure to the bleeding than to the mercury—partly because the duration of the disease was more abbreviated in those who simply began to take mercury than in those in whom salivation was produced within the first four days. The administration of mercury coincided with the bleeding, but the salivation did not, and the results are just what might be looked for upon the supposition that the benefit was due to the bleeding, and not to the mercury.

5. If the production of salivation had anything like the marked influence in arresting inflammation, and in promoting the removal of its products, which it is currently believed to possess, the duration of the cases of pericarditis after salivation ought to have been much less than it really was. This is proved by a detail of the cases.

(a.) Salivation was not followed by any speedy abatement of pericarditis in sixteen cases.

(b.) Salivation was followed by pericarditis in five cases.

(c.) Salivation was followed by an increase in the extent and intensity of the pericarditis in three cases.

(d.) Friction-sound ceased two days before the mouth became sore in two cases.

(e.) Salivation was followed by a speedy diminution of the friction-sound in two cases: it did not cease, however, for some days after.

(f.) The pericarditis ceased soon after salivation in two cases: in one of them, however, it had been declining for some days before.

(g.) Mercury was given, but no salivation was produced in seven cases.

(h.) No mercury was given, nor other treatment adopted, in eight cases.

(i.) Cases are detailed exhibiting the occurrence of various internal inflammations during the time that salivation was proceeding. The cases comprise examples of endocarditis, pleuro pneumonia, pneumonia, pleuritis, erysipelas, and rheumatism.

A conclusion rather adverse to the antiphlogistic powers of mercury having been drawn from the facts narrated, the author next examines the evidence upon which the contrary and more prevalent opinion is based, and infers that the evidence is not satisfactory. In the course of this examination, some remarks are offered upon the necessity for the application of the "numerical method" in therapeutical inquiries, and, also, upon the difference, and its results, between the practice of French and English physicians, in inflammation of serous membranes.—*Lon. Med. Gaz.*

Tumor in the Left Lobe of the Prostate Gland.—Mr. Shaw exhibited before the Pathological Society, a specimen of Tumor in the Left Lobe of the Prostate Gland, which had given rise to retention of urine. The patient, 70 years of age, had been long an inmate of the Middlesex Hospital, but had not complained of difficulty in passing his water till

a month before his death. Having been attacked two months previously with hemiplegia of the left side, (which was found, on dissection, to have been caused by inflammatory softening of a portion of the right hemisphere of the brain, near the corpus striatum), it was thought that the dysuria arose from the paralysis; but in a short time, the bladder having become over-distended, it was necessary to employ a catheter, and an obstruction was then met with in the prostate gland. Numerous attempts were made, with catheters of different kinds of curve, to reach the bladder; but every time that the instrument entered the prostatic portion of the urethra the point was turned to the right side of the patient, and it was not till considerable force had been used, followed by bleeding, that the catheter was introduced, and a large quantity of urine drawn off. The instrument had afterwards to be used twice or thrice daily. Symptoms of inflammation of the bladder soon followed, accompanied shortly afterwards by tenderness in the lower part of the abdomen. The patient gradually sank, and died on the 23d April. On the post-mortem examination, the right lobe of the prostate was of the natural size, but the left was one-third larger than the normal size. This increase of size was found to be owing to the development of a tumor, of the size of a moderately large hazel-nut, in its centre. The surface of the tumor was smooth, and it was imbedded in a cavity, the sides of which were also smooth, and the connection between them was so slight that the tumor could easily be enucleated from the prostate, which body it resembled in structure; the only difference perceived by the microscope being that the gland was traversed by numerous small wavy fibres, which were not visible in the tumor. Owing to the enlargement of the left lobe, the prostatic portion of the urethra was turned to the right side, and the canal contracted. A false passage had been formed, which commenced in front of the prostate, and, going behind and to the right of the proper canal, opened in one direction into the cavity of the bladder, and in another passed a short way into the thickened walls. The whole bladder was greatly inflamed, the mucous membrane being of a blackish red color, and lymph and pus being mixed with the urine; the peritoneal coat was inflamed, and to a black spot at the fundus coils of the adjoining intestine adhered by recently effused lymph. The left ureter was dilated and contained pus; the pelvis of the kidney was also dilated and vascular, and in the tubular structure and surface there were a few spots of purulent deposits. Mr. Shaw remarked that this specimen threw light on a case which was lately brought before the Society by Professor Fergusson. During the operation of lithotomy, after having extracted the calculus, that gentleman removed a small round tumor, of solid consistence, from the wound, and he conceived that it must have been formed in the prostate gland. If the patient from whom the present specimen was taken had been the subject of an operation for stone, it was probable that the cavity containing the tumor would have been opened in the incision, so that in extracting the stone it would have been squeezed out of its bed, and might have been brought away, as in Mr. Fergusson's case, from the external wound.—*Lon. Med. Gaz.*

On the Sounds of the heart as Diagnostic of Aneurism of the Arch of the Aorta.—Dr. Bellingham has drawn the following practical conclusions from his researches on aneurism of the aorta:—

1st. That a double, not a single sound, characterises aneurism of the arch of the aorta, which closely resembles the double sound of the heart, and may be termed its *normal* sound.

2d. That the normal double sound of aneurism of the arch of the aorta has its cause in the friction between the blood and the lining membrane of the orifice and parietes of the

sac, because there is no other agency to which it can be referred.

3d. That the normal second sound of aneurism of the arch of the aorta is caused by the regurgitation of the blood into the sac from the aorta and large vessels which arise from it.

4th. That the first, or the second, or both aneurismal sounds, may be replaced by a murmur, which may have either a blowing, sawing, or filing character; and that such murmurs may be regarded as the abnormal sounds of aneurism of the arch of the aorta.

5th. That the first aneurismal sound is much more frequently superseded by a murmur than the second, because the force with which the blood is transmitted to the sac by the left ventricle is much greater than that with which it regurgitates into the sac at the period of the ventricular diastole.

6th. That the abnormal sounds of aneurism of the arch of the aorta, equally as its normal sounds, are caused by friction between the blood and the orifice or parietes of the sac; and that they are nothing more than exaggerated normal sounds; exaggerated, because the degree of friction is then increased.

7th. That in aneurism of the arch of the aorta pointing externally, the sound is not only always double, but a double impulse is frequently also perceptible to the hand.

8th. That the second impulse of aneurism of the arch of the aorta has its cause in the same agency which gives rise to the second sound; consequently neither a double sound nor a double impulse is perceived in aneurism of the abdominal aorta, or of any of its branches.

9th. That the phenomenon known under the name of *Frémissement Cataire*, or purring tremor, whether it occurs in an aneurism or a large artery, is nothing more than the pulse of aortic regurgitation on a large scale; consequently that it is a sign of regurgitation into the ventricles of the heart, into an aneurismal sac, or into a large or a dilated artery.

10th. That the remarkable resemblance between the normal and abnormal sounds of aneurism of the arch of the aorta, and the normal and abnormal sounds of the heart, renders it probable that the mechanism of their production is the same.

11th. That the abnormal sounds of the heart, having their seat at the orifices of the ventricles, and being the result of increased friction between the blood and the parts through which it passes, are (like those of aneurism of the arch of the aorta) to be regarded as nothing more than exaggerated normal sounds.

12th. That the impulse of the healthy heart, like that of aneurism of the arch of the aorta pointing externally, is double, not single; and that in certain abnormal conditions of the heart, this second impulse becomes very distinct, when it has been termed "the back stroke of the heart," or "the diastolic impulse."

13th. That the second impulse of the heart (like that of aneurism of the arch of the aorta) is felt exactly at the period of the second sound; and both sound and impulse appear to be produced by the same agency.

14th. That as sounds almost precisely similar to those of the heart are developed in an aneurismal sac, which has neither muscular walls nor a valvular apparatus at its orifice, the latter do not appear to be so essential to the production of the normal sounds of the heart as most writers suppose.

15th. That the ordinary theory of the heart's sounds, which refers the normal sounds to one cause, and its abnormal sounds to a totally different cause, fails to explain several phenomena connected with the heart's action and sounds.

16th. That the theory of the mechanism of production of the heart's sounds, laid down in the preceding pages, satisfactorily explains every phenomenon connected with the

normal and abnormal sounds of this organ.—*Dub. Med. Press*, June 28, 1848.

Calomel in Acute Articular Rheumatism.—Dr. Leclercq has published in *L'Union Médicale*, several cases of acute articular rheumatism successfully treated by small doses of calomel. Dr. Law, of Dublin, had, so early as 1838, pointed out the advantages of this practice, as Dr. Trousseau, of Paris, has likewise done, in his book on therapeutics; but these physicians used to combine quinine with the calomel, and Dr. Leclercq has obtained very good results by calomel alone. These were the different steps of the treatment:—1. Bleeding, if the subject be plethoric. 2. Calomel in divided doses—viz, one grain of calomel in about a drachm of white sugar, to be divided into twelve papers; one to be taken every hour. 3. An opiate at night. 4. Cooling drinks. 5. Poulices, sprinkled with laudanum, on the painful joints. This method has been found to counteract as well, if not better, cardiac complications. Lemon-juice, on the other hand, seems to be a greater favorite in this country, and has yielded excellent results.—*Lancet*.

Dr. Ayre's Treatment of Cholera.—In such a state of matters we will venture to give our opinion on the treatment of cholera. Our position has forced upon us the consideration of all, or most, of the different plans which have from time to time been proposed for the treatment of cholera, and we have no hesitation in saying, that of all which have hitherto fallen under our observation, none seems to have been attended with so large an amount of success as that of Dr. Ayre, of Hull. The system adopted by that gentleman, as our readers well know, consists in giving small doses of calomel, very frequently repeated, throughout the whole period of the attack—a grain, or more, at intervals varying from ten minutes to half an hour or an hour, according to the gravity of the symptoms. This treatment was employed by Dr. Ayre with most satisfactory results, at the advent of cholera to this country, in 1832; and copious details respecting it were published in vol. ii. of the *Lancet* for 1848, and also at p. 260 of our last volume.

Since the present occurrence of cholera in this country, the same treatment has been put in force by Dr. Ayre, and, as we learn, with signal and like success, scarcely a case having been lost under such treatment if applied in proper time, and if the patient has not been previously plied with too many other drugs. We learn that Dr. Ayre has been appointed physician to the Sanitary Board of the Court of Guardians at Hull, and that Messrs. Day, Gibson, and Archbold, are acting with him in the treatment of cholera cases by the above method. In the present alarming prevalence of the disease, we earnestly beg Dr. Ayre and his coadjutors to furnish to us, for publication, the results of their more recent experience in the treatment of cholera by the method we have briefly alluded to. We are convinced that we shall not appeal to Dr. Ayre uselessly. While our fellow-creatures are dying around us, it would be as censurable not to point out the means to save them, if we know how that can be effected, as it would be criminal not to employ the means of cure when we have them pointed out, and at our disposal.—*Lancet*.

Case of Traumatic Tetanus treated by Chloroform.—By Samuel G. Wilmot, M.D., one of the Surgeons to Dr. Stevens' Hospital.—In that frightful disease—tetanus, which acknowledges for its cure no remedial agent, against which the full battery of the materia medica may ineffectually be ranged—a measure which has for its object the temporary

suspension of the patient's sufferings, and the retardation of the disease's progress, must be considered as one of no small importance. This measure is anaesthesia by chloroform.—The following case which exemplifies in well marked features acute traumatic tetanus, while it forms no exception to the uniformly fatal termination of this variety of the disease, demonstrates the very desirable two-fold object gained by the adoption of the above measure.

Frederick Connolly, aged 12, a rather delicate looking boy, subject to worms, was admitted into No. 4 ward of Stevens' Hospital on the 27th of June, 1848, under the care of Mr. Wilnot, with compound fracture of both bones of the right forearm, which he received a short time previously by a fall in wrestling. The wound in the integuments was small, and was made by the upper fragment of ulna, which slightly protruded; there was considerable tumefaction of the forearm from extravasation of blood. The fractured ends of the bones having been reduced and placed in apposition, the edges of the wound were drawn together, and cold lotion applied to the forearm. The swelling gradually increased and became very tense, accompanied with fever. He complained chiefly of cardiac disturbance and of loss of sleep.

Saturday, July 1st. The swelling and tension of the forearm and the accompanying fever have considerably diminished, but the palpitation continues; bowels confined.

Ordered: Cathartic infusion of roses.

Sunday, 2nd, ten o'clock a.m. The father, who has been in constant attendance, states, that at half-past six o'clock in the morning, the patient was suddenly awoke by the occurrence of a violent spasm of the muscles of the injured forearm; this was soon followed by another, and they have since recurred frequently. The spasms, which are of the clonic character, recur every two or three minutes, and are so strong as to require the full force of both hands to restrain the muscles; without this expedient, their action produces excessive pain by displacing the fractured bones and contorting the limb. The forearm is more swollen than it was yesterday; the wound looks unhealthy; there is no secretion of pus, and its edges point and are livid. There is no permanent rigidity of any muscle, and the patient can swallow with perfect ease: there is, however, a peculiarly anxious painful expression of countenance, and a brilliancy of eye which are quite unusual; the voice possesses a remarkably harsh and tremulous tone; pulse 120.

Ordered: 15 drops of laudanum immediately.

℞ Mist. camph. ℥iv.

℞ Liq. ant. tart. Tinct. opii aa. ʒi. M.

Sumat coch. mag. ʒiis horris.

The forearm enveloped in a poultice of belladonna leaves was placed on a splint; and with the view of antagonizing their action, hand was applied above and below on the muscles of the forearm, so as to compress them firmly at every recurrence of the spasms. No bandages were applied in consideration of the tumefied state of the parts.

Two o'clock. The spasms continue as violent and painful as before, and are beginning to involve the muscles of the arm. The opium seems not to have had the least effect.

Ten o'clock p.m. The patient's suffering is extreme; his screams are piercing; the spasmodic contractions of the muscles recur regularly every minute or half minute, but a sudden stir of the body, or pressure on the affected part, immediately excites one. The cervical muscles are becoming rigid, and the abdominal feel tenser than natural; the countenance strongly tetanic; the patient assumes the half-sitting posture.

The opium to be exchanged for the tincture of the Indian hemp, of which he is to take 12 drops every

two hours; to be increased should the spasms continue unabated.

Monday, 3rd, nine o'clock a.m. General tetanic spasms have now set in; they recur every minute, but are only instantaneous in duration, and are so slight that they might pass unobserved if the attention were not particularly directed to the circumstance. Permanent spasm affects only the muscles at back of neck, the abdominal and the masseter, which last has produced trismus. The patient seems to suffer less pain in the forearm, the clonic spasms of which have undergone mitigation. Deglutition is for the most part unimpaired, but sometimes the act excites a paroxysm. A sudden touch on the surface of the body, or an occurrence that agitates the mind, is productive of a like effect. The face is flushed; perspiration confined to head and chest; passes urine freely; pulse permanently above 120, elevated considerably during a paroxysm.

Dose of Indian hemp to be doubled, and to be administered every two hours. To have wine and broth.

One o'clock. The paroxysms becoming quicker and more violent, it was proposed to try the effect of the inhalation of the vapor of chloroform. In less than a minute complete anaesthesia was produced, and it lasted three minutes. During the anaesthetic period the patient lay as if asleep, without the least stertor, and though most of the rigid muscles lost some of their tonic contraction, they were not completely relaxed as those unaffected were; the masseters were, however, quite uninfluenced.

Five o'clock. Since last report he has been four times anaesthetized, the effect each time being rapidly induced and accomplished without pushing it to the point at which stertor supervenes. The longest period of the suspension of the paroxysms was five minutes and a half, provided the patient were left perfectly quiet, but the anaesthetic period could be suddenly abridged after half a minute or a minute by stirring the patient, or making a noise in his vicinity, thus inducing a paroxysm. When the effects passed off, the spasms recurred with as much energy as before, no subsequent effect being apparently the result of the chloroform. The pupils are contracted and remain so during the operation of the chloroform. The patient, at the suggestion of Sir Henry Marsh, has been in a vapor bath since one o'clock; he expresses himself more comfortable and easy, but it had to be suspended two or three times in consequence of a feeling of faintness. There is violent action of the heart and arteries. The chloroform was now given so as to create stertor. All the muscles were relaxed, with exception of the masseters; trismus still persisted; as soon, however, as the chloroform action ceased, the paroxysms returned with undiminished vigor.

Ordered: To be given as much wine as he will take.

Nine p.m. The disease has rapidly advanced; during the paroxysms there is now opisthotonos, sometimes to a great extent; perspiration profuse; urine scanty and thick with lithates; pulse extremely rapid. At the patient's urgent desire he has had the chloroform frequently administered, always with temporary suspension, but without the least permanent abatement of the disease. It was now determined to try the chloroform by the mouth. Accordingly two drops of the liquid were exhibited. The patient experienced extreme difficulty in swallowing the dose; the effort to do so brought on a violent paroxysm, with sense of suffocation, but in less than half a minute its full effect was produced, and it lasted three times the period that followed the simple inhalation of the vapor. When the patient emerged from the anaesthetic state, the paroxysms returned as before; thus showing that powerful and wonderful as are the effects of chloroform upon the nervous system, they have no power to influence the peculiar condition which

originates tetanus. As the bowels were confined, he was ordered :

A fætid enema containing a drachm of Hoffman's anodyne.

Tuesday, 4th July. He died this morning at half-past three o'clock.

The post-mortem examination of the injury discovered a transverse fracture of the radius a little below its middle: the two fragments formed an angle with each other, salient anteriorly, and over this point two superficial nerves were stretched, resting on the muscles which intervened between them and the bone; no nerve was found in the immediate vicinity of the fractured ends of the bone. The ulna was fractured obliquely in the antero-posterior direction about its lower third; the point of the upper fragment corresponded with the wound. Pus of an unhealthy character lay around this fracture, but no nerve could be detected so situated as to be necessarily irritated by the extremities of the bones.

The points of particular interest connected with the preceding case are the circumstances that relate to the administration of the chloroform. Some may consider, no doubt, that the unsuccessful issue of this case strips it of any utility or practical interest, but every day's experience will, I think, prove that many a useful lesson may be learned from cases which are unsuccessful, and that those the most propositions often afford but scanty information. We see in this case convincingly proved the efficacy of chloroform as a powerful anæsthetic agent, but we are also mortified to find that this new addition to our therapeutic resources—the one which of all others, our preconceived notions would lead us to view as peculiarly invested with ante-tetanic properties fails to remove the stigma that justly rests upon them for incompetency to cope with tetanus. In contemplating the same case, we are at once struck with the marked susceptibility of the patient, to the influence of the chloroform, especially when we recollect the great tolerance of narcotics with which tetanus endows the system; to such extent that doses of opium and other narcotic substances which in the normal state of the body, would briefly annihilate existence, prove inert when exhibited in this disease. The early age of the patient may partly account for this apparent anomaly; for, according to experience derived from administering chloroform to produce anæsthesia for operative purposes, children are most easily, quickly, and with a very small dose of the vapor, brought under the full influence of the agent; and this seemingly in the ratio of their youth. Giving due weight, however, to this consideration, we cannot but (reasoning from analogy) express surprise that the disease should not have depressed the susceptibility of the nervous system to the influence of chloroform, to at least the standard generally observed in adults. The much more efficient manner in which the chloroform acted when taken into the stomach would suggest a further trial of this mode of exhibiting it, but in so employing it, we must be on our guard when dysphagia is great, lest spasm of the glottis occur so as to produce asphyxia. A question may arise why amputation was not performed in this case? and certainly, drawing inference from the nature of the injury, and the interval that elapsed between the occurrence of the local clonic spasms, which may be viewed as the herald of the scene that was to follow, and fully developed tetanus, one would consider the operation to have been particularly indicated, and likely to anticipate the dreaded event. Now in the August number for 1818 of the *Dublin Quarterly Journal*, in the observations appended to four cases of tetanus which I there published, I endeavored to prove by physiological reasoning and practical facts, the inutilty of amputation in this disease, and the fallacy of, in most cases, using the occurrence of local clonic spasms as an indication for the

operation, inasmuch as that their presence argues the existence in the excito-motary apparatus of the very same condition, in essence, which gives rise to tetanus; so that in reality, though apparently it is otherwise, this local state so far from being strictly premonitory of tetanus, is first subsequent to and then coterminous with that change in the spinal cord which is the proximate cause of the disease, and which is only concentrating its force to break forth in general tetanic paroxysms. Our minds furnished with these considerations, are we then justified in adding to the torture, and dangers of this almost inevitably fatal disease, the results of an operation, which, under the best auspices, are hazardous and severe?—*Dublin Med. Press.*

Pathological Condition of the Blood in Cholera.—Dr. Garrod read a paper before the Westminster Medical Society on the Pathological condition of the Blood in Cholera. The author divided his communication into two parts: in the first he spoke of the investigations which had been made previous to the present year, and gave the results arrived at by Dr. O'Shaughnessy, Dr. Thomson, of Glasgow, and Dr. Clanny, in this country, and by MM. Rose and Wittstock, Lecanu, and others, on the continent. In the second part, he detailed the post-mortem appearances, together with the examinations of the blood and evacuations in those cases which had fallen under his notice during the present epidemic. These, he observed, had been limited in number, and the analyses attended with many difficulties, from the fact that the blood taken after death had frequently to be used for the purpose. After stating the various analyses, he gave the following epitome of the different results:—

Physical condition of cholera blood.—The blood was always found more tenacious than in health, of a darker color, and less disposition to coagulate; its specific gravity greatly increased—viz. 1068, 1074, 1076, (the specific gravity in health being about 1062), and 1081 in adults; in children, also, it was very high.

Water and solids.—The water was always found much less in quantity than in health, and the solid portion increased in like proportion.

Blood-globules.—These were found to be increased in amount.

Fibrin.—In many cases this principle was not able to be determined from its having lost its power of coagulation; when it was separated by whipping, it was found not to be diminished in amount, although deficient in its tenacity.

Constituents of the serum.—When this fluid could be separated from the cruor, it was found to have a specific gravity much greater than in health. In two instances it had a specific gravity 1038 and 1041 (healthy serum averaging 1028).

Albumen.—This principle was always in large excess, and to this was due, in a great measure, the increased weight of the serum.

Salts of the serum and blood.—With regard to the amount of the saline portion of the blood in cholera, the results arrived at by Dr. Garrod differed considerably from those obtained by Dr. O'Shaughnessy; and in place of finding a deficiency, they appeared, in many cases, to exist in increased quantities. In several cases, the numbers representing the amount in 1000 parts of blood, were as follow:—10·7, 7·54, 7·50, 6·15, 6·02, and 5·72 parts, the mean proportion in healthy blood being about six parts. In like manner the soluble salts of the serum were found to be increased. Dr. Garrod noticed, that in the blood of two children who had died of cholera the salts were in very large amount. Both the serum and blood were at times found neutral, or even acid in reaction. The neutral condition before noticed by Dr. O'Shaughnessy was ascribed by him to a loss of the soluble salts, especially the carbonate of

soda: that such, however, was not the true explanation, was demonstrated by the fact of Dr. Garrod having found that the ash of an acid blood gave an alkaline reaction as strongly marked as that obtained from healthy blood, and that the amount of the soluble salts was not diminished.

Urea.—This substance was often found in the blood in cholera, and in many cases it might have existed in quantities larger than in health, and yet escaped detection. In general, it was found to exist in increased quantities, and the amount of this increase depended much on the state of the patient at the time the blood was obtained, or in what stage of the disease the individual died; thus, in the stage of collapse it was found in but small amount, when partial reaction had taken place, and had continued for a time, then it was increased, and in the consecutive febrile stage its excess became very great. Dr. Garrod explained this by supposing that in the intense collapsed stage, the formation of urea became suspended, as well as its excretion by the kidneys; thus accounting for its being then but little augmented: but when reaction, febrile or otherwise, takes place, then the formation of this principle ensues, and often the excretory power of the kidneys is not regained; and hence its accumulation in the blood.

From the results obtained recently, together with those arrived at in the former epidemic, Dr. Garrod drew the following conclusions—viz.

1st. That in cholera the physical characters of the blood are altered, and that its tendency is to become thicker, farlike, and less coagulable.

2ndly. That the proportion of water is much diminished.

3rdly. That the specific gravity of the serum is very high, due to the increase of the solid portion of the serum, and especially to the albumen; that this fluid also tends to become less alkaline in its reaction.

4thly. That in cholera the saline constituents of the blood are not only not decreased in amount, but sometimes exist even in increased proportions, and that the diminution of the alkaline reaction is not due to the loss of salts, but to the diminished excretion of acid matters which are constantly being formed in the system.

5thly. That urea usually exists in increased quantities in cholera blood, but that the amount differs considerably in the different stages of the disease, being but small in quantity in the intense stage of collapse, increasing during reaction, and in excess when consecutive febrile symptoms occur.

Dr. Garrod then stated, that although our knowledge of the changes which occur in the blood during cholera were confessedly very imperfect, yet that sufficient was known on the subject to enable us to distinguish this disease from any other, and to solve the following problem:—"Given, a specimen of human blood to determine whether it was derived from a cholera patient."

Dr. Garrod then showed the bearings of these researches on the pathology of the disease, and alluded to some points in the treatment.—*Lon. Med. Gaz.*

Iodide of Potassium in Syphilitic Rheumatism.—The large number of sailors admitted with this complaint, renders it easy to test remedies with it; and this experience shows that the above medicine, in moderate doses (gr. x. ter die), acts as a specific upon it, often relieving the nocturnal pains in the bones in a few days, and favoring the disappearance of nodes. Several such cures I have noted, and from one to two dozen must occur annually in the hospital.—*American Journal of Medical Sciences*, January 1849.

Anæsthesia from the local Application of Chloroform.—Mr. Higginson brought forward the case of a lady, aged 25 years, in labor with her first child: the perineum had long

been on the stretch by the head, which was tumified by the pressure: the pain was great with each uterine contraction, but was referred entirely to the perineum, no pain being apparently felt from the uterine contraction itself.

About half a drachm of chloroform was poured upon a handkerchief in the ordinary manner, but instead of being applied to the mouth, it was held in almost immediate contact with the perineum. The pain immediately ceased, though the uterine contractions continued in full force; and the first intimation the patient had of the progress of the labor, was hearing the child cry. Her mind was not at all affected, nor was intellectual consciousness in any degree diminished.

He had observed the same thing, though in a less degree, when the chloroform had been applied to the sacrum in another case.

He had also applied this agent to the os uteri of a patient suffering from very severe dysmenorrhœa, by means of a sponge placed in a curved glass speculum, which was introduced into the vagina. The pain almost immediately abated, and on its return, after some hours, the patient re-applied it herself with similar benefit.

Dr. Watson mentioned some cases confirmatory of its good effects when locally applied. He had painted it over a swelled testicle, with speedy relief to the pain, and had applied it along the course of the spine with a similar result in a case of acute spinal tenderness, which had not been relieved by other treatment. He had also applied it to the surface of a large mammary abscess prior to opening it, which was afterwards done without suffering to the patient; and also to the vulva of a woman before cauterising the orifice of the urethra. It had relieved the cramp and collapse in a case of English cholera when laid upon the epigastrium, and had abated the pain almost immediately when painted round the edge of a surface to which potassa fusa had been applied for the purpose of forming an issue.—*Lon. Med. Gaz.*

SURGERY.

Treatment of Gonorrhœa, etc., by Vinum Colchici.—Dr. Ficinüs, of Dresden, confirms the opinion formed by Eisenmann, of the value of vinum colchici in gonorrhœa. He gives from twenty-five to thirty drops three times a day, combined with Tinct. Opii, enjoining at the same time a low diet, warm bath, &c. These means he has found attended with unprecedented success in the treatment of gonorrhœa and other inflammatory discharges from the urethra in males, and from the vagina and uterus in females. The details of ten cases are given in illustration.—*Casper's Wochenschrift*, Aug. 26, 1848.

On Constitutional Syphilis.—By Mr. G. L. Cooper, of the Bloomsbury Dispensary.—Syphilis, in its secondary forms, or constitutionally considered, is the result of, or consequent upon, the absorption of a morbid poison into the circulation, reappearing in certain symptoms and parts, according to the stage of the disease. Its frequency every practical surgeon must admit, but the cause remains an undecided question. According to the opinions of some writers of indisputable reputation, its frequency is, in the majority, after the treatment of primary syphilis by a mercurial course; others, again, deny this point, on the principle of a non-eradication of the virus by an omission of that mineral. Now, according to my own experience, I most decidedly lean towards the latter, feeling persuaded that mercury is very requisite to accomplish a permanent cure of the true Hunterian chancre. Most surgeons are aware that ulcers of every character which may appear on the penis, or on any other part of the body, will oftentimes heal of their own accord, without any treatment whatever; but it is another thing to suppose the disease has been removed from the system; in numerous instances, both in private and public practice, the merits of these two methods of treatment have

been tested by me, and I have found by observation that secondary symptoms do not so frequently follow a judicious course of mercury as when mere alternatives have been administered, neither are they increased in severity on appearing after a mercurial treatment. I am aware this statement has often been made, but it is not in accordance with my results, for these circumstances I should attribute either to an abuse, or to a neglect, of the necessary precautions whilst the patient is under its influence. A well-marked case, treated by me on the non-mercurial system, a short time ago came under my care, and as it bears well upon that subject, I shall select it out of many others. A gentleman, an artist by profession, married, consulted me for a chancre on the prepuce, which, according to his statement, he had contracted from a woman who had sat for one of a group of nymphs; being overcome by her charms in a state of nudity, he was induced to overstep the path of rectitude, and, in the course of ten days after, discovered, much to his chagrin, this legacy of his amour. Being very desirous of avoiding suspicion in the mind of his wife, he particularly requested the iodide of potassium to be prescribed, fearing the mercurial odour might betray him. I accordingly conceded to his wish on his own responsibility; aided by a zinc lotion, the chancre speedily cicatrized. In the course of two months afterwards I was summoned to attend him for a deep excavated ulcer on the right tonsil, with copper-colored scaly blotches over his body, arms, and face. Considering himself to be free from any chance of suspicion, he readily adopted whatever was recommended; accordingly, I put him under a gentle pyalism, with rigid restrictions as to diet, and exposure to cold or damp. In a few weeks he was quite recovered, and attached much blame to his own folly. With reference to this subject, I consider the remarks made by Mr. B. Bell to be very just: he says that "a chancre might frequently be cured with external applications alone, and as we know from experience that the virus is not always absorbed, the cure would in a few instances prove permanent; but as we can never with certainty know whether this would happen or not, while in a great proportion of cases there would be reason to think that absorption would take place, we ought not in any case to trust to it." The reports which have issued from the army surgeons on the non-mercurial treatment of syphilis are undoubtedly most interesting, but daily experience convinces me that all ulcers appearing on the genitals are not of a syphilitic character, consequently not liable to be followed by any secondary symptoms; excoriations, herpetic eruptions, and even small ulcers, are frequently witnessed on these parts, often difficult to be distinguished from a true venereal sore; but these readily yield to a simple treatment, being merely the result of a depraved secretion.—*London Lancet*.

Sugar of Lead in Strangulated Hernia.—The use of sugar of lead enemata for reduction of strangulated hernia, was first recommended by Neuber and Seitzl: it has recently been tried by Drs. Neuhold and Hasserbrone. Dr. N. affirms that operations would become very rare were this agent more extensively used: he states that in his experience of its effects, he has always met with success, and that he has given four to six enemata, each containing ten grains of the acetate of lead, without bad results. In a case of a very large scrotal hernia, which had resisted the taxis and all other means for twenty-eight hours, and the patient refusing to consent to an operation, ten grains of the acetate of lead dissolved in six ounces of tepid water were given as an enema, and this was to be repeated every two hours. The pulse, which was small and contracted, gradually became more developed, the general condition hourly improved, and the hernia spontaneously returned while the man was asleep. In another case of inguinal hernia, Dr. N. was not called till strangulation had lasted three days, and had given rise to the worst symptoms. The patient's condition improved much after the use of the enema, and the hernia readily yielded to the taxis.

Dr. Hasserbrone has tried it, and with complete success; the following are the circumstances of the case:—In the month of September, 1848, Dr. H. was called to visit Mi-

chael T—, a basket-maker, about sixty years old, to reduce a large inguinal hernia of the right side. The patient had already made several ineffectual attempts to reduce it, but he only rendered the tumor more painful. Constipation was present, hiccough, and strong agitation. Dr. H. tried the taxis, emollient enemata, cold applications to the tumor, and other usual means, without success; the strangulation had already lasted thirty-six hours. He was going to request a consultation for the purpose of advising an operation; before doing so, however, he determined to try sugar of lead enemata, forty grains to twenty-four ounces of warm water for four enemata; two every two hours; at the same time he ordered cold applications of strong sugar of lead to the tumor: after the third enema Dr. H. again tried the taxis, and was able to reduce the hernia. He ordered immediately an ounce and a half of castor-oil; the patient had several stools during the night without suffering any bad effects; two days after he resumed his usual business. Though not altogether sharing in M. Neuhold's hopes, Dr. H. believes this remedy will play an important part in the treatment of strangulated hernia, and that it will advantageously supplant tobacco enemata, which are not free from danger.—*L'Un. Méd.*, and *Monthly Jour. of Med. Sci.*

The advantages of Chloride of Gold as a Caustic; by M. Chavannes.—MM. Récamier and Légrand signalized the advantages of the chloride of gold as a caustic many years ago—and our author confirms their statements from observations made chiefly in the treatment of lupus and syphilitic tubercles and ulcers. M. Chavannes maintains that the chloride of gold destroys less than the other caustics, and, when the crust separates, cicatrization is found in a forward state of advancement. The cicatrix, which remains after the use of this chloride, is said to be less marked than when other caustics are employed. It is prepared thus: gold leaf one part, hydrochloric acid three parts, nitric acid one part.—*Monthly Retros.*, from *Gaz. Méd. de Paris*.

Collodion and Asbestos for Toothache.—Mr. Robinson, a distinguished dentist of London, says that he has frequently applied collodion in severe cases of toothache arising from exposure of the nerve. The method he adopts, is to make the patient first wash out his mouth in warm water, in which a few grains of bicarbonate of soda has been dissolved. He then removes from the cavity any foreign substance likely to cause irritation. After drying the cavity, he drops from a point the collodion, to which has been added a few grains of morphia; after which he fills the cavity with asbestos, and saturates with collodion. Lastly, over this he places a pledget of bibulous paper. In a few seconds the whole becomes solidified, and forms an excellent non-conductor of heat and cold to the exposed nerve. By occasionally renewing this, he has been enabled to effect a more durable stopping than with gold.—*Med. Times*.

Calomel as a Local Application to Chancres.—Dr. Harts-horne dresses obstinate chancres and ulcerated buboes in this manner. After sprinkling calomel freely upon them he covers them with lint dipped in a solution of chloride of soda.—*American Journal of Medical Science*, January, 1849.

Aneurism of the Coronary Artery.—Dr. Beville Peacock reports a case of this rare lesion, premising it with the account of the only two cases he is able to find; one published in the *Bibliothèque Méd.*, 1812; the other in the *Archiv. Gén. de Méd.*, 1843.

A man, aged 51, a butcher, admitted into the Royal Free Hospital, in December, 1847, laboring under influenza, for-

merly of irregular habits. When examined he was much collapsed, with severe cough; pulse 144, feeble; tongue furred. Auscultation revealed the crepitation of the prevailing epidemic. He was cupped between the shoulders, and took ipecacuanha, with compound spirit of ammonia and paregoric. On December 4th, he was slightly better, and for three days continued to improve, but he then became more torpid and feeble. A more stimulating treatment was substituted, together with a blister to the chest. On the 12th he complained of pain in the left side of the chest, pulse 120, intermittent. There were loud sonorous rhonchi; and in the region of the heart a peculiar sound like that of beating eggs with a spoon. This disappeared next day, when he died.

Post-mortem examination. In addition to emphysema of the lungs, the pericardium was found to be distended with sero-purulent fluid, with lymph of soft consistence. At the upper and outer part of the left ventricle, there was a protuberance the size of half a walnut, which was found to be an aneurism of the coronary artery. The cavity of the aneurism was filled with coagulum; the other artery was ossified.—*Edinburgh Monthly Journal*, March, 1819.

MATERIA MEDICA AND CHEMISTRY.

On a new Acid of Sulphur; by MM. FORDOS and GELIS.—M. Plessy has recently announced the discovery of several new sulphur acids, but the uncertainty of the analysis left a doubt upon their existence. These acids were supposed to be formed by the reaction of sulphurous acid in solution upon proto- and perchlorid of sulphur. In the present memoir it is conclusively shown that the product is the same in both cases, and if time for spontaneous decomposition is not allowed, the salts of the new acid (and there is but one) may be obtained in a state of almost perfect purity.

To a given quantity of solution of sulphurous acid, one tenth its weight of perchlorid of sulphur is to be added—the solution, evaporated to one half, is to be saturated with carbonate of lead, to remove sulphuric and hydrochloric acids. The chlorid of lead in solution is thrown down by alcohol. The lead is next precipitated by sulphuric acid and the liquid filtered and saturated by the carbonate of barytes. The filtered barytic solution precipitated by absolute alcohol furnishes the new salt. The salt of this acid are $S_2 O_5 MO$. The same formula was assigned by Wackenroder to a sulphur acid formed by the action of sulphureted hydrogen upon solution of sulphurous acid,—although no analysis was made, it now appears that the formula is correct and that the same acid is formed under these very different circumstances. This acid completes the series containing 5 equivalents of oxygen, for which, apart from theoretical considerations, Messrs. F. and G. propose retaining the names proposed by Berzelius. We have then—

Dithionic acid, $S_2 O_5$ hydrosulph. acid of Gay, Lussac & Walter.
 Trithionic $S_3 O_5$ sulpho-hyposulphuric of Sanglois.
 Tetrathionic $S_4 O_5$ first acid of Fordos and Gelis.
 Pentathionic $S_5 O_5$ new acid of “ “

The pentathionate of baryta is white, and can hardly be distinguished from the tetrathionate, but by analysis—it is however more soluble and more easily decomposed; a solution of it is precipitated yellow by nitrate of suboxyd of mercury. Chlorine and hypochlorites transform it at once into sulphate; permanganate however retains its color and only decomposes in presence of much acid. Iodine is not taken up by it. Heat evolves sulphur and sulphurous acid and sulphate of baryta remains. The dilute free acid is very alterable, acid and bitter, and reddens litmus.

The baryta salt contains 2 equiv. water, which may be wholly or in part replaced by alcohol.

The new acid it is to be remarked, is isomeric with the hyposulphurous ($S_2 O_2$), but its capacity of saturation, &c., is very different.

In conclusion the authors remark that while studying the chlorids of sulphur, they have ascertained that they correspond in composition with the acids of the thionic series—taking Cl for O.—*Chemical Gazette.*

M. Filhol's Method of Testing Arsenical Deposits.—M. Filhol has communicated to the *Journal de Chimie Médicale*, the following simple mode of transforming arsenical stain into arseniate of silver. He takes a porcelain saucer on which arsenical stain has been received, and inverts it over another porcelain saucer, in which is contained a small quantity of hypochlorite (chloride) of soda, mixed with about its volume of sulphuric acid, diluted with thirty or forty times its weight of water. In about one or two minutes, the arsenical deposit will have disappeared; then into the saucer which contained it a strong solution of neutral nitrate of silver is to be poured: immediately a brick-red discoloration is obtained. This is a test of extreme delicacy. It is important to remove the upper saucer immediately on the disappearance of the stain, otherwise the red color of the arseniate may be concealed by the chloride of silver which is simultaneously formed.—*Journal de Chimie Médicale*, Oct. 1848.

If the arsenical deposit were received in a watch-glass, the time at which the stain disappears would be immediately perceptible.—*Lond. Med. Gaz.*

On the Detection of Sulphurets of Arsenic.—M. Filhol, professor of chemistry and pharmacy at Toulouse, in the course of his investigations on the presence of arsenic in feruginous deposits, finding reason to suppose that a sulphuret from a decomposed sulphate is often present, determined to ascertain the degree of the applicability of Marsh's test in the detection of arsenic in the form of sulphuret. As the result of his experiments, M. Filhol arrives at three conclusions. 1st, That the natural sulphurets of arsenic are, contrary to what has been asserted, susceptible of decomposition through Marsh's apparatus; 2ndly, that they are decomposed with extreme slowness—that the quantity of arsenic carried up by the hydrogen is too small to afford metallic stains—and that a very long time is required to obtain its evidence in metallic solutions; 3rdly, nascent hydrogen enters into combinations with the two elements of the sulphuret, producing hydrosulphuric acid and arseniuretted hydrogen.

These conclusions acquire considerable importance from their relation to inquiries as to the existence of arsenic in the earth of cemeteries, as they establish the possibility of its existence where it otherwise would have remained undetected.—*Journal de Chimie Médicale*, Oct. 1848.

On a Solution of Iodine in Oil.—By M. Marchal.—This preparation has superseded the other forms of iodine at the Val-de-Grâce. M. Marchal, believing that cod-liver oil owes its virtues to the small quantity of iodine which it contains, concluded that a more effective preparation of this substance than the iodide of potassium is found to be, might be made by combining it with an organic body; in which state the drug would probably be longer retained in the economy. He selected an oily body, in the hope that the oil by forming an emulsion with the bile, would allow of the substance being digested in the small intestines, and enable the stomach to become relieved of its presence. In this way, large doses of iodine can be administered, if requisite without irritating the latter organ; while the iodine is eliminated by the urine more slowly than is the case with the iodide. At the same time, its absorption is made certain by the fact of its not being detected in the fæces. The iodine is dissolved in fresh almond oil as wanted, in the pro-

portion of one part to fifteen, and of this an emulsion is made with gum tragacanth and the milk of almonds. The minimum dose is one grain, gradually increased to six grains. M. Marchal has used it extensively in the treatment of buboes and other glandular enlargements, with the best effects, in promoting and hastening their cure; M. Ricord also adds his testimony in favor of this preparation.—*Gazette des Hôpitaux*.

MEDICAL JURISPRUDENCE.

Unsuccessful attempt at poisoning with Ground Glass.—We make the following extract of a letter from our intelligent correspondent, W. K. Bowling, M. D., of Adairville in this State, dated Oct. 15th, 1848.

"Mrs. C. of this village, in her attentions to her child 9 months of age, after a discharge from its bowels, discovered some particles of glass adhering to its nates. Becoming alarmed she sent for my partner, Dr. Poor, who, upon his arrival, had the faces washed, and procured more than a tea-spoonful of powdered glass. He gave the child a dose of castor oil, and superintended in person the washing of the discharges as long as any glass was found in them and procured by weight *eighty grains*. The glass had been irregularly powdered and exhibited fragments of every size from a grain of wheat to the finest sand. The child showed not the slightest indisposition, and remains perfectly well up to the present time [five days] since the last glass was discovered in its discharges.

I have thought this case worthy of preservation for two reasons: 1st. Because physicians rarely have an opportunity of witnessing the effect of pulverized glass upon the gastro-intestinal mucous membrane of man. 2d. Because the case appears to demonstrate that this substance does not exercise any deleterious influence."—*West Journal of Med. and Surg.*

Mr. Ricord's Defeat at the Academy of Medicine.—We are sorry to perceive that M. Ricord has failed in gaining a seat in this learned society. The final ballot took place on the 24th of July last. M. Robert, surgeon to the Hôpital Beaujon, obtained forty-nine votes, and M. Ricord, forty. The former was therefore declared member. In the same meeting, a letter was read from a Dr. Tourette, of Chamblis, (Seine et Oise,) who mentions, that in a population of 1400 souls, more than a hundred cases of cholera have occurred in a short time. He adds, that the persons who had been lately bled for other affections escaped the choleraic attacks, and immediately concludes that venesection is a preservative of cholera.—*Lancet*.

Antagonism of Syphilis and the Cholera.—Dr. Larrey stated, in one of the late meetings of the Surgical Society of Paris, that this antagonism is merely fancied. Whilst the cholera was raging in the military hospitals, the venereal wards of these establishments were as severely visited as the others. Dr. Gillette brought forward, at the same meeting, the case of a woman, thirty-five years of age, a patient in his ward, (Hotel-Dieu annexé,) who has had thirteen children, and suckled but one of them. The lochia always appeared in a regular manner after each confinement; but this woman never had any menstrual discharge, nor any vicarious exudation whatsoever.—*Lancet*.

Spermatozoa in the Seminal fluid of an Old Man.—M. Layer exhibited to the Pathological Society, by M. Duplay, physician to the hospital for incurables, a microscopic preparation which showed numerous spermatozoa in the seminal fluid of a man aged 82 years.—*Gazette Medicale*.

Catheterism of the Fallopian Tube.—Dr. Tyler Smith exhibited an instrument he had invented for deobstructing the Fallopian tubes in cases of sterility, arising from their obstruction or occlusion at the uterine extremities by thickened mucus, or other impediments. The instrument, in the use of which the speculum is always required, consists of a small silver catheter, bent like the male catheter, or the uterine sound, to adapt it to the curve formed by the uterus and vagina, and having a lateral curve at the distal extremity, pointing, when *in situ*, to the uterine mouth of the Fallopian canal. Through this catheter, a fine, flexible, whalebone bougie is passed into the Fallopian tube; when the small bougie is thus passed so as to project at its Fallopian extremity, the instrument represents accurately the singular direction taken by the generative canal, from the mouth of the vagina to the fimbriated extremity of the tube. This novel operation proposes to bring an important organ under treatment, which has hitherto been removed from all interference.—*Lon. Med. Gaz.*

Death from a blow on the Epigastrium.—By J. Yorke Wood, Bury, Lancashire.—If you deem the following case interesting or instructive, and worthy of a place in your valuable journal, I shall feel obliged by your inserting it.

On the evening of Friday, July 6, 1849, I was called to see David Bates, æt. 31, who had suddenly fallen in the street whilst fighting. I found him dead and ascertained that about a quarter of an hour had elapsed since he fell.—He was warm and covered with perspiration; his face pale and cadaverous; his eyes closed, and on raising the eyelids the pupils were seen widely dilated.

On Saturday, about nineteen hours after death, by order of the coroner, I made an examination of the body, assisted by Mr. J. P., a surgeon of this town. I send a full copy of my notes of the post-mortem appearances, which Mr. P. agreed with me in considering perfectly accurate.

External appearance.—Escape of bloody serum from the nostrils. Black ecchymosed patch on the bridge of the nose. Contusion under the right ear; slight lividity on the upper part of the chest. Contusion on the left elbow.

On turning the body on the face, about an ounce and a half of dark grumous blood escaped from the nostrils. The trunk and extremities livid, posteriorly, from post-mortem gravitation.

Abdomen.—Viscera in their natural position. Old adhesions of the omentum in the right iliac region. Intestines distended with flatus.

Arch of the colon rather dark; stomach contained some half-digested matter, and presented numerous ecchymosed points in the mucous membrane of the posterior surface at the cardiac extremity.

Liver rather small, and presented a slightly mottled appearance on the surface.

Kidneys, spleen, and pancreas, healthy.

Thorax.—The lungs collapsed on opening the chest; were rather darkly mottled, but healthy in texture; congested posteriorly. Old adhesions between their posterior borders and the pleura on each side.

Heart.—Healthy in every particular: contained very little blood, which was fluid; no coagula present. The large vessels in the thorax and abdomen healthy. The blood generally in a fluid condition.

Head.—Skull thin. Dura mater slightly congested. No opacity of arachnoid membrane. No remarkable amount of serous effusion. Pia mater on the surface of the brain and in the sulci between the convolutions excessively congested with dark fluid blood. Choroid plexus natural in appearance. No fluid in the ventricles. Substance of the brain healthy, natural in its appearance, and without any lesion.

At the inquest, three witnesses stated that Bates was in-

toxicated, though not so much so but that he could walk and stand unsupported by others,—that he talked a good deal, and challenged his antagonist to fight,—that in two or three minutes, the combatants being within half a yard of each other, Bates received a left-handed blow, but apparently not a very severe one, in the pit of the stomach,—that he fell on his face—according to the first witness—within half a minute; according to the second witness, in a moment or two; and according to the third witness, instantly, dead. The first two witnesses also swore that in their opinion he moved his arms in a fighting attitude after being struck, and before he fell, as they thought with an intention of continuing the fight. The third witness, however, swore that there was no action of this kind. On raising him from the ground, which was done immediately by the witnesses, a few drops of blood escaped from his nostrils, but he was dead; and all the witnesses agreed that no indication of life was observed in him after he fell.

On being asked to give my opinion as to the cause of death, I stated that, inasmuch as the post-mortem appearances did not furnish any other explanation, I unhesitatingly attributed it to concussion of the solar plexus, occasioned by the blow which, according to the evidences of the witnesses, Bates had received in the epigastrium.

Mr. P., the medical gentleman associated with me in making the post-mortem examination, who also heard the general evidence, stated the condition of the membranes of the brain proved a great amount of excitement, and that this alone might have been the cause of death. The jury having heard conflicting medical opinions, gave the benefit of the difference to the prisoner, and returned as their verdict that Bates died from over-excitement.

The opinion expressed by Mr. P. appears to me inconsistent with all medical experience. I think all experienced pathologists admit that in cases where sudden death from violence or accident occurs to an intoxicated person, it is usual to find the pia mater torpid with dark fluid blood, as was observed in this case. This at once disposes of the only appearance existing in the body on which Mr. P. could ground the opinion he expressed. There was no evidence adduced of any extraordinary excitement in Bates previous to fighting: he was drunk and quarrelsome, but showed no symptoms of oppression of the brain. He fell immediately after receiving a blow in the epigastrium; and the manner of his death—that is, the instant extinction of life—does not accord with our experience of death occasioned by any form of apoplexy, an attack of which coincident with the blow, though quite within the range of possibility, might be fairly considered very remarkable.

I regard the case as an unequivocal instance of death from a blow in the epigastrium. Since such occurrences are not frequent, the case may perhaps be worthy of record in a medical journal; and it is simply from this view of its importance that I offer it for publication.—*London Medical Gazette.*

On the Signs of Death, and the Prevention of Premature Interments. By M. Rayer.—Few subjects are better deserving of an attentive interest than that of apparent death. The deplorable mistakes of premature burial, and the uncertainty of science as to the signs of death, have been the source of much anxious doubt and suspense on this head. At the same time, the erection, during the last twelve years, in different parts of Germany, of dead houses for the reception of bodies until putrefaction has commenced, justly excites public alarm. While the government deputed physicians to inspect these novel establishments, the Academy of Sciences accepted of M. Maurie, Professor of Hygiène in the University of Rome, the foundation of a prize of fifteen

hundred francs, for the best memoir on this important subject. After three times submitting the question, which had remained open ten years, to concours, the Academy have unanimously decreed the prize to the essay of M. Bouchut, an analysis of which we now submit to our readers.

The Academy insisted upon a full exposition of the present state of knowledge, but more particularly original observations on the more prompt and certain diagnosis in the few cases in which the physician may be in doubt as to the life or death of an individual. These investigations are pursued under two divisions.

1. *What are the characters of apparent death?*

The observations and experiments of M. Bouchut all tend to this result—that in persons apparently dead, especially from asphyxia and syncope, whatever may be, in other respects the diversity of their symptoms, present this character in common, by which they are distinguished from the really dead—the heart still pulsates.

Since the time of F. Hoffman, syncope has usually been attributed to complete suspension of the functions of the heart; but M. Bouchut has established that, even in the most complete syncope, attended with loss of sensation and motion, and reduction of the temperature of the body, there is not a perfect suspension of the heart's action, but merely a diminution in the frequency and force of its contractions. And this, according to M. Bouchut, obtains in apoplexy, epileptic and hysterical coma, narcotic poisoning, asphyxia, and syncope, in all their degrees and varieties, constituting the distinguishing character of *apparent death*.

2. *What are the means of preventing premature interments?*

The surest means of prevention are to be found in the accurate determination of the signs of death; and these, according to M. Bouchut, are *immediate and remote*.

The *immediate* signs of death in man are—

1. Prolonged absence of the action of the heart, determined by auscultation.
2. Simultaneous relaxation of all the sphincter muscles from paralysis thereof.
3. Sinking of the globe of the eye, and loss of the transparency of the cornea.

These signs have not (in the opinion of the commission) an equal value or equal certainty;—they, therefore, deem it advisable to add a few remarks thereon.

They hold it to be essential to fix a definite period within which the beating of the heart must be considered to have definitely ceased. They object to the expression, “prolonged absence,” employed by M. Bouchut, as not sufficiently precise.

The observation of many cases has led M. Bouchut to determine that the maximum interval between the last pulsations of the heart in the adult is *six seconds*. M. Rayer's observations lead him to nearly the same conclusion, as he considers about *seven seconds* to constitute the maximum interval. The commission therefore deem themselves justified in fixing an interval of *five seconds* as leaving no doubt of the complete cessation of the heart's action. Moreover, the definite cessation of the heart's action is always accompanied by two striking and easily ascertained phenomena—the cessation of respiratory movements, and loss of sensation and motion. Hence it follows, that death is certain whenever it is ascertained that the beating of the heart has definitely ceased, this cessation being immediately followed, if not already preceded by, a cessation of respiration, and of the functions of sensation and motion.

M. Bouchut's review of the observations on the value of the phenomena of putrefaction as signs of death, are of great value at this time, in reference to premature interment in supposed death from cholera; and to the efforts recently made for the establishment, in various parts of France of

houses for the reception of bodies until these phenomena shall have supervened. Even as established in full force in various parts of Germany, the utility of these houses is very doubtful, and indeed they have been but little used within the last fifty years, in consequence of an authoritative statement, that no person placed in any of these receptacles had been known to revive. At the present day, they would only cause an unnecessary expense, which many towns could not well bear. The certainty derived from the presence of other signs of death renders them unnecessary.

With regard, then, to the immediate signs of death, M. Bouchut's conclusions on the definitive cessation of the heart's action, are admitted by the commission to have filled the gap left by medico-legal writers on this subject.

The remote signs of death, admitted by M. Bouchut, are three, viz.—cadaveric rigidity, absence of muscular contractility under galvanic stimulus, and putrefaction. The certainty of cadaveric rigidity as a sign of death has been admitted by all writers since Louis and Nysten's demonstration of its importance. The mode in which the limbs yield to bending force, distinguish convulsive from cadaveric rigidity; besides which the absence of circulation, respiration, &c. are conclusive as to the other signs.

M. Bouchut's investigations are summed up by the commission in the following propositions:—

1. That the cessation of the heart's action, indicated by absence of its sounds, is a direct and certain sign of death.
2. That cadaveric rigidity is equally a sign of death.
3. That the absence of muscular contractility, under the electrical or galvanic stimulus, is also a certain sign of death.
4. That putrefaction does not ordinarily supervene until long after the occurrence of the preceding signs; and it is unnecessary to wait for its appearance before proceeding to interment.
5. That the determination of these certain signs of death can only be appreciated by medical men, and therefore ought to be entrusted to them alone.
6. That although the possibility of ascertaining the certainty of death, independently of putrefaction, renders unnecessary the establishment of dead houses, yet it is very desirable that proper receptacles should be provided for the reception of the bodies of the poor, rather than that they should be suffered to remain until burial in their inconvenient residences.—*Bulletin Général de Thérapeutique.*

THE

British American Journal.

MONTREAL, SEPT. 1, 1849.

THE PROGRESS OF THE CHOLERA IN CANADA.

Since our last issue, the disease has spread itself very generally throughout Canada, but especially in the Lower Province. While in this city it has steadily decreased, it has been remarkably virulent at Beauhar- nois and the neighboring parishes, and cases have occurred at St. Johns, Granby, Sherbrooke, L'Assom- ption, and Chambly. We know not if Local Boards of

Health have been established in these several locali- ties; if so, they are exceedingly remiss in not com- municating to the Central Board all the cases and deaths in the neighborhoods over which they have jurisdiction. Presuming this to be the case, we can scarcely wonder at the apathy which prevails generally throughout the Province on such a point, as the com- position of the Central Board is such, as to have infused general dissatisfaction, and to have marred all unity of action. It is a subject to be regretted, although scarcely suggestive of surprise. We subjoin the mortality for this city, as furnished to us in tabular form by J. P. Sexton, Esq., City Clerk; the table is continued from that in our last number:—

RETURN OF INTERMENTS IN THE CITY OF MONTREAL FROM AUGUST 3RD TO AUGUST 30TH, INCLUSIVE, CONTINUED FROM LAST REPORT:—

From	To	Total deaths.				From Cho'ra				Total No. of Children.	Died of Cholera.	
		Catholics.	Protestants.	Pointe St. Charles.	Total.	Catholics.	Protestants.	Pointe St. Charles.	Total.			
1849.	1849.											
Aug ... 3	Aug ... 4	21	6	1	28	3	2	1	6	21	0	
" ... 4	" ... 5	16	4	1	21	4	3	0	7	17	0	
" ... 5	" ... 6	14	4	0	18	2	2	4	6	12	2	
" ... 6	" ... 7	12	4	0	16	1	1	0	2	12	2	
" ... 7	" ... 8	12	1	1	15	2	2	1	4	8	0	
" ... 8	" ... 9	10	2	0	12	1	1	0	2	6	0	
" ... 9	" ... 10	10	6	0	16	4	4	0	8	8	1	
" ... 10	" ... 11	5	2	0	7	0	1	0	1	2	0	
" ... 11	" ... 12	3	1	1	5	0	0	0	0	9	0	
" ... 12	" ... 13	7	1	1	9	1	0	1	2	7	1	
" ... 13	" ... 14	9	0	1	10	1	0	0	1	6	0	
" ... 14	" ... 15	11	3	0	14	2	1	0	3	12	1	
" ... 15	" ... 16	9	2	0	11	3	0	0	3	7	1	
" ... 16	" ... 17	7	2	0	9	2	1	0	3	4	0	
" ... 17	" ... 18	12	2	0	14	1	0	0	1	9	0	
" ... 18	" ... 19	6	1	0	7	0	0	0	0	6	0	
" ... 19	" ... 20	11	1	0	12	0	0	0	0	10	0	
" ... 20	" ... 21	11	1	0	12	0	0	0	0	12	0	
" ... 21	" ... 22	8	6	0	14	1	1	0	2	6	0	
" ... 22	" ... 23	2	0	0	2	0	0	0	0	2	0	
" ... 23	" ... 24	5	2	0	7	0	0	0	0	4	0	
" ... 24	" ... 25	1	2	0	3	0	1	0	1	1	0	
" ... 25	" ... 26	5	0	0	5	0	0	0	0	5	0	
" ... 26	" ... 27	7	1	0	8	2	1	0	3	3	0	
" ... 27	" ... 28	6	2	0	8	1	0	0	1	5	0	
" ... 28	" ... 29	5	2	0	7	1	0	0	1	4	0	
" ... 29	" ... 30	7	2	0	9	0	0	0	0	3	0	
" ... 30	" ... 31	7	1	0	8	0	1	0	1	6	0	
Total	Total	1171				499						

The following returns, incomplete as they are, will enable our readers to perceive the progress of the disease in other localities of the Province. They have been kindly furnished by Dr. David, Secretary to the Central Board of Health:—

	No. of deaths.		No. of deaths.
Quebec..... July 25.....	435.	To 13th Aug.....	864
Toronto.... " 29.....	118.	" 15th ".....	254
Hamilton.. " 26.....	6.	" 24th ".....	52
Lachine... " 24.....	2.	" 16th ".....	5
Cobourg... " 31.....	1.	" 20th ".....	12
Kingston.. " 28.....	60.	" 18th ".....	114
Drummondville, C. W.....	"	3rd ".....	1
London, C. W.....	"	4th ".....	6
St. Johns, C. E.....	"	9th ".....	2
Niagara, C. W.....	"	21st ".....	2
Chippewa, C. W.....	"	17th ".....	2
Port Dover, C. W.....	"	18th ".....	1

By extracting from the local papers, we are enabled to obtain later information. At Toronto, up to Wednesday, Aug. 29, there have occurred 631 cases, of which 380 died; in Hamilton, up to Aug. 27, the total number of cases was 159, deaths—60; in Quebec, up to Aug. 23, there have occurred 943 deaths—the number of cases not given; in Montreal, up to Aug. 30, there have occurred 499 deaths from cholera alone. Montreal has been, therefore, singularly exempt, confirming our prediction uttered a few months ago,—that, if attacked, this city would not present the same number of cases, nor the same mortality, that it did in 1832, a consequence of its improved hygienic condition.

It becomes now of some considerable importance to test the value of the different lines of practice adopted in the disease as it has manifested itself in this Province; and we would be therefore obliged if medical men, who practise in places where the disease has prevailed, would communicate with us on the subject, as soon as possible after the epidemic has ceased in their respective localities. We could thus obtain a mass of valuable information, which would add to our store of knowledge on the subject.

Will some one of our friends in each city take this task upon himself; pledging ourselves that we will do it as far as our own city is concerned.

As regards the general health of the city, we conceive it to be eminently good,—quite a lull in professional duty having occurred within the last ten days. A few scattered cases of cholera still make their appearance, and diarrhœas and dysenteries still prevail, although the number of such cases appears to be gradually diminishing. We still, however, would enjoin upon the citizens caution in both eating and drinking; for so long as the epidemic constitution of the atmosphere exists, we cannot deem ourselves exempt from a second visitation.

OBITUARY NOTICE.

In the instance of the late Dr. Arnoldi, whose decease we briefly recorded in our last number, something more than a mere passing notice is demanded. One of the veterans of our profession, he has descended to his grave full of honor, and we purpose to pass in slight review some of the most important incidents of his life. Dr. Arnoldi was born in Montreal in the year 1774; his parents came from Wurtemberg, in Bavaria; at an early age he was sent to London for his education, and subsequently returning to this his native land, he pursued his medical studies under the auspices of the late Dr. Sims, and Dr. Rowand. He obtained his license to practise in June 1795, and settled himself in this city in 1802, after having practised during the intervening time at Rivière du Loup, Bay of Quinte, and Laprairie. This city presenting a larger sphere and a better opportunity for the exercise of his talents, he shortly succeeded in obtaining an enviable reputation as a surgeon, while his success in midwifery and medicine became also proportionably notorious. In the course of about fifteen years, so extensive and valuable became his practice, that he amassed a handsome fortune. Dr. A. married in the year 1799, and lived to witness the 50th anniversary of his wedding, an event which took place on the 3d March last, at which nineteen grand children were present. In politics Dr. A. was invariably and consistently conservative; and during the last American war served as surgeon to one of the volunteer battalions. He was twice appointed president of the medical boards, organized under the lately expired act of Lord Dorchester; and in 1847, out of respect to his years, his integrity and his professional standing, was nominated by his Excellency the Governor General, the first president of the College of Physicians and Surgeons of Lower Canada, an appointment, in the propriety and justice of which, every member of the profession most heartily concurred. In the troubles which ensued during the organization of the College, Dr. Arnoldi had a difficult and delicate task to fulfill, which his good sense, and moderation with firmness, enabled him to discharge faithfully and well; and indeed we owe mainly to the exercise of the last mentioned attribute, the existence at the present day of the College as a legally constituted body. It is when surrounded with difficulties that minds of vigor exhibit themselves in greatest perfection; and it was precisely under such circumstances that Dr. Arnoldi's intellect beamed the brightest, and his qualifications for the duties imposed on him became the more conspicuous. At the convocation of the University of McGill College, held in May 1848, Dr. A. received the honorary degree of Doctor of Medicine and Surgery; an honor as worthy of the recipient

as of the University which conferred it. In calmly reviewing a life of upwards of fifty years spent in a community, it is scarcely possible to find one against whom the tongue of detraction can declaim less, or that of merit award more. Of keen perception, acute reasoning and sound deduction, his practice ever proclaimed the traits, and it was consequently eminently successful. He practised to the last, and died emphatically "in harness;" but viewed in any relation of life, whether in that of husband, father, friend, citizen, or physician, his life presents one not unworthy of imitation by every other member of our profession. Attacked by diarrhoea, choleraic symptoms supervened on the third day, and he succumbed under exhaustion in his 75th year, on the 19th July. He was followed to his grave by the profession of this city in a body, and a large concourse of citizens.

ALTERATION OF THE CURRICULUM, M'GILL COLLEGE.

By a resolution of the Board of Governors, adopted at a meeting held during the summer of 1848, and subsequently ratified by Her Majesty in Council last spring, the period of study, qualifying for the medical degree in this University, has been extended from three to four years, taking effect upon all candidates commencing their studies subsequent to May, 1849.

By another regulation, attendance upon Botany, Medical Jurisprudence, Clinical Medicine, and Clinical Surgery, is rendered imperative.

In accordance with the Act of Incorporation, affecting the Profession of Lower Canada, all Lower Canada students, at the commencement of their studies, are compelled to pass their preliminary examination before the Council of the said College, whether their ultimate intention be graduation or otherwise. To all intending students we tender our advice, that as, in commencing their studies, they become affected by the Law, they should at once comply with its provisions.

We believe that differences of opinion exist on this point, but having bestowed upon the matter some attention, our own ideas are clear and precise, and are to the effect stated.

A meeting of the Council of the College of Physicians and Surgeons of Lower Canada will be held in October next in this city, (see Advertisement,) for the purpose of examination, preliminary and professional.

Alteration of Lectureships, M'Gill College.—Dr. Sewell, late Lecturer on Materia Medica, M'Gill College, having vacated his chair and left this city for

Bishop's College, Lennoxville, in which he has been appointed Professor of Chemistry, Agricultural Chemistry and Natural Philosophy, Dr. Hall, the Lecturer on Chemistry, has accepted the chair vacated by Dr. Sewell, and Dr. Sutherland, Lecturer on Chemistry in the School of Medicine and Surgery, has been appointed to fill the chair vacated by Dr. Hall. The appointment of Dr. Sutherland will, we are satisfied, from his acknowledged ability, redound considerably to the advantage of the Institution, with which he is now associated.

School of Medicine and Surgery, Montreal.—We understand that important changes have taken place in this school; Dr. Sutherland having resigned the chair of Chemistry, Dr. Leprohon has been nominated in his place. Dr. Leprohon has, we learn, since resigned; and Drs. Badgley and Arnouldi, the able lecturers on Medicine and Midwifery, have also resigned their chairs. How all these vacancies are to be supplied, does not clearly appear to us. We hope, however, that little difficulty will be experienced on these points, as we sincerely desire the prosperity of the Institution.

To our Subscribers.—A very large amount is now due this Journal from arrears of subscription. Nothing is more unpleasant than to be obliged to remind our friends of their delinquencies; but one thing is clear, that unless the subscriptions to the Journal are more punctually received, it will be an impossibility for it longer to continue. We, therefore, earnestly request our subscribers to remit to the office, per post, the amounts for which they are severally indebted, and to do it at once, that Mr. Becket may be in funds as speedily as possible to effect his arrangements.

CORRESPONDENCE.

To the Editor of the Brit. Amer. Journal, &c.

SIR,—I avail myself of the columns of your journal, to advert to a subject, the importance of which, in reference to the medical profession of Canada, I have been deeply sensible of ever since my return to this country in 1843. I mean the establishment of a medical association for this Province; an association, having for its objects the advancement of medical science in all its branches, the maintenance of a journal devoted in an especial manner to the interests of our profession, and the establishment of union and good feeling among men engaged in the same pursuits; with eventually the formation of a fund for the relief of the widows and orphans of those of our members who have been, by the dispensations of an all-wise Providence, either removed by

POLICE.

WEEKLY SESSIONS.

Present :—Captain Wetherall, J. P.
J. Beaudry, Esq., J. P.The College of Physicians and Surgeons of Lower Canada,
Prosecutors,
vs.

Moses Maybell, of the City of Montreal, Trader, Defendant.

(From the Montreal Courier)

This was a prosecution against the Defendant for having "practised physic" without a license. The information contained two counts for two separate offences, and concluded for a condemnation of £5 for each offence, according to the Statute.

Mr. E. Carter appeared for the Prosecutors, and Mr. W. H. Kerr for the Defendant. Plea :—"not guilty."

The first witness was examined, and deposed as follows :—"I reside in Montreal ; I know the Defendant ; I see him in Court—(witness points him out.) He resides in Lagachetiere Street, Quebec Suburbs ; I went to his place, accompanied by the other witness, on the 9th July last ; I complained to him of being ill, and that I could not work—that I felt a pain in my chest and giddiness in the head. The Defendant examined my tongue, and felt my pulse ; he told me to wait ; he then went to work at his bottles of medicine, and gave me two papers of pills, and four of powders, telling me to take one pill and one powder at night, and the same in the morning, and that they would do me good. I asked him his charge, and he told me 1s. 3d., which I paid. I returned with the other witness on the 11th July last ; the Defendant asked me how I felt, and if the medicine he gave me had done me good ; I told him it had. He then gave me two other papers of pills, to be taken in the same way. His charge, 7½d, was paid."

Cross examined by Mr. Kerr :—"I am in the employ of the College, and paid 2s. 6d. a day by Mr. Horn. I was not ill ; I did not take the medicine. My reason for going to the Defendant was, that my business required it."

The second witness was then examined, and deposed to the same facts, having been in the company of the first witness on the occasion spoken of by him.

Mr. Carter then closed his case.

Mr. Kerr put in, as evidence for the defence, a number of certificates from the different Professors of the School of Medicine, of the Defendant having attended their course of lectures ; and also a certificate in writing, signed by Dr. Blais, of Quebec, to the effect that the Defendant had been examined before the Board, and was found qualified on the different branches of his profession, excepting three *Materia Medica, Latin*, and another, [not distinctly heard ;] and also giving him leave to practise for six months, "depending on his wisdom and prudence ;" and then closed his defence.

Mr. Carter asked for judgment, considering the case clearly proved ; and, not knowing what line of defence would be adopted by his learned friend, he reserved his right to reply.

Mr. Kerr then addressed the Court, and contended that the prosecution should be dismissed for three reasons : the first, that no evidence was adduced to prove that what the Defendant gave the witness was medicine, and that such evidence was necessary to support the charge of "practising physic," which implies the exercise of medical skill in the application of some drug or medical compound, as a remedy for some existing malady ; the second, that the evidence established that the witness was not ill, and did not require medical treatment, and that the medicines, if such, were not used, which he contended was fatal to the case, as there could be no "practise of physic" where there was no malady to complain of—no disease to treat, and that no evil existed where the party was not ill, did not, and never intended, to take what was given him ; the third reason, that the certificate of Dr. Blais, a member of the Board of Examiners, authorized the Defendant to practise for six months, "depending on his wisdom and prudence ;" and he contended, that if the Defendant was really competent to practise for "six" months, he was equally so for any length of time, and that it was, to say the least, an ex-

death from the scenes of their operations, or by loss or accident incapacitated from continuing to practice. Many of your readers will doubtless remember, that in the pages of the *Montreal Medical Gazette*, the pioneer of the excellent journal under your editorial management, the formation of such an association was strongly advocated, and preliminary steps were even taken by the writer of this letter, in his capacity of Secretary to the Montreal Medico-Chirurgical Society, to bring about, through the Toronto and Quebec Medical Societies, a consummation so devoutly to be wished. Although the measures of reform proposed at that time, in connexion with the one above alluded to, have all been satisfactorily carried out, this single desideratum has been as yet unattempted. My attention, at this moment, has been again strongly directed to the consideration of the feasibility of this project, by two circumstances ; first, the perusal of the proceedings at the highly interesting anniversary meeting of the Provincial Medical and Surgical Association held at Worcester, on the 1st and 2nd August last, under the presidency of Dr. Hastings, the original founder of that society ; and, secondly, your own statement in the last number of the *British American Journal*, to the effect, that unless the amounts due by subscribers were sent in as speedily as possible, and the subscription list extended, your respected publisher would be under the necessity of discontinuing the journal. Now it appears to me, sir, that these two points are matters of deep and equal interest to every member of the medical profession in Canada ; and in entreating my professional brethren to obviate an occurrence which would be so much to be deplored, as the loss of the only journal which we possess exclusively our own, I would suggest to them a plan which, if approved of, would not only secure its healthy maintenance, but also be the means of carrying out the scheme with which my letter opens. Let then "a British American Medical and Surgical Association" be formed, consisting of all those gentlemen who at present are or may hereafter become members of the respective medical societies in existence throughout the Province ; of these, there are already the Montreal Medico-Chirurgical Society, the Toronto Medical Society, the Quebec Medical Society, the Niagara Medical Society, the Frontier Medical Society, the Medical Society of the Eastern Townships, and perhaps several others. Let other Branch Societies of this description be established generally, and at a stated period of the year let a general meeting, for scientific and social purposes, of the members of all these take place at some city or town in rotation throughout Canada, and be recognized as the British American Medical and Surgical Association. Let every member of the Association subscribe yearly One Pound currency, and for that sum let him be entitled to a copy of the journal bearing its name, as well as a copy of its transactions, should it be deemed advisable by the Association at any future time to select, either from the papers submitted to any of its branches, or at its annual meeting, such as are deemed worthy of publication. By this means, a heavy personal responsibility for the carrying on of the journal would be removed from your shoulders, in addition to your gratuitous services given already for five years, as editor ; and the members of the profession, as is the case in Mutual Assurance Companies, would at once feel that the journal was their own, and demanded their mutual co-operation and support. I will close this letter with an extract from the admirable speech delivered by Dr. Hastings, on the occasion referred to, with regard to the value of the Provincial Medical and Surgical Association, promising only, that this Association, which began fifteen years with eighty members, now enrolls 2000 :—

"I here witness," says he, "the triumph of the social principle ; and the subjection of all low, paltry, and selfish interests, to the interests of man ; it is the principle which promotes peace ; it is the principle of true honor ; it is the principle of the Christian religion."

I have the honor to be, Sir,
Your obedient servant,

FRANCIS BADGLEY, M.D.

Little St. James Street, Aug. 31, 1849.

(We will take up the subject of Dr. Badgley's letter in our next number, and are obliged to him for his kind expressions on our behalf.—Ed.)

treme measure of injustice to prosecute the Defendant for doing that which a member of the Board, authorized to examine candidates for a license, had told him to do, thereby inducing him to do that which was against law, and then enforcing the law against him. He, therefore, prayed for the dismissal of the prosecution.

Mr. Carter, in reply, contended that the first reason assigned by the learned Counsel could not, for one moment, be sustained; that this was not a prosecution against a retailer for vending a drug or medicine, not a "patent medicine," where it would be necessary to establish that the article sold was a drug or medicine other than a patent medicine. It was perfectly immaterial to this issue, whether the pills were bread bills, or the powders flour. All the Court had to determine was, did the Defendant "practise physic," which meant nothing more than "the treatment of a disease, whether real or imaginary, by enquiring into its nature and cause, and applying a remedy," of which there was abundant proof in this case. He contended also, that the second reason, although more plausible, was equally untenable; and that the object of the law was to prevent the "evil" from arising, not to wait until the mischief was done, and that the Defendant was liable, although there was no real disease, and although the medicine was not taken; the Defendant treated the witness for a disease, he prescribed a remedy, and gave the medicine to be taken. This was what the law intended to prevent, and is in direct contravention of the Statute. As to the third reason, he thought it unnecessary to say anything; it was obvious that nothing less than a license could screen the Defendant, and that the certificates, if they proved anything, afforded evidence of the Defendant having endeavored to obtain a license, which, for some good reason, was refused.

Captain Wetherall delivered the judgment of the Court, condemning the Defendant to the payment of the penalties, and stated that the Court did not entertain the least doubt upon the case;

that it considered the evidence conclusive; that the objections taken by the Defendant's Counsel was not tenable. In the opinion of the Court, the charge of "practising physic" was fully proved; the witnesses complained of illness, the Defendant enquired into the nature of the complaint, and prescribed a remedy. It was immaterial, whether what the Defendant gave to witness was a medicine; he gave it to him as a medicine to effect a cure. Judgment for £10 and costs.

N. B.—The certificate of Dr. Blais was dated three years ago, and extended for a period of six months only.

The College of Physicians and Surgeons of Lower Canada,
Prosecutors,
vs.
Silas Gregory, of the City of Montreal, Trader,
Defendant.

This prosecution was of the same nature, brought for two offences against the Defendant, who resides in St. Joseph street, near St. George's Chapel. The evidence of the two witnesses was of a similar character to that given by them in the former case, with this exception, that both witnesses were dosed at the Defendant's place, besides, that he gave them two bottles of medicine, which were produced in Court, with the Defendant's name on the directions. Two medical men were also examined, more with a view of establishing the Defendant's identity, and his place of residence, than the nature of the contents of the bottles, which was done.

Mr. Blackburn appeared for the Defendant, and applied for an adjournment of the case. This application was resisted by Mr. Carter, on behalf of the Prosecutors, stating that the case was of a more aggravated character, as the Defendant, assuming the title of Dr. Gregory, was practising very extensively, and selling his remedies for Cholera in different parts of the city. Judgment for £10 and costs.

MONTHLY METEOROLOGICAL REGISTER AT MONTREAL FOR JULY, 1849.

DAY.	THERMOMETER.				BAROMETER.				WINDS.			WEATHER.		
	7 A.M.	3 P.M.	10 P.M.	Mean.	7 A.M.	3 P.M.	10 P.M.	Mean.	7 A.M.	Noon.	6 P.M.	7 A.M.	3 P.M.	10 P.M.
1,	+57	+65	+55	+61.	29.56	29.61	29.67	29.61	N W	N W	N W	Fair	Rain	Cloudy
2,	" 58	" 70	" 57	" 64.	29.78	29.73	29.82	29.78	N N E	N E	N E	Fair	Show's	Fair
3,	" 59	" 74	" 63	" 66.5	29.81	29.83	29.82	29.82	N	N N W	W	Fair	Fair	Cloudy
4,	" 65	" 80	" 66	" 72.5	29.92	29.88	29.87	29.89	N	S W	S W	Fair	Fair	Fair
5,	" 70	" 85	" 69	" 77.5	29.84	29.79	29.77	29.80	S	S	S	Fair	Fair	Cloudy
6,	" 73	" 79	" 63	" 76.	29.78	29.88	29.80	29.82	S S W	S S W	W	Fair	th.&rn.	o'erc'st
7,	" 70	" 83	" 70	" 76.5	29.71	29.69	29.72	29.71	S W	S W	W	Fair	Fair	Cloudy
8,	" 71	" 85	" 67	" 79.5	29.76	29.77	29.80	29.78	N N E	N N E	N N E	Fair	Fair	Fair
9,	" 65	" 89	" 75	" 77.	29.82	29.78	29.74	29.78	N N E	N N E	N N E	Fair	Fair	Fair
10,	" 78	" 95	" 82	" 86.5	29.76	29.70	29.73	29.73	S W	S	S	Fair	Fair	Fair
11,	" 82	" 97	" 85	" 89.5	29.80	29.77	29.79	29.79	S W	S W	S W	Fair	Fair	Fair
12,	" 89	" 98	" 84	" 90.	29.81	29.74	29.71	29.75	S W	S W	S W	Fair	Cloudy	Fair
13,	" 83	" 95	" 75	" 89.	29.69	29.51	29.54	29.58	S W	S W	W	Fair	o'erc'st	th.&rn.
14,	" 62	" 69	" 54	" 65.5	29.74	29.78	29.88	29.80	N N W	N	N	Cloudy	Fair	Fair
15,	" 61	" 75	" 61	" 68.	30.00	29.95	29.96	29.97	N	N E	N E	Fair	Fair	Fair
16,	" 63	" 66	" 60	" 64.	29.98	29.85	29.77	29.87	N W	N W	W	o'erc'st	Rain	Rain
17,	" 61	" 78	" 67	" 69.5	29.67	29.56	29.50	29.61	S S W	S W	S W	Rain	o'erc'st	Cloudy
18,	" 68	" 86	" 72	" 77.	29.69	29.66	29.70	29.68	W S W	W S W	W S W	Fair	Fair	o'erc'st
19,	" 71	" 89	" 78	" 80.	29.72	29.68	29.70	29.70	W S W	W S W	W	Fair	Fair	o'erc'st
20,	" 77	" 92	" 74	" 84.5	29.69	29.53	29.48	29.57	S W	S W	S W	Misty	o'erc'st	th.&rn.
21,	" 73	" 86	" 67	" 79.5	29.35	29.30	29.43	29.36	S	S	W	Rain	Show's	th.&rn.
22,	" 68	" 78	" 68	" 73.	29.52	29.61	29.73	29.62	W	W	W	Fair	Fair	Fair
23,	" 69	" 80	" 69	" 74.5	29.86	29.82	29.89	29.86	W	W	W	Fair	Fair	Fair
24,	" 70	" 85	" 74	" 77.5	29.96	29.90	29.86	29.91	S W	S W	S	Fair	Fair	Fair
25,	" 69	" 87	" 75	" 78.	29.85	29.80	29.72	29.79	S	S	S	Fair	Fair	Fair
26,	" 65	" 77	" 69	" 71.	29.56	29.40	29.48	29.48	S	S	S W	Fair	Cloudy	Rain
27,	" 68	" 79	" 68	" 73.5	29.55	29.62	29.69	29.62	W	W	W	Rain	Rain	th.&rn.
28,	" 69	" 78	" 67	" 73.5	29.73	29.68	29.63	29.68	W by S	W by S	W by S	Fair	Fair	Fair
29,	" 70	" 84	" 76	" 77.	29.68	29.64	29.62	29.65	S	S	S	Fair	Fair	Fair
30,	" 73	" 88	" 74	" 80.5	29.63	29.52	29.54	29.56	S	S	S	Fair	Cloudy	th.&rn.
31,	" 72	" 76	" 65	" 74.	29.62	29.68	29.74	29.68	S W	W	W	Fair	Fair	Fair

Therm. } Max. Temp., +98° on the 12th
 } Min. " +54° " 14th
 Mean of the Month, 75.7

Barometer, } Maximum, 30.00 In. on the 15th
 } Minimum, 29.30 " 21st
 Mean of Month, 29.718 Inches.

