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J. A. Grant

THE
BRITISH AMERICAN JOURNAL.

ORIGINAL COMMUNICATIONS.

ART. I.—*Notes of Obstetrical Cases.* By JAMES A. GRANT, M.D., Attending Physician, General Protestant Hospital, Ottawa.

Case I.—Hydatiginous degeneration of the ovum; expulsion at the fifth month; severe uterine hæmorrhage; recovery.

July 20th, 1861. I was requested to visit Mrs. B., æt. 35 years, said to be in labour. According to the husband's statement, she has been of active habits and healthy, until within the last few months, during which time she complained of more than usual constitutional debility, and although the mother of six children, on any previous occasion, experienced neither such strange and indescribable feelings of delirium at protracted intervals, nor such rapid abdominal enlargement. Always regular as to her catamenia, except during utero-gestation and suckling; has never been the subject of abortion. Menstruation has continued regular from the weaning of the last child, up to the time at which conception was supposed to have taken place, a period of nearly four years. At the expiration of three months from the cessation of menstruation, a slight hæmorrhage was observed, and supposed to have been produced by over exertion in household affairs. I was consulted at this time and advised the ordinary measures which proved effectual; again at the fourth month hæmorrhage occurred, more profuse than formerly, and attended with forcing pains like those of parturition; rest, moderate diet, and cold applications, succeeded in staying the discharge, and affording considerable ease and comfort to the patient. At this period the most marked indications of advancing utero-gestation existed. During former pregnancies she considered the abdomen neither so prominent at the fifth month, nor so out of ratio with the enlargement of the breasts. Within the last few weeks these unaccountable dimensions aroused her fears to a recognition of existing dissimilarity to any previous period. At the end of the fifth month, pains of a severe bearing-down character set in, attended with severe flooding, and prior to any medical assistance being rendered, beyond that of an ordinary midwife, a large basinfal of hydatids was discharged, adhering together like an immense cluster of grapes, and having the precise appearance described by Cruveilhier. Prior to expulsion, the pains continued at short intervals, about four

hours, attended with considerable hæmorrhage at each uterine contraction, simulating a case of placental presentation. The abdominal walls appeared natural, and a binder had been carefully applied. A large quantity of blood had been lost, causing considerable prostration of the vital powers; pulse hardly perceptible; the extremities cold; the respiration feeble; os uteri flaccid, and within the abdominal walls, that indurated feeling, the result of genuine uterine contraction, was not well defined. Shortly afterwards a second small hydatid cluster was removed, when the hæmorrhage appeared to cease. A violent rigor followed, which for a time threatened to destroy the patient. Bottles of hot water were applied to the feet; a large sinapism over the cardiac region, the body covered with blankets, and brandy liberally administered. The uterus gradually contracted, and the patient recovered in a most satisfactory manner.

The subject of genuine uterine moles has engaged the attention of the medical profession, and given rise to considerable discussion, as to whether or not they were the result of uterine impregnation. Denman thought they sometimes originated in the uterus as independent formations, also Sir Charles Clarke held that they might exist apart from pregnancy. The tendency of all modern research, however, goes to demonstrate that the genuine mole cannot occur except as the result of impregnation, and moreover as the degeneration of the true ovum. With such authorities as Madame Boivin, Baudeloque, Ryan, Velpeau, Voigtel, and last but not least, Dr. Montgomery, in favour of the latter, the question may be considered as beyond doubt. The various facts in connection with this case, tend to substantiate the correctness of these deductions, which alone stand the test of time.

Case II.—Puerperal convulsions; 8th month of pregnancy.

On 12th Jan., 1861, I was sent for to visit Mrs. T., æt. 21 years, of plethoric habit of body, pregnant for the first time, between the 8th and 9th months. She has complained for several days before the attack of slight pain in the head; confusion of ideas and puffy face, neck, hands and feet. Previous to this period she always enjoyed the best of health, and never was the subject of either hysteric or epileptic fits. During the after part of that day, she experienced uneasiness in the epigastric region, terminating in an attack of vomiting, and shortly afterwards was seized with a most violent convulsion. According to the attendants, the fits recurred very frequently, and she remained perfectly insensible during the whole time, her breathing being laborious and stertorous. Shortly after I arrived a violent convulsion set in, during which time the whole body became quite rigid; the tongue was protruded and severely bitten, and saliva escaping from the mouth in large quantity. The face presented a blue, cyanotic aspect, associated with well defined fulness of the cervical region; pupils widely dilated, acting sluggishly to the stimulus of light. During the convulsions, the uterus occasionally became hard as if tending towards the commencement of premature labour. Not being of that decidedly vascular habit in which venesection is the great remedy, (excepting those cases depending upon uræmia) I applied several leeches to the temples, ice water to the head, removed the larger proportion of the hair, and administered a turpentine enema, which latter resulted in the evacuation of a considerable quantity of fœtid material. At this stage of the proceed-

ings a convulsion ensued, slightly reduced as to the intensity of the spasm, and various others followed in quick succession. The os uteri being high up, was reached with some difficulty. It was dilated about the size of a fifty cent piece, through which the membranes could be distinctly defined. These I ruptured, and gave exit to a quantity of liquor amnii, the second only direct mode in which uterine irritation could be allayed, the first being the removal of the fœtus. Convulsions still continued at short intervals, and the os uteri in a short space of time being sufficiently dilated, I introduced the hand, beyond the head, which appeared to be descending in the first position, grasped the feet, and without much force being employed, the fœtus was drawn back into the cavity of the uterus and extracted. Delivery being accomplished, the convulsions ceased, and consciousness was gradually restored. During a period of at least 30 hours, she had no recollection of what had transpired. The placenta was removed readily; lochia rather scanty, and of a greenish colour. Fœtus had the appearance of being dead for some days, no motion having been detected for at least a week. Attention was now directed to constant *repose within the sick room*, rest, moderate diet, regular sponging of the pudendum, and after the lapse of ten days, she was remarkably well, and able to move about in bed with surprising ease and comfort. In the above case the predisposing cause of convulsion was purely of a *psychical* character, and depending upon mental emotion, which operating on the uterus and through it on the fœtus, might thus have induced "ITS DEATH," the exciting cause, and constant source of uterine irritation, the arrest of which by delivery, was absolutely necessary in order to prolong the life of the mother. Hence the necessity in such cases of giving immediate attention to all sources of uterine irritation whether centric or eccentric.

Case III.—Impeded labour from dorsal displacement of the arm.

Mrs. K., æt. 47, has borne six living children at the full term, and never the subject of miscarriage. The generality of her labours have been so easy and expeditious, as not to require the assistance of a medical man. July 20th, 1861, 6 A.M., I was summoned to attend Mrs. K., and upon enquiry found that she had been already in labour from 9 P.M. the previous evening, and, as usual, under the guidance of a midwife. Liquor amnii escaped; os uteri fully dilated; pains of a strong propulsive character, but not sufficient to induce any advancement of the head beyond the brim, where it appeared detained, although the capacity of the pelvis seemed sufficient for its exit, the presentation being in the first position of Nægele. The uterine efforts were not deficient in their action, and without some existing abnormality the head must have made some advancement. As the vital powers appeared already to have suffered from the detention in her present position, I without much delay, introduced the hand and detected the right forearm lying behind the occiput, and the right elbow behind the right ear of the child. Being perfectly satisfied as to the position of these parts, I without much difficulty, succeeded in displacing the arm during the absence of uterine contraction, much contrary to my own expectation, being of opinion, that the labour could only be accomplished by podalic-turning. This being effected, the head made considerable advance, when without any delay the forceps were applied and the child delivered; a male of average size, perfect in every

particular, both as to structural formation and functional activity. The paucity of remarks by obstetricians on this peculiar mal-position, renders such cases more than ordinarily interesting. A somewhat analogous case is recorded in the *Medical Times and Gazette*, (June 1861) by Dr. Murray, where he states that Dr. Simpson of Edinburgh is the only obstetrician who has recorded this peculiar obstruction.

Case IV.—Craniotomy—recovery.

December 4th, 1861, 9 P.M. Visited Mrs. F., 28 years of age, of small stature and thin conformation of body. First pregnancy and at the full time. In January, 1860, had a miscarriage advanced to the fifth month, and during an attack of small-pox. There was very slight dilatation of the os uteri, and the pains were feeble during the greater part of the night; towards morning the pains increased gradually and the os-uteri became dilated, the liquor amnii having escaped some hours previously. The head of the child was still in the brim of the pelvis, and beyond this point the uterine efforts were not sufficient to cause its advancement, there being no deficiency, at this stage, of uterine action. Having allowed ample time to elapse, so that nature might accomplish the delivery, unassisted, prompt action was now necessary, as the system appeared considerably exhausted by the almost constant pains, which evidently would be ineffectual towards either accomplishing or even advancing the labour. The forceps were applied with difficulty, but would not retain their position sufficiently long to be productive of good results. Failing in these efforts, and being unable to change the position by turning, owing to the rigidity of the parts and the firmness with which the head was impacted, I was convinced that labour could not be accomplished without artificial assistance. Dr. Hill was now called in consultation and also decided, that from the various circumstances of the case, it was evident that the labour could not be accomplished without the perforator and crotchet. No foetal cardiac pulsations, or even uterine foetal movements could be detected from the previous day. After the use of the perforator and the evisceration of the cerebral matter, long and continued efforts were necessary before the head could be brought into the cavity of the pelvis. The delivery was at last safely accomplished, and in three weeks the patient was about and doing, as usual. The head of the child was unusually large, presenting a well formed caput succedaneum, and moreover, owing to the small capacity of the pelvis, such a foetus unassisted, could not have exit "per vias naturales."

Case V.—Transverse fracture of the patella in the ninth month of pregnancy; delivery four days afterwards.

Dec. 5th, 1861. Mrs. M., a stout, able-bodied woman, aged 24 years, and the mother of one child. In the act of descending a pair of stairs, the foot slipped, and in the effort to recover the fall, the violent action of the anterior muscles of the thigh, caused a complete transverse fracture of the patella. This was rectified by a posterior splint, roller, and Pirrie's strap. Four days afterwards labor came on, and with a few smart pains the delivery was accomplished without any difficulty. Two questions might arise out of this case, first, the position which a patient should assume, when about to be delivered while suffering from a fractured limb; and secondly, are the bones more liable to fracture during the after months of utero-ges-

tation than at any other time? It appears to me that the labour should be accomplished in that position, which under existing circumstances would afford the greatest degree of ease and comfort. During the summer of 1852, a case of ununited fracture came under the treatment of Dr. Campbell, in the Montreal General Hospital. The fracture occurred during the advanced months of pregnancy, and the want of union was traced to that fact, the influence of pregnancy being such as to arrest in this particular case, that plastic exudation which is absolutely necessary for perfect ossific consolidation. It is a well attested fact, that pregnancy is a frequent source of ununited fracture; reasoning conversely we might infer that at this particular period, the osseous, as well as the vascular and nervous systems, participates more or less in those peculiar changes which are observed during the stages of uterine development, and by a species of constitutional deterioration, that exceptional cases might arise in which fracture was most readily produced, whether from direct or indirect violence, having an independent connection with the process of utero-gestation.

Ottawa, 26th Dec., 1861.

ART. II.—*Poisoning by Strychnine.* By W. MARSDEN, M. D., Gov. Col. Physicians and Surgeons, L. C.; Hon. Member Berkshire Med. Ins. and Lyceum of Nat. Hist.; Fellow Medico-Bot. Soc., London; Corresponding Fellow, London Med. Soc.; Fellow Mont. Pathological Soc.; Fellow Medico-Chirurgical Soc., New York, &c., &c., &c.

The following unfortunate case of poisoning occurred through the mistake of one of the principals of the oldest and most respectable drug establishments in this city, Strychnine having been mistaken for Santonine in the dusk of the evening; both articles having been kept in bottles of the same description and near to each other.

An inquest was held upon the body on the 25th instant, and after a long and patient investigation of the facts, both the jury and the parents of the deceased entirely absolved the gentleman, who was the unwitting and unhappy cause of the misfortune, from all blame in the matter. I will therefore confine my observations to the pathological aspect of the case.

The death of Cook, the victim of the atrocities of William Palmer, must be fresh in the memory of most medical readers, and, although at the time, doubts, as well as censure from interested mercenaries and others, were cast upon the experiments and testimony of persons, as justly eminent as chemists and jurists, as Christison and Taylor, who were among the experts for the prosecution in this celebrated trial, yet time and experience have done them justice. Not only were they severely handled in the witness box, where they passed through the searching ordeal triumphantly, but they were violently assailed in regard to their testimony by a portion of the medical press.

In this case of subtle and scientific poisoning, physiology and pathology did what chemistry was unable to effect, and set at defiance the plausible doctrine of a portion of the press, that, "no man can die of poison except poison be found in his body, and that unless the material instrument of death be *always*

and *under all circumstances* forthcoming, upon such charges no man's life would be safe!"

Were such an assumption tenable, who indeed would be safe from the artful and designing poisoner, when the large number of available vegetable poisons is taken into consideration, whether irritant, narcotic or narcotico-acrid, that under some circumstances of administration leave not a trace behind, *post mortem*.

Happily, cases of accidental poisoning from Strychnine are of rare occurrence; consequently, opportunities of witnessing the morbid effects of the alkaloid on the animal economy, are equally rare, and as in many cases a person may live a sufficiently long time after taking the poison for the effects of it to be entirely removed from the stomach, blood, and tissues of the body, it is in a measure the duty of every lover of science, (apart from personal or private considerations) to furnish such evidence on the subject as circumstances may put him in possession of.

In the following case, a post mortem examination of the contents of the thorax and abdomen alone were obtainable, owing to the insuperable objection of the parents to any examination at all; in fact, the examination that did take place, was as it were accidental; and owing to the medical gentleman retained by the Coroner having misunderstood the instructions of the jury; "that the body should be carefully and minutely examined but *not* opened."

William Rowe, æt. 7 years, a delicate and emaciated-looking child, died Nov. 23rd, at about 6 P. M. The body was examined *post mortem* on the 25th inst. at 11 A. M., forty-one hours after death. There were no external marks of violence on the body. The limbs were flexible, though the jaw was somewhat rigid. Had been subject to occasional *vertigo* and convulsions, since two years of age. Had taken medicine for worms occasionally, and santonine three or four times within two years, with marked relief. At half-past five, or a quarter to 6 P. M. on Saturday the 23rd Nov., took three grains of Strychnine, for Santonine, in a tea-spoonful of water. Soon after swallowing it cramps in the legs set in, immediately followed by opisthotonos. Complained of thirst, but refused drink when offered, from the difficulty of swallowing. Tried to reject the medicine, but the mother urged the child not to spit it out, but to try to retain the medicine that had always done good before, and the child had asked for. Mother imagined the pains were convulsions, such as the child had before suffered from, and advised him, to try to bear them. Had suffered from convulsions on the two days preceding death, which took place, as near as can be gathered from the conflicting testimony of the terrified witnesses, in about fifteen minutes at most after taking the fatal dose. Both lungs were gorged with dark blood, and crepitated imperfectly, especially the right. The heart was flaccid and empty, as well as the large vessels. The stomach was distended with gas. On opening it, a peculiar faint odour, not unlike hydrocyanic acid was emitted. Stomach empty. The cardiac extremity was of a dark purple hue, for upwards of an inch in length, like a dark ecchymosis, and there were several vermilion-coloured spots, and patches on the mucous coat of the stomach.

The intestines contained no worms, and presented nothing remarkable excepting a few vermilion-coloured streaks on the mucous surface of the duodenum.

The traces of poisoning being so evident in the stomach, and the death having been so sudden, it is to be regretted that an examination of the brain and spinal column could not have been obtained.

I cannot close this paper more appropriately, than by citing the conclusions of Alfred P. Taylor, M.D., F.R.S., from Guy's Hospital Reports; third series: "which arose out of the Palmer case, as follows:

"The conclusions to which it appears to me this inquiry leads, are:—

1. That Strychnia may be found in the stomach, as in other cases of poisoning, when it has not been entirely absorbed, and the stomach and contents have been properly preserved for analysis.

2. That in some cases, when given in small doses, and in other cases even in large doses, although it may be detected in the stomach, it cannot be detected in the absorbed state in the blood and tissues.

3. That there are no facts derived from experiments on animals or from observations in the human subject, to justify the statement that in all cases of poisoning by strychnia, the poison must by proper chemical processes, be certainly detected.

4. That in strychnia poisoning, as in morphia and other forms of poisoning, a person may live a sufficient time for the poison to be entirely removed from the stomach, and in this case he may die without a trace of strychnia being found in the blood, tissues or any part of the body."

Quebec, Place d'Armes, December 9th, 1861.

ART. III.—*On the formation of a Medical Benevolent Society, or an Annuity Fund.* By A. VON IFFLAND, M.R.C.S., Eng., and late Vice-President of the College of Physicians and Surgeons of Lower Canada.

The cause which is now about being so strenuously advocated by our learned and truly philanthropic colleague Dr. Smallwood, with regard to the establishment of an annuity fund, has, as I have already observed, long engaged my attention; and should, from the great importance of the object it has in view, not only merit the highest consideration, but also, excite the deepest interest in the minds of every member of our noble profession, and I feel a confident hope, that it will secure the countenance, and the cooperation of every heart that beats in solicitude for the sufferings of another.

For the widows and orphans of clergymen, many noble institutions have been provided in every portion of the world where the word of God is heard, and the benefit of some of these institutions extend, I believe, to this country; but, for the heart-broken widow, and destitute children of the zealous, and benevolent medical practitioner, cut off by accident, or infectious disease, or worn down by incessant anxiety and toil in the meridian of life, no such institution, no such haven of refuge yet exists, at least, in this prosperous country. They must be left "to the pity and neglect of a cold and calculating world."

I may here be permitted to quote the words of one of the most eminent and philanthropic physicians in England, (Dr. Perceval). "The history of the Medical profession is full of examples of how uncertain is human life, and how un-

stable are human prospects. Perhaps, none other illustrates this melancholy truth so frequently, or to so large an extent. The preparatory study which a man is compelled to undergo, ere he can join our ranks with credit, and with legitimate chances of successful practice, is eminently calculated to weaken his powers of constitution, and lessen the probability of length being added to his days." Severe study, rigid abstemious discipline, and continual exposure to the effluvia of disease and death, are so many sources of physical weakness, and early physical decay. The commencement of practice, if not marked by that singular success, the issue of accident, and the lot of only a few, requires the exercise of such energy, and entails the suffering of such anxiety, as few stamina can sustain with impunity. Hence, how common a thing it is, to find the hopes, expectations and efforts, of the few years of a practitioner's life, only the heralds of early death bed, where ambition pauses in its career of distinction, and its best, and its brightest enterprises are proved to be as empty and valueless as vanity.

As Dr. Daniel once observed, to a general meeting of the Medical Practitioners in Norwich, (England) on the subject of a general annuity fund—I also, am not one who would willingly find fault without occasion, nor say of the profession, that "it is without its measure of enjoyment. He who follows it '*con amore*,' finds foods in its exercise for high mental satisfaction; his benevolent heart is gratified with every successful case; and his mind is enriched with stores of wisdom which impart to his spirit, complacency and delight." But the question assumes another form; while he has life, health, and practice, the measure of his enjoyment is not small, but reverse the picture, and how frightful is the detail. Behold him stretched upon the bed of sickness, the finger of death pressing upon his eyelids, the wife of his bosom, the fond partner of his joys and his cares, hovering round him with pallid cheeks and anxious heart, his little ones—but who can paint such a picture? His eyes wander from object to object, while the conviction of his bereaved family's ultimate destitution sits upon his heart like a fearful incubus. Alas! "the iron enters his soul." What can this widow, and these orphans do? The lady, perchance, has been well educated, she is versed in those accomplishments which make loveliness more lovely. She designs to convert her talents into usefulness and by labour to earn bread for her children. It is a laudable undertaking and worthy her spirit. But who shall answer for the success of any speculation? And who shall count the weary days and nights, the many anxious moments she must pass, before a remunerating measure of employment shall be hers. Her feelings have been refined by that very education which she makes the source of her emolument. Her thoughts are dignified, her sensibilities exquisite, the asperities which beset her in life's journey are mountains in her path; well may she sit, and weep and mourn. Oh! let this picture, so correct in its character, so true in all its delineation; I say, let this picture come with proper force upon the hearts of every a medical practitioner, and help the efforts of Dr. Smallwood, and other noble and philanthropic minds to avert such calamities, as have been already exhibited to me, during a long professional career. It has been truly observed, that the peculiarity of our profession is, that it cannot be delegated to others, it is not

a medical man, but *the* medical man, who is wanted; whatever may the talents of your substitute, there is no satisfaction imparted to your patient, unless by your own individual visit; thus to recreate is next to impossible, to be sick and confined for months is death to your practice, and if it please God to restore you to health and vigour, after such a visitation, it is only to find your once happy prospects blasted and destroyed. Is not this a position singularly distressing? The body of the medical profession throughout the Province, taken collectively, is large,* and if only one half of that body could be induced to subscribe two pounds annually, a fund might at once be raised for this most beneficent of all beneficent purposes, and moreover, hopes may be entertained that the childless and more wealthy members of our profession might occasionally erect a monument as splendid as imperishable to their own memory; and the wealthy of other classes, who may have been rescued from suffering or death, by the invaluable attentions and resources of our beneficent art, may sometimes acknowledge services which no gold can remunerate, by pecuniary contributions, or bequest to this fund. It has often been remarked, that there exists in human nature, a sad tendency to put off judicious resolutions, and the generous impulse of to-day, is often forgotten amidst the whirl and the bustle of to-morrow's occupations. Hence it is, that the cause, which we are advocating, like the lessons of prudence, morality, and religion, needs to be constantly obtruded, to obtain a due and proper consideration. In conclusion, I anxiously entreat the members of the profession to concentrate their attention to the project about being brought before them, the feasibility of using the then favorable moment for uniting the whole body.

Quebec, January 2nd, 1862.

ART. IV.—*Case of severe stab of the abdomen with incision in the liver, &c.*
By HERBERT H. READ, M. D., L. R. C. S. E.

These wounds were inflicted on Wm. Riley, 4th Officer of the Am. Ship, "Monarch of the Sea," on which I sailed from Liverpool to New York. The affray having occurred on the previous voyage, was not observed by myself personally, and the following account is gathered from an examination of the scars, a statement in the ship's log, and a description of the affair from the first officer, a very intelligent gentleman, whose skill in conducting the case would reflect credit on any regular practitioner. On March 4th 1861, Mr. Riley was attacked by a negro sailor with a drawn sheath knife, and received the following wounds: One in the epigastric region, a little to the left of and parallel with the linea alba, the scar is two inches in length; another on the left arm, the knife completely piercing the triceps just above the elbow joint. There was also a

* The details of the Census of the Canadian Provinces taken on the 1st of January 1861, have not yet been published, but on referring to that of 1851-2, we find that the number of Physicians at that time in Canada West was 382, and in Canada East 410, making a total at that period of 792. During the last ten years the advance in population of the two Provinces should yield a ratio of not much less than 1500 Physicians at the least.—*Ed. B. A. J.*

punctured wound of the left thigh. When he was brought into the cabin, all the wounds were bleeding profusely, but he never lost consciousness.

Both the first and second officers assured me that when they removed the clothes from his abdomen, the wound in the epigastrium was lying open, and through it they saw the anterior edge of the liver rising and falling with the movements of respiration, and divided to the depth of half an inch. His wounds were dressed, and in ten days he was able to walk about the deck.

Amherst (Nova Scotia), Dec. 18th, 1861.

REVIEW DEPARTMENT.

ART. V.—*The Principles and Practice of Obstetrics.* By GUNNING S. BEDFORD, A.M., M.D., Professor of Obstetrics and the Diseases of Women and Children, and Clinical Obstetrics in the University of New York; author of "Clinical Lecture on the diseases of women and children." Illustrated by four coloured lithographic plates and ninety-nine wood engravings. New York: Samuel S. & S. Wood, 389 Broadway; Dawson and Son, Montreal; 8vo. pp. 731. 1861.

The volume to which we now direct the attention of the reader is in reality what it professes to be, a complete and systematic treatise on the Principles and Practice of Midwifery, written in a plain, unostentatious, but engaging style, and eminently qualified to instruct the student and practitioner in all the minutiae of duties which devolve upon the accoucheur in the lying-in chamber. It is in fact in this characteristic that it differs so much, nay so intrinsically, from other older but well recognised works on this subject, which are noted chiefly for some other predominant traits. Thus the excellent treatises of Burns, Smellie, and Merriam, have become antiquated in consequence of the rapid strides which all the medical sciences have made since their time, although adopted as the text books in the days of our own pupilage. Hamilton's midwifery, from whose lips we have ourselves received most valued instruction, is but an epitome of midwifery, or at best an outline, and a meagre one at best, of his course of lectures in the University of Edinburgh. Churchill's work is indebted for its success to its statistics, and on this subject stands pre-eminent. Cazeaux's work is highly scientific, too much so to be appreciated by any but a teacher of this branch of medical science. Tyler Smith's work, as regards practical detail far excels it. But neither of these two standard works can compare with Ramsbotham's, which far excels them in practical detail. In fact there are few points of practice in which the latter work may not be consulted with advantage, while lastly Dewees's work has been long laid upon the shelf, except as a work of reference by the lecturer. Hence it will be apparent, that Dr. Bedford's volume comes seasonably in, and supplies a want, as regards minuteness of practical detail, in which the other volumes on this subject were deficient, excelling possibly, but certainly rivalling, that of Ramsbotham.

Dr. Bedford's position in the profession is well recognised, and he has already acquired no mean reputation by his former labours. His qualifications for the task which he imposed upon himself, are unquestionable, and we are especially pleased that he has not adopted that peculiar and familiar style of dialogue, even when opportunities in the volume before us presented themselves, which in our opinion marred his first publication.

The subject of midwifery proper is considered in all its details under the form of forty-three lectures, while the three last of the series are devoted to the consideration of puerperal fever, puerperal mania, and the employment of anæsthetics. We cannot observe a single item of importance in the discussion of his subject, which the author has omitted to notice.

Of the various problems which have engaged the attention of physiologists, scarcely one is invested with more interest than the determining causes of labour, in other words, why, at or about the expiration of the 280 days from conception, the uterus should throw off its contents. Quite a number of theories have been advanced to explain it, from the days of Avicenna downwards. After rapidly going over those previously advanced, and exhibiting their futility, he adopts the following original one, that it depends on "the matured development of the muscular structure of the organ itself." By which he means that "from the instant of fœcundation the uterus becomes an active centre, the effect of which is an increased nutrition, which results in the growth and development of the various structures composing it." Pursuing this observation the author continues, "if you consider on the one hand this fact of increase of development, and on the other the interesting circumstance, that as pregnancy approaches its termination, the uterine muscular fibre is, as a necessary result, proportionably gaining in maturity of growth and development; if, I say, you consider all these things, does it not seem within the range of probability, that under the constant influence of nutrition and repose so far as regards its functional display, the muscular tissue of the gravid uterus becomes as it were surcharged—in a word, so full of contractile power, that in perfect consistency with the general laws regulating the animal economy, it commences its series of acts, through which alone the exit of the fœtus, after full intra-uterine development can be accomplished." Now in this explanation of one of the most extraordinary phenomena in physiology, we think that our author has rather begged the question, than answered it satisfactorily, nor do we consider his hypothesis by any means as tenable as that of Dr. Powers, which he regards as merely "plausible," which he has given in full detail, and which has been very commonly accepted. The theory of the latter in few words, is as follows: The os uteri is regarded as a true sphincter, a fact which the arrangement of the muscular fibres in it confirms, and that like those of the anus and bladder, it is endowed with a high and peculiar sensibility. During the first four or five months of pregnancy, the uterus enlarges in capacity at the expense of the tissue of the fundus and body, but after this period it continues to do so at the expense of that of the cervix, as it is a well recognised fact that about the end of the fifth month, its length begins to diminish, until at full term it is wholly obliterated. Finally, the nervous influence with which the os uteri is more endowed than any other part of that

organ, imparting to it an extremely high degree of sensibility, reacts, when from the obliteration of the neck the uterine contents are brought into apposition with it, thus rendering the os uteri in the language of Dr. Powers, a valve as it were. And in the language of the last mentioned writer, "the beautiful simplicity of the contrivance, as well as the undeviating and admirable manner in which nature gradually resumes it before labour comes on, is a fine illustration of the providence of the Divine Creator, to prevent the generative actions from being rendered abortive, and secure at the due time their propitious consummation." This is the doctrine which we have taught ourselves, as presenting far less difficulties than any other. It has, however, some objections which might be urged against it, but in our opinion it is freer from objections than any other hypothesis that we have seen yet advanced.

However, the peculiarity of the views entertained by our author on a purely abstract question, is a matter of little moment, compared with the general excellent practical observations of the work, which is in reality what practising accoucheurs look for. In this respect the volume before us is a truly valuable exposition of the principles and practice of midwifery at the present day, and there is one circumstance which will commend the volume to every true physician, every enlightened friend of humanity, and it consists in the author's stern, uncompromising disapprobation of *instrumental* delivery, except under the most imperious circumstances, and his equally strong denunciation of what has been so appropriately called "meddlesome midwifery," a treatment of a parturient woman, which by no means necessarily extends to artificial assistance.

In conclusion, as we feel that our space is very limited, we have only to remark that from the strict practical value of the work, it will, as it deserves, meet with a large sale, thus amply rewarding the author for his labour of love.

The work is well got up in every respect. In fact the well recognised names of Samuel S. & S. Wood are in themselves a guarantee of the perfection of the publications which emanate under their auspices.

ART. VI.—*Medical Jurisprudence*. By ALFRED SWAINE TAYLOR, M.D., F.R.S., Fellow of the Royal College of Physicians, &c. Fifth American from the seventh and revised London edition. Edited with additions by Edward Hartshorne, M.D., one of the Surgeons to the Pennsylvania Hospital. Philadelphia: Blanchard & Lea. Montreal: Dawson & Son. 8vo. pp. 714. 1861.

Taylor's *Medical Jurisprudence* has been the text book in our Colleges for years, and the present edition, with the valuable additions made by the American editor, render it the most standard work of the day, on the peculiar province of medicine on which it treats.

A work which through so many years and editions, has never received but the encomia of the press, requires little to be said in that respect now. The simple fact of its having gone through so many progressively improved editions, speaks of itself more than we could write in its favour. This extract from the seventh London edition, of which this is a copy, announces the peculiarity of the present

volume. "I have retained the numerous additions and revises made by the late Lord Justice Clerk Hope, as well as by many legal and medical contributors, who have kindly supplied me with facts in correction or confirmation of the views already expressed.

"I cannot close this preface without publicly thanking the Royal College of Physicians, and the Society of Arts, for the honour conferred on this work in awarding to the author in January, 1860, under the will of the late Dr. Swiney, the quinquennial prize of one hundred pounds, and a silver vase of like value."

The American editor, Dr. Hartshorne, has done his duty to the text, and upon the whole, we cannot but consider this volume the best and richest treatise on Medical Jurisprudence in our language.

The publishers, Messrs. Blanchard & Lea, have executed their share of duty with their usual excellence.

PERISCOPIC DEPARTMENT.

SURGERY.

STARCH BANDAGE IN RECENT FRACTURE.

WITH few exceptions authors limit the immovable apparatus to those cases in which the inflammation and swelling following the injury have entirely subsided, and for the best of reasons. If applied as originally recommended, the dressing being perfectly unyielding, if subsequent swelling occurred at the seat of injury the most serious consequences might follow. The compression of the veins would readily become so great as to interrupt the return circulation so far as to produce gangrene of the extremity. Instances of this kind in which, after the dressings were applied, the swelling increased, and mortification occurred, early led to the strict rule of practice, never to apply the immovable apparatus until all danger from the subsequent swelling of the limb had clearly passed. The rule is a just one, and should never be departed from when the dressings are applied in the manner first recommended.

There is a manifest advantage, however, in applying permanent dressings to simple fractures immediately after their occurrence. There is, then, no shortening of the limb to be overcome by subsequent traction, and no painful spasms of the muscles excited by the irritation of the fractured bone. If the displaced fragments are placed and retained in perfect apposition, during the quiescent period that intervenes previous to the commencement of the reparative process, there will be less liability to swelling and subsequent inflammation. Besides, in private practice patients and friends are never satisfied unless the fracture "is set" immediately, the mere manipulations by which the fragments are opposed being with them most important part of the whole treatment.

Admitted that the starch apparatus is well adapted to old fractures, is it possible to render it serviceable as a primary and yet permanent dressing? This question has now been definitively settled affirmatively. By first applying a thick layer of cotton wadding to the limb, as recommended by Burggraevae, of Ghent, adapting it nicely to all the irregularities of the parts, the starch apparatus may be at once applied in simple fractures with the happiest results. The cotton should completely envelop the whole limb, and the first roller be placed over it. This should be applied firmly, and the application of starch should be first made to this bandage. The cotton is so elastic as to

perfectly protect the superficial vessels from undue compression, even though swelling should follow. But the contrary effect is generally produced. Before the dressing is completed, the patient remarks that his limb feels pleasantly cool, and never that the dressing is too tight in the vicinity of the fracture. The result of this application of the starch is a rapid reduction of the swelling; thus rendering it the best local application that can be made.

We have recently seen the starch apparatus applied in this manner in Bellevue Hospital, to recent fractures of the leg, thigh, and arm, without the slightest inconvenience, but with immediate relief to swelling, and those painful startings and other symptoms attendant upon the exposure of the limb for several days without dressing. In fractures of the thigh, the patient is able to leave his bed as soon as the dressings are dry, generally about the third or fourth day after this application. Of course no weight is to be borne upon it. In fractures of the arm, where non-union is so common, the starch apparatus may be applied at once, and all dangers of such results be obviated. To country practitioners this dressing offers great advantages. The limb is at once firmly and securely put in a permanent dressing, without the slightest chance of displacement or other complication. The method of applying the immovable dressings is well illustrated in Erichsen's Surgery.—*American Medical Times*.

ON WATERPROOF BANDAGES.

BY DR. A. MITSCHERLICH.

The author points out how desirable it is to be able to expose with impunity plaster of Paris and other firm bandages, which are so highly useful in conservative surgery, to the prolonged action of warm water. In this way, limbs might be kept for days or weeks, the bandages having been fenestrated, in local tepid baths, a practice in high favour at some of the German Hospitals as a means of preventing pyæmia. Such bandages, too, would be of great utility in treating fractures in children, in whom the ordinary ones soon become softened and useless, owing to the action of urine. The prolonged tepid bath soon tells upon the ordinary plaster of Paris bandage, destroying its power of resistance, especially when largely fenestrated. The various additions which have been made to obviate the inconvenience, such as oil, dextrine, alum, or water-glass, have not met with much success. The necessary resistance may, however, be obtained in cases in which a very rigid bandage is not required, in the following manner. The plaster of Paris bandage is to be applied in the ordinary way, and then thoroughly dried, for which twenty-four hours or more are sometimes required. A solution of from one to two ounces of shellac in one pound of alcohol is then applied by means of a pencil of charpie over the entire surface, as long as this continues to imbibe any of it. After some hours, when the alcohol has evaporated, more must be soaked in, if possible, and finally the whole is covered with a concentrated solution of the shellac in pure alcohol. The bandage on drying exhibits a shining golden-yellow surface, and may be exposed to warm water for any time without this softening or penetrating it. One disadvantage is that the bandage so prepared requires forty-eight hours to dry before it can be put into the water; but then wounds do not usually commence suppurating before this. When greater solidity is required, as well as the possibility of at once placing the bandaged limb in warm water, the best Portland cement should be substituted for plaster of Paris. In order to secure the setting of this, however, as rapidly as plaster of Paris, it should be mixed, not with water, but with water-glass, (silicate of soda dissolved with water), which is a clear fluid, having a specific gravity of 1.370. This may be diluted with an equal quantity of water, and used to wet the unbleached calico bandage, into which the powdered cement has been thoroughly rubbed. Over this is spread a layer of thin paste made by mixing the cement with some undiluted water-glass. If not made thin, this will harden too soon. The bandage thus

formed is impenetrable to fluids, even at an elevated temperature.—*British & Foreign Medico-Chirurgical Review.*

SILVER SUTURE OF FRACTURED PATELLA.

Professor Cooper, of San Francisco, writes: "Our method of treating transverse fractures of the patella, and one which has, thus far, been invariably successful, is as follows:—Make a longitudinal incision, of sufficient length to expose the fragments; drill the anterior margins of them with a drill, one line in diameter; then pass a silver ligature through the holes just made, and, by crossing the ends and pulling stoutly upon them, bring the separated parts together. A knot is then made by twisting the ends of the ligature together, which holds the fractured portions of the patella in apposition, by which a bony union always takes place." As essential to success, Professor Cooper insists that the wound be healed by granulation, and not by first intention. To this end, lint should be placed in the wound, and the limb tightly bandaged from the toes to the middle of the foot. The dressing he would advise to be changed only once a week. At the end of the third week he would omit the lint, but continue the bandage. The wires should be removed at the end of six or eight weeks. He concludes by saying, "After the operation of applying metallic ligatures in this way, the patient scarcely ever suffers to any considerable extent, and generally remains entirely free from pain during the whole course of treatment; but, in order to have it so, the keeping of the wound open and the application of the tight roller are indispensable."—*The Medical and Surgical Reporter.*

ON THE USE OF WINE AND ACIDS IN PYÆMIA.

By CHARLES KIDD, M.D., M.R.C.S., London.

A VERY practical debate on pyæmia took place very recently at one of our London Medical Societies, in which Mr. Henry Lee, Dr. Richardson, Dr. Lankester, &c., took one side, and Dr. Copland, Mr. Coulson, and some of the good "old school men" took another,—one party contending that pus is directly absorbed; the other, that secondary purulent deposits arise from disintegrated fibrin within the system, as in the case under consideration (a puerperal female), in which this fibrin had previously closed up veins, but had been destroyed by scarlatina poison which was developed in the system.

Alcohol has been called a "savings bank" for putting up strength to resist all such disturbing causes as erysipelas, or the scarlatina poison in this case; and all are agreed that in pyæmia cases the blood is in such a state that the slightest thing may induce this condition. I do not depend very much from experiments where a couple of studious men sit in-doors all day working at an inhaling apparatus, and measuring the changes in the excretion from the lungs which follow the ingestion of different wines, brandies, &c., and why? because I do not think that these men are under the same conditions as a pyæmia patient, or a man walking over a mountain in Scotland, or toiling every day in the streets of London. These experiments, in fact, show much that is contradictory—increase of carbonic acids sometimes, decrease at other times! Of one thing, however, I am nearly certain, that the use of wine and bark in hospitals will be found to prevent this break up of the blood in pyæmia. It is quite possible that alcohol is not altered in the blood, but acts simply in a passive way, and the fact that alcohol passes into the blood is shown by tying the aorta of a dog when it is found that alcohol thrown into the stomach does not produce intoxication. Loosen the ligature, or tie it loosely, and the usual intoxicating effects come on. It would be also an interesting question decided, if we could say for certain whether the small doses of alcohol administered of late years help to prevent loss of flesh and deposit of tubercle. In Italy, where a great increase of tubercle has been observed, it has been traced to the

excessive bleedings practised by the disciples of Rasori. Dr. Todd merely held that alcohol increases nerve nutrition, or prevents its decrease in disease, strengthens the heart, lessens the rapidity of the circulation, so common in pyæmia or fever, and shields the tissues from oxidation, all which I have observed over and over again. My excellent friend, Dr. E. Smith, says he sees no ground for the statement that hydrocarbons have this especial affinity for the nervous system, taking starch and oil as the representatives of this class; but starch is not a hydrocarbon at all, and most decidedly, as far as alcohol and chloroform are concerned in disease, Dr. Todd is wonderfully correct. I can quite understand the presence of alcohol in the blood, even when unchanged, doing all that Todd supposed it to do. There is one aspect, however, of the alcohol question, which appears to me by some refraction or optic polarity always to be above or below, or out of the angle of coloured vision of our clear-seeing men who follow the chemical theorists, and it is this—that if a poor man out of doors, who is accustomed daily to drink more or less alcohol, comes into hospital with a broken thigh, with bad erysipelas, or an anthrax of the well-known legendary size of a willow pattern dinner-plate, this man will assuredly sink if you follow the teetotal observances of Marcet or Carpenter. I can scarcely go as far as Dr. Lankester, who would lead us to suppose, all cases of pyæmia arise from bad sanitary conditions, foul drains, &c. Indeed, I know this is not the fact, as pyæmia is much more common in certain surgical cases than others, such as cases of amputations, where the cancellous structure of a bone has been sawed, or diffuse abscesses of areolar tissue, &c., than in such cases as removal of fatty or cancerous tumours. Chloroform has been blamed for some of these accidents of pyæmia, and it is rather a relief to find that it is innocent of the mischief laid to its charge. Finally, if softened fibrin corpuscles be the real secret of pyæmia, we have at once the key to the use of the acid tincture of the sesquichloride of iron, acid quinine mixtures, claret (so much used in England), aconite, acids with bark, oxygenated water, chlorine, &c., &c.—*Dublin Medical Press.*

MEDICINE.

CASE OF CROUP IN THE ADULT.

DR. ROBERT BRUCE read before the Medico-Chirurgical Society of Edinburgh, the history of a case of croup occurring in a woman aged twenty-five years. The symptoms and course of the disease resembled very much that occurring in the child; false membrane was formed and expelled at different times by coughing. The treatment consisted in leeches to the larynx, followed by warm poultices, inhalation of the steam of hot water, small doses of antimonial wine, and calomel and opium at intervals, moderately full doses of solution of muriate of morphia, warm bath, and nitrate of silver locally. There are some points of interest connected with this disease as it occurs in the adult, and the most important one may be found in the fact that the greater width of the air-passages, the superior strength and intelligence of the patient, enabling him to free himself of the viscid secretion, help to render this disease far less dangerous in the adult than in the child. The moderation of the symptoms presented in this case led the writer to entertain the idea, that possibly cases of croup in the adult are not quite so rare as has commonly been supposed; many cases passing under the name of severe cold catarrh, which in the narrow trachea of a child would be confirmed croup, owing to the inability of the little patient to throw off the secreted fluid before it forms a film or membrane. It is ascertained that, in children, males are more frequently attacked than females, while in the reported cases of adults the majority are females. The lesser degree of development of the female larynx may, in a measure, account for the latter fact.—*Edinburgh Med. Jour.*

MORTALITY AMONG INFANTS IN FRANCE.

At a recent sitting of the Academy of Sciences, Dr. Bouchut presented a statistical account of the mortality of children within a period of 20 years, viz: from 1839 to 1859, taken from the registration of the administration of Public Assistance. One of his tables comprises 48,525 children deposited at the Foundling Hospital; another table comprises 24,169 children sent to nurse by the Administration. The principal results at which our author arrives, are as follows:—1. Mortality among children in France amounts to one-sixth during the first year of life, while formerly it was one-fourth. 2. Within the same period, the mortality among males, taken alone, is one-fifth; among females, one-sixth. 3. Mortality is greater among the children of the poor than among those of the rich. 4. Cold weather increases the mortality of newly born infants; and in winter, children cannot without danger, be taken either to the *maire* or the church. 5. Among foundlings, the mortality is eleven per cent. during the first ten days of life, and fifty-five per cent. within the first year. 6. Dry-nursing, or bringing up by hand, greatly increases the chances of death among foundlings. 7. The mortality among children of the middle classes sent out to nurse is twenty-nine per cent. within the first year. 8. Within that period mortality is greater in the thirteen departments which lie around Paris than in any other department in France, and this is probably owing to the greater number of foundlings they contain, to the want of necessary care by the nurses who receive the children, and to the influence of the endemical disorders that prevail in the capital.—*Ibid.*

ACUTE DYSENTERY, TREATMENT OF, BY IPECACUANHA.

Dr. R. W. Cunningham, of Lucknow, reports on the treatment of dysentery by ipecacuanha, after the plan advocated by Surgeon Docker, previously noticed at some length in the "Medical Times." He thinks by waiting an hour after giving the *tr. opii*, the ipecacuanha is retained longer, and produces a much more powerful effect. His success and confidence in the remedy fully correspond with what has already been reported. He regards the ipecacuanha as producing the same relaxing effect upon the mucous membrane of the bowels, that it does upon the system at large, producing a copious flow of secretions from that membrane, relieving it from the tension caused by the congestion and effusion of lymph, thereby preventing destruction of tissue and ulceration; the nausea overcoming the spasmodic action of the muscular coat, sufficient cathartic effect is produced which, though it may continue for days, is mild, and neither constipates nor debilitates the bowel after it has ceased. Of all his cases not one had a relapse. He recognises the advantages of this method in the hands of the Army Surgeon, viz.: that the patient is under treatment from the commencement of the disease, the period to which this remedy seems best adapted.—*Ed. Med. Jour.*

MATERIA MEDICA.

ON PODOPHYLLIN.

By HARRY NAPIER DRAPE, F.C.S.L.

PODOPHYLLIN is the somewhat unscientific name which has been given to the resinous matter extracted from the rhizome of *Podophyllum peltatum* (May apple or mandrake), a ranunculaceous plant indigenous in the United States of America. The therapeutic action of the rhizome itself is that of a cathartic. In its mode of operation it is said to resemble jalap but to be more drastic. In smaller doses it has been used to diminish the frequency of the pulse and to relieve cough. Thus it has been used in America in hæmoptysis and other pulmonary affections. The dose as a cathartic is of the powdered

root about 20 grains. This root is met with in commerce in pieces of about one-sixth of an inch thick, with swelling, broad-flattened joints at short intervals. It is nearly inodorous, but the powder has a sweetish, not disagreeable smell. The taste is a compound of the sweet, bitter, acrid, and nauseous.

According to the experiments of Mr. John R. Lewis of Philadelphia, the active principle of podophyllin is a resinous substance to which he has given the name of *podophyllin*. Mr. Lewis believes that in this substance he has succeeded in isolating the cathartic principle and separating it from the other inert resins. The makers of the podophyllin of commerce—which is the substance employed under that name in medicine—put forward, however, no such claim. They simply state it to be a mixture of all the resinous constituents of the root, and if it be found that in this new candidate for pharmaceutical favour we have an efficient and useful cathartic, podophyllin appears to be the best form in which it can be administered. It is made by the following process:—The coarsely powdered rhizome is exhausted with alcohol by displacement, and the spirit distilled off until the residual fluid becomes as thick as treacle. The residue, first gently heated, is slowly poured into water kept in a state of constant agitation, and the mixture is allowed to stand for twenty-four hours. By this time the resinous matter will have been precipitated as a yellowish-white mass which is next transferred to a calico-filter, washed with water repeatedly, and dried on paper at a very low temperature. According to Parish, the root yields by this mode of treatment about 3½ per cent. of podophyllin.

Podophyllin is insoluble in water, but soluble to a certain extent in alcohol. The dose is as a cathartic from two to four grains. As it is said to produce nausea and griping, we do not think it will be much used in this country. Hitherto its use has been confined to America, where it is a favourite remedy among that class of practitioners who rejoice in the name of “eclectics.”

Podophyllin may be given in the form of pills, either with or without the addition of extract of hyoscyamus, or as a powder, made by triturating it with four times its weight of sugar of milk—a proceeding which is said to very much increase its activity, and therefore to necessitate the employment of a smaller dose. Now, while this latter statement savours somewhat of the doctrine of Hahnemann, it is not altogether absurd, for it is very probable that the power of any medicine may be augmented by so heating it as to expose a larger surface for absorption.—*Dublin Medical Press.*

MISCELLANEOUS.

SIR BENJAMIN BRODIE ON HOMŒOPATHY.*

(A LETTER TO J. S. S., ESQ.)

DEAR SIR,—You desire me to give you my opinion of what is called Homœopathy, I can do so without any great trouble to myself, and without making any exorbitant demand on your patience, as the question really lies in very small compass, and what I have to say on it may be expressed in very few words.

The subject may be viewed under different aspects. We may inquire, first whether Homœopathy be, of itself of any value, or of no value at all? secondly, in what manner does it affect general society? and thirdly, in what relation does it stand to the medical profession?

I must first request of you to observe that, whatever I may think at present, I had originally no prejudice either in favour or against this new system; nor do I believe that the members of the medical profession generally were in the first instance influenced by any feelings of this kind. The fact is, that the fault of the profession for the most part lies in the opposite direction. They are too much inclined to adopt any new theory

or any new mode of treatment that may have been proposed; the younger and more inexperienced among them especially erring in this respect, and too frequently indulging themselves in the trial of novelties, disregarding old and established remedies. For myself, I assure you that, whatever opinion I may now hold, it has not been hastily formed. I have made myself sufficiently acquainted with several works which profess to disclose the mysteries of Homœopathy, especially that of Hahnemann, the founder of the Homœopathic sect, and those of Dr. Curie and Mr. Sharpe. The result is, that, with all the pains I have been able to take, I have been unable to form any very distinct notion of the system which they profess to teach. They all, indeed, begin with laying down, as the foundation of it, the rule that "Similia similibus curantur;" or, in plain English, that one disease is to be driven out of the body by artificially creating another disease similar to it. But there the resemblance ends. Hahnemann treats the subject in one way, Dr. Curie in another, and Mr. Sharpe in another way still. General principles are asserted on the evidence of the most doubtful and scanty facts; and the reasoning on them, for the most part, is thoroughly puerile and illogical. I do not ask you to take all this for granted, but would rather refer you to the books themselves; being satisfied that any one, though he may not be versed in the science of medicine, who possesses good sense, and who has any knowledge* of the caution with which all scientific investigations should be conducted, will arrive at the same conclusion as myself.

But, subordinate to the rule to which I have just referred, there is another, which, by some of the homœopathic writers, is held to be of great importance, and which is certainly the more remarkable one of the two. The doses of medicine administered by ordinary practitioners are represented to be very much too large. It is unsafe to have recourse to them, unless reduced to an almost infinitesimal point; not only to the millionth, but sometimes even to the billionth of a grain. Now, observe what this means. Supposing one drop of liquid medicine to be equivalent to one grain, then in order to obtain the millionth part of that dose, you must dissolve that drop in thirteen gallons of water, and administer only one drop of that solution; while in order to obtain the billionth of a grain, you must dissolve the aforesaid drop in 217,014 hogsheads of water. Of course, it is plain that this could not practically be accomplished, except by successive dilutions; and this would be a troublesome process. Whether it be at all probable that any one ever undertook to carry it out, I leave you to judge. At any rate, I conceive that there is no reasonable person who would not regard the exhibition of medicine in so diluted a form as being equivalent to no treatment at all.

But however this may be, I may be met with the assertion that there is undoubted evidence that a great number of persons recover from their complaints under homœopathic treatment, I do not pretend in the least degree to deny it. In a discourse addressed by myself to the students at St. George's Hospital, in the year 1838, I find the following remarks:—"There is another inquiry which should always be made before you determine on the adoption of a particular method of treatment: what will happen in this case if no remedies whatever be employed, if the patient be left altogether to nature or the efforts of his own constitution? * * * * The animal system is not like a clock or a steam engine, which, being broken, you must send to the clock-maker or engineer to mend it; and which cannot be repaired otherwise. The living machine, unlike the works of human invention, has the power of repairing itself; it contains within itself its own engineer, who, for the most part, requires no more than some very slight assistance at our hands." This truth admits, indeed, of a very large application. If the arts of medicine and surgery had never been invented, by far the greater number of those who suffer from bodily illness would have recovered nevertheless. An experienced and judicious medical practitioner, knows this very well; and considers it to be his duty in the great majority of cases; not so much to interfere, by an active treatment, as to take care that nothing should obstruct the natural process of recovery, and to watch lest, in the progress of the case, any new circumstance should arise which

would make his active interference necessary. If any one were to engage in practice, giving his patients nothing but a little distilled water, and enjoining a careful diet, and a prudent mode of life otherwise, a certain number of his patients would perish from the want of further help; but more would recover; and homœopathic globules are, I doubt not, quite as good as distilled water.

But this does not account for all the success of homœopathy. In this country there is a large proportion of individuals who have plenty of money, combined with a great lack of employment; and it is astonishing to what an extent such persons contrive to imagine diseases for themselves. There is no animal machine so perfect that there may not at times be something creaking in it. Want of exercise, irregularity as to diet, a little worry of mind—these, and a thousand other causes, may occasion uneasy feelings, to which constant attention and thinking of them will give a reality which they would not have had otherwise; and such feelings will disappear as well under the use of globules as they would under any other mode of treatment, or under no treatment at all.

What I have mentioned now will go far towards explaining the success of homœopathy. But other circumstances occur every now and then, from which when, they do occur, it profits to a still greater extent. *Humanum est errare*. From the operation of this Universal law, medical practitioners are not exempt, any more than statesmen, divines, lawyers, engineers, or any other profession. There are cases in which there is a greater chance of too much than too little being done for the patient; and if a patient under such circumstances becomes the subject of homœopathic treatment, this being no treatment at all, he actually derives benefit from the change.

In a discourse to which I have already alluded, I thought it my duty to offer the following caution to my pupils:—"The first question which should present itself to you in the management of a particular case is this; Is the disease one of which the patient may recover, or is it not? There are, indeed, too many cases in which the patient's condition is manifestly helpless, that the fact cannot be overlooked. Let me, however, caution you that you do not in any instance arrive too hastily at this conclusion. Our knowledge is not so absolute and certain as to prevent even well informed persons being occasionally mistaken on this point. This is true, especially with respect to the affections of internal organs. Individuals have been restored to health who were supposed to be dying of disease of the lungs or mesenteric glands, * * * * It is a good rule in the practice of our art, as in the common affairs of life, for us to look on the favourable side of the question, as far as we can consistently with reason do so." I might have added, that hysterical affections are especially a source [of error to not very experienced practitioners, by simulating more serious disease; seeming to resist for a time all the efforts of art, and then all at once subsiding under any kind of treatment or, just as well, under none at all. Now, if it should so happen that a medical practitioner, from want of knowledge, or from a natural defect of judgment, makes a mistake in his diagnosis, and the patient whom he had unsuccessfully treated afterwards recovered under the care of another practitioner, it is simply said, "Dr. A. was mistaken;" and it is not considered as anything very remarkable that the symptoms should subside while under the care of Dr. B. But if on the other hand the recovery takes place under the care of a homœopathist, or any other empiric, the circumstance excites a larger portion of attention, and we really cannot very well wonder that, with such knowledge as they possess of these matters, the empiric should gain much credit with the public.

So far the practical result would seem to be that homœopathy can be productive of no great harm, and indeed, considering it to be no treatment at all, whenever it is a substitute for bad treatment, it must be the better of the two. But there is no great harm nevertheless. There are numerous cases in which spontaneous recovery is out of the question; in which sometimes the life or death of the patient, and at other times the comfort or discomfort of his existence for a long time to come, depends on the prompt application of active and judicious treatment. In such cases homœopathy is neither

more nor less than a mischievous absurdity; and I do not hesitate to say that a very large number of persons have fallen victims to the faith which they reposed in it, and to the consequent delay in having recourse to the use of proper remedies. It is true that it very rarely happens when any symptoms show themselves which give real alarm to the patient or his friends, that they do not dismiss the homœopathist and send for a regular practitioner; but it may well be that by this time the mischief is done, the case being advanced beyond the reach of art.

That the habit of resorting to homœopathic treatment which has prevailed in some parts of society should have occasioned much dissatisfaction among the mass of medical practitioners, is no matter of wonder. It cannot be otherwise than provoking to those who have passed three or four years of the best part of their lives in endeavouring to make themselves acquainted with disease in the wards of an hospital, to find that there are some among their patients who resort to them for advice only when their complaints have assumed a more painful or dangerous character, while they are set aside in ordinary cases, which involve a smaller amount of anxiety and responsibility, in favour of some homœopathic doctor, who very probably never studied disease at all. But it cannot be helped. In all times there have been pretenders, who have persuaded a certain part of the public that they have some peculiar knowledge of a royal road to cure, which those of the regular craft have not. It is homœopathy now; it was something else formerly; and if homœopathy were to be extinguished, there would be something else in its place. The medical profession must be contented to let the thing take its course; and they will best consult their own dignity and the good of the public, by saying as little as possible about it. The discussions as to the evils of homœopathy which have sometimes taken place at public meetings have quite an opposite effect to that which they were intended to produce. They have led some to believe that homœopathists are rather a persecuted race, and have given to the system which they pursue an importance which they would not have had otherwise; just as any absurd or fanatical sect in religion would gain proselytes if it could only make others believe that it was an object of jealousy and persecution. After all, the harm done to the regular profession is not so great as many suppose it to be; a very large proportion of the complaints about which homœopathists are consulted being really no complaints at all, for which a respectable practitioner would scarcely think it right to prescribe.

There was a time when many of the medical profession held the opinion that not only homœopathy, but all other kinds of quackery, ought to be put down by the strong hand of the law. I imagine that there are very few who hold that opinion now. The fact is that the thing is impossible; and even if it were possible, as it is plain that the profession cannot do all that is wanted of them, by curing all kinds of disease, and making men immortal—such an interference with the liberty of individuals to consult whom they please, would be absurd and wrong. As it now is, the law forbids the employment in any public institution of any one who is not registered as being a qualified medical practitioner, after a due examination by some of the constituted authorities; and it can go no farther. The only effectual opposition which the medical profession can offer to homœopathy, is by individually taking all possible pains to avoid on their own part those errors of diagnosis by means of which, more than anything else, the professors of homœopathy thrive and flourish; by continuing in all ways to act honourably by the public; at the same time, never being induced, either by good nature or any motives of self-interest, to appear to give their sanction to a system which they know to have no foundation in reality. To join with homœopathists in attendance on cases of either medical or surgical disease would be neither wise nor honest. The object of a medical consultation is the good of the patient; and we cannot suppose that any such result can arise from the interchange of opinions where the views entertained or professed to be entertained by one of the parties as to the nature and treatment of disease are wholly unintelligible to the other.

I am, dear Sir, yours, &c.

B. C. BRODIE.

THE
British American Journal.

MONTREAL, JANUARY, 1862.

CONTINUATION OF THE BRITISH AMERICAN JOURNAL.

After having stated to the subscribers to this Journal, in arrears to a very large amount to Mr. Lovell, the absolute necessity of remitting to him the amounts due, with the alternative of the discontinuance of the periodical, (as it could hardly be expected that this gentleman could continue the publication of it at his own expense,) it would naturally have been supposed that the mere announcement of such a contingency would have aroused their sense of *esprit de corps*, and that they would have responded to the request placed before them in such strong terms. So far is this from being the case that only \$140 out of \$900 have been received at the office, since our last issue, to meet the large expenditure incurred. Mr. Lovell's idea was to give the Profession a periodical which should compare in the most favorable manner with those of other countries, and he consequently spared no expense as far as the artistic appearance of it was concerned. Had the Journal succeeded, it was intended that an additional number of pages should have been added, which would have placed it foremost in amount of reading matter with any periodical published on this continent. Circumstances, however, over which the publisher could exert no control, but which were entirely within that of the Profession of the British American Provinces, precluded him from doing this, as his present loss was sufficiently large without increasing it. Having, after consultation with many friends who desired the continuance of the periodical, and after the reception of letters from many others who are unwilling to see the Journal dropped, decided to persevere in the publication; the publisher has concluded upon continuing it, but under conditions which will materially reduce the annual expenditure, the most prominent of which is the diminution of the number of pages, with the promise that should the future afford such evidence

that the ordinary expenses will be paid, they will be immediately increased to the original number, with the prospect of a further addition under like circumstances. We cannot but say that we do most sincerely regret to find Mr. Lovell made so large a loser by a transaction intended for the benefit of *our* Profession; but we are nevertheless satisfied that if some prominent member of the Profession in the several towns of the Province were not only to make the interests of the Journal his especial charge, but to collect the subscriptions, and obtain new subscribers, the Journal would at once be put upon a footing of independence. Such is the suggestion of at least one correspondent, while that of another is couched in the following language, "A good Medical Journal is not only beneficial to the Profession but stamps a certain character on the Province by showing that men of literature and science reside among us."

We sincerely trust that these present remarks will stir up those who are still delinquent in their duty towards the Publisher, while those, who desire the continuance of the Journal, will not object to its present reduced size (that is if they desire one at all), until its altered circumstances will permit the augmentation of its pages.

THE LATE PRINCE CONSORT.

The astounding intelligence, so lately wafted across the Atlantic, of the decease of three members of the royal family of Portugal, one of whom was the young king himself, of typhoid or gastric fever, these three deaths occurring within the short space of one month; and still more recently of the sudden demise of the Prince Consort of England in the prime of life, from the same disease, and in the very short period of fourteen days, has taken this whole Province by surprise. A death so unusually sudden from such a disease, has naturally led to great speculation both here and in England, but the well known fact that he was attended by four of the first physicians of London, leads naturally to the inference that nothing was left undone which could have proved of service. It is nevertheless a singular fact, that with the exception of the bulletins issued during his illness, the first of which appeared on the 11th Dec., and preceded his death but by three days, containing this remarkable observation that the fever was "unattended by any unfavorable symptoms," nothing whatever of an official character as regards the progress of the malady, from any of the gentlemen in attendance, has appeared. This reticence on a subject which has thrown a nation into mourning, is hardly what could have been expected, because such an abrupt termination of a well known complaint, which exhibited only three days previously "no unfavorable symptoms," is utterly inconsistent with all that we know of the progress of such a fever, and therefore demanded, at least as

far as the profession was concerned, a resumé of the case however brief. Possibly the physicians are acting in conformity with instructions, while it is stated on reliable authority, that the bulletins did not appear as originally written, material alterations having been made in some, by an illustrious hand.

We quote the following extract from the London Correspondence of the "Inverness Courier," copied by the "Morning Chronicle" of London, 2nd January, as demonstrative of one of the incongruities between statement and fact during the progress of the disease:—

"It is asserted, then, that, in all human probability, the Prince's life could have been saved, had he obeyed the instructions of his physicians, but that, unfortunately, he was extremely averse to stimulants—the grand remedy in such a case, sustaining the body, while nature worked the cure—and that he positively refused to take them until the Wednesday before his death, when the illness had so completely prostrated him that it was too late. The Prince's aversion to stimulants and to all strong remedies arose, it is stated, from his bias for homœopathy, to which doctrine he was for some time, if not to the last, a firm adherent."

Now it will be observed, that the Wednesday here alluded to, is the identical Wednesday on which the first bulletin in regard to the Prince's state was issued, and the pregnant fact here stated, is utterly at variance with the tenor of that official announcement. This is only one of several discrepancies between statements and facts, recognised since the unfortunate issue of the case. We do not credit the alleged homœopathic proclivities of the Prince; we look upon this as gossip, while it is sufficiently negatived by the character of his attending physicians.

It is, however, we think, more than probable, that we shall soon be put in possession of an official history of the complaint, which has thus proved so rapidly fatal, and deprived England of one of her brightest ornaments.

We feel assured that we but enounce the sincere wish of every sympathising heart, that "He who tempers the wind to the shorn lamb," will sustain our beloved Queen in this her sad hour of trial and bereavement.

THE LATE DR. ARNOLDI.

The Toronto *Leader* contained lately the following just tribute to the memory of a gentleman long and favorably known in this city. We have corrected it in some particulars.

Our obituary notice includes the name of a man of merit, not simply in his profession, but one, who from his genial and generous nature, was the favourite of the society in which he lived. Few, indeed, in mature years, keep to the last the buoyancy of thought and youthful frank-heartedness which characterized him, and it almost seemed as if Time had agreed to pass him by unharmed. In Montreal where he was best known

he bore to the last the name of "Tom Arnoldi"—not that the title in any way meant to denote frivolity, or the *ci-devant jeune homme*; but it was typical of that warm demonstrative sympathizing nature which never listened to suffering unmoved, or heard tell of a noble deed without a quiver of the lip. We are sure the gap his loss will make in many a household will not soon be filled up, and that his memory will long live with his friends, while they hear and re-hear in thought his cheery kindly voice. On the other hand, his undoubted eminence in his profession warrants us putting a few facts together as a record of it, which we do with no little pain, for we knew the man.

Francis Cornelius Thomas Arnoldi was the fourth son of an eminent physician of Montreal. If not himself a German—we speak of the father, he was of German extraction. The family, however, had passed into Italy, whence the original name of Arnold was changed into Arnoldi. The subject of these few remarks was born on 26th October, 1805, at Riviere du Loup, so he was upwards of 56 years old. In his early boyhood he was sent to Ayrshire in Scotland where he received his education, and on his return to Canada was apprenticed to his father. After he passed through a certain routine in the Province, he proceeded to Edinburgh where he continued his studies, and also passed over to Dublin and to Paris, for joined to his other accomplishments Dr. Arnoldi was an accomplished French scholar. Taking his degree at Edinburgh, he returned to Canada in 1827, and continued in partnership with his father until 1830, when he went back to Edinburgh. He again established a connection with the University, for he had never ceased his relations with the Professors, and from association and habit as much as from scientific motives continued his visits to the Lecture Room. In 1832 he revisited Canada, never again to leave it; and from that period until within three days of his death was actively engaged in the duties of his profession. In the events of 1837-38, Dr. Arnoldi, ever a leading spirit among the British population of Montreal, took a very prominent part in the politics of the hour; and on the breaking out of the rebellion joined a troop of Cavalry as Surgeon. In this capacity he was present at Saint Denis in November, 1837, and at St. Eustache in December, 1838. Subsequently he was appointed Captain of the Volunteer Infantry—a choice dictated by the confidence in his firmness and enterprise. He still, however, continued his professional life, which indeed he never abandoned, for it was to him a labor of love. In Montreal, in connection with Doctors Sutherland, Munro, Badgley, and the late Dr. McNider, he established the Montreal School of Medicine which is still existent as the French School of Medicine of Montreal in contradistinction to that of Mc.Gill College which is regarded as the English one. But it is proper to state that Dr. Arnoldi held for a short time before leaving Montréal the chair of Medical Jurisprudence in the University to which his forensic

talents peculiarly adapted him. Dr. Arnoldi's connection with McGill College was not of long duration.

Some seven years ago Dr. Arnoldi moved to Toronto. It was then the seat of Government; an extraordinary impetus had been given to its trade and commerce, and the opinion prevailed that in less than ten years that town would number some one hundred and fifty thousand of a population. We need not recall the error of the prediction; but if we allude in any way to the exaggerated expectation, it is only to say that Dr. Arnoldi at once took the highest professional position in Toronto, and that he succeeded in obtaining his share of material recognition. For the last seven years he has been so engaged, until carried off by this fatal illness. A severe cold ended in inflammation of the lungs, which rapidly extending proved too much for nature unassisted to resist; and that as often it happens the successful administer to others' sufferings miscalculated the power of his own, until too late it was found that remedies were not of benefit. He received every kindness and attention from his *confrères*, but it was of no avail. He himself knew that his case was hopeless. About an hour after midnight on the morning of the 1st he sunk quietly and peaceably to his last sleep. He leaves a family of nine children.

THE LATE DR. EDWARD W. SMITH.

Since the issue of our last number, death has taken another, and this time a youthful member of our profession.

Dr. Edward W. Smith died of Phthisis Pulmonalis in this his native city on the 31st ult., at the early age of 24 years and 10 months.

The career of one so young might seem to offer few features of interest to other than immediate friends and relatives, but the career, short though it may be, of the talented, the virtuous, and the good among the children of our own soil should always be recorded, and with this view we devote a few lines to a brief and imperfect sketch.

Edward W. Smith was born in Montreal on the 18th February, 1837, and received his education in this city. In May, 1859, he graduated in Medicine at the University of McGill College, receiving at graduation the University prize for his essay on "Hysteria." With a view to enter the British army he left for England shortly after; and in November of the same year obtained the diploma of the Royal College of Surgeons, Edinburgh. In January, 1860, he passed his examination before the Army Medical Board and ranked so high among twenty-seven successful candidates that he was almost immediately appointed to the staff. In the following month he received the diploma of the College of Physicians, Edinburgh, and then repaired to the depot first at Chatham, and afterwards at Canterbury.

But an excursion with a Canadian friend to the Western Highlands of Scotland called into activity the latent germs of a disease to which the moist climate of England seemed unsuited. He applied to be relieved of his staff duties which retained him in Britain, and was sent out to the military sanatorium on the height of table-land at Kandalla near Bombay. The disease, however, still progressed, and a few months after a medical commission recommended a year's leave of absence, and an immediate return to Canada. In June last, weak, emaciated and almost exhausted with the fatigues of the journey, and with a distressing cough he reached his native home. A temporary improvement took place, but ere six months had elapsed, after the usual tale of suffering had been told, he breathed his last.

Wm. Smith's talents were of a respectable order, his intellect was clear, his mind acutely logical, but more powerful in analysis than synthesis. His punctuality was remarkable. Dr. Hingston, with whom he studied, and by whom he was attended during his illness, says he never knew him to be five minutes behind time on one single occasion during his pupilage. This habit he carried with him across the Atlantic. One of his tickets bears the following endorsement: *absent* not once.—*Late, not once.* This habit enabled him, without consuming any midnight oil, to acquire a knowledge of medicine, varied and extensive. He had a time for all things, work, sleep, and play, and when the hour had come, a time to die. In the private relations of life he was modest and unassuming, truthful and scrupulously honest. Young as he was in the profession, his talents have proved that the British Medical service has lost one of its most promising ornaments.

THE VACCINATION ACT.

This Act, as far as this city is concerned, has been put completely into force, taking effect from the first of February by notification from the City Council. The gentlemen appointed to discharge the duties are Drs. F. W. Campbell, Dr. J. L. Leprohon and Dr. A. Ricard. The excessive prevalence with which Small Pox has exhibited itself in this city within the last six months, invading as it did many of the most respectable of our families, will now, it is hoped, by the exertions of these gentlemen be checked. We have not learned however that any of the other cities specified in the Act have acquitted themselves of their duties in like manner. This is extremely to be regretted because we would have imagined that such cities as Quebec, Kingston, Toronto, St. Hyacinthe, &c., would have been glad of the opportunity to have checked as far as laid in the power of their respective authorities, the spread of this most loathsome disease. We have been informed however, and this on good authority, that although a special Act was passed by the Legislature

against it, the practice of inoculation with variolous matter still largely obtains in many of our country parishes, performed however we believe exclusively by women. Why do not the medical men practising in such neighbourhoods, and to whom such practises must be known, secure a conviction or two under the Act? Such a practice will never be put down until such an event occurs, and every one who does not desire the spread of such a disease, should use his utmost exertions to secure one.

THE ILLEGAL PRACTICE OF MEDICINE AND MIDWIFERY.

Our attention has been drawn to a partially anonymous correspondence which has taken place between two writers who, in the *Montréal Gazette* have signed themselves "Truth," and "A Friend of Right," and Dr. Trudel in defence, relating to the Lady nuns of the Lying in Hospital called the "Ste. Pélagie," whose proceedings were challenged as contravening the Law, by practising both medicine and midwifery without having been authorized in accordance with the Parliamentary Act, 10 & 11 Vict., c. 26. A great deal may be urged in favour of the Ladies alluded to, and no one could call in question that boundless charity and kindness for which their whole demeanour has been conspicuous. Yet, as we cannot but take the legal view of their proceedings, however charitably inclined, to which the writing of "A Friend of Right" directs us, we cannot but say, that they have placed themselves in a position so equivocal, that nothing but their own innate and well-known kindness of heart could palliate, and their ignorance of the law excuse. Nevertheless it is proper that they should know that they have transgressed the law, however unwittingly on their part, and we feel persuaded, from our knowledge of the disposition of these Ladies, that they would be the last to do so knowingly.

THE MEDICAL AND SURGICAL REPORTER.

We have to apologize to our esteemed contemporary, for the non-creditment to it of the article on "Narcotics" published in our last issue. The fault was in truth not ours, as we have had the greatest trouble in getting the compositors to acknowledge the sources of their extracts. This one must have passed through some inadvertence. The fact of its appearance in our Periscope, however, shewed that it was not original.

EDITORIAL SUMMARY.

A Patriarch.—In Chinguacousy, C.W., on the 18th ult., Thomas Young, Esq., aged 58 years, leaving a wife, 15 children, 70 grandchildren, and 23 great grandchildren.

The Queen of Madagascar died recently of cancer, which had reappeared after an operation performed three months previously.

The Cattle Disease.—This disease is prevailing extensively in Russia. It is there called the Siberian epidemic. In four districts near St. Petersburg as many as 4,400 horses, 800 cows, and 319 sheep have died within the past two months.

Cholera is said to be prevailing extensively in India and playing terrible havoc among the British troops.

A Grave Question.—Our esteemed contemporary the "Med. and Sur. Reporter" thus says, "The question of burning or burying the dead, is now being discussed at Paris, in a manner becoming so *grave* a subject. As it is a question of *grave* or no *grave*, the *grave* manner of discussing the question, is certainly commendable."

Paper Collars for Gentlemen.—It is stated that some arsenical preparation is employed in the manufacture of these articles of toilet, and some cases have occurred of injury from their use.

Students in London.—It appears that 1,116 students have matriculated this year in the Metropolitan Schools of London against 1,228 of last year, showing a falling off of 112. The number of new entries is this year 344 against 483 of last year, a decrease of 139. This is undoubtedly the effect of the operation of the new act, and it will result that if there are fewer practitioners they will undoubtedly be of a higher order as regards their literary and professional acquirements.

Generation of Toenia.—M. Barilign has found that out of 100 persons affected with *Toenia Solium*, 97 had been in the habit for a shorter or longer period of eating raw meat. The author gives thirty two cases in which all the patients indulged in the habit just mentioned.

Child murder in England.—The Lancet states that in London alone during the last five years, the bodies of three hundred children have been found under such circumstances as to leave no doubt that they were intentionally sacrificed. Upwards of 60 were taken from the Thames or surrounding pools or streams. More than 100 were discovered stowed away under railway arches, on the door steps of houses, or in cellars or other out-of-the-way places. Without doubt they were either dead when placed there, or living and placed there to die, but, continues the Journal, there is another kind of child murder, one which though less palpable to the public eye, and more consolatory to the perpetrator, is perhaps more wide in its effects to those clear sighted enough to see it, than is the more direct kind of infanticide to which we have just alluded. To remove an infant a few weeks old from the breast, to give it unnatural or unwholesome food, to scantily clothe and unduly expose it to the weather, and to enter it upon half a dozen burial clubs, has to the initiated only one meaning, which meaning is, that such poor miserable little creature shall be legally qualified to die at no distant period under the protecting certificate of "*atrophia*," "*diarrhæa*," or "*pneumonia*." Dr. Burke Ryan tells us that Mr. Gardner, clerk to the Manchester Union deeming the cause assigned by a labouring man for the death of his child unsatisfactory refused to register it. Upon inquiry he found that rumour attributed the death to wilful starvation. The child had been entered in at least ten burial clubs and the parents had six other children, who only lived from nine to eighteen months respectively. They had received £20 from several burial clubs for one of these children, and they expected to receive as much for this child. The child had had no medical care. The jury before whom the case eventually came, though they thought the evidence of the parents made up for the occasion,

and not entitled to credit, yet gave the following verdict:—"Died through want of nourishment, but whether occasioned by a deficiency of food, or by disease of the liver and spine brought on by improper food and drink, does not appear." The result of this verdict was that the father enforced payment from TEN burial clubs amounting to £34 3s., the actual cost of the funeral to him being at the utmost 30s.!

Varnish to prevent rust in Iron or Steel.—M. A. Vogel suggests that the oxidation of steel and iron is perfectly prevented by coating them with the following varnish. White wax, one part; dissolved in fifteen parts of Benzin. It is applied by means of a brush. The thin layer of wax forms a perfect covering which when needed may be removed. *Rep. de Pharm.*

Railway accidents.—A meeting of shareholders in railway companies was lately held in London to consider and endeavour to restrict, through legislative means, the awards for railway accidents, when it was stated that in one year, one railway company disbursed no less than £80,000 by way of compensation for accidents on their line, exclusive of law expenses, and the cost arising from damage to the rolling stock, and the permanent way.—*Dublin Med. Press.*

Sea Sickness.—Mr. Hockins recommends in the *Lancet* the following mixture, as more efficacious than any treatment which he had previously adopted. "Dilute Hydrochloric Acid, two drachms; Dilute Nitric Acid, one drachm; Hydrocyanic Acid, (Scheeles) sixteen minims; Sulphate of Magnesia, six drachms; water to eight ounces. Two table spoonsful every three or four hours." It should be preceded by a purgative, and associated with a mild diet.

Rarity of amputations in the London Hospitals.—A London contemporary remarks. "At King's College it is now a rare thing to see an amputation, and Mr. Ferguson asserts that in almost nine cases out of ten, excision should be performed in its stead. He says the risk to the patient's life is not greater; and if so, how great is the advantage of a real though stiff limb, to that of a false one."

United States Sanitary Commission.—The U. S. Government appointed a few months ago a sanitary commission to regulate all matters connected with the hygiene, &c., &c., of the troops. The *American Medical Times* says, "that it has proved itself a most important auxiliary to the government in the prosecution of the war." What is apparently wanted is means to carry out its benevolent objects and plans, and an appeal is made to the profession for that purpose.

New test for Sulphur.—A dilute solution of Molybdate of Ammonia in Hydrochloric acid possesses, according to Schlossberger, the property of colouring blue, if traces of Sulphur be present. By this test the presence of Sulphur can be detected in a single hair.—*Chemist.*

Another new metal.—Whilst investigating the new metal *cæsium*, Bunsen has lately discovered another metal, which seems to resemble potassium as closely as *cæsium* does. It has a very high atomic weight, its hydrate is deliquescent and highly caustic, its carbonate is strongly alkaline, and its nitrate anhydrous like nitrate of potassa, but, unlike that salt, its crystalline form is hexagonal. It was obtained from the saline residue from 44,000 kilogrammes of Dürkheim water, and subsequently from *lepidolite*.

Nitrous and nitric acid in the atmosphere.—By passing large volumes of air through carbonates of Potassa and Lead, Cloetz obtained the nitrates of these metals. Should this observation be confirmed by further experiments, con-

siderable doubt will thereby be thrown upon the accuracy of those ozonometric results, obtained by the colourisation of iodized papers, as it is quite clear that the liberation of the iodine may be occasioned not by Ozone but by the Nitric or Nitrous Acids.—*Chemist*.

Sanitarium in the Egyptian Desert.—It is announced by the Dublin "Medical Press" that a sanitarium has been established in the desert near Cairo, for the reception of persons affected with pulmonary complaints.

London Medical Times and Gazette.—This valuable periodical announces a reduction in its annual subscription price, beginning from January, 1862, in consequence of the repeal of the paper duty.

Cancer in Dogs.—A correspondent of the London "Lancet" observes, that scirrhus is a common disease in this animal.

The Cholera in India.—This fatal disease is exceedingly prevalent and fatal among our troops in this country at the latest accounts.

Adulteration of Mustard.—The "Lancet" of 26th October, gives the analysis of 36 varieties of mustard. Of these, 29 contained Turmeric powder, wheat flour, and in one instance plaster of paris. Only 4 were genuine. The "Medical and Surgical Reporter" says, that a very common sophistication of this condiment in the United States, is corn meal and cayenne pepper. A very common adulteration in this city, besides the two articles mentioned, is pulverized horseradish root, of which we unfortunately bought and returned several samples.

BIRTHS, MARRIAGES, AND DEATHS.

BIRTHS.

In Montreal on the 27th December the wife of Dr. Schmidt, of a son.

In Ottawa on the 8th instant, the wife of G. Garveyale of a son.

On the 18th instant, at St. Felon's Island the wife of G. E. Gascoyne M. D., Staff assistant Surgeon, of a daughter.

MARRIAGES.

At Waterloo, at the residence of the bride's father, on the 1st instant, by the Rev. Mr. Young Mr. Issic Simpson, of Kingston, to Annie Detlor, only daughter of Mr. Wm. Beamish, M. D., of Waterloo.

On the 9th instant at her mothers residence 28 Richmond street East, Toronto by the Rt. Rev. Dr. Lynch Bishop of Toronto. assisted by the Rev. J. Shea, W. J. Winer Esq. M. D., of Chicago, to Helen Mary, second daughter of the late Dr. King of Toronto.

DEATHS.

In Montreal on the 31st ultimo., at the residence of his brother, Edward W. Smith M.D., Staff Assistant Surgeon, Late 56th Regiment, aged 25 years.

At Waterloo, C.E., on the first instant, J. Clinton, only son of the late J. C. Batler, aged 6 months and ten days.

In Toronto, on the 1st instand, F. T. C. Arnoldi, M. D., aged 56 years.

At London, England, on the 21st., December, Mary Elizebeth, wife of George D. Gibb, M.D., of Portman Street, Portman Square, aged 21 years only daughter of William Rumley, Esq., late of Ayrfield House, near Dublin.

At St. Pierre les Bequets, on the 15th instant, by the Rev. Mr. Faucher, Rector of Lotbinière, Louis Gravel, M. D., to Marie Hortense Héloïse Lavault, only daughter of the late Joseph Lavault, Esq., Physician of Malbaie, county of Charlevoix.

ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT MONTREAL IN DECEMBER, 1861.

By Archibald Hall, M.D.

Day.	DAILY MEANS OF THE							THERMOMETER.		WIND. Its general Direction and Mean Force from 0 Calm to 10 Violent or Hurricane.	RAIN AND SNOW.			GENERAL OBSERVATIONS.	
	Barometer reduced to 32° Fahr.	Temperature of the Air.	Dew Point.	Relative Humidity.	Ozone.	CLOUDS.		Maximum read at 9 P. M.	Minimum read at 7 A. M.		Rain in 24 hrs read at 10 A. M.	Snow in 24 hrs read at 10 A. M.	Total rain and melted snow.		
						Amount.	General description.								
1	29.634	27.6	25.3	92	0.10	0.10		36.2	24.8	N.E.	2.0				
2	29.758	25.3	18.8	76	0.10	0.10	Nimb.	29.5	17.0	W.	2.0				
3	30.056	16.0	5.8	63	0.10	0.10	Cu. St.	21.0	10.7	W.	3.3		3.79	0.35	
4	30.081	18.6	10.7	77	0.10	0.10	Cu. St.	32.2	3.0	S.S.E.	2.3		Inap.	Inap.	
5	30.155	31.9	23.5	88	0.10	0.10	Cu. St.	36.1	21.9	W.	2.0				
6	30.408	35.4	27.2	89	0.10	0.10	Cu. St.	38.2	23.4	N.N.E.	1.6				
7	30.055	42.5	37.6	86	0.10	0.10	Cu. St.	52.7	36.0	S.S.W.	3.0	0.07		0.07	
8	29.849	44.4	43.6	100	0.10	0.10	Nimb.	48.9	39.4	W.	2.3	0.63		0.63	
9	29.963	38.6	33.2	83	0.10	0.10	Nimb.	43.2	35.0	N.E.	1.6				
10	29.769	43.0	39.1	88	0.10	0.10	Cu. St.	49.0	34.0	S.S.E.	2.6	0.07		0.07	
11	30.123	26.7	20.4	78	0.10	0.10	Cu. St.	52.4	15.0	W.N.W.	3.0	0.57		0.57	
12	30.528	21.8	15.7	78	0.10	0.10	Cu. St.	25.0	13.0	S.S.W.	2.3				
13	30.297	37.7	29.3	83	0.10	0.10	Cu. St.	53.4	21.3	S.S.W.	3.3		Inap.	Inap.	
14	29.857	40.0	32.6	77	0.10	0.10	Cir. St.	53.0	28.4	W.S.W.	3.3				
15	30.218	25.1	16.5	75	0.10	0.10	Cir. St.	45.0	18.8	W.N.W.	3.6				
16	29.699	32.1	25.2	77	0.10	0.10	Cu.	64.6	25.8	S.W.	2.3		Inap.	Inap.	
17	30.176	19.7	12.1	71	0.10	0.10	Cir.	30.4	14.0	S.S.E.	1.3				
18	29.988	29.0	20.6	73	0.10	0.10	Cu. St.	52.5	17.0	W.N.W.	3.3				
19	29.577	23.3	20.7	86	0.10	0.10	Nimb.	40.4	11.0	E.S.E.	2.3				
20	29.997	14.0	8.8	83	0.10	0.10	Cu. St.	36.2	4.4	N.W.	2.6	0.20	Inap.	0.20	
21	30.367	3.7	5.2	67	0.10	0.10	Strat.	12.3	6.7	W.	3.0				
22	30.309	26.5	18.2	74	0.10	0.10	Cu. St.	30.3	10.6	W.S.W.	2.0				
23	29.642	22.8	16.5	93	0.10	0.10	Nimb.	30.3	20.0	N.N.E.	3.6		5.25	0.45	
24	29.736	14.9	5.8	71	0.10	0.10	Cir. St.	26.2	7.0	N.W.	1.6		2.00	0.21	
25	30.250	3.4	4.3	72	0.10	0.10	Strat.	12.2	4.0	W.S.W.	2.6				
26	30.160	15.1	11.5	82	0.10	0.10	Nimb.	29.0	4.4	N.E.	2.6				
27	29.780	25.8	19.5	81	0.10	0.10	Nimb.	47.0	12.3	W.S.W.	3.3	Inap.	Inap.	0.27	
28	30.372	5.9	3.2	74	0.10	0.10	00	12.4	0.9	W.N.W.	2.6		Inap.	Inap.	
29	30.117	10.2	0.5	77	0.10	0.10	Cu. St.	15.0	0.2	W.N.W.	1.0				
30	30.094	18.5	10.8	83	0.10	0.10	Cu. St.	26.0	12.0	W.N.W.	1.6		1.60	0.16	
31	29.836	18.4	14.3	86	0.10	0.10	Nimb.	25.2	10.0	S.	1.3		Inap.	Inap.	
S's															
M's	30.391	24.50	18.58	804				35.73	15.95				1.54	11.95	2.98

ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT TORONTO IN DECEMBER, 1861.

Compiled from the Records of the Magnetic Observatory.

Day.	DAILY MEANS OF THE					THERMOMETER.		WIND. General Direction. Mean Velocity in Miles per hour.	RAIN AND SNOW in 24 hours, ending at 6 A. M. next day.			GENERAL REMARKS.			
	Barometer reduced to 32° Fahr.	Temperature of the Air.	Relative Humidity.	Amount of Cloudiness.	Max. read at 9 A. M. of next day.	Min. read at 2 P. M. of same day.	Dew Point at 3 P. M.		Rain.	Snow.	Total rain and melted Snow.				
													Ozone in 24 hours ending 6 A. M. of next day.		
1											0.10		Faint Aurora.		
2	29.589	19.95	83	3	29.5	25.8					3.0		Inap.		
3	29.826	14.25	83	1	21.0	11.4	11.5	N. 75 W.	6.41						
4	29.714	23.03	85	3	34.4	8.0	24.0	N. 23 W.	3.84						
5	29.612	34.03	77	5	40.8	20.3	25.0	N. 42 W.	10.23						
6	29.972	41.32	89	5	46.4	34.4	39.8	N. 72 E.	2.37	Inap.					
7	29.674	47.92	89	10	52.0	39.5	44.0	N. 23 E.	1.78						
8		Sun day			55.1	45.0		N. 38 W.	6.37	.210				.210	
9	29.547	44.60	94	10	46.5	42.0	43.0	N. 54 W.	0.77						
10	29.305	43.45	95	10	55.2	42.4	52.0	N. 69 E.	2.67	Inap.					
11	29.905	26.23	64	3	32.2	27.3	15.0	N. 73 W.	14.03	.100					
12	30.1730	30.08	78	1	35.6	28.8	27.0	N. 40 W.	10.32						
13	30.0075	35.15	71	0	41.6	30.0	25.0	N. 54 W.	6.50						
14	29.7612	37.75	70	5	43.8	32.6	30.0	N. 23 E.	4.35						
15		Sun day			38.0	28.2		N. 76 W.	7.04						
16	29.505	42.45	75	8	51.0	32.0	32.0	N. 60 W.	6.40						
17	29.7017	35.78	75	8	41.0	29.4	32.5	N. 86 W.	12.46						
18	29.7648	35.07	69	3	43.2	31.8	27.0	N. 12 E.	7.14						
19	29.5205	41.78	81	10	48.0	30.2	38.0	N. 34 W.	6.85						
20	29.8173	31.95	73	8	29.8	20.2	6.0	N. 84 W.	10.83	Inap.					
21	30.0718	16.48	74	6	23.0	12.0	13.5	N. 44 W.	15.04		0.1			.010	
22		Sun day			30.5	13.2		S. 86 W.	6.26						
23	29.3332	23.73	83	9	26.2	24.0	15.0	N. 50 E.	8.52		2.5			.250	
24	29.7407	11.68	91	2	20.0	8.0	13.0	N. 23 W.	16.71		0.5			.050	
25					28.4	5.5		N. 22 W.	7.61						
26	29.4675	33.03	91	10	41.5	18.2	30.0	N. 78 E.	9.49						
27	29.8738	24.02	70	7	30.0	24.3	5.0	N. 15 W.	14.29	.250				.250	
28	30.0717	18.22	79	5	27.3	9.5	14.0	N. 64 W.	20.27	Inap.				.060	
29		Sun day			32.2	18.7		N. 88 E.	6.53		0.6				
30	29.9017	27.22	71	9	33.2	27.5	15.0	N. 66 W.	6.15						
31	29.4083	36.60	80	8	42.2	21.5	22.0	N. 76 W.	5.24						
S's															
M's	20.7461	31.13	79	6	37.03	24.25	24.71	N. 72 W.	7.96		0.560	6.7	1.230		