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ART. XVIII.—*Contributions to Clinical Medicine, by* Robt. L. MacDonnell, M.D., *Licentiate of the King and Queen's College of Physicians, and of the Royal College of Surgeons, Ireland; Lecturer on Clinical Medicine, University of M'Gill College, Physician to the Montreal General Hospital, &c.*

The following case came under my notice nearly seven years ago, when practising in Dublin. The notes have been lying amongst my papers ever since, as I was anxious to collect other cases of the same rare form of pneumonia before laying the present one, in its imperfect state, before the profession. But, though my field for observation has been pretty extensive, and my attention has been much directed to the study of thoracic disease, I have not, since then, met with a similar case, and accordingly, I hesitate no longer in placing it on record, that it may possibly stimulate to inquiry, some more fortunate labourer in this interesting field of investigation.

No. 4.—*A rare form of Inflammation of the Lungs—Erysipelatous Pneumonia.*

Mr. M., aged 45, was subject to attacks of bronchitis for several years, but notwithstanding, enjoyed pretty good health, until November 1st, 1843, when he was attacked with severe dyspnœa, cough and oppression of the chest. He applied to his medical attendant, by whom he was actively treated.—I saw him in consultation on the 9th of Nov., and the following notes were taken at the bedside, and immediately after each subsequent visit—"Appears much agitated; pulse 120, full and soft; respiration 45, laboured; alæ nasi dilating, and muscles of forced inspiration acting with great vigour. The posterior part of the right side of the chest, from the scapula downwards, sounds dull upon percussion, and all over this part, there is a loud crepitating rale; over the posterior part of the left lung the respiration is loud, puerile, and free from rale; over the whole anterior part of the left lung, there is dulness and crepitus, whilst its posterior and lateral portions are clear on percussion and devoid of rale. The sputa present the usual prune-juice character of pneumonia. He has occasional rattling in the throat. Yesterday evening he was slightly delirious, but his intellect is quite clear to-day.

Nov. 10th. Tongue red and glazed, no thirst, fluid stools passed involuntarily, urine passed in good quantity, and without sediment. Lies on his back; pulse 100, weak but regular; cough not so troublesome, and rather looser; expectoration consists of thick mucus with traces of blood through it; respiration 45, but not so laboured; the dulness is greatly diminished over the posterior part of the right lung, and the respiratory murmur is much freer, and the crepitus is becoming looser and larger. Over the anterior part of the left lung, however, from the clavicle downwards, and laterally, from the axilla to the last rib, the sound on percussion is still dull, and there is a fine dry crepitus, obscuring almost completely the respiratory murmur. Yet the back of this lung, and the front of the right, are

free from signs of disease. No trace whatever of cardiac disease.

So far, the phenomena, though unusual, were permanent; but now, a series of changes in the physical signs took place, which I have not witnessed since, and to which, I have not been able to find a parallel, either in the writings of authors, or in the experience of my medical acquaintances, amongst whom, I have consulted some of the most accomplished auscultators. On the 11th a gradual disappearance of the physical signs was noted at each visit, and on the 12th *no trace of them remained.*

Nov. 13th.—Early this morning he appeared much improved, though his wife stated that he had passed a bad night. No physical signs discoverable 12 o'clock.—Much changed, lying on his back sunken down in bed; pulse scarcely perceptible, 100; great congestion of the face; low muttering delirium; *no physical signs of disease in either lung.* At 5 o'clock P.M. he was much stronger; no delirium, pulse stronger, surface warmer. 11 o'clock P.M.—All appearance of congestion gone; pulse has fallen down to 76; is now full and soft; breathing easier and not hurried.

Nov. 14th.—The improvement continues; pulse 70, full and soft; he slept during the night; the bowels were once moved involuntarily.

15th—Passed a good night; pulse 76, not so strong as on yesterday; respiration hurried. *The crepitus and dulness have returned to the lower part of both lungs in front.* The upper two-thirds of both in front, and the entire of both behind, present no physical signs of disease, 10 o'clock P.M.—Pulse 76, full and soft; respiration easy; lies on his back; voice strong, skin perspiring. *Crepitating rales and dulness have again vanished,* and no trace of disease can be detected in either lung by auscultation and percussion.

Nov. 16th.—No improvement in the general symptoms; rattling in the throat; dulness and crepitus in both lungs behind, immediately under the spines of the scapulæ, extending over a space on both sides about the size of the palm of the hand, whilst all portions previously engaged, appear now, exempt from disease.

Nov. 17.—General symptoms much aggravated; pulse 100, weak, scarcely perceptible; respiration between 40 and 50, laboured; expectoration scanty and rusty coloured; surface covered with a clammy sweat; delirium when alone; jactitation. The crepitus gradually extended downwards during the day, and towards evening, dulness and crepitus occupied the posterior and lateral portions of both lungs, and in all probability advanced anteriorly before his death, which took place about 1 o'clock in the morning following.

His wife would not allow a *post mortem* examination.

I have purposely avoided detailing the daily prescriptions: suffice it to say, that as soon as the migratory character of the inflammation manifested itself, counter-irritation, by means of blisters and sinapisms, was applied wherever the physical signs pointed out disease; and the internal treatment consisted of calomel in large doses, with expectorants. The system was supported by beef-tea, arrowroot, jelly and wine, and the position of the patient was changed, as frequently as the supervention of disease in a particular part seemed to indicate a necessity for it.*

* It is curious, that notwithstanding it is universally admitted that *position* exercises a powerful influence in modifying inflammation, a fact of which the practical surgeon takes daily advantage, yet no writer that I am acquainted with, alludes to the benefit to be derived from altering the position of the patient whose lungs may be in a state of congestion,

Though he took 200 grains of calomel in six days, no appearance of ptyalism was established, nor do I believe, that the calomel exercised the least influence on the local disease. Tartar emetic was employed in the first instance, but the rapid change in his symptoms induced us to discontinue it.

I am quite sensible of the deficiency in the foregoing case, there being no *post mortem* appearance to prove the presence of the lesion supposed to exist; but I doubt not, that those who have paid attention to *physical diagnosis* will readily agree, that the lungs presented signs of the first stage of pneumonia: the want of an autopsy is, therefore, perhaps, not of such moment. It must have been noticed by the reader, that from first to last *no part of the lungs exhibited evidence of the inflammation having passed on to consolidation;* and this is exactly what *a priori* reasoning should have led us to expect. We know that the effusion of lymph, or complete arrest to the circulation in a part (i.e. *stasis*), is not always the result of erysipelas. Inflammation, and that of a high order, attended with the effusion of serum, and *sometimes* also of lymph, no doubt characterizes the disease; but in the majority of cases the vessels, though congested, are previous, and the serum and lymph, though effused in sufficient quantity to embarrass the circulation, do not completely arrest it. These being, then, the common features of erysipelas, it is not extraordinary they should attend the same affection when attacking so vascular a structure as the lung, and one presenting through its numerous bronchi so many and such convenient outlets for the products of inflammation.

The manner in which the inflammation wandered from one part to another, its re-appearance being marked by an aggravation of the general symptoms, and its subsidence being followed by temporary relief—its complete absence on one occasion and its sudden recurrence—all tend to show that it was of an erysipelatous character. Its occurring, too, at a period when erysipelas prevailed in most of the Dublin Hospitals, and when puerperal fever raged in the Lying-in Hospitals of that city, favour that idea, and point it out as a form of pneumonia rarely observed, and which has not yet been accurately studied, and to which I would propose giving the name of Erysipelatous Pneumonia.

As also countenancing the above view, I may mention, that a nurse-tender who waited on this gentleman was attacked with erysipelas of both legs, although she had never suffered from a previous attack, nor had she been in any particular place where the disease was prevalent.

Montreal, July 20, 1850.

although pathologists have actually pointed out congestion from position, as a disease closely allied to pneumonia, and others have described as a form of pneumonia, the *hypostatic congestion* of the dying and debilitated. My experience forces me to regard change of position as of the utmost importance in the treatment of pneumonia, and it is one of those points to which I have always most earnestly directed the attention of my pupils, both in the lecture-room and at the bed side. I would, therefore, strongly recommend the practitioner to pay attention to this subject. The elevation of the head in cerebral congestion, the raising of an inflamed leg, the supporting and elevation of an inflamed hand, the suspension of an inflamed and swollen testicle, are all familiar examples of the benefits of counteracting or aiding the laws of gravity in certain diseased conditions of the body. The same good results will follow change of position in pneumonia, if by it, we prevent the inflamed and engorged portion of the lung from remaining from day to day, the most depending part. The patient being well supported by pillows, should be frequently changed from one side to the other, and from the recumbent to the semi-erect posture.

ART. XIX.—*Sketches of the Endemic Fever of Upper Canada, and of the effects of its climate on European Constitutions, by* JOHN JARRON, *Surgeon, Dunnville.*

The effect of climate and locality on the human constitution, and the variety of character thereby given to diseases included by our systematic writers on medicine in the same genera and species,

are, from various circumstances, only brought to the personal observation of a limited number of the profession; the result of whose experience is scattered over a wide extent of our medical literature, and is to be found condensed in few of our modern works.

In sketching the characteristic features of a local fever, and the practical observations arising from the variety, it will not only be necessary in the first place, to point out the general nature of this fever, but to limit the application of the term "Fever" itself, so that repetitions may be avoided, and the remarks on one variety, arising from a specific cause, may not be applied to others, which the existing confusion in the nosology of fevers renders exceedingly possible, and scarcely to be avoided.

Cullen divides his order of fevers into two—Intermittent and Continued Fevers—each derived from a specific cause, and following its own peculiar course. Typhus and Synochus he designates as contagious fevers, and the result of the controversy on this point has established the fact, that a disease, closely resembling Typhus in its course and symptoms, may arise from local causes unconnected with human contagion; that a continued fever called "Typhoid" is found to prevail very generally, the contagious nature of which is still a subject of dispute; while the late Dr. Armstrong, of London, whose opinions are those of the non-contagionists of the day, published as the result of his inquiries, "that he believed a Malaria to be the primary course of what is commonly denominated Typhus fever; that this fever has an intermittent, a remittent, and continued form, and that each of these forms so pass and repass into each other as to show that they are all really modifications of one affection, so far as the remote exciting cause is concerned."

To Intermittent fever in all its varieties, Cullen assigns the remote cause of marsh effluvia; his two orders being distinguished by the intermittent and continued type, and their origin from marsh and human effluvia.

It is to Cullen's marsh fever that the following sketches will refer; and should the terms typhus or typhoid be introduced to designate the latter symptoms of some of the cases, they will only be used as descriptive epithets, and without reference to the contagious nature of the disease, or the peculiar effect of the virus from which typhus is supposed to originate.

Marsh or Malarious Fevers are usually divided into Intermittent, Remittent and Yellow Fevers, to which we find added a class called Congestive or Pernicious Fevers. It has been questioned if these are distinct fevers, or merely the same disease modified by causes and personal condition; and the settlement of this point has led to nearly as much discussion as that of the contagion or non-contagion of continued fevers.

As they are peculiarly the diseases of warm climates and partially cultivated regions, we must resort to such for their character and varieties, as well as the effects of medical treatment on their various symptoms. We find the climates of the East Indies and other parts of Asia, Africa, and the shores of the Mediterranean to produce, on European constitutions, a remittent bilious fever with highly inflammatory symptoms; while the West Indies and the Southern States of America are as fertile of bilious fevers still more fatal than those of the East, but with a different class of appearances and symptoms; violent fever and derangement of the functions of the liver, stomach and small intestines are common to both; while the intermittent character of the fever would seem to

depend on the violence of the attack, or the personal state of the patients; being often severe, and almost continued, in new comers, and slight or intermittent in old residents or natives. In the East it is now universally admitted that the type of the fever depends on its severity; an epidemic, being continued with all the symptoms of yellow fever in the hot season, becoming remittent as the weather cools, and the regular agues appearing with the cold season; while in natives, exposed to the same influence as European, it may scarcely even deserve the name of remittent in the hottest season of the year.

I have never seen the true yellow fevers of the West Indies and the Southern States, but a careful study of their history leads me to believe that they are only malarious fevers modified by peculiar local circumstances, and are subject to the same general laws as other fevers of the same nature. We usually find the description of cases limited to those of un-acclimated individuals in whom the disease is always severe; while the gradation of symptoms that marks the decline of an epidemic, and the insensible differences by which it gradually passes into the diseases of the surrounding locality are lost sight of; but where such an enquiry has been made, we find the result just the same as in the East. Dr. Musgrave, of Antigua, in controverting the assertion of the peculiar and contagious nature of the bulam or yellow fever, adds: "And that in comparing a mass of cases occurring in town and country, with Creols and Europeans, a continued chain could be traced, link by link, from the most concentrated form as it invades new comers, to the simple intermittent which we so frequently meet with among the slaves." Dr. Dickson, late of Plymouth Hospital, in his own observations of the most fatal fever of Mariegalante, in the West Indies, says: "Of the first disease, many had the yellow or endemic fever of the West Indies, in its most aggravated form, with black vomit; in others it was of a more protracted character, and with symptoms more resembling those of typhus; while the remainder had remittent or intermittent fevers."

A minute examination of these fevers as they occur in the old and new worlds, will show a marked difference in their course and termination. In the East we generally find high inflammatory action, the result of which is often the real cause of the patient's death; while in the West, we have such symptoms less prominent, but the derangement in the intestinal secretions, and consequent yellowness of the skin, much more decided; patient, generally dying at an earlier period of the disease, more from the effect of some general constitutional cause, than from inflammation of any particular organ.

The truth of this observation is most apparent in the worst cases of our Canadian fever; the biliary derangement is usually more decided than I have met with in cases of Eastern fevers, while the inflammatory symptoms are such that bleeding is seldom required.

In looking at the present state of what is called "Theories of Fever," it will be difficult to reconcile the phenomena of malarious fevers with the opinions of theorists. They are generally looked on as idiopathic fevers, taking place independent of any local lesion! their history, and sudden subsidence, renders it out of the question to attribute them to local inflammation; while their being so frequently attended by the most violent inflammatory symptoms, equally remove them from being the effect of direct debility. Cullen's theory is only a plausible hypothesis, and in his observations on simple intermittent fevers, he loses sight of many of their prominent attendant

symptoms. It is now fashionable to attribute the latter stages of fevers to a change in the state of the blood resulting from their course; but this throws little light on the effects of malaria on the human constitution, or the mode in which it acts in producing fevers.

The bilious derangements accompanying malarious fevers are too obvious to be denied; and the late Dr. James Johnson, in his admirable work "On the Influenza of Tropical Climates on European Constitutions," has distinctly pointed out the vitiated state of the secretions of the liver, stomach, and small intestines; and suppressed perspiration as an effect of heat and malaria on the constitution; and the almost insensible manner in which these may pass into "Cholera Morbus, Fevers, and Dysentery, &c."

In some cases of malarious fevers the attack is sudden, and the peculiar symptoms so simultaneously developed that it would be difficult to say whether this derangement of the secretions, or the febrile paroxysm were the first manifestations of the disease; while in others, and particularly in the intermittent form of our Canadian fever, the bilious derangement precedes the fever for a considerable time, and by proper attention to it the fever in almost all instances may be prevented; and even when it does show itself, will usually disappear upon these being restored to a healthy state, without the use of a single dose of quinine.

As these derangements take place without local lesions, it may be a question if malarious fevers be strictly idiopathic: they certainly exist for a long time without any apparent local lesion, and the various changes that take place in severe cases as plainly indicate that the symptoms are not the result of local inflammation, but must be attributed to other changes co-existing with it.

Cullen, and the systematic writers who follow him, in looking on them as idiopathic fevers, have directed their attention chiefly to the paroxysms of the fever, and almost lose sight of the modifications of these by inflammatory symptoms, or the intestinal derangements with which they are always accompanied; while Dr. James Johnson and his followers look on the local inflammation and the derangement of the secretions as the real disease: the paroxysms and type of fever being the effect of its peculiar course, of which they become the distinguished characters.

In following up this view of malarious fevers, we will be led to notice symptoms not usually connected with such diseases, and to trace the disorder of the hepatic and intestinal secretions from a state almost within the range of health, to that in which we find them in the most fatal cases of the yellow and pernicious fevers, or even in cholera itself; and to include many of those affections to which the appellation of diarhœa, hepatic flux, and dysentery have been given, as it will be easily shown that they originate from the same source as the fevers, and frequently accompany or even alternate with them.

The distinction often drawn between intermittent and remittent fevers may also be questioned; indeed, many authors who thus treat of them admit that they freely pass and repass into each other, and are in some measure one and the same disease. We look on them as identically the same; and that malarious fevers may either be continued, remittent, or intermittent, the type depending on the state of the intestinal secretions, and accompany local inflammatory affections. Inflammations of the liver and membranes of the brain, occurring

as they often do in a most acute form in these fevers, may be found attended with as perfect a synocha as in localities where paroxysmal fevers are unknown; but let the symptoms of these subside or be subdued, and the original cause of the fever may be manifested by the type assumed. I have once or twice seen a nearly perfect intermittent fever accompanied by distinct symptoms of local inflammation, but generally it is a distinctive mark of its entire subsidence in cases where it had been present when the fever was continued or remittent.

Your space will not admit of my quoting at length the observations of Dr. James Johnson, on the sympathy between the secretions of the liver and skin, and the effects of heat and impure air on them, by which the derangements attendant on malarious fevers are produced; I would refer the attentive student of such affections to his work already mentioned; but justice to him demands the following as his views of their effects:—

"In what this vitiated secretion of the liver consists it is certainly not easy to say. In high degrees of it, attendant on hurried secretion, both the colour and taste are surprisingly altered; since it occasionally assumes all the shades between a deep bottle-green and jet black; possessing at one time an acidity that sets the teeth on edge, at other times, and indeed more frequently, an acrimony that seems actually to corrode the stomach and fauces, as it passes off by vomiting, and when directed downwards can be compared to nothing more appropriate than the sensation that one would expect from boiling lead flowing through the intestines. But these are extremes, that would be considered under Cholera Morbus, Bilious Fever, Dysentery, &c. The slightly disordered state of the hepatic functions, which we are now considering as primary effects of climate, and within the range of health, may be known by the following symptoms:—Irregularity in the bowels, with motions of various colours, and fetid or insipid odour; general langour of body and mind; slight nausea, especially in the morning when we attempt to brush our teeth; a yellow fur about the back part of the tongue; unpleasant taste in the mouth on getting out of bed; a tinge in the eyes and complexion; the urine high coloured, and irritation in passing it; the appetite impaired and easily turned against fat or oily victuals; irritability of temper; dejection of mind; loss of flesh; disturbed sleep."

Malarious fevers may be divided into three classes or varieties, viz.: Common, Inflammatory, and Congestive Malarious Fevers. In the first, the usual symptoms of fevers will be found with a depraved state of the intestinal secretions; these will continue for ten days or a fortnight, and either pass off or become intermittent.

In the second variety, the secretions will be found of the same character; the fever either remittent or continued, according to the extent or severity of the local inflammation. In deaths from this variety the usual effects of local inflammations may be expected; when recovery takes place, the convalescence may be tedious, and the symptoms modified with the seat of the local affection, and its effects on the organs; chronic affections of them may be looked for, but simple intermittent will seldom be found to follow such an acute attack.

The third or congestive variety includes those peculiar forms of malarious fevers now called pernicious, and is deserving of particular attention, as being the most fatal form assumed by the fevers of Canada.

The term congestion is generally used in contradistinction to inflammation,—the former being the increased action of, and flow of blood through, the arteries of a part; the latter, an accumulation of blood in the veins, and some obstruction rather than otherwise to its usual course; and morbid dissections

usually bear out this idea, by the increased size and distended state of the veins of such organs as may have been affected, which they usually disclose. But this will give a very imperfect and incorrect impression of that variety of fever to which the term has been applied. This state of some vital organ may exist, but seldom in such a degree as to account for those symptoms, and that sudden sinking of the powers of life in fevers which it is intended to express. Dr. Armstrong has the honour of being the first to call the attention of the profession prominently to this state as an important modification of fevers, in his Treatise on Typhus; and that work, and his published Lectures, still afford the best description of the symptoms and phenomena of the disease, as well as of its course, pathology, and treatment. Though the Dr'.s observations are drawn from congestive affections occurring in England, and accompanying the fevers of that country, he early saw their connection with a depraved state of the secretions of the liver, as usually indicated by the dark and offensive stools; and the bearing of the following sentence will not be without its effect on such as have watched the decided change in the characters of British fevers since the first visit of cholera to that island, and the diminution of the inflammatory symptoms they are now found to exhibit:—

"The liver is intimately connected in the pathology of congestive fevers and for the first day or two the alvine evacuations will commonly be found either as dark as tar or whitish and slimy, though they speedily become natural when ptyalism takes place."

It would have been of still more importance had he endeavoured to point out the connection between these appearances of the stools and the state of the skin which he states "may either be damp and relaxed or dry and withered."

That state of the vital functions that accompanies Asiatic cholera was early attributed to congestion, of which the collapse was supposed to be the consequence, and this may be looked on as the extreme of that variety in which we have the whitish appearance of the stools, and the damp relaxed skin; but a few years' experience in the marsh districts of Canada, and the history of malarious fevers will show a regular gradation of the same general symptoms, approaching nearer and nearer to perfect cholera as the stools assimilate to the rice water discharges.

(To be continued.)

PRACTICE OF MEDICINE.

On the Use of Gallic Acid in the Treatment of Albuminuria. By JOHN LYELL, Esq., Surgeon, Newburgh, Fife.—I was much pleased in perusing Mr. Sampson's recent paper, "On the Use of Gallic Acid in Albuminous Urine," as it is a practice corroborative of the beneficial agency I have experienced from the same medicine for several years past.

The same process of reasoning which has led Mr. Sampson, knowing the effects of gallic acid in hæmaturia, to employ it in albuminuria, induced me, upwards of three years ago, to give it a trial in these latter cases, and, bating some exceptions, with the happiest effects.

Passing over the first case, in which I was my own patient, and speedily improved under its use, I shall give a brief detail of the second instance in which it was used by me, as a fair specimen of the cases in which gallic acid may be expected to do good—it resembles Mr. Sampson's fourth case.

Mrs. A———, a married elderly lady, consulted me on Sept. 16, 1846. She had for some time been in delicate health, but several of her relations having died dropsical, she only got alarmed about herself on the appearance of swelling in the feet and ankles. She had a

dirty sallow complexion; her eye-lids were puffy; her feet and legs œdematous; and, indeed, ansarca to a certain extent, was apparent over the whole of the body. Examination of the thoracic and abdominal viscera elicited nothing abnormal; the kidneys alone seemed to be at fault; there was a dull pain in the lumbar region, particularly on pressure; the urine was scanty, diminished in specific gravity, and albuminous to one-fifth. After using the warm bath, and counter-irritation over the loins, the patient was put under the use of gallic acid, taking about twenty-five grains daily in divided doses. Speedily, on testing with iron, the acid was found in the urine, and steadily the albumen began to diminish. In ten days, after using about six drachms of acid, every trace of albumen had disappeared. There was still, however, slight anasarca present, to remove which, and expedite the cure, infusion of digitalis was prescribed; this, and a subsequent gentle tonic (columbo), removed every ailment. The patient has remained well ever since, being now upwards of three years ago.

This, and several other cases of a similar description, I laid before Professor Christison, in my correspondence with that eminent physician, who immediately subjected the acid to trial, and brought the matter under the notice of his clinical class. This will be seen by referring to "Gallic Acid" in the last edition of his "Dispensatory," second edition, 1848, I thought of publishing a few cases on the use of the acid at the time when first used, but, under the advice of the Professor. I refrained till experience of its benefits had been more matured. The independent evidence of Mr. Sampson certainly says something in its favor. Since the writings of Dr. Bright appeared, the pathological conditions of the kidneys inducing albuminuria, have been much elucidated by the researches of Gluge, Simon, Prout, &c.; yet, however much our knowledge has increased in this respect, our powers of distinctional diagnosis have by no means kept pace with it. Hence the acknowledged difficulty in any given case to predicate the true *origo mali*—whether the organs may simply be congested, inflamed, choked up in the tubes, or in a *sui generis* state palpable to the knife and microscope, but hard to associate with a well defined set of symptoms during life,—or whether, in fact, the kidney be at fault at all, and the evil rather dependent on the quality of the blood, as a few pathologists, in some instances, believe to be the case. It is true, that the use of gallic acid in albuminuria savors somewhat of empiricism, yet, with all our boasted knowledge, how often are we forced to be empirical in our treatment of disease. I have now used it in very many cases of albuminous urine, often, though not uniformly, with decidedly good effects. When it speedily becomes manifest in the secretion, it usually does good; if it fail, after a day or two, to make its appearance there, no benefit can be expected, and it should be given up. In the albuminuria consecutive to scarlatina, I have scarcely ever used it; counter-irritation, the warm bath, with infusion of digitalis and broom, never failed once in twenty cases to relieve these sequelæ.

I believe, that in most cases of albuminuria, gallic acid may safely be made trial of as a remedial agent, not neglecting, of course, other obvious measures of relief; it will soon indicate those cases it is disposed to benefit. When our differential diagnosis of kidney disease gets more precise, we may be able to prescribe the acid to its appropriate cases at once; till then, we must cautiously feel our way.

Note.—Mr. Sampson, late Surgeon to the Salisbury General Infirmary, reports in this number of the Lancet, several cases of albuminous urine, for which he prescribed gallic acid, with excellent good effects. He gave it in ten-grain doses, three times daily, and gradually increased it up to one drachm per diem. He thinks this remedy is entitled to much confidence in this disease, especially in dyspeptic subjects, attended with a relaxed condition of the gastric mucous membrane.—*New Orleans Medical and Surgical Journal.*

Chemical Researches on the Nature and Cause of Cholera. By Robert Dundas Thomson, M.D., Glasgow.—In a paper read before the Medico-Chirurgical Society, the author details the results of chemical analysis of the blood, urine, and intestinal discharges, in the cold, or "lymphatic," stage of cholera; and in the "biliary," or feb-

rile stage. The main results arrived at are—1. That in the cold stage of the disease the specific gravity of the blood and of the serum separated from the clot is increased; that the proportion of water is less than in health by at least nine per cent., and in some cases by as much as seventeen per cent.; that both the organic and the inorganic components of the blood are proportionally increased in amount; but that the increase of the insoluble salts is much greater than that of the soluble salts. 2. That the intestinal discharges, in the cold stage, when of the true "rice-water" character, resemble closely, in their chemical composition, the fluids of hydrocele and hydrocephalus; that their flocculi are formed of epithelial scales, and the watery part of water, containing a small proportion of organic matter (albumen) and salts (chloride of sodium, carbonate of soda, earthy phosphate, alkaline sulphate, and some lime.) 3. That the small quantity of urine sometimes found in the bladder, in this stage, presented no apparent aberration from an ordinary standard. 4. That in the biliary, or febrile stage of cholera, the blood soon regains its normal proportion of water, or even an excess of it; and that the other constituents resume their natural relation to each other. 5. That the urine, in the biliary stage, in several cases contained albumen, but presented scarcely any other deviation from the urine of health, except in the amount of urea, which at first was deficient. In the second part of the paper the author describes some experiments, instituted by him, with the view of determining whether any poison could be detected in the atmosphere. In one series of experiments it was ascertained that no solid matter existed in the air; but ammonia was obtained from it in the proportion of 0.319 grains of caustic ammonia, or 0.731 grains of carbonate of ammonia to 1000 pounds of air. By another series of experiments it was determined that no carbon or hydrogen existed in the atmosphere, except in the states of carbonic acid and water; while carbonic acid was obtained in the proportion of one volume to 6650 volumes of air. In his concluding remarks, the author argues that the cause of cholera is not a specific, tangible poison, introduced into the body from without, but rather a vicarious transference of the cutaneous excretion to the intestinal mucous membrane, dependent partly on an atmospheric influence, and partly on a predisposing state of the system, in those who are affected with the disease. —*Prov. Med. & Surg. Jour.*

Miasmatic Toxicology—Intermittent Fever.—Dr. Houzé lays down the following propositions :—

1. That the words essential fever, intermittent fever, are in the present day no longer applicable.
2. That all attempts to localize these affections have failed.
3. That the miasmatic principle impregnates the entire animal economy in the same manner as certain poisons.
4. An accidental localization often attends the general impregnation.
5. That the consecutive accidents, enlargement of the spleen, &c., are determined by repetition of these temporary localizations.
6. That fevers should be ranged as a subdivision among the effects of poisons. *La Press Médicale.*

Spirometer Observations.—Dr. Hutchinson has shown that the quantity of air which a person in health can expire after a deep inspiration has a relation to the height of the individual. He states the average to be eight cubic inches of air for every inch of stature from five to six feet. Above this height the ratio increases. The average for men five feet six is about two hundred and twenty inches.

The following instance offers a variation :—

A man aged thirty-seven years breathes upwards of two hundred and eighty; how much more could not be determined by the spirometer employed, as its capacity did not exceed that quantity, and it was blown out of the reservoir. This individual is five feet five inches in height, and measures, from the external end of the clavicle to the lower margin of the ribs, eighteen inches. Circumference of thorax, across the nipples, thirty-eight inches when the chest is filled with air, and thirty-seven after expiration; around the lower margin of the ribs, thirty-one inches after expiration, and thirty-four after a full inspiration.—*Lon. Med. Gaz.*

Oil of Turpentine in Intermittent Fever. By Dr. N. Ward, Burlington, Vermont—While in Ceylon, I treated many cases of fever and ague most satisfactorily with a mixture of oil of turpentine and castor-oil, in the proportion of one to two drachms of the former to one ounce of the latter, and administered in a mildly cathartic dose at the beginning of every cold stage. Where relief was not promptly obtained, there were generally present signs of biliary derangement, indicating the moderate use of calomel, or calomel and ipecac., after which a dose or two of the mixture usually completed the cure. This was used in cases of long standing, as well as in recent ones; and in one case of enlarged spleen with good effect.—*American Journal of the Medical Sciences.*

SURGERY.

Congenital Hypertrophy of the Fingers and Toes, by Francis Battersby, M.D., *Surgeon to the Institution for Diseases of Children.*

It is probably in the recollection of some of the members of this society, that in the year 1839, Mr. R. F. Powers here exhibited the cast of the hand of a female aged five years, showing a very great congenital hypertrophy of the middle finger of the right hand, the index and ring fingers being also increased in size. Here is a cast of that hand taken previously to Mr. Powers'. The middle finger measures $3\frac{7}{8}$ inches in length by $4\frac{1}{2}$ inches in circumference at the first phalanx. The metacarop-phalangeal joint was moveable, the second and third phalanges were fixed.

In the year 1845, Mr Curling of London, gave a description of a girl, aged 15, in whom both hands presented a similar enlargement. In the right hand, the fore, middle and ring fingers were of unusual size. The relative enlargement of the fore and ring fingers was only slight, but the middle one was of extraordinary proportions, being five inches and a half long by four broad, at the first phalanx. In the left hand the thumb, index, and middle fingers were hypertrophied. The finger most enlarged was the index, which was five inches and a quarter long by four broad. The middle finger of the right hand, and index finger of the left, which had attained the greater growth, were fixed in the extended position.

Mr. Curling notices five other cases, amongst them, and near the conclusion of his paper, Mr. Powers, who, I cannot help remarking, has not been fairly dealt with by Mr. Curling—Mr. Powers' case is undoubtedly the first of the kind on record, yet this fact and the date of his communication is entirely suppressed by Mr. Curling.

From these cases it appears that both hands were affected in two cases, the right in two, and the left in two cases. In the two cases in which both hands were engaged, the index was most enlarged in one hand, the middle finger in three hands; and on the whole number, the middle finger was most hypertrophied in six, the index in two hands.

As to the sex, three were males, and two females, and of one case the sex is not stated, from which it follows, contrary to Mr. Powers' idea, that both sexes are equally disposed to this hypertrophy, as well as both hands, the right hand having been affected in four instances, and the left also in four.

It is curious that in none of these cases did the enlargement engage the entire hand or all the fingers: in four of them, three fingers were enlarged; in two, two fingers: and in two, but one finger.

In two of the above five cases—viz., that of an adult, and of a governor in one of the Philippine Islands, the middle finger, which was most enlarged, had a lateral incurvation outwards, while in three of them, or in four instances the less hypertrophied fingers were curved in three instances inwards, in two outwards. This inclination of the fingers, Mr. Curling explains by the tension of the displaced extensor tendon which had not elongated in proportion to the increase in the size of the finger.

This congenital form of hypertrophy is undoubtedly of rare occurrence, and there are very few cases of it on record.

"Though facts of this nature do not offer much of interest to the practitioner, they are worthy of record, and of the attention of the physiologist, as throwing light on the laws which regulate the development and formation of the body. It would seem as if the formative powers which we see, in some few cases, exercised to excess in every part of the frame, so as to make a giant, had been limited in this instance to an insignificant part of the extremities."

The earlier development, as remarked by Mr. Powers, of the superior extremities may influence the greater frequency of this hypertrophy of the fingers over the toes.

Excessive growth has been observed even less frequently in the latter than in the former.

Wm. Walsh, aged 16 months, a patient, at the Institution for Diseases of Children, of my friend Dr. McClelland, was born with the second toe of the left foot in length and breadth far exceeding the others. It has since grown apace with the other toes, and retaining its unnatural size, gives the foot a very remarkable appearance.

I found it impossible to take a cast of the foot, from the difficulty of inducing the little fellow to keep it at rest for a sufficient period.

Here is a drawing, exhibiting, tolera- by well, the hypertrophy of the second toe. It is seven-eights of an inch longer than the big toe, which is five-eights of an inch less in circumference. It is one inch and two-eights larger than the corresponding toe of opposite foot.

The third toe is slightly hypertrophied, and is inclined outwards from the second. The soft commissure between these toes, looking at the dorsal aspect of the foot, is advanced half an inch from its natural position.

The sole of the foot is occupied, as is seen in one of the figures of the drawing, by a large fatty protuberance, giving the circumference of the foot an inch in extent more than the right foot.

The mother had no idea of anything being wrong with the child when it was born, and neither of the parents ever knew of such a malformation before. The child is a very fine one in every other respect. He walks as well as children of his age, but owing to the size of the toes, and the large soft ball in the centre of the foot, they are not then flexed, like the toes of the right foot, although the joints of the enlarged toes are naturally moveable.

Mr. Curling notices but two similar cases. He says, "my colleague at the London Hospital, Dr. Little, lately showed me a cast of the foot of a child, in which the second and third toes were hypertrophied to double their natural size, and also united by the common integuments. Dr. Reid mentions an instance of increased nutrition in one toe of a female child aged two years. The middle toe of the left foot projected about three-fourths of an inch beyond the great toe, and taking its breadth along with its length, it equalled in bulk all the remaining four toes." In two of these cases two toes were enlarged; in one, one toe.

As a remedy for this deformity of fingers, Mr. Powers suggests the use of either compression, or the removal of the part by operation. Neither of these means has ever been used with either fingers or toes. With regard to the first, Mr. Curling says—"It is questionable if this could be accomplished by any other means than by firm and long-continued pressure, the effect of which in preventing growth is well displayed in the atrophied feet and toes of the Chinese ladies. But in addition to the suffering to which this plan of treatment gives rise, the impairment of the functions of the part, caused by long-continued pressure, constitutes an insuperable objection to its employment."

If required the removal of Walsh's toe would not be attended with any difficulty. It is worth remembering, however, that the girl described by Mr. Curling "was in the habit of constantly

using her hands in household work, and also in needlework, at which she was tolerably skilful," while the Spanish governor before referred to "could write very well, and he used his hand as if there was nothing unusual about it."

Radical Cure of Corns.—In the number of L'Abeille Medicale of the 15th April, M. B. Matton proposes a mode of curing corns without a resort to cutting instruments. He advises that the feet be soaked in water for a short time, and the most projecting part of the corn be taken off with a penknife, or with the fingers; a stick of nitrate of silver moisiened at the free extremity is then to be pressed slightly over the whole surface of hardened cuticle, and even a little beyond on the sound skin. The part to which the caustic is applied should then be well dried, and let alone for ten days. A very slight and hardly perceptible vesication takes place, which however is soon absorbed. At the end of eight or ten days, by making some slight tractions with the fingers, or a pair of dissecting forceps, from the circumference to the centre of the eschar, we may remove, without the slightest pain, the hardened epidermis, so completely as to leave no trace behind. M. Matton pledges himself that those who try his plan will be certainly and radically cured.—*Southern Med. & Sur. Journal.*

Treatment of Gleet. By C. Johnson, M.D. (American Journal.)—Having for several years used a solution of nitrate of strychnia with excellent success as a topical application, in chronic ophthalmic catarrh, I was induced to apply the same remedy by injection to the urethral lining. I discovered that its effect was singularly beneficial in gleet not depending upon stricture, accompanied or not by disease of the prostrate gland, which, if neglected, terminates in hypertrophic enlargement. Farther experiment proved to me the efficacy of the internal administration of nux vomica in arresting the morbid urethral or prostatic discharge. Quinine was used with it as an adjuvant, and hyoscyamus added with a view of soothing irritation of the vesical neck, although that agent has been supposed to control the action of strychnia. The effect of this treatment has been such as to rob vexatiously enduring gleets of their annoying persistence, and to create the hope that others may derive equal pleasure from its employment.

℞. Strychnæ, gr. ij.
Acid. nit. fort. gtt. iv.
Aquæ ℥ij. Ft. sol.
S. Inject one drachm thrice a day after urination.

℞. Ext. nucis vomicæ, gr. xij.
Sulph. quininæ,
Ext. hyoscyami, *aa* gr. xxiv. M. In pil. No. xxiv. divid. S. Two pills to be taken an hour before each meal.

I also recommend the use of lean meats, and abstinence for a fortnight from salted and smoked meats, and from saccharine articles of diet in the usual proportion.—*Southern Med. & Sur. Journal.*

On the Period at which the Sequestrum should be extracted, in cases of Necrosis.—M. Mayor, of Geneva, submitted observations on this subject. The following conclusions were laid down:—1. That the sequestrum is always detached from the living bone in from four to eight weeks from the commencement of the disease. 2. That it is unnecessary to wait for its mobility before extracting it. 3. That the operation ought always to be performed before the periosteum has formed the new bone, and certainly before the process of ossification is complete. 4. That where a member has only one bone, the application of an apparatus for extension and counter-extension will prevent shortening of the limb.—*Prov. Med. & Surg. Jour.*

MIDWIFERY.

Assumed frequency of Ulceration of the Os Uteri. By Dr. Tyler Smith.—But for the somewhat unexpected termination of the discussion of the Royal Medical and Chirurgical Society, on Tuesday evening, I should have said a few words on the subject of Dr. Lee's most invaluable paper, which would have rendered it unnecessary for me to refer to the letter of Dr. Henry Bennet, in the Lancet of May 18th. I now, however, beg to make a brief reply to that communication.

By admitting that in his 222 cases of "ulceration" he had included cases of "mere abrasion" and "excoriation," Dr. Bennet concedes, in fact, all I contended for in my paper read at the Westminster Medical Society—namely, that the term ulceration had been used in an unwarrantable manner, and that it was this misuse of a word which had in great measure led to the current abuse of specular examinations, and the treatment of the os uteri by the more violent escharotics.

Dr. Bennet justifies his application of the term ulceration "even to a mere abrasion," by a reference to the definitions given by Mr. Samuel Cooper and MM. Petit and Boyer, and terms my opinion on this subject a "frivolous negation of the term ulceration to abrasions and ulcerations." But no verbal definition will persuade the profession that "ulceration" and "abrasion" are identical. I am sure I might find plenty of definitions of abrasion which would *not*, with the utmost stretching, include ulceration.

If we accept Dr. Bennet's views, we shall have to treat the loss of cuticle from blistering, the excoriation of the nares and lips in catarrh, the abrasion of the anus in children, &c., as ulcerations; which would be simply absurd.

Dr. Bennet censures me for expecting, upon the os uteri, an ulcer with defined edges, because of "the tenuity of the mucous membrane lining the cervix and its cavity." To this I would observe, that if the deranged mucous membrane be so thin as not to admit of serious ulceration, heroic treatment cannot be necessary for its cure. Moreover, ulceration affecting a mucous membrane, if it were a true ulceration, need not be confined to the mucous tissue, but would extend to the sub-mucous structures. It does so readily enough in the intestines, and in other mucous surfaces.

Dr. Bennet also affects to think I demand evidence of such a character as is presented by a "chronic cutaneous ulcer;" but I do nothing of the kind; I only demand the same signs as those which are seen in other mucous membranes. The fact, allowed by Dr. Bennet, that in the appearances he has described, and upon which his work is founded, "the surface is *never* excavated," is itself a strong presumptive proof that they are *not* genuine ulcerations. In what other tissue of the body do we find ulceration, the rule of which is, that there is *never* excavation nor loss of substance? But true ulceration of a non-malignant kind does sometimes, though rarely, attack the os uteri. By this real ulceration we may test the "granular os uteri," and show that it is not really ulcerated. Within the last few days I have been consulted by a patient suffering from prolapsus uteri, with an ulcer larger than a shilling upon the os uteri. It was an unmistakable ulceration, with a smooth, secreting surface, having distinct and elevated edges between the ulcerated surface and the non-ulcerated mucous membrane. Such appearances are common enough in procidentia.

I have pertinaciously kept to this point of *ulceration or no ulceration* in leucorrhœa, because I feel that here the question now engrossing professional attention so largely, really centres. If we are, in the 222 cases detailed by Dr. Bennet at the end of his work on Uterine Inflammation, to read frequently "abrasion" or "excoriation" for the formidable word "ulceration," I suspect we shall soon have a right to use milder remedial means than the per-acid-nitrate of mercury, the potassa fusa, the nitric acid, &c., and, by consequence, to diminish the frequency of specular examinations. The removal of one error generally brings down others in its train.

Dr. Bennet says that I and others are "vainly endeavouring to arrest the strong current of professional feeling towards a correct and sound uterine pathology." The extraordinary manifestation of feeling at the Medico-Chirurgical Society shows that here Dr. Bennet is in error; that the current is *not* in the direction he fondly imagined. During the present month I have had occasion to visit Paris, and I was assured that the conviction that great error or exaggeration existing respecting uterine disease and its treatment was becoming very prevalent among the profession in that city also.

But there are certain moral considerations respecting the use of the speculum intimately mixed up with this question of ulceration, and upon which I should

wish to say a few words. These remarks do not in any way relate to Dr. Henry Bennet. The author of a well-known work on uterine disease avows that he examined with the speculum 2000 women! who attended at a public charity, including cases of "retention or suppression of the menses," "hysteria, chlorosis, and similar affections" (!) Among these patients were also "*a number of young unmarried females.*" The writer avows that he "*made it a point, whenever practicable,*" to examine the uterus with the speculum. He considered that in this he was only doing his duty "as the recipient of an important public trust." (!) Now, I do not hesitate to say, that these 2000 examinations, made in a spirit of experiment, and not from the conviction of their necessity in each particular case, were 2000 *immoralities* altogether unjustifiable. No man has the right to go, speculum in hand, amongst the generative organs of living women, just as he would go amongst the dead specimens in a pathological museum. The principle should be, not to EMPLOY the speculum, but to *avoid* its use "whenever practicable." The endeavour of the true physician must ever be, not to extend its employment as much as possible, but to limit its use to all but imperative cases. In these remarks I have no wish to be thought to run down the *use* of the speculum, which is, in some cases, most necessary and important, and could not be compensated for in any other manner. I should desire to defend the *use* of the instrument, and I firmly believe that if the present rage for employing it were to go on unchecked, the time would arrive when hardly any practitioner of character would feel comfortable in using it at all. I cannot coincide with the opinion that it is *no more indelicate, and no greater exposure, to look into the vagina than into the throat!* Such things could only be said in perfect forgetfulness of the natural modesty of women.

In conclusion, I may observe that I have been kindly "blushed for" because I asserted in my paper that women were so alarmed by the reports of the prevalence of uterine disease as frequently to submit to examinations when such proceedings were unnecessary. It seems to me that both the *blushes* and the *blame* belong to those who have produced such a feeling as that which I have hinted at. in the female mind.

DR. MARSHALL HALL *on the same Subject.*—I have no doubt that I was one of a considerable number who, at the last meeting of the Royal Medical and Chirurgical Society (a meeting which will long be memorable in its annals), wished to express their sentiments on the subject of the use of the speculum vaginæ, without having what they deemed the perfect opportunity. I regret that the discussion was not adjourned to another evening.

I think the profession deeply indebted to Dr. Robert Lee for bringing this question forward for discussion. It is not one of mere medical or surgical treatment, but of medical and public ethics; and I confess myself astonished at the light manner in which a vaginal examination was spoken of by one of the gentlemen present at the society. I think the challenge of Dr. Bennet should have been accepted at once, and that a committee should have been, and should now be, appointed, to test the existence or the non-existence of the thousand-and-one "ulcers" or "abrasions" of which so much has been said of late.

The gentleman to whom I have allueed above, huffed the idea of indecency in making a vaginal examination. There need be no exposure of the person of the patient; surgeons make no scruple about an examination of the rectum, (as if the two examinations could, morally speaking, be compared). But, if there be no exposure of the person, and if the examination of the rectum be frequently made, is there, at first, no wounding of the feelings, and is there, afterwards, no deterioration and blunting of those feelings, by the repeated daily or weekly use of the speculum vaginæ in the virgin, and in the very young, even amongst the married! I loudly proclaim that there is such deterioration, and that the female who has been subjected to such treatment is not the same person in delicacy and purity that she was before.

I have known cases of the most revolting attachment, on the part of such patients, to the practice and to the practitioner. I have known them to speak of "the womb" and of "the uterine organs" with a familiarity which

was formerly unknown, and which, I trust, will ere long be obsolete. The current of the ideas becomes hypochondriacally directed to these organs. The very mind is poisoned. A new and lamentable form of *hysteria*, I had almost said of *furor uterinus*, is induced, with this aggravation, that the subject of distress is either concealed by the greatest effort, or explained at the expense of virgin or female modesty.

There is a case of "poisoned mind" in the male sex, induced by the quack doings of the day, relative to the existence of impotency, which all of us must have treated and deplored. A similar case of "mental poisoning" is now being induced in the other sex by the frequent, constant, and undue reference, on the part of the profession,(?) to the condition of "the uterine organs."

These latter patients become reserved and moody, and perverse, and speak unintelligibly in broken sentences: the peace and happiness of the family circle is broken up; subjects are discussed on the domestic hearth which ought never to be mentioned except in the sick room; words which wound are spoken, and thoughts which are derogatory are expressed, by other, perhaps by the male, members of the family.

One poor miserable patient comes to me weekly, thus afflicted. She had been treated by the speculum and the caustic for months, as an out-patient at University College Hospital. I sent her to Dr. Robert Lee twice. Twice that gentleman examined and declared that there was *no* uterine or vaginal disease. Meanwhile, the miserable patient's mind is absorbed by this ideal malady, and the peace of her husband's home is destroyed.

I sent another patient to Dr. Robert Lee a few days ago (whom I had never seen), under similar circumstances, but moving in a different rank of life. The same opinion was given, the miserable patient suffering dire disappointment!

I recently attended a poor curate's wife, who had come to London for medical aid, at, as I suppose, great inconvenience. During my short attendance, this patient was constantly urged by a friend, a titled lady (the aristocracy always take the lead in quackery), to send for her physician, who is a strong abetter of the speculum. The *course* which followed may be imagined, and need not be described. A case of more complicated misery for a husband cannot well be conceived—a sickly wife, afflicted with uterine hypochondriasis, set upon by a titled advocate of the uterine quackery, with straitened resources.

The advocates of the speculum speak of cases which had resisted the efficacy of the usual general and local treatment, and which yielded to the use of the speculum and the caustic. I have seen cases in which, the speculum and caustic having been employed—and unduly employed, as I believe—the patient remained more miserably afflicted in mind and body than ever, and this the *effect* of that treatment. Whether the former supposition be as well founded as the latter, I will not presume to determine; but I believe the cases in which the young, and especially the unmarried, are afflicted so as really to justify the use of the speculum, to be rare; and the cases in which the injection of a solution of the nitrate of silver by her own hand may not take the place of the application of this valuable remedy in substance by the hand of the practitioner, to be rare indeed.

I will not advert even to the epithets which have been applied to the frequent use of the speculum by our French neighbours, who are so skilled in these matters: but I will ask, what father amongst us, after the details which I have given, would allow his virgin daughter to be subjected to this "pollution"? Let us, then, maintain the spotless dignity of our profession, with its well-deserved character for purity of morals, and throw aside this injurious practice with indignant scorn, remembering that it is not mere exposure of the person, but the dulling of the edge of the virgin modesty, and the degradation of the pure minds of the daughters of England, which are to be avoided.—*Lancet.*

In the course of reading we stumbled upon the following, and we publish it to shew that the author, well and favourably known in this city, did bestow in his early days no inconsiderable attention to medical matters; and was as terse and forcible a writer then as now:—

Description of an Anencephalous Fœtus. *By* ROBERT ABRAHAM, *Surgeon, Carlisle.*

On the 2d of December, 1826, Mrs. B—, of Carlisle, was delivered of a fœtus of the presumed age of seven months. When it was born, it showed not the smallest signs of life, excepting an obscure pulsation in the umbilical cord, which ceased immediately on its birth.

As I believed, from its external appearance, that an accurate examination of it would prove extremely interesting, I obtained permission to open it; which I did with the assistance of Dr. Barnes, of the same place, whose intimate knowledge of the cerebral structures, and skill in developing them, I had frequent opportunities of discovering.

The limbs and body were those of a fully grown fœtus of the age of seven or eight months, but the upper part of the head was entirely deficient; the whole of the parietal bones, and nearly all the squamous portion of the temporal, being wanting; and also all that part of the front of the cranium superior to the eyes, and all the occipital bone, excepting the basilar and condyloid processes; the spinous and transverse processes of the four superior cervical vertebræ were also wanting, so that the spinal canal was laid completely open.

The eyes were covered with palpebræ, and, from the deficiency of the frontal bone, formed the superior boundary of the face; they stood wide open, and, from their size and position, gave the countenance a very hideous aspect. There was a little hair on the temple.

The back part of the head was covered by a delicate membrane, extending over the deficiency in the spine. It was of a dark mulberry colour, and was gorged with blood, as were likewise the eyes; so that the labour had probably propelled more blood into those parts than was natural to them. On dividing this membrane, it was found to cover a large venous plexus with considerable sinuses, so that in a short time all the fluids in the body were evacuated through them. Beneath them lay a dura mater, and the basilar spheno-occipital process very completely ossified; but the most rigid examination could not detect even the rudiments of a brain. The optic nerves terminated without uniting immediately after leaving the sclerotica; the sphenal foramina were imperforate, the body of the bone bearing a pretty accurate resemblance to the ordinary shape of the posterior part of the atlas; the petrous portion of the temporal bone was incomplete, though the external ear was perfect; the nerves of the neck were seen losing themselves beneath the base of the skull; the spinal cord terminated at the cervical vertebræ. *Nothing like a cerebrum, cerebellum, or medulla oblongata, was discernible.*

The parents are well formed; this was the fourth pregnancy. Two of the children are dead: the survivor, a boy, is a beautiful child, with a finely developed cranium. The labour, in its first stage, was tedious and difficult; remarkable, in an extreme degree, for irregular dilatation and rigidity of the os uteri. It exceeded any I ever before witnessed in tension of the membranes and copiousness of liquor amnii. The umbilical cord was very short, and the placenta small.

I am not fond of mixing facts and controversy; yet I trust my readers will excuse my observing that this case furnishes no confirmation of the theory advanced by M. Geoffroy St. Hilaire. There was not the slightest vestige of a twin; and, from circumstances unnecessary to detail, I am satisfied I could not be mistaken on that point.—*London Medical Journal.*

Treatment of Puerperal Mania. By F. CHURCHILL, M.D. (Dublin Journal.)—The treatment of puerperal mania is very simple as regards the materials, yet requiring calmness and judgment in their application.

1.—Those who regard it as any modification of phrenitis, of course recommend blood-letting, with more or less liberality. Now, from what I have said as to the nature of the disease, it will be clear that for these cases it is inadmissible, or, if ever used, it must be with extraordinary caution, and by means of leeches, in cases where there is strength and quickness of pulse, and flushing of the head and face. I have, however, never found it advisable; and Esquirol, Haslam, Gooch, Burrowes, and Pritchard, are all opposed to it. The last-named author remarks: "If we consider that the greatest danger to be apprehended for patients labouring under

puerperal madness arises from a state of extreme exhaustion, that many women die from this cause within a short interval from the commencement of the disease, and that, if they survive this period, the healthy state of the mind is in most instances restored, it will be evident that our chief endeavours must be directed to the present support of life." "Blood-letting, as a general remedy for puerperal madness, is condemned by all practical writers, on whose judgment much reliance ought to be placed."

2. When the stomach is overloaded, when undigestible food has been taken, or even for the purpose of lowering the pulse by the shock of vomiting, emetics have been found useful. They must, however, be used with caution, when the face is pale, the skin cold, and the pulse quick and weak. Dr. Gooch prefers ipecacuanha to antimonials. Dr. Burrowes recommends nauseating doses of tartar emetic, with the saline mixture and digitalis, for the purpose of reducing the violence and fury of the patient; and Dr. Beatty informs me that he has derived great advantage from tartar emetic.

3. From the almost universally disordered state of the bowels, great relief is afforded by one or two brisk purgatives of calomel, followed by castor oil or Gregory's powder. The stools are dark-colored, and highly offensive; and in addition to the advantage of clearing out the bowels, purgatives act admirably as derivatives from the head.

4. After the bowels have been freed, the greatest benefit will be derived from narcotics. Denman prefers small and repeated doses of opiates, but Gooch, Burrowes, and Pritchard, recommend full doses, and with this I concur: ten grains of Dover's powder, twelve drops of black drop, or an equivalent of the other preparations of opium. If opium disagrees, hyoscyamus may be given; and should sleep be induced, repeated small doses may be administered; when the head is very hot, and face flushed, we should postpone the exhibition of opium, and we must guard against constipation.

5. The head may be shaved, and a cold lotion applied; if the delirium continue, a blister may be applied, but it is not generally necessary.

6. In protracted cases, or when the patient is exhausted, nourishing diets, broths, &c., and even tonics, must be allowed; ammonia, with cinchoni; oil of turpentine, &c.

7. As uterine inflammation not uncommonly arises in the course of, or follows puerperal mania, a close watch should be kept for the earliest symptoms, and if they appear, calomel in small and repeated doses, or mercurial inunction, should be added to the other remedies, with such other local applications as may be deemed advisable.

8. It will be necessary to keep the most careful watch upon the patient; the nurse, who ought, if possible, to be one familiar with such attacks, should never leave the room; friends ought to be absolutely refused admission; the apartment kept slightly darkened, and the entire house perfectly quiet.

9. When the mania disappears and the patient is convalescent, a change of air and scene is most advisable.—*Southern Med. & Sur. Journal.*

On the Correlation existing between the Development of the Uterus and that of the Mammæ. By M. Ch. Robin.—The author, after describing the secreting structure of the mammary gland when in its state of functional activity, contrasts therewith the anatomical characters of the organ when the period of lactation has passed. Its tissue then becomes dense, homogeneous, whitish, and firm. The yellowish or reddish granules, constituting the *acini*, are no longer seen. Under the microscope the glandular *cul-de-sac* tubes are found to have become atrophied, and they can only be detected by the aid of acetic acid. These conditions correspond with the developed, or with the undeveloped state of the uterus. The glandular structure of the breast is distinct in about the third month of pregnancy; and it equally becomes evident when a tumour is the cause of the development of the uterus; the *acini* and tubes are then excited into a state of activity resembling that of approaching lactation, and again become atrophied on the subsidence of the uterine development. This correlation is so regular that the development of the secreting structure of the mammary gland may be regarded as a certain in-

dication of a normally or pathologically-developed uterus. The only exception is the presence of cysts in the mammary gland itself: these determine a developed state of the glandular structure of the breast without influencing the condition of the uterus.—*Provincial Med. & Sur. Journal.*

MATERIA MEDICA AND CHEMISTRY.

Pharmaceutical Preparations of Manganese.—(Amer Jour.)—In our preceding number, p. 193, we gave a brief notice of the views of Mr. Hannon relative to the use of manganese as a succedaneum to steel. The Revue Medico-Chirurgicale de Paris for June last contains an interesting paper by this author, on the therapeutic uses of this substance, and on its pharmaceutical preparations. The latter portion of the paper we shall here present.

Oxide of Manganese.—This is a very good preparation, especially when obtained by the humid method; it should therefore be made only when it is wanted for use. The best mode of prescribing it is, to add to an ounce of simple syrup, half a drachm or a drachm of the hydrated oxide, with some oily emulsion, to prevent the contact of the air.

Carbonate of Manganese is best prepared by dissolving seventeen ozs. of pure crystallized sulphate of manganese, and nineteen ounces of carbonate of soda, in a sufficient quantity of water. Double decomposition takes place; an ounce of syrup is added to every seventeen ounces of the liquid, and the precipitate is allowed to settle, in a well-stopped bottle. The supernatant fluid is then decanted off; the precipitate is washed with sugared water, and allowed to drain on a cloth saturated with simple syrup; it is then expressed, mixed with ten ounces of honey, and rapidly evaporated (the access of air being prevented) to a proper consistence for making pills. The sugar and honey oppose the transformation of carbonate of the protoxide of manganese (*carbonate manganeux*) into carbonate of the peroxide (*carbonate manganique*), which is but little soluble in the acids of the stomach. The dose is from four to ten pills, each four grains, every day in chlorotic cases, where iron has not succeeded. The hyperoxidation of the carbonate of manganese may be prevented by adding freshly prepared vegetable charcoal to the pills; it absorbs the carbonic acid, which is disingaged by a partial decomposition, and enables the pharmaceutist to dispense with the use of mucilage, which only increases the hardness of the mass.

Neutral Malate of Manganese.—This is procured by treating carbonate of manganese with malic acid. It is an eligible preparation, as the base of the salt is in the form of protoxide, and the acid is easily digested. The dose is from two to four grains, in pills.

The preparations of manganese have this immense advantage over those of iron, that they can be combined with vegetable tonics and astringents, namely, tannin, and the substences which contain it, as gall-nuts, rhatany, catechu, dragon's blood, kino, monesia, canella, and cinchona. These can all be combined with malate of manganese. *Syrup of malate of manganese* consists of, imple syrup ʒxvi; malate of manganese ʒi; essence of lemon ʒij; an ounce of syrup contains twenty-nine grains of malate of manganese. *Pills of malate of manganese.* Malate of manganese gr. xv; powder of cinchona gr. xv; honey, a sufficient quantity to make twenty pills. *Lozenges of malate of manganese.* Malate of manganese ʒi; sugar ʒxi; mucilage of tragacanth a sufficient quantity. To be formed into lozenges, each twelve grains in weight; each of which contains a grain of the salt.

Tartrate of Manganese is prepared in the same way as the malate, tartaric acid being used. It may be substituted for the malate in all the above-mentioned formulæ; and is used to prepare the following highly tonic syrup. Syrup of tolu ʒxvii; extract of rhatany ʒiiss; tartrate of manganese ʒiiss. Dose, from four to five spoonfuls daily.

Phosphate of Manganese is best prepared by dropping a solution of phosphate of soda into a solution of sulphate of manganese. The precipitate is collected after filtration, dried, and preserved in well-stopped bottles. This preparation may be employed, like the phosphate of iron, in cancerous affections. *Pills of phosphate of manganese.* Phosphate of manganese ʒiss;

powder of cinchona ʒss; syrup of catechu a sufficient quantity. To be divided into four-grain pills. *Syrup of phosphate of manganese.* Phosphate of manganese ʒss; syrup of tolu ʒiii, ʒiii; syrup of cinchona ʒv; essence of lemon ʒiss; powder of tragacanth, gr. x. This preparation must be made quickly, and preserved in a well-stopped bottle. *Lozenges of phosphate of manganese.* Phosphate of manganese ʒi; sugar ʒxii. Mix and divide into twelve-grain lozenges, each containing one grain of the phosphate.

Iodide of Manganese is prepared by digesting recently precipitated carbonate of manganese with fresh hydriodic acid; then filtering, and evaporating, the access of air being prevented. It may more conveniently be prepared extemporaneously, by mixing together an ounce of iodide of potassium and the same quantity of sulphate of manganese, perfectly dried, and in the state of powder. It is then made into a pill-mass with honey, and divided into pills, each containing four grains of the oidide; which should be kept in a well-stopped bottle. The dose is at first, one pill daily, gradually increased every three days, to six pills; the medicine is then omitted for eight days, after which it is resumed. *Syrup of iodide of manganese* is prepared by adding concentrated dydriodic acid to a drachm of perfectly pure hydrated carbonate of manganese, until it be entirely dissolved; then mixing with the solution seventeen ounces of a syrup of guaiacum and sarsaparilla. Doses, from two to six spoonfuls daily.

In cases where iron has not succeeded, it is desirable not to make a sudden transition to manganese, but to combine the two remedies, as in the following formula. Pure crystallized sulphate of iron ʒxiii; pure sulphate of manganese ʒiiiss; pure carbonate of soda ʒxviiss; honey ʒx; syrup, as much as may be sufficient to make a mass, to be divided into four-grain pills. Dose, from two to ten pills daily. The insoluble preparations of manganese should be first used, as the carbonate, phosphate, and oxide; then the more soluble preparations, the tartrate, malate, &c., may be employed. The use of this medicine should not be persevered in so long as that of iron, as its preparations are more rapidly assimilated. Manganese is not, like iron, found in the excrements of persons who take it—at least it is in very small quantity.

In the depraved state of the blood which succeeds intermittent fevers, manganese is useful; it is the most certain remedy for preventing a return of the attacks. Lucophlegmasia and engorged spleen, of long duration, are rapidly reduced by the use of iodide of manganese with syrup of cinchona. The preparation of manganese should also be used in urethro-vaginal catarrh in chlorotic patients, and in chronic blennorrhœa, especially in individuals weakened and rendered anæmic by excess. The salts of manganese, with which we are acquainted, are powerfully astringent, and may be used as external applications in all cases where other astringents are not indicated. In this respect, they possess no other peculiarity.—*Southern Med. & Sur. Journal.*

Phenomena connected with the Freezing of Water—Great Purity of Ice Water.—It is not perhaps generally known that, during the act of congelation, the molecules of water expel from them gases, acids, alkalies, salts, and all kinds of foreign matter previously dissolved or diffused through the water.

This was illustrated by Mr. Faraday, in an interesting lecture, delivered by him at the Royal Institution on the 7th instant, by a series of ingenious experiments. The position assumed by the lecturer was, that water carefully frozen was to be regarded as absolutely pure. All foreign matters are expelled: air only is reabsorbed during the melting of the ice. Common spring water was proved to contain chlorides, and it gave an abundant white precipitate when nitrate of silver was added. A portion of the same water frozen in a tube plunged into a freezing mixture, was converted into a hollow cylinder of ice: the middle or liquid portion, containing the saline matter expelled during freezing, was poured off, and the cavity washed with distilled water. The hollow cylinder of ice thus obtained was melted in a glass, and the water thence arising gave no precipitate on the addition of nitrate of silver.

By the aid of nitrate of barytes it was proved that *sulphuric acid* was thus entirely expelled from the ice obtained

by freezing the diluted acid; and by alkaline test paper, *ammonia* was proved to be entirely expelled from its weak solution in water. The freezing of diluted *sulphate of indigo* was attended with the extraordinary result, that all the blue colouring matter was expelled, and a *colourless* cylinder of pure ice was procured. The expulsion of these foreign matters during congelation was aided by gently stirring the freezing liquid with a feather.

Mr. Faraday referred to the great purity of Wenham lake ice, and its marvellous freedom from air, even in the thickest blocks, a phenomenon of which he considered as yet there was no satisfactory explanation. He then, by the aid of a heated tin vessel, cast a very perfect double convex lens of the ice, and proved by the refracted image of a lamp on a white screen, that its focal distance was about three feet.

Mr. Faraday adverted to the absurd notion which had prevailed, that the ice of the American lakes, as brought to this country, was *colder* than English ice. At whatever degree of temperature ice may be produced, it is always at 32 degrees in every atmosphere above this temperature, until all is melted. As in all other solids, the distribution of caloric takes place so rapidly in ice at temperatures below 32 degrees, that it very soon acquires that of the surrounding medium to whatever temperature it may have been previously cooled. The slow melting of the Wenham lake ice is owing to its great compactness, and its being imported in very large blocks.

The water which results from melting ice being very pure, would exert a strong chemical action on lead: hence it would be unsafe to employ for drinking purposes water which had been derived from melted ice and preserved in a leaden cistern.

It has been lately discovered that absolutely pure water, free from air, has its boiling point not at 212, but at a temperature of about 270 degrees. When pure water reaches this temperature, it suddenly becomes converted into steam with explosive violence; and, unless care be taken, with great danger to the operator. In order to illustrate this singular phenomenon, a piece of pure Wenham lake ice was dropped through some oil contained in a tube. The oil prevented the absorption of air during melting, and when the requisite temperature (270 degrees) was reached, the vessel containing the oil and melted ice was suddenly blown to pieces. Pure water unaerated does not simmer or give any indication of boiling: it is suddenly and instantaneously converted into an enormous volume of vapour like a fulminating compound. A power of regulating and controlling the force of steam would be therefore entirely unknown to us, except for the presence of air and saline matters in waters.—*Lon. Med. Gaz.*

Crystals of Anhydrous Nitric Acid.—M. Deville, by acting on nitrate of silver with dry chlorine, has succeeded in isolating anhydrous nitric acid in the form of colourless prismatic six-sided crystals with rhombic bases. At degrees of temperature between 84 and 112 degrees F. the crystals liquefy. The tension of their vapour is considerable at 50 degrees F., whence their analysis is difficult, since, on exposure to the air, they immediately assume the gaseous form. Heat is evolved when the crystals are added to water, and they dissolve without discoloration or disingagement of gas. The process by which the crystals are obtained is complicated. and requiring very careful precautions, —*Journal de Chimie Médicale*, 1849.

MEDICAL JURISPRUDENCE.

Case of Poisoning by Arsenite of Copper. By MM. Houze and Jaubert.—In July, 1847, a child, six years of age, died after an illness of two days. The symptoms observed were those of cerebral congestion, with violent convulsions, severe pain in the throat and epigastrium, frequent vomiting, an erythematous eruption, and lastly, death in fearful agonies.

The sister of the child was seized on the same day with frequent vomiting of viscid, sour, bluish-green matter, and with purging of brownish sero-mucous stools. There were present also symptoms of cerebral congestion, violent pain in the throat and abdomen, a small frequent pulse, a rubeolar eruption on the trunk and coldness of the surface.

Seven days previously these children

had eaten some bonbons, after which, during the night, the latter suffered colicky pains and sleeplessness; but these symptoms subsided, and, with the exception of constant thirst, she appeared in good health up to the time of the appearance of the alarming symptoms above-mentioned.

The diagnosis, under these circumstances, was obscure. It was doubtful whether the case was one of a severe exanthem, of cholera, or of poisoning. The treatment was therefore directed to the symptoms. At the same time it was ascertained by exhumation of the dead body of the first-mentioned child, by chemical analysis of the contents of the stomach and intestines, that the bonbons had contained arsenite of copper. Hydrated oxyde of iron was then administered by the mouth, and being rejected by vomiting, it was given in enemata, while the inflammatory symptoms, referable to the stomach and brain, were treated on general principles.

The recovery of this patient fluctuated, and was long delayed: we quote some of the more prominent symptoms, from the narrative of these given at some length by the authors.

On the third day the symptoms of gastritis were unabated, and those referable to the cerebrum were aggravated. The evacuations from the intestines were of a green colour; the spots on the skin had become of a blue colour.

On the fifth day trismus appeared, with convulsive motions, and great increase of pyrexia and cerebro-spinal excitement.

On the sixth day these unfavourable symptoms had disappeared. But every evening, at about the same hour, they returned, with the addition of terrible and most distressing agony.

On the seventh day, ulceration of the tongue, gums, and anus.

During the four following days the symptoms continued much the same; on the eleventh the patient vomited some greyish pseudo-membranous matter.

It was not until the twenty-seventh day that any real amendment was observed. After this time the functions of the mucous membranes, and of the various glands, became gradually restored; after the vomiting of a very considerable quantity of grey false membranes accompanied with frothy mucus. Hopes were now entertained of saving the patient's life, but these were not realised without her having suffered grievously from the more chronic effects of the poison, for a period of two months longer.

General dropsy, diarrhœa, dysuria, suppression of urine, attempts at suicide, nocturnal exacerbation, were noticed. On one evening the child's head became enormously swollen during sleep, respiration and circulation seemed to have ceased, the surface became cold, and movement there was none: this state continued for several seconds—a copious stool of greenish fœtid pseudo-membranous matter was attended with some amendment of the child's condition: the amendment was but short, the symptoms returned, and were attended with severe pain in the epigastrium—relief was procured by external warmth; perspiration, alternating with syncope, occurred; digestion failed; the blood became anæmic. Under the use of quinine, iron, wine, and diuretics, this little patient, with many fluctuations, at length recovered—"but she was no longer an infant of four years of age,—she was a little debilitated old woman, and all her movements were embarrassed by a kind of palsy: the state of the brain was rather that of an idiot, her memory was lost, and the expression of her countenance was grave and sad.

At the end of two years from this time, though in other respects all symptoms of poisoning have disappeared, the epigastric pain occasionally returns; her memory, with the cheerfulness of youth, has returned.

Two other individuals of this family also suffered from the poisonous effects of the same parcel of bonbons, but in various degrees, the nature of which, like the preceding, would not have been detected but for the first case; and if death had followed they would probably have been recorded as cases of cholera.—*La Presse Medicale*, 1849.

Inflammation and Suppuration of the Dura Mater: Hydropathic Treatment: Death.—[Depositions taken at the inquest held on the body of James John Henderson, aged two years and a half, at the Rose and Crown, in the parish of Great Malvern, on Monday, the

12nd day of April, 1850, before W. S. P. Hughes, Esq., Coroner.]—Mary, wife of John Wild, of Malvern, bathman to Dr. Gully: I am staying with the parents of the child. Last Tuesday week, between two and three o'clock in the day, the deceased infant was in the parlour with me and a little girl. I had been nursing the child, and when I put him down he ran off into an adjoining room to play with his little sister. I heard a cry and ran to him, and picked him up; he appeared to have fallen over the fender, against the fire-place. The little girl was with him. She is between three and four years old. She is unable to say how he fell. When I got him up I found a burn on the back part of his neck, and a slight burn on his left shoulder. Those were the only injuries he received. The child was a healthy child up to the last four or five weeks, but during that time he has had a bad cold. No advice was had for six or seven days after the accident. He died last Friday. Dr. Gully was called in to see him on the Wednesday previously. He saw him on that day, and on Thursday. On Friday he came again, but after the child had expired. Dr. Gully seeing him on those two occasions, was the only medical assistance which the child received. Wet bandages, soap, and a little flour, were applied after the accident, and so continued till Dr. Gully came in. After Dr. Gully came he was ordered to be packed, that is, laying him in a bed with two wet towels, one on the chest and the other on the back. He had had similar applications before Dr. Gully came. The child suffered a good deal from fever, from the day after the accident until his death He was put under what we call the water-cure treatment from the time the fever appeared, and he was kept under that treatment till his death. Mr. Henderson, the father of the child, was bathman to Dr. Gully's establishment; he held the situation my husband now does. He has been lately in London, and was there when the accident happened. He came home on Thursday night last. He was satisfied with the treatment the child had received. Mrs. Henderson, the mother, was at home when the accident happened, but in another room. We did not have medical advice sooner because we thought the child was in a fair way of doing well. When he became worse, and we feared there was danger, we called in Dr. Gully.

Ann, wife of James Sefton: The Hendersons live in the front part of the house where the accident happened, and I live in the back part. I did not see the child fall, but I heard the scream, and ran in. The child, when I first saw it, was in Mrs. Wild's arms. I examined the child and found a mark on the back of the neck which I took to be a burn. There was nothing like a bruise. In three or four days after the accident I observed that the child became feverish. I suggested to Mrs. Henderson and Mrs. Wild that the child should have advice. Mrs. Henderson said—"If I thought so, I would have advice." It was on Sunday or Monday, but I think it was Monday, when I suggested she should call in advice. The child ran about after the accident as usual, and no danger was apprehended.

The following certificate was then put in from Dr. Gully, and the inquest adjourned, to allow of a *post-mortem* examination:—

"The son of Andrew Henderson died of natural causes. He fell by accident against the bar of the grate some weeks ago, inflammation of the head ensued, and oppression of the brain followed, by which he died on the 19th inst.

"G. M. GULLY, Malvern.

"April 20, 1850."

Adjourned Inquest.—William Corner West, of Great Malvern, surgeon: I have made a *post-mortem* examination of the body of the deceased child; I found a considerable contusion on the back part of the head, between the occiput and ear, with the pericranium detached. On opening the head I found the dura mater and other membranes in a high state of inflammation, and a considerable quantity of matter was diffused over the medulla oblongata, and the brain around. It was a decided case of inflammation and suppuration of the dura mater, producing compression and death. There was no other cause to account for its death. I think if the child had had proper medical advice after sustaining the injury which occasioned the bruise, that it would have been alive now and well. I cannot say how the bruise was occasioned, whether from a burn, or from falling against something hard, but I should

think the latter was most probable. I do not think the applications used were likely to give any relief.

Verdict—"That the child died from the effects of an injury on the head, supposed to have been accidentally received; but we consider the conduct of the parties having care of the child to be very blameable in not having proper medical advice immediately after the accident."

British American Journal.

MONTREAL, AUGUST 1, 1850.

THE ACTS OF AMENDMENT BEFORE THE LEGISLATURE.

Our last issue contained the Bill introduced by Dr. Davignon; our present one contains those submitted to the House by Dr. Laterriere and Mr. Sanborn, the Annexationist representative for the County of Sherbrooke, who is adopting the earliest opportunity to flood this Province with specimens of American manufacture, in the shape of Thompsonian Doctors, *et id genus omne*. The game being up with the School of Medicine of Montreal, in their extremely modest request, to be placed on a level with the Universities; finding itself foiled in this respect, its tactics are changed, and Dr. Laterriere has consented to become the willing instrument to degrade the Universties of the Province, and award to their honours no higher privilege than appertains to the mere "certificates of attendance" of the Schools of Medicine. The degrees of the Universities—those cherished objects of ambition on the part of the best of our Canadian students—are to be deprived of their value; and for what purpose?—to satiate the levelling passions of those who, because they cannot become elevated themselves, wish those above them reduced to their own level. If the scheme of the Montreal School of Medicine, as propounded by Dr. Davignon in his Bill, is likely to be smothered in the Legislature,* we are equally satisfied that that of Dr. Laterriere will share the same fate. Valueless as the honours of Canadian Universities may be in the estimation of the Montreal School of Medicine, and its abettors in the House, they have there to deal with men who can place upon these testimonials, their proper, their legitimate value, and who will never, we feel perfectly assured, consent to see the Universities of the Province degraded, because a few reckless individuals wish it so—insensible of every other consideration except the gratification of their own insensate dislike.

But what have we to say of Mr. Sanborn's most modest proposal. From this gentleman, as member of a sister profession, we certainly might have expected different things. His name appears in this Journal in connection with one of the most disreputable Bills yet submitted to the House: to be matched only by the equally modest proposal of Mr. Flint at the preceding session. Mr. Sanborn's Bill speaks for itself. It requires no remark from us; and, possibly, its most fertile commentary would suggest itself by carefully perusing the last clause, in which the proposer of the Bill has deemed it necessary to provide against falsification on the part of those whom he is supporting, by penalties of the severest character. This simple circumstance should prove, we think, sufficiently condemnatory of the whole measure, setting aside altogether the fact, that by the Act of Amendments to the Act of Incorporation of the College of Physicians and Surgeons, passed during the last Session, an ample and most liberal provision was made in behalf of

* Since the above was written, a telegraphic announcement states that the Montreal School of Medicine Bill has been allowed to drop.

American graduates of ten years' standing practising in this Province. As more explanatory of Mr. Sanborn's Bill, and exhibiting more emphatically its animus, we have to observe, that we know of no "*Institution*," in the United States or elsewhere, granting diplomas, except "Thompsonian" or "Eclectic" ones, and quack establishments of the ne kind, whose sphere of action he is is desirous of extending.

The British American Medical and Surgical Association.—The organization of the British American Medical and Surgical Association, is another of the important professional transactions of the past month, which we have now the satisfaction to announce. After the completion of the business of the College of Physicians and Surgeons at Three Rivers, on the 10th ult., the members were again assembled in the large room at Bernard's Hotel, the preliminaries having been previously gone through. Dr. Von Iffland, of the District of Quebec, (one of the most zealous and sincere well wishers of the profession,) having been requested to preside, and Dr. Badgley to act as temporary Secretary, a Constitution, embracing the objects which have already appeared in our pages, was adopted, as that of the future Association, and a short code of By-laws.

It was then Resolved—

1st.—That Dr. Joseph Morrin, of Quebec, be the President of the Association for the present year; Dr. Sampson, of Kingston, C. W., Vice President, or President elect for 1851; Dr. Hall, Secretary, and Dr. Badgley, Treasurer.

2d.—That the Association meet at the City of Kingston, C. W., on the second Thursday of May, 1851.

3d.—That the following Gentlemen constitute the Committee of Management of the Association for the present year:—Drs. Sewell, of Quebec; Chamberlin, of Frelighsburg; Scott, of Montreal; Robinson, of Kingston; and the Secretary and Treasurer.

4th.—That Drs. Von Iffland, Marsden and Jackson, be a Committee to receive and prepare for presentation at the meeting at Kingston, papers on professional subjects, transmitted to them during the year.

5th.—That Drs. Von Iffland, Hall, Badgley, Gibb and Wright, be a Committee, to draw up a Medico-Topographical Report of the Island of Montreal, to be presented at the meeting of the Association at Kingston, in May next.

We have always regarded this proposed Association with favor, we have looked upon its objects as having a tendency to amalgamate the scattered intelligences of our profession into a nucleus, at once scientific and social, from which would inevitably emanate much that must benefit our common country as well as ourselves. The lengthy notices which we have been compelled to take in this number, of the several disreputable and vindictive attempts made in certain quarters, to injure the Medical Profession in Canada, both as a body of educated men, and also as invested by the Provincial Legislature with fixed Corporate rights, shows the necessity that exists for hearty co-operation in our own defence, as well as the maintenance of that high position, which has been conceded to us in all ages of the world. Nearly one hundred medical Gentlemen in this section of the Province, have become members of the Association, the number from the sister section is yet small; we trust, that being now aware that the organization is complete, and that Kingston, C. W., has been selected as the place for its first meeting, for the transaction of business, our medical brethren of Canada West will at once manifest their willingness to join us in carrying out what has proved to be of such essential service to the Medical profession both in Great Britain and the United States.

College of Physicans and Surgeons of Upper Canada.—We publish the debate, in the House of Assembly, on the Bill to Incorporate the Profession of Upper Canada. We perceive that Mr. Merritt has relinquished none of his ideas in respect to the powers of old women in managing midwifery cases. The old story is repeated, and we can fancy, much to the amusement of the members. We would strongly recommend all the old women of Canada, addicted to rabbit hunting, to present to their champion a testimonial of their high esteem. Mr. Sanborn's proceeding in this question is exactly in accordance with the tenor of his own Bill. Mr. McConnell's allusion to a medical gentleman having left the E. Townships, in consequence of the falling off of his practice from stimulating the prosecution of two quacks, we do not understand. We are acquainted with no medical gentleman, who has left the Eastern Townships, within the last twelve months, except Dr. Gilbert of Hatley, who left from ill health, (and this only temporarily, his family still residing there,)—his duties in the meanwhile supplied by his partner, Dr. Challinor. If Mr. McConnell alludes to this gentleman, he has stated a circumstance incorrect in point of fact, and we take this public opportunity of stating so; and we have furthermore to observe, that Dr. Gilbert had nothing whatever to do with the prosecutions alluded to in Mr. McConnell's observations. We hope that these remarks will not be without their influence in the Legislature. We are glad to perceive that there is every prospect of the Bill being carried through the two Houses: the rejection of Mr. Flint's amendment is a guarantee of that. As the Bill is nearly a transcript of the Act of this section of the Province we have not deemed it necessary to publish it. The Hon. H. Boulton has proposed a series of amendments, to which, we think, no very reasonable objection can be urged. We wish the Act passed; and what we chiefly desire is, to see that a due protection is afforded to the public from the imposition of quacks who, most notoriously, infest Upper Canada and, imposing upon the credulity of the unwary with specious reasoning and plausible pretexts, quickly make them their dupes. The security of the Province in these matters is a solid medical education, and this based upon the experience of ages. What falls short of this may be regarded as innovation, and not to be trusted until a similar lapse of time has proved its truth. We little doubt that time would prove its fallacy.

COLLEGE OF PHYSICIANS & SURGEONS OF LOWER CANADA

Three Rivers, 10th July, 1850.

In accordance with the By-Laws, the Triennial Meeting of the Enregistered Members of the College of Physicians and Surgeons of Lower Canada, was held this day, Wednesday, the 10th July, at the Court House, in the Town of Three Rivers, when were present—

Drs. Nelson	Drs. Weilbrenner
Sewell	Chamberlin
Hall	Johnston
Dubord	Badgley
Robitaille	Bibaud
Wolfe	Peltier
Landry	Sabourin
Scott	Badeau
Painchaud	MacDonnell
Morrin	Von Iffland
Arnoldi	Bardy
Marsden	David
Marquis	Valois
Russel	Fowler
Holmes	Picault
Blaie	

Dr. Nelson, President of the College, having assumed the Chair about 9½,

A.M., addressed the Meeting at some length, on the state of the College, and the prospects of the profession, and thanked the Members of the College most cordially, for the kind manner in which they had invariably supported him during his term of office. After which the minutes of the first general meeting, 15th September, 1847, were read.

The Report of the proceedings of the Board of Governors for the past three years was then read, and on motion it was unanimously—

Resolved—That the Report just read be received and adopted, and printed in the *British American Journal*, and that the Secretary be empowered to have a number of copies struck off in pamphlet form, for distribution among the members

The Treasurer then reported, that the amount received for fees from Members, Licentiates and Students, as per statement, was	£516	18	3
Amount expended as per vouchers,	207	15	7
Leaving balance in hand,	£309	2	8

The Biographical sketch of the late Dr. Arnoldi, drawn up by the Committee, was then read, and on motion, it was unanimously—

Resolved—That the sketch just read be published in the *British American Journal*, and that the Secretary be instructed to have some copies struck off in pamphlet form.

On motion it was

Resolved—That the same Committee with Drs. Picault and Bibaud, be named, to attend to the recommendation in the latter part of the sketch, and that they be requested to report at the October meeting of the Board of Governors.

[This Report will appear in our next. —Ed.]

Some discussion having arisen, as to whether members of the College, who had not enregistered themselves, could be elected as Governors, Dr. Morrin read an opinion from a legal gentleman of high professional standing, whom he had consulted on the subject, to the purport, that all should conform to the by-laws before they could either vote or be elected.

The proposed amendments to the by-laws were then discussed and passed, and the Secretary instructed to transmit them to the Government for sanction.

After which, Dr. Painchaud read a long paper, the object of which was to oppose the election of any of the members of M'Gill College on the Board of Governors.

The members then proceeded to vote by ballot for the Board of Governors, previous to which, the following gentlemen handed in proxies:—

Dr. Morrin, for Drs. Nault, Blanchet, and Fremont.

Dr. Arnoldi, for Drs. A. Calder and Cowan.

Dr. Johnston, for Dr. Glines.

Dr. Hall, for Drs. Sutherland, Campbell and Brigham.

Dr. Bibaud, for Drs. Trudelle and Munro.

Dr. R. H. Russell, for Dr. J. P. Russell.

Dr. Holmes, for Dr. M'Culloch.

Dr. Landry, for Dr. Michaud.

Dr. Scott, for Dr. Gibb.

Dr. Painchaud, for Drs. Marmette and Baillargeon.

The President then named Drs. Chamberlin, Weilbrenner and Marsden, Scrutineers, who reported the following Gentlemen as having the majority of votes, and who were therefore declared by the President duly elected:

For the City of Quebec.

Drs. Morrin, Sewell, Jackson, Nault, Marsden, R. H. Russell, Blanchet, Bardy.

For the District of Quebec.

Drs. Laterriere, Michaud, Marmette, Von Iffland, Marquis, Fortier, Tetu.

For the District of Three Rivers.

Drs. Badeau, Gilmour, Dubord.

For the District of St. Francis.

Drs. Johnston, Fowler, Glines.

For the City of Montreal.

Drs. Nelson, Arnoldi, David, Holmes, Campbell, Sutherland, Hall, and a tie resting between two gentlemen, the President gave his casting vote in favor of Dr. Peltier.

For the District of Montreal.

Drs. Chamberlin, Valois, Kimber, Weilbrenner, Bouthillier, Foster, Brigham.

The Meeting then broke up.

A. H. DAVID, M. D.,
Sec. Coll. Phy. & Sgs.

Three Rivers, 10th July, 1850.

A Meeting of the newly elected Board of Governors of the College was held this evening, for the purpose of electing the officers. Dr. Nelson being in the Chair, Drs. Von Iffland and Badeau were named scrutineers.

The ballot being opened for President, resulted in the choice falling upon Dr. Morrin, who was declared duly elected President of the College, and he immediately assumed the Chair.

The ballots being held for the other officers—

Dr. Blanchet was declared duly elected Vice President for the District of Quebec, and Dr. Bardy, Secretary.

Dr. Nelson, Vice President for the District of Montreal, Dr. David, Secretary, and Dr. Arnoldi, Registrar and Treasurer.

It was unanimously

Resolved—That Drs. Nelson, Holmes and Peltier, with the Treasurer's two Securities, be a committee to audit the Treasurer's accounts, and report at length at the October meeting of the Board.

The Board then adjourned.

A. H. DAVID, M. D.,
Sec. Col. Ph. & Surg. Montreal District.

FIRST TRIENNIAL REPORT OF THE BOARD OF GOVERNORS OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

In conformity with the requirements of the By-laws, the Board of Governors of the College of Physicians and Surgeons of Lower Canada, before surrendering the charge entrusted to their care, have to lay before the members of the College, a succinct but faithful account of all their acts, which they hope will meet with the full approbation of their constituents, as being all that could be done under the circumstances, and the difficulties with which they had to contend, not only by the opposition which the Board had to encounter at its outset, and which it has every reason to believe has now no longer any cause for existence, but also from the position in which the Board was placed, from being the first body of the kind vested with powers to act in nearly all matters connected with the general interests of the profession in this section of the Province.

It will, no doubt, be within the recollection of all present, that the Medical Bill was passed by the Legislature during the Session of 1847, and that the present Board of Governors was elected, after a long discussion, at the first meeting of the members of the College, held in pursuance of the proclamation of his Excellency the Governor General, at Montreal, on the fifteenth day of September, of the same year; and that the late respected Doctor Daniel Arnoldi was appointed by his Excellency, the first President, in conformity with the Act of Incorporation; at which meeting this lamented Gentleman presided. At a meeting held the following day, the sixteenth, the President was requested to summon a meeting of the Governors at Quebec on the twenty-fourth of the same month, for the purpose of electing the Officers of the College, and adopting a code of By-laws, which he accordingly did. At this meeting, certain rules and regulations were passed, but it was subsequently ascertained that these rules could not be enforced till sanctioned by the members of the Corporation. The

Board then proceeded to elect its Officers, when Dr. Morrin was chosen Vice President for the District of Quebec, and Dr. Von Iffland, Secretary; Dr. Nelson, Vice President for the District of Montreal, and Dr. David, Secretary, and Dr. Arnoldi, Junior, Registrar and Treasurer; after which, it was resolved, that the first meeting of the Board of Governors, in their capacity of "The Provincial Medical Board," should be held in Montreal on the last Tuesday of October following. At this meeting, (26th October) the attention of the Board was called to the fact, that a mistake had occurred as to the number of votes received by some Gentlemen at the General Election, as one who had not been named on the Board, had received an equal number of votes with *four* who had been declared elected as Governors. After some discussion, the President of the College gave his reasons at length, for assuming the responsibility of omitting the name of one who had been originally named as a Governor, and declaring the other four Gentlemen as Governors; which decision was unanimously supported by the Board. At this meeting, a Committee was named to draft a complete set of By-laws, for the purpose of being submitted to the members of the College at a general meeting thereof, to be held at Quebec on the ninth day of May following.

Notwithstanding the short space of time the College had been in existence, your Board regrets to observe, it has pleased Divine Providence to remove from their number two of the Governors elected for the District of Quebec, Doctors Noel and Racey, both distinguished not only for their private virtues, but also for the high order of talents they possessed; and in the absence of any rules regulating how vacancies were to be filled up, the two Gentlemen who had received the next highest number of votes at the general election, were nominated to supply the places so soon become vacant at the Board. These two Gentlemen were Doctors Von Iffland and Marmette.

In accordance with the Resolution before alluded to, a general meeting of the members of the College was held at Quebec on the ninth day of May, 1848, to receive the draft of the code of Rules and Regulations, at which some three or four members of the profession attended, who were dissatisfied with the result of the first meeting held in Montreal, and who, after having offered a good deal of attempted obstruction to the business, brought in a Notary, and protested against all the proceedings hitherto had; and here, it should be observed, that several Gentlemen then present, whose names were embodied in the protest, distinctly declared, that they had never consented to their names being used for that purpose, and that it was done without their knowledge or consent. After protesting, these Gentlemen retired; those remaining, amounting to over fifty, proceeded to discuss the By-laws submitted by the Committee, which were passed as they now stand, and which the venerable President was requested to lay before his Excellency the Governor General, for his sanction, in accordance with the provisions of the Act. The meeting then broke up, and the Governors met in their capacity of the Provincial Medical Board, and proceeded to examine the several Candidates who presented themselves; after which, the Board adjourned till October, then to meet in Montreal.

At this meeting, (October, 1848,) the Board had the satisfaction of receiving the By-laws with the sanction of his Excellency the Governor General appended thereto, from which moment the Board lost the services of an able and efficient officer, Dr. Von Iffland, the Secretary for the District of Quebec, as he did not reside within the limits of that city, as required by the By-laws; and a vote of thanks to Dr. Von Iffland, was unanimously passed by the Board, "for the able, faithful, and diligent manner in which he had discharged the duties of his office." The ballot being taken for a successor to Dr. Von Iffland, Dr. J. E. J. Landry was declared duly elected, he having received the majority of votes. At this meeting two seats at the Board became vacant, one by the resignation of Dr. Fortier, of Gentilly, and the other, by the removal of Dr. Marsden, of Nicolet, both Governors of the College for the Districts of Three Rivers and St. Francis. On the ballots being taken in accordance with the By-laws, Dr. Johnston, of Sherbrooke, and Dr. Fowler, of Melbourne, were found to have the majority of votes, and were duly elected members

of the Board, in the places of Drs. Fortier and Marsden.

At the next meeting, held at Quebec, in May, eighteen hundred and forty-nine, another seat at the Board became vacant by the resignation of Dr. Labourdais, one of the Governors for the District of Montreal; the ballot being held as usual, the result was that Dr. Chamberlin, of Freleighsburg, was elected to fill the place resigned by Dr. Labourdais; and here we would wish to call attention to the fact of the result of the three elections above mentioned, by which it will be seen that your Board has endeavoured to fill up the vacancies by choosing Gentlemen from the Districts which had not previously been represented at the Board, which your Board has reason to believe has given great satisfaction; and it would earnestly recommend the members of the College to follow the same plan at the election which is to take place this day, of selecting members who reside in the different sections of the Province to form the Board, so that the whole profession may be duly represented. At this meeting some necessary amendments to the Act of Incorporation were discussed, and entrusted to the President, Dr. Nelson, to be carried through the Legislature, which was done by that Gentleman with his usual ability.—This amended Act became law on the thirtieth of May, and a glance at the chief alterations may not be out of place. The first was limiting the number of Governors to eight from each of the cities of Quebec and Montreal, and dividing the Districts of Three Rivers and St. Francis, so that there should be three Governors elected from each of these Districts, and giving to the College the power of granting Licenses to practice without referring to the Executive. This must be considered a great boon, and, taken with the other powers possessed by the College, will, no doubt, tend to elevate the standard of the Medical profession. There is also another clause in the amended Act which deserves to be alluded to, inasmuch as it is no longer in operation, the time having expired during which its provisions were to be in force, viz. twelve months from the time of the passing of the Act. It is the fifth clause, and relates to Graduates of American Universities who had been practising in Lower Canada without any Provincial License, for a period of not less than ten years, and empowering the Board to confer Licenses on such without examination; of this liberal Act of the Legislature but seven Gentlemen have availed themselves.

At the meeting held in October of the same year, the Board had to deplore the loss, by the hand of death, of its distinguished and venerable President, and unanimously adopted the following Resolution:—"That the Board of Governors of the College of Physicians and Surgeons of Lower Canada, avails itself of its first meeting after the lamented death of its venerable President, the late Dr. Arnoldi, Senior, to express its deep regret at the loss sustained by the Profession in general, and the College in particular; and that a Committee of three be named to draft a biographical sketch of the late Dr. Arnoldi for the next semi-annual meeting, then to be placed on the records of the College." A copy of this sketch is appended to this Report.

The death of Dr. Arnoldi having rendered the Board incomplete, it was requisite to proceed forthwith to elect a President in accordance with the By-laws; and on the ballots being taken, Dr. Wolfred Nelson was declared elected, thereby rendering vacant the office of Vice President for the District of Montreal, and an election being held for Vice President, resulted in the choice falling upon Dr. Holmes, who was thereupon declared elected Vice President for the District of Montreal.

After this, some amendments rendered necessary to the By-laws from the alteration in the Act, were read, for the purpose of being taken into consideration at the triennial meeting in July, one thousand eight hundred and fifty.

The meeting held in Quebec in May last brought the duties of your Board to a close, and all that is now to be done, before giving a detailed account of the number of Gentlemen admitted and rejected, is to pay a passing tribute to the number of well prepared Students who have lately appeared before the Board, and which the Board has much pleasure in being able to do.

During the three years the College has been in existence, no less a number than one hundred and eight Gentlemen have been admitted to practice, and fifty-nine have been rejected; of these last

One was rejected five times.
Two were rejected four times.
Two do. do. three times.
Nine do. do. twice
Twenty-one do. once.

In addition, four Gentlemen have been licensed as Chemists and Druggists, and forty (40) young Gentlemen admitted to enter upon the study of Medicine, and eight (8) refused.

The whole respectfully submitted.

(Signed) W. Nelson, M.D., Pres.
A. H. David, M.D., Sec.
J. E. J. Landry, Secy.

Three Rivers, July 10, 1850.

Opening of the Beauport Lunatic Asylum.—The new building erected for the Lunatic Asylum at Beauport, near Quebec, having been completed during the past winter, was opened for the reception of patients in the beginning of May, when all were removed to this one from the old establishment.

This new building is of very large extent, and capable, we believe, of accommodating over three hundred patients; and although situated only a short distance from the old original establishment, cannot be compared to it for beauty of position. In regard to accommodation and arrangements, it is however vastly superior to the one just vacated; and, in the building, every regard has been paid to the recommendations of those who are looked upon as authorities in these matters, from their experience acquired in the management of Lunatic Asylums, and all modern suggestions and improvements in distribution, &c., have been adopted; and we have no doubt this asylum will be, from the character and standing of its managers, a highly useful well-conducted one.

The dimensions of the building we have given on a previous occasion—it is an enormous block, and covers a large space of ground. It is well laid out, airy, and seems to be well ventilated. The rooms are lofty and some very large, and the sleeping apartments comfortable and well-proportioned; and there are also capital rooms intended for the accommodation of private patients. The building is to be heated by hot air, and is lighted throughout by gas made on the premises.

As soon as the patients were arranged in the new building, the proprietors invited between 300 and 400 of the ladies and gentlemen of Quebec to visit the establishment, when the whole building was thrown open for their inspection. They kindly fixed on the 14th May, the day of the meeting of the Governors of the College of Physicians and Surgeons, so that the medical gentlemen attending that meeting might also have an opportunity of inspecting this new building, which they did with much pleasure.

After examining every part, and seeing some of the patients, who felt inclined so to enjoy themselves, dance to their own music, the guests proceeded to one of the long rooms down stairs, where, after partaking of refreshments from a table amply provided, and beautifully ornamented with magnificent flowers, they danced, to the music of a military band, till a late hour, and retired all much pleased with their evening's entertainment.

Testimonial to Dr. Badgley.—It gives us pleasure to be enabled to record the following proceedings, on account of the worthiness of the recipient of the honor. There are few who, in so short a time have done more for the benefit of their profession than Dr. Badgley,—in this country at least. In stating this, we are constrained to say, that this Journal proved itself an active opponent to several of his projects, and succeeded in modifying his measures, so that they might obtain the *general* approbation of the Profession. But, acting on the prin-

ciple of "*palmam qui meruit ferat,*" it is to him that the College of Physicians and Surgeons of Lower Canada owes its origin, although modified as it at present is. It is mainly to his exertions with the assistance of Dr. Arnoldi, that the Montreal School of Medicine has to attribute its possession of a local habitation and a name. He was solely instrumental in establishing the Medico-Chirurgical Society of this city, and has more lately succeeded in establishing the British American Medical and Surgical Association, of which this Journal is now the organ. We have differed—and conscientiously too—with Dr. B. on many points of medical politics; we have wielded the pen against one another on more occasions than one; *we* have as yet succeeded in every point to which we have directed our efforts, and Dr. B. has gained his object, while all are pleased at the proud position which the Profession now holds. The Editorials of this Journal will speak for themselves on this subject. In taking leave of Dr. Badgley, we can only assure him, thus openly, of our sincere esteem for his character, and we hope that he may reap in Toronto that reward to which his talents deservedly entitle him.

To Francis Badgley, M. D.

Dear Sir,—Having heard of your determination to remove from among us, we now come to assure you of our sincere and deep regret at the fact, and to acknowledge our high appreciation of your persevering and successful efforts for the advancement of the interests of our profession, your skill as a Physician, your affability and unaffected manners as a gentleman, and your virtues as a husband, a parent, and a christian.

It is our sincere prayer that wherever you go,—your sterling qualities, may meet their reward; that an all bountiful Providence will long continue to yourself and wife good health, and that as time rolls on, you will have the satisfaction of seeing your dear children all comfortably provided for.

Dear Sir, We beg of you to accept this salver as a testimonial of the esteem in which you are held by us. We know that however humble the token be, it will many times in after days remind you, that in Montreal there were men who respected and esteemed you.

G. W. Campbell,	S. B. Schmidt,
A. H. David,	A. Fisher,
G. D. Gibb,	G. E. Fenwick,
A. Hall,	A. F. Holmes,
M. McCulloch,	W. Fraser,
H. Peltier,	H. Rolland,
L. Boyer,	W. Sutherland,
R. Godfrey,	A. E. Regnier,
H. Howard,	R. L. MacDonnell,
R. P. Howard,	F. C. T. Arnoldi,
W. E. Scott,	A. Nelson,
P. Munro,	Wolfred Nelson,
E. H. Mount,	W. Wright,
W. P. Smith.	

Montreal, 25th July, 1850.

The salver bore the following inscription:—

PRESENTED TO
FRANCIS BADGLEY, M.D.,

By his professional brethren of Montreal, on the occasion of his departure from among them, as a token of their appreciation of his abilities, and of esteem for his private virtues; also, as an acknowledgment of his indefatigable and successful exertions to advance the interests of the Medical Profession in this Province.

Montreal, July 24, 1850.

Reply.

My Dear Friends,—This unexpected kindness of yours has completely unmanned me. My total ignorance of your intention even to wait upon me until within a couple of hours, and that you should have considered it requisite to assure me of your good will by so splendid a gift, deprive me entirely of all self-possession.

I can only thank you all for these evidences of your friendly feeling towards me, and beg of you to rest assured, that wherever my lot may be cast, I shall ever remember with pride, this convincing refutation of the old proverb, "that two of a trade can never agree."

Francis Badgley.

The Cholera.—We regret to announce that this scourge of humanity is again visiting several cities on this continent. It has appeared at Cincinnati, Natchez, New Orleans, New York, St. Louis, Buffalo, Boston, and it is said also at Halifax. Its epidemic character has been most clearly developed at the city first named. No cases have as yet occurred in Canada.

Professor Webster.—Prof. Webster, whose case has excited such intense interest among the public and the profession, has been sentenced by the Governor and Council of Massachusetts to be executed on the 30th August. After a solemn protestation of his innocence sent in to the Council, his confession of the act subsequently appeared, and was strenuously supported by several parties, before the Council. In the following observations, made by the Editor of the Boston Medical and Surgical Journal, we cordially agree:—

Dr. Webster and his Spiritual Adviser.—At the meeting of the Governor and Council to consult on Dr. Webster's case, last week, several individuals appeared in his behalf, and another meeting for the same purpose, intended to be the last, was appointed for Thursday of this week. In the Rev. Dr. Putnam's plea in behalf of a commutation of the sentence of death, he alludes to the barbarous manner in which the remains of the late Dr. Parkman were disposed of. He seems to think there was no special exhibition of hard-heartedness in the case, but that medical men slash the dead body with perfect *sang froid.* With the utmost deference to the rectitude of Dr. Putnam's intentions, in endeavouring to soften the public sentiment respecting the atrocity alluded to, we cannot allow the profession to have feelings and actions attributed to them, which do not in fact exist. The intelligent portion of the community know full well the importance of the study of anatomy, and that for any other purpose than the benefit of science, dissections of dead bodies would never be made. Upon that portion of the community we have no fear that the assertions of Dr. P. will have any injurious influence; but among those who are less informed, it may produce unpleasant feelings towards medical men, and, in divers ways may tend to bring reproach upon the profession. It is perhaps unnecessary for us to state, as we feel warranted in doing, in unequivocal terms, that the statements alluded to, misrepresent the character and feelings of the profession entirely. The whole fault, in this melancholy case, lies at the door of the one who [illegible] that he perpetrated the tragedy. If this same confession had been made immediately after the homicide, no one can for a moment doubt, that the result would have been entirely different, from what it now is.

Quebec, Juillet 16, 1850.

Monsieur,

J'ai l'honneur de vous transmettre, ci-incluse, la Protestation que j'ai mise devant l'assemblée générale des membres du College Médical du Canada Est, le 10 du courant, et je vous prie de le publier dans *notre* Journal Médical. Vous la recevrez à temps, j'espère, pour l'insérer dans le numero de ce mois. Si la traduction vous est couteuse ou difficile, vous pouvez faire paraitre la pièce en la langue Française.

Je vous prie de me croire,

Monsieur,

Avec une haute estime, &c. &c.

Votre devoué Serviteur,

Jos. PAINCHAUD.

Dr. A. Hall, Montréal.

Protestation du Dr. Painchaud contre l'entrée des Professeurs du College M'Gill dans le Bureau de Regie du College Medical du Canada-Est.

Messieurs,—Avant de procéder au scrutin, avant d'en venir à l'élection d'un nouveau bureau de régie, qu'il me soit permis d'attirer votre attention sur des moyens que je crois à notre disposition, et que nous devrons, il me semble employer, si nous voulons faire un choix judicieux, et pour le plus grand avantage de notre jeune et belle institution.

Cette élection va décider la prospérité, et peut être de l'existence de notre collége; son sort est décidément entre nos mains aujourd'hui, et la question mérite assurément nos sérieuses réflexions.

Pour assurer une base solide et durable à notre collége, il nous faut d'abord n'envoyer au bureau de régie que des hommes disposés, agissants, de bonne volonté et ayant vraiment à cœur l'intérêt et l'avancement du collége; ce choix doit se faire sans distinction de nationalité, de langue ou de croyance religieuse

Ne sommes-nous pas, pour ainsi dire

tous des enfants de la famille Anglo-canadienne? ne sommes-nous pas tous membres d'un même corps? Fraternisons donc, et donnons un exemple de l'union et de l'harmonie qui doivent régner parmi des confrères.

J'ai dit: choisissons des hommes agissants et de bonne volonté; et en effet que pouvons-nous attendre de ceux qui acceptent bien une place d'honneur, mais qui ne veulent pas en remplir les devoirs, ni en porter le fardeau! Ces sort de gens sont beaucoup plus nuisibles qu'utiles. L'expérience ne nous l'a déjà que trop prouvé.

Si tous nos gouverneurs s'étaient rendus à leur poste, durant ces trois dernières années, notre collége aurait probablement fait un grand pas vers un but depuis long-temps désiré: je veux parler de l'uniformité des études médicales dans toute la province, comme le veut la loi. Quoi! quatre années consécutives, et sous un practicien licencié, tandis qu'à notre porte ceux d'un autre collége pourront obtenir des diplomes après 18 mois d'étude, *sans patrons!* J'en connais qui se sont vantés d'en avoir obtenu après 12 mois seulement!

Le collége M'Gill promet bien que, dorénavant, il exigera 4 années: mais ces 4 années ne feront toujours que la moitié du temps voulu par la loi, puisque l'*annus medicus* du Collége M'Gill n'est que de 6 mois: et 4 fois 6 ont coutume de faire 24! Nos années, à nous, sont de 12 mois, et 4 fois 12 feront toujours 48!

Si les choses en restent là, est-il croyable que nos étudiants continuent long-temps à visiter nos écoles? est-il croyable qu'ils ne profitent pas et du meilleur marché, et du plus court chemin? "Pourquoi, diront-ils, n'irions-nous pas passer 4 hivers au collége M'Gill? n'aurions-nous pas toujours nos 4 étés à nous occuper d'agriculture, de négoce, ou à nous promener."

Eh! que deviendront nos écoles alors? que leur restera-t-il à faire? A fermer leurs portes! Et notre collége? Ah! pour notre collége, il lui restera, à lui, tout juste assez de vie pour assermenter les porteurs des diplomes du collége M'Gill, et voilà tout.

Je le répète, si tous nos gouverneurs s'étaient rendus à leur poste, au moins à la dernière séance, cette monstrueuse anomalie serait disparue; nous serions tous, actuellement, sur un pied d'égalité, au moins quant au temps.

La motion qui allait à rendre uniformes les études médicales dans cette province fut perdue par une division de 8 contre 8: voila donc la moitié de nos gouverneurs absents!

Cette motion ne portait certainement pas la moindre atteinte aux priviléges ni aux prérogatives du collége M'Gill, les porteurs de ses diplomes n'étant tenus que de prouver qu'ils avaient étudié la médecine 4 années, ou de ne se présenter que lorsqu'ils se seraient conformés à l'esprit et à la lettre de la loi. N'est-ce pas là de la justice égale, telle que la profession et le public peuvent en désirer?

Nous avons encore un autre écueil à éviter, et celui-là est à mon avis le plus dangereux.

Nous devons nous donner de garde d'envoyer au bureau de régie de ces hommes indifférents, qui ne s'occupent guère si notre collége traîne en langueur, ou s'il demeure dans un misérable *statu quo*. Parlons sans déguisement; nous devons nous donner de garde de nommer gouverneurs de notre collége ceux qui sont déjà gouverneurs d'un *college rival*.

On a beau dire que je signale ici des hommes, qui sont membres comme nous, électeurs et éligibles comme nous; j'en conviens, mais je soutien qu'en honneur, qu'en justice et en conscience ils ne peuvent se mettre à la tête de nos affaires collégiales: peuvent-ils, en équité, peuvent-ils, en probité, devenir les examinateurs et les juges de nos propres élèves? n'y aurait il que ces messieures du collége M'Gill, qui, contre toute justice, pourraient être juges et partie dans leur propre cause?

Cette double charge, d'être gouverneur de l'un et l'autre collége, est absolument incompatible. Qu'il s'élève, en effet, un différend entre les deux colléges (chose possible!!) ce double gouverneur pourra-t-il rendre justice aux deux? peut-il servir deux maîtres à la fois, et deux maîtres rivaux?

Car, n'en doutons pas, entre les deux colléges, *rivalité* il y a: c'est un collége; la force de l'un est dans sa charte royale, et celle de l'autre prend la sienne de la loi de son pays. Voilà toute la différence. Car il n'entre dans l'idée de personne, je l'espère, qu'il y ait inégalité d'une part, et supériorité de l'autre, en fait de talents et de mérite.

Nous ne sommes pas plus des *maîtres d'ecoles*, que ne le sont messieurs M'Gill, quoi qu'en dise l'honorable Badgley, leur avocat.

Cette rivalité, toute naturelle et toute louable, pourrait devenir très-utile, si on savait la renfermer dans des limites honnêtes; je ne connais pas de stimulant plus propres à engager les professeurs à redoubler d'efforts, d'étude et d'exactitude, a remplir leurs devoirs respectifs et à captiver la confiance et l'estime des élèves, et de la profession en général.

Je n'entreprendrai pas ici de faire l'éloge du collége M'Gill: je craindrais de ne le pas faire dignement; en outre le collège M'Gill est fort au-dessus de toutes mes louanges; je me contenterai de dire qu'individuellement les professeurs du collége M'Gill sont de ces hommes qui, plus on les connais, le plus on les aime et plus on les estime: mais ce sont des hommes! et, quand ils seraient des anges, ils pourraient bien j'en conviens, en jouer le role dans leur maison; mais dans la notre? dans notre maison, je m'en méfierais comme du diable! Pardonnez-moi l'expression, et permettez-moi de m'expliquer.

Ces messieurs n'ont-ils pas qu'un cœur, qu'un désir, qu'une volonté pour tout ce qui se rattache à ce *premier parent?* ne lui ont-ils pas juré de maintenir sa supériorité, et de le défendre contre toute concurrence? et, je vous le demande, chaque fois qu'il s'agira de nous placer avec lui sur un pied d'égalité, ces messieurs pourront-ils marcher avec nous? Ils ne le doivent pas, ils ne le peuvent pas, ils ne le voudront pas; et je ne les blâme pas: ils restent fidèles à leur serment, et ils l'ont déjà prouvé: car qu'on ne croye pas que je ne parle ici que par prévention, ou sur des oui-dire, je vais vous convaincre du contraire.

Lors de notre convention médicale, dans cette même ville de Trois Rivières, la profession n'était-elle pas invitée sans exception? Ces messieurs sont-ils venus nous joindre? pas un que je sache: ils se sont contentés de nous observer de loin et dans le silence, se persuadant que nous manquerions notre but; mais, du moment que la mesure a été mise devant la législature, que de mouvements ne se sont-ils pas donnés? Nous savons tous à qui attribuer les long retards qu'ont éprouvés nos actes de collége et ceux de nos écoles de médecine. Tout récemment encore, l'école de médecine à Montréal s'est adressée à la législature pour obtenir, à l'instar du collége M'Gill, le privilége de donner des licences à ses élèves: ces mêmes messieurs du collége M'Gill sont demeurés tranquilles tant que la mesure n'a été que devant la chambre basse; mais, du moment qu'elle a été envoyée au conseil législatif, alors ces messieurs se sont mis de nouveau en campagne: ils ont député à Toronto, en opposition directe à la passation de cet acte de justice. Ceci est significatif!

Ils nous diront, peut-être, que nos gouverneurs à Montréal en ont fait autant qu'eux: voilà des bruits qu'on a fait courir, mais c'est une infamie! Le collége M'Gill a trouvé le moyen de se couvrir de notre manteau! Quel était donc le *quorum* de cette assemblée? que l'on compte bien, et l'on se convaincra aisément que les gouverneurs du collége M'Gill était alors en majorité: l'acte était donc un acte du Collége M'Gill?

Ils nous diront, encore, et cette fois, avec un air de triomphe: "Votre école de médecine à Québec n'en a-t-elle pas fait autant que nous? et vous ne prétendrez pas que nous siégons dans votre école?" Non, messieurs, vous ne siégez pas dans notre école, mais si vous n'y êtes pas de corps, vous y êtes d'esprit et par ruse; vous savez *si bien* y glisser votre *parchemin!* c'est avec douleur que j'avoue ceci. Lors de cette regrettable mesure, notre école n'était pas, il s'en faut, à son grand complet; et dans ce minime *quorum,* tout ne s'est pas passé à l'unanimité. Que conclure de tout ceci? la conclusion se tire naturellement d'elle-même: les deux collèges ne peuvent, en justice, avoir les mêmes gouverneurs: car dans une question de privilèges, ceux qui balloteraient *noir* dans l'un, balloteraient *blanc* dans l'autre, et *vice versâ.* Ouvrons donc les yeux; voyons commes nous sommes cernés de tous cotés; arrachons-nous à ces filets; brisons la chaîne qui nous tient à la remorque de ce collége rival. Oh! qu'il serait à désirer que, par un noble élan de désintéressement et de justice, ces aimable rivaux cessassent de briguer le manimement de nos affaires collégiales! qu'ils nous invitassent à rivaliser avec eux, mais en science, en talents et en mérite, pour le plus grand avancement théorique et pratique de

tous nos élèves! que ce noble mouvement ètiendrait de déplorable jalousies! qu'il fermerait une grande plaie!

Les dures vérités que je viens de dire feront probablement effacer mon nom de dessus la liste, si, par hasard, il y était déjà: je m'en consolerai dans l'assurance d'avoir rempli un devoir envers mes confrères; je me retirerai dans mes foyers, la paix dans la conscience; et s'il arrive malheur à nos institutions médicales, mes arrière-neveux ne me reprocheront pas de n'avoir pas fait tout ce qui était en mon pouvoir pour l'écarter.

DR. LATERRIERE'S BILL.

An Act to Amend the Act to Incorporate the Members of the Medical Profession in Lower Canada, and to regulate the Study and Practice of Physic and Surgery therein.

Whereas it is expedient to remove the distinction now existing under the Act hereinafter cited, in the advantages accorded to different Medical Schools in this Province: Be it therefore enacted, &c. That the seventh section of the Act passed in the Session held in the tenth and eleventh years of Her Majesty's Reign, and intituled "An Act to Incorporate the Members of the Medical Profession in Lower Canada, and to regulate the Study and Practice of Physic and Surgery therein," shall be and is hereby repealed; and instead thereof it is hereby enacted, That every person who has obtained or may hereafter obtain a Medical Degree or Diploma in any University or College in the United Kingdom, shall be entitled to a certificate of qualification to receive a Licence under the said Act, without examination as to his qualification.

MR. SANBORN'S BILL.

An Act to Amend the "Act Incorporating the Members of the Medical Profession in Lower Canada, and to regulate the Study and Practice of Physic and Surgery therein," and to afford relief to certain persons who were in Practice as Physicians and Surgeons in this Province at the time when the said Act became Law.

Whereas it is expedient to amend an Act passed in the Session held in the tenth and eleventh years of Her Majesty's Reign, intituled, "An Act to Incorporate the Members of the Medical Profession in Lower Canada: and to regulate the Study and Practice of Physic and Surgery therein," to afford relief to certain persons who were in practice as Physicians and Surgeons in this Province at the time when the said Act became Law: Be it therefore enacted, &c. That any person who was practising as a Physician and Surgeon and Accoucheur in that portion of this Province heretofore Lower Canda, before and on the twenty-eighth day of July, in the year of our Lord one thousand eight hundred and forty-seven, when the said cited Act became law, who had, at any time previous to the last-mentioned date, obtained a Medical Degree or Diploma in any University, College or Institution in the United States of America, shall be intiled to receive a license to practice Physic, Surgery and Midwifery in this Province without being subjected to any examination whatsoever.

II. And be it enacted, That any person who was practising as a Physician and Surgeon in that portion of this Province heretofore Lower Canada, on the twenty-eighth day of July, in the year of our Lord one thousand eight hundred and forty-seven, and who had been practising as such in this Province for ten years previous thereto, shall be entitled to receive a license to practice Physic, Surgery and Midwifery in Lower Canada; Provided that such person shall obtain a certificate of qualification in the form of the Schedule (A), hereunto annexed, signed by at least three licensed Physicians resident within the District where such person practised as aforesaid, without being subject to any examination or any other formality, any law to the contrary hereof notwithstanding.

III. And be it enacted, That it shall be lawful for any person who may be entitled to receive a license to practice Physic, Surgery and Midwifery in this Province, under the provisions of this Act, to avail himself of this privilege by making application for such licence to the College of Physicians and Surgeons of Lower Canada, who are hereby authorized and required to grant such license, if the necessary proof that the said applicant is in a condition to avail

himself of the provisions of this Act shall be adduced to them: Provided also, that the production of a Medical Degree or Diploma purporting to be a Degree or Diploma from any University, College or Institution in the United States of America, and the production of a certificate of qualification in the form of the Schedule (A) hereunto annexed, purporting to be signed by three or more licensed Physicians resident within the District where the said applicant resides, and the production of an affidavit of such applicant to the fact of his having practised as hereinbefore mentioned, purporting to be made and sworn before any Justice of the Peace as hereinafter specified, (which said writing or documents shall be *primâ facie* evidence of their own genuineness, and shall be taken and considered to be in all respects what they respectively purport to be, either before any Court of Justice or before the College of Physicians and Surgeons of Lower Canada) shall be sufficient to entitle such person to a license as aforesaid.

IV. And be it enacted, That it shall be lawful for any person entitled to a license as hereinbefore mentioned, to establish the facts of his having practised Physic, Surgery and Midwifery in that portion of this Province heretofore Lower Canada, at any particular period or for any length of time, by making oath to such fact or facts before any Justice of the Peace in this Province, and such Justice of the Peace is hereby authorized and required to administer such oath if requested to do so.

V. And be it enacted, That it shall be lawful for any person who shall be entitled to receive a license to practise Physic, Surgery and Midwifery under this Act, if the College of Physicians and Surgeons of Lower Canada shall refuse to grant him a license to practice as aforesaid after his having made application therefore and having conformed to the requisitions of the preceding sections of this Act, to institute an action in the Superior Court against the College of Physicians and Surgeons of Lower Canada, setting forth the several facts which so entitle him to a license as aforesaid, and praying relief in the premises; and it shall be competent for the Superior Court, upon due proof being made of the said facts, by its judgment to declare such person entitled to a license to practice Physic and Surgery and Midwifery within Lower Canada, and shall award the costs of such action in favour of the plaintiff, against the College of Physicians and Surgeons of Lower Canada, and such judgment shall confer upon the said person all the privileges and immunities which a license of the same purport from the College of Physicians of Lower Canada would or could confer: Provided also, that it shall be lawful for any person who may be prosecuted within twelve months from the passing of this Act, by the College of Physicians and Surgeons of Lower Canada, before any Justice of the Peace within Lower Canada, for practising Physic, Surgery or Midwifery without a license, to alledge and prove in defence to such action the facts which would entitle him to a license to practice as aforesaid under the provisions of this Act, and if the said facts shall be duly proved, such Justice of the Peace shall dismiss such prosecution or action with costs against the College of Physicians and Surgeons of Lower Canada,

VI. And be it enacted, That if any person shall forge the seal or signature or signatures to any Medical Degree or Diploma, hereinbefore mentioned, or shall tender in evidence any such Medical Degree or Diploma with a false or counterfeit seal or signature or signatures thereto, knowing the same to be false or counterfeit, or if any person shall forge the signature or signatures of any licensed Physician or Physicians or of a Justice of the Peace, to any certificate of qualification or affidavit hereinbefore mentioned, or shall tender in evidence before any Court of Justice, or before the College of Physicians and Surgeons of Lower Canada, any such certificate of qualification or affidavit with false or counterfeit signature or signatures, knowing the same to be false or counterfeit, every such person shall be guilty of felony, and shall, upon conviction, be liable to imprisonment in the Provincial Penitentiary for any term not less than *two* nor more than *five* years.

Schedule (A.)

We the undersigned licensed Physicians, residing in the District of ——,

in the Province of Canada, hereby severally certify that we believe C.D., of ———, in the County of ———, in the said Province, to be qualified to practise Physic, Surgery and Midwifery in Lower Canada.

Dated at ———, this ———, 185

LEGISLATIVE ASSEMBLY.

Incorporation of the Medical Profession.

Monday, July 15.

Mr. CAMERON (Cornwall) moved the second reading of the bill to incorporate the medical profession in Upper Canada.

Mr. FLINT said he was opposed to the bill on account of the restrictive clauses, which would bear hardly upon the people of the country. At present a court and jury could convict of irregular practice in medicine; but this bill gave the power to a simple magistrate, to which he was not disposed to consent, because he believed a magistrate was always to be found for any dirty work. In Upper Canada they had not a sufficiency of regular medical men, and how was the poor man, fifty miles in the bush, to do, without any of them within reach, but employ those who were near him.—There were petitions from 3000 or 4000 people against the bill, and there were none in its favor; that was sufficient to show how the views of the people went. According to the 8th section of the Act, no man could give to his relations even the simplest medicine, when they were ill, without being punished. He should move in amendment, that the bill be read that day six months.

Mr. THOMPSON seconded the motion, because the best medical men in Hamilton were opposed to the bill, and were of opinion, it would hurt the profession rather than benefit it.

Mr. PRINCE supported the bill at considerable length.

Mr. SHERWOOD said an amendment of the present law was absolutely necessary. He was sorry to see even a single member oppose it. Even in the United States, they were required to be thoroughly educated. He admitted that in some parts of the country, practitioners were out of the reach of the people, and in such cases no one would use this law to punish any one, for obtaining assistance whenever he could, but it was to prevent the imposition of quacks in the well settled districts, particularly on the female portion of the community. He observed that in the United States they were now calling for an examination of steamboat captains before a board, so that they might have a guarantee that they understood their business. He thought that it was necessary to give the power summarily to punish the breakers of the law, because there was trouble in bringing them before a jury, which people were unwilling to undergo.

Mr. NOTMAN would not support the bill in its present shape, but desired an amendment, so as to allow all those who have taken a degree in any college or faculty in the British dominions to take out a license to practice.

Mr. CAMERON said that he was willing to make the desired change.

Mr. BALDWIN said it was a matter of very little consequence to him what course particular persons choose to pursue, whether they pursue the course of curing their patients with cold water, or whether they adopt any other system. All that he wished was to protect the public against mere quacks—persons who hold themselves out to the community, as competent to minister to their wants in sickness, without having any professional requirements to render them capable of knowing what is necessary as a remedy for their diseases. Those gentlemen, who pursue any given course of practice, will, by having qualified themselves for that, be able to judge as to the best course of practice, and they will act upon it. With that, however, he had nothing to do. What he wished, was to protect them against the assumption of persons, who have not been properly qualified for the important duties of the profession, so as to enable them to judge of the best means of treatment which should be pursued. (Hear, hear.) With regard to the general terms of the bill, he did not wish to speak fully, but he thought with the hon. member for Toronto, that where the assistance of the regular physician cannot be obtained, there could be no difficulty in allowing persons to practise, where the circumstances of the case were such, that the services of a regular physician could not be obtained. He could not see, why the public in such a case

should be deprived of the services of those they had within their reach, at the same time they should be protected against a set of persons who set up false colors, and pretended to cure diseases, without having any knowledge of the manner in which these diseases should be treated. The only question was, whether legislative provision should be made, and of what character that provision should be. Attempts have already been made to legislate upon this subject, but these ideas have not been entertained among the profession themselves. Now it is very desirable when the legislature is intending to adopt some measure in this respect, that these gentlemen should be as far as possible consulted, and have an opportunity of giving their opinions upon the subject. Assuming, therefore, that no difficulty existed on that point, he would approve of the bill itself, altho' he would not pledge himself to the details of it.

Mr. Macdonald, (Glengary) spoke in so low a tone that he was not heard; he was understood to say, that there were in the country at the present moment, many persons practising medicine who had not qualified themselves according to the provision of this bill by a course of study, but still they were men of skill and talent, and it would be an unjust and a cruel proceeding, to deprive these men of the practice they had worked out for themselves in a course of years. The law of Upper Canada says, that the practice of physic for hire or reward by any person not specially qualified shall be punished as a misdemeanor. Now, he would ask, if that clause was not sufficient protection to the profession. The assertion is this, that a person taken ill, and a vendor of medicine living at his door, a man in whom he may have the greatest possible confidence, cannot be called in without committing a misdemeanor? But the person is obliged to send perhaps for several miles to get assistance from a person he may not know, and in whom he has no confidence, just because this law will not allow him to take advantage of the kindness and confidence of his friend. The learned member then alluded to the number of medical students who attended the medical schools of New York during the last five years, and stated that, from a newspaper he had seen the number given at 18,809, and out of these 6,414 had graduated, a formidable host of men who propose to make a living out of the suffering and diseases of their fellow men. He concluded by saying that he could not support the bill.

Mr. Sanborn said, with regard to the general features of the bill, he was in favour of it. There could be nothing wrong in the permitting the medical faculty to organise, to regulate the studies necessary in order to obtain a standing; but the penalty clause he thought altogether too severe. They had not merely the medical profession to regard in this matter, but the public, and they had to take care that the one was not pitted against the other. It had been said, and he thought truly, that if the facilities were taken away from the profession of the law, and every one was allowed to practice the law in this Province, that there would be no great disadvantage to the legal profession. He apprehended not. They take their standing from their talents, and their talents will always find their level. The same idea would apply to the medical profession. Give the opportunity to the man who has attained an education and has gone through that discipline necessary to qualify him for the medical profession, and then you make the line of distinction apparent between the quack and the regular medical man. But if you give the faculty the full power under a penalty—you injure the profession more than you do it good. You bring it into disrepute with the community. There was no person around whom the affections of all clung as around their family physician, and when you attempt to injure him, you touch then upon the tenderest chord. And there are, as was remarked by the hon. member for Glengarry, many in this profession who have not the regular credentials, but who are, nevertheless, scientific men—men who have attained respect, and who will be respected whatever regulations you put in force, and there were in the country among the profession, those in whom the community would never place confidence. The facilities already given to the profession he considered quite sufficient. If they would give them power to fix a standard of proficiency, they would do more for them than by enforcing the penalty clause.

Mr. Solicitor Drummond thought

some guarantee should be given to the public, that they were protected. They could discover when a lawyer was deficient in talent, but a medical man may do mischief for years before it is found out. The bill contemplated a protection similar to that afforded in Lower Canada, and which was generally approved of by the faculty. There were details in the bill he would vote against, but if hon. members thought that the penalty should be expunged let them vote, that the bill go into committee to be amended.

Dr. BOUTILLIER wished the faculty to be protected against those that did not qualify themselves, but of the individuals towards whom his hon. friend seemed so affectionate, if they were men of merit, they ought to be protected. The m'ber for Glengarry had given an argument against his own cause; he complains of the American schools having issued a great many medical men and he says that is an evil. As to the bill for Lower Canada, he could not say that it had given universal satisfaction, but it had given great satisfaction. He would therefore vote for the bill, as he believed it to be founded upon that for Lower Canada.

Mr. MORRISON had no objection to the profession incorporating themselves, but he did not think that the penalty clause was necessary.

Mr. MERRITT asked the hon. member to remove all the clauses which prevented others from practising. He would vote against any bill, which had such exclusion as the 8th clause in it, prohibiting the practice of midwifery by any but medical men. He was brought up in a country town and was educated there, and knew the wants and the wishes of the people there, and he knew there was nothing more congenial to the minds of the country people than that of old women practising midwifery. In the olden times, the horse would be saddled and sent off in haste for the old woman, even though there were learned men of the profession close at hand.—Now was it to be suffered that in country places as in Canada they were to exclude this practice. And he would like to know if this House would allow a number of learned men to bind themselves together, to prevent any such persons from practising. The people were the best judges upon these matters, and if they found themselves deceived, they would not require a law to prevent them from placing confidence in unqualified persons; for the very best way to protect these men was to let them alone, and he trusted the House would never attempt to pass a bill to give any other power to the profession. He would vote for every other part of the bill, but do not let them interfere with their neighbors. He knew very well the opinions of the medical profession upon this point, and he had told them, he was opposed to giving them powers to prevent the practice of other members of the community.

Mr. RICHARDS thought the introduction of the measure would not be beneficial to the profession. If the hon. member who introduced the bill, had taken the trouble to look into the facts connected with the profession in England, he would find that a bill was introduced by Sir James Graham granting peculiar privileges to the different colleges in England and Scotland in reference to medical practitioners, with a view to prevent quackery, and yet it was well known that in the city of London, surrounded as it is by the most stringent laws, the greatest amount of quackery exists and will exist. If these laws were introduced to prevent quackery, why was it not put down? The reason is obvious—quackery never can be put an end to by acts of Parliament. He stated that the experience of the United States showed the same result, and quoted several points from the *Edinburgh Review* for 1840 to corroborate his statement. In regard to a country situated as this is, would any gentleman say that a physician can or will go to a thinly populated district of the county? He will not do so. If a man of talent, he will confine himself within a city, or will limit his practice to where people are settled more densely. How then were individuals in rural districts to receive relief, when this act enjoins that any person, not a medical man, who uses his knowledge for the benefit of his fellow-creatures shall be liable to be fined. The Attorney General West says it is not to be supposed that these fines will be imposed. Why leave them in the statute book if not to be imposed. It is grossly immoral to pass a law giving penalties without imposing

them. The absurdity of the law was that a man, eversomuch skilled, and having a European reputation, if he came to Canada and was consulted would be liable to the penalty. There were many persons who practised medicine in his part of the country, upon the real genuine principle of giving calomel and bleeding, and all the regular processes, which men allowed, who were skilled in the cure of diseases, and yet because these men have never acquired a knowledge of the classics nor attended a university for a certain number of months, they will be prevented from any longer alleviating the sufferings of their fellow-creatures. Men of talent did not require to be guarded by such laws because their qualification gave them the superiority. It had been asked if there had been any petitions against this bill. He had presented a petition against it signed by 800 individuals, praying for medical toleration. Now suppose this bill was granted, what would be its effect upon the community. Instead of putting down the person who was not included, if he was a skilful man, he would be called, and the result would be, that the person who called him would have to pay for his visit, and so much extra for the risk of the penalty, so that the quacks would plunder the public more effectually than they do at present for any supposed services they render. They were told it was to protect the faculty against a class of mere empirics; but were they not all looked upon by some people as empirics. Was not Harvey characterized by the legalised men of his day as an empiric, but future generations had done him justice. Was not Jenner ostracised by the legitimate physicians of his day. But his discovery was based upon true scientific principles, and after generations, so long as true genius, and intellect, and medical science shall have a possession in the hearts of men, will do justice to his memory. He did not believe, that the most eminent men had made the most valuable discoveries. Who was it that applied chloroform first. Was it not an individual who was practising as a surgeon dentist in the city of Boston?—He was not a licensed medical man.—That being the case, he was not prepared to say, that none but the faculty should practise throughout the country. That these parties, who, by the bill, would be set aside, had alleviated a great deal of physical suffering, would be admitted. And he would not be surprised, although in the course of years, the very individuals who were endeavoring to introduce this bill, would be looked upon by the medical faculty in New York as empirics, where all had a right to practise medicine. He then showed from medical information, that quackery was diminishing every day, and concluded by stating that he would vote against the bill.

Mr. McConnell said, that public opinion in his own county and in the bordering counties was directly opposed to the principle of this Bill. To show the feeling he would mention a circumstance which recently occurred. After the L. C. Medical Bill had become law, a licensed physician who resided in his own township determined on getting rid of a brace of unlicensed practitioners who resided in it; accordingly he went to a magistrate and entered a complaint against them. He was advised not to push the matter to extremities, as it would only have the effect of rendering him exceedingly unpopular. He went a second time to the magistrate on the same errand, and was warned a second time not to proceed, as in all probability he would "smell tar," but he persisted, the unlicensed practitioners were prosecuted, and the result was that his own practice became smaller and smaller, until at last he was obliged to leave the townships and the country altogether.

Mr. Chauveau addressed the House in French, in favour of the Bill.

Mr. Cameron (Cornwall) said it ought to be remarked that the opposition to this Bill was grounded almost solely on the penal clauses. The Attorney General, alluding to the practice of his own profession, said that if a man were entitled to defend his own cause in a court of law, surely he ought not to be punished if he chose to practise physic on himself. Of course not, he had not the slightest desire to impose a penalty on any man who chose to physic bleed or purge himself, all that he desired was that no unqualified person should, to the great danger of life, have the right of practising on others. That however was a mere matter of detail.—The principle of the Bill—and he could see no good or valid objection to it—was

that the medical practitioners should have the right of assembling together and drawing up rules for their guidance, and to enable them to disseminate that medical knowledge which was of the greatest value to the public. Would any person say it was not a *desideratum* to give the youth of the Province that knowledge, that education they were now obliged to seek abroad? That great object could only be obtained by a system of centralization—was it to be supposed that centralization would have a prejudicial effect? But honourable gentlemen object to the whole scheme, because they say the bill is going to establish a system of penalties, and because it would prevent people in the back townships, who could not procure the attendance of a regularly licensed physician from employing one of these other people, although they might have the greatest confidence in him. In order to obviate that objection, he would very willingly introduce a clause to enable parties to employ any person they pleased in such situations. He did not expect from the Sol. Gen. a condemnation of the faculty, because there might be in some corner of the country a dissipated drunken physician, utterly unworthy of confidence; surely the hon. gentlemen did not mean to hold up such a person as a specimen of the regularly licensed physicians? That was no argument, and in his opinion, the Solicitor General would have shewn more wisdom, if he had not brought it forward; at all events he hoped it would not prevent the House from assenting to the second reading. If they would consent to the second reading and sanction the principle for which he contended, then these matters of detail—the penal clauses—to which objection was made could be amended by the select committee to which he proposed to refer it. It was true that they were more stringent in one respect than the law now in force, but certainly they could not be said to be either tyrannical or illiberal. At present all cases of this description are tried before a jury, and the defendant is liable to dance attendance, day after day, with a risk of being subjected to five times the amount of penalty he proposed to inflict. He wished on the contrary to save the annoyance and loss of time consequent on jury trials, by vesting the power of deciding such cases in the Magistracy, but if the House were opposed to that proposition, he would submit, although he conceived the efficiency of the Bill would be materially impaired. In any case, he hoped the House would not be influenced by the fear of being voted against at the next election.

Mr. Perry had listened with a good deal of attention to the discussion and had found, as in every other case, that one monopolist supported another monopolist. He believed in learning, letters and science, but he did not believe in monopoly, and as this Bill was intended to establish a monopoly, he did not believe it either. It was a Bill of great importance, but not likely to do much good, as it would have the effect of exciting the popular prejudices against the faculty, and very possibly cause their annihilation. The Bill was imperfect in one respect, even taking it on the grounds which appeared to be considered essential in framing it; if they were going to legislate in order to preserve life, then they ought to vest in this new body the power of depriving incompetent physicians of their diplomas. People would lose their wits and become half cracked on any subject.—Some got cracked about medicine, others were so intemperate and so entirely unworthy of confidence, that although they had passed through all the formalities, and had diplomas as long as the floor of the House, so far from entrusting to them his own life, or the lives of his family, he would not allow them to physic his cat. The great evil of this system of legislation was that they attempted to do too much, and protect men against themselves, but he would have no objection to incorporate the profession and allow its members to spend years and years in hospitals and lunatic asylums, provided they would allow the people to judge for themselves and employ the practitioner they had confidence in. If they would not consent to that, he would vote for the amendment of the hon. member for Hastings; perhaps he might lay himself open by doing so to a great many taunts and insinuations, but he was prepared to bear them, confident that he was doing his duty to the people of Upper Canada—about Lower Canada he knew nothing—they might have such a law there, but he hoped it was not to be imposed

on Upper Canada on that account, and that the log-rolling system would not be now brought into play—"you scratch my back and I'll scratch yours."

Mr. Hincks found that the opposition was directed almost entirely against the eighth section; as it was a mere question of detail, he did not conceive that was the proper time for making objection to it. He was not disposed himself to vote in favour of that section, or to put parties prosecuted for practising without license, on any other footing than they are on now. He would stand by the present system so far, and trusted that the member for Cornwall would not defeat his bill by insisting on the clause to which objection was made. As the bill was to be referred to a select committee, he would vote for the second reading, reserving to himself the right of opposing it when it came up for the third reading.

The amendment was then lost—yeas 19, nays 37. The original motion was carried and the bill read a second time.

CORRESPONDENCE.

To the Editor of the British American Journal.

Home District, U.C., July 13, 1850.

Sir,—In the person of the rabid scribbler who has assumed, (impudent profanation,) together with the championship of the University of Toronto, the sacred name of "Verax," is verified the sarcastic assertion of Junius, in one of his letters, (I believe to Sir William Draper,) viz: that a man may be the worst enemy of those he wishes to befriend.

A worthy member of a once powerful though base, but now decayed and contemptible faction, the secret of whose success lay in the knowledge of a metaphysical fact, for a long series of years undiscovered by the simple rural population of the Province, viz: the fact, that a modish dress, a little authority, a great deal of impudence, and the most stolid insensibility to shame, will suffice in the absence of honor and public virtue, to awe, and for a while at least, to keep in subjection the ignorant and unthinking multitude: your Correspondent, a member, I repeat, of such a faction, whose *choice* vocabulary can furnish an inexhaustible supply of the most offensive language, would possess in ordinary newspaper warfare, an advantage that no cause, however just, no reasoning, however forcible, could resist always with success; but his selection of a vehicle for his billingsgate on the occasion here referred to, fortunately for the cause of truth and decency, has been most *unfortunate* for his cause and himself. Such language as "foul falsehood," "devilish tendency," "the old gentleman with the tail and horns," the muzzle of Mr. Smith," "strip the lion's hide off the wretched donkey, and lash the villain naked through the world," cannot convey to the understanding of the fastidious readers of the British American Journal of Medical and Physical Science, any very exalted ideas of the writer, or of the party whose oracle and champion he professes to be. Its cadences, however, will ring harmoniously upon the ears of the high church Tory party of Toronto, they will awaken memories of former power, of former triumphs, purchased by similar means; and Io Pœans will be sung for the man *who has put down* (!) another opponent by the oft tried, and often successful and favourite weapons of the party.

The charges preferred against me by your Correspondent, are the following, viz:—1st. That my account of the proceedings of the Convocation are garbled and falsified. 2d. That my assertion of the artful manœuvering of the medical aspirants to the vacant chair is (insolent fellow) "a foul falsehood;" that "to this day it is not *known* that there is more than one *supposed* aspirant to the Chair, and it would puzzle me to show," &c. &c. In reply to the first, it is only necessary for me to say, that the short account I gave of these proceedings is notoriously true: the confusion and disorder, alluded to by me, was made the subject, not only of town talk in Toronto, but the subject also of very severe newspaper criticism, with regard to the artful manœuvering. Any one who will take the trouble to read the accounts of the proceedings of that Convocation, published in the Globe and Colonist newspapers, will admit, I am sure, that the conduct of some of the Gentlemen who were spoken of at that time as candidates for the vacant Chair of Anatomy, was such as to warrant the suspicion that they were manœuvering. It was one of those gentlemen, (unless I am much mistaken,) who first gave utterance to the exclusive doctrine alluded to by me, a doctrine apparently re-echoed by nearly the whole house, and now about to be acted upon, *vide* the Colonist newspaper of the 9th instant, from which I extract the following:—"The affairs of this seat of learning (the University) begin already to develope themselves. The Senate has limi-

ted the period of receiving candidates for the vacancy (Chair of Practical Anatomy) to the 15th August next, thereby preventing any properly qualified person &c. &c. &c., from applying. This extraordinary haste can have no other possible purpose than to prevent any such application, and infallibly points to the Chair being filled by some inferiorly educated person, whom the Senate has *already determined upon as the successful candidate.*"

Your correspondent asks in a triumphant tone, how these aspirants would be affected by any proceedings in Convocation? I will tell him how they may be affected by the individuals who compose the House of Convocation. The Senate (and not the Caput, as I formerly supposed,) is the body that selects the three best qualified candidates; the composition of the Senate is at present identical with that of the Convocation, as the following extracts from the Act 12, Victoria, cap. 81 & 82, to amend the Charter of the University, &c. &c., will shew:—

"Senate composed of Chancellor, Vice Chancellor, President, Professors, and twelve or more additional members. Convocation composed of Chancellor, Vice Chancellor, President, Professors, and all persons holding degrees who shall pay 20s. per annum." The composition of both bodies may be regarded as identical, as the only members, available for the Senate, are those domiciled about Toronto or its neighbourhood, who are always members of Convocation. Your Correspondent, who is doubtless a member of Convocation, and therefore one of the Senate, *admits*!! that the piece of villainy alluded to in the latin quotation may be practised by the *Senate*!! or the *Executive*! I congratulate you Gentlemen of the University on your choice of a champion. At the end of the paragraph in which the foregoing admission is made, he tells us, it is *supposed* that the candidates for the vacant Chair are Dr. Rolph, Dr. Richardson, Dr. Deazley, Mr. Norman Bethune, and *perhaps* two more,—and he asks, which three of the above are members of the college? Why, Dr. Richardson and the two he has not thought proper to name would make the number, but is not Mr. Bethune also a member of the college? The language I employed in speaking of the number of candidates for the vacant Chair was the following:—"Only three Gentlemen, as I *am informed* will propose for the honor, all of them members of college." At that time I had not heard of Dr. Rolph or Dr. Deazley as candidates, or indeed of any other than the three alluded to.

Your Correspondent has the hardihood to assert, that the functionaries of the University have not openly arrayed themselves against us in all our endeavours to obtain an Act of Incorporation. I don't know who this person is, but he must be endowed with a marvellous stock of unblushing assurance. Who interfered to prevent the passage of the College Bill introduced into the House of Assembly by Mr. Sherwood during the Session of 1845 and 1846? Did not the opposition to that Bill originate with certain members of the Medical Faculty of King's College? Was not the counter petition framed by the Gentlemen of that Faculty, and signed by every one of them who was not a member of the Medico-Chirurgical Society? What was the cause of the failure of the next attempt, when in the winter (I believe) of 1846–7 the Medico-Chirurgical Society appointed a Committee to meet delegates from the college for the purpose of framing, with their assistance, a new Bill? Ask Dr. Widmer, who was chairman of the Committee, and most earnest in his endeavours to reconcile the clashing interests of the two parties; ask Dr. King; ask Dr. Hodder; and if these Gentlemen do not acknowledge that the failure of that attempt, was fairly ascribable to the college party, then I shall acknowledge that my memory and my memoranda are both woefully at fault. The failure of the third attempt which was conducted by Drs. Widmer, Hodder and Bovell, I have reason to believe was partly caused by the secret influence of the college exerted in other quarters, but, probably the chief cause of failure in this instance, was the circumstance, that not one half of the country practitioners throughout the Province, ever heard of the circulars printed and distributed about Toronto; for my own part, although I reside within the limits of the District, I did not receive the printed document until three months after its appearance at Toronto. As your Correspondent does not deny, that the High Church party have been guilty of the shameless inconsistency ascribed to them, I shall allow the abusive epithets he has bestowed upon me, on their account, to pass without further notice. If it is true, as your Correspondent asserts, that nature has bestowed upon Mr. L. W. Smith a "muzzle" instead of the human face divine, I owe that Gentleman an apology for the mistake I have committed; the newspapers, however, represent him as a very young man, with a hu-

man face; and a friend of mine, who has the honor of his acquaintance, corroborates the newspaper accounts, so that if I have sinned against Mr. Smith, I have sinned in the company of parties well informed.

Having already bestowed more time and attention upon the letter of "Verax" than it deserves, I dismiss the subject now and for ever.

I remain, Sir,
With great respect,
Your very obedt. servt.
A COUNTRY PRACTITIONER.

NOTICE TO CORRESPONDENTS.

Letters have been received from the following:—

Mr. David Clapp, Publisher, Boston Medical Journal. The remarks on Medical Education will appear in our next issue: they were received too late for insertion in the present one.—From Dr. Beck, Albany: request attended to.—Dr. Ranking: no demand made—Dr. R. will understand.—Dr. Robertson, Edinburgh: a private letter will be sent by next mail: but the Northern Journal may be sent by post.—Dr. Watts, New York: request complied with.—Mr. H. N. Scobie, Toronto, will be immediately attended to.—Dr. Jarron, Dunnville.

Papers for this Journal are on hand, having been received from Dr. Marsden, Quebec; Dr. Jarron, Dunnville; and Mr. Turner, V. S. They will appear in our next issue. We regret to say that we are unable, after the most diligent search, to find among our papers, that of Dr. Bergin, Cornwall. It has, unquestionably been mislaid. We will write Dr. Bergin in the course of a few days.

☞ *In consequence of the amount of local medical intelligence, and our desire to give the parliamentary debate on the Medical Bill for Upper Canada entire, we have decided upon adding a couple of additional pages to this number, in the form of a single leaf.*

METEOROLOGICAL REGISTER at MONTREAL, for the Month of JUNE, 1850.

DATE.	THERMOMETER.				BAROMETER.				WIND.			WEATHER.		
	7 A. M.	3 P. M.	10 P. M.	Mean.	7 A. M.	3 P. M.	10 P. M.	Mean	7 A. M.	3 P. M.	10 P. M.	7 A. M.	3 P. M.	10 P. M.
1	+53	+72	+55	+62.5	29.73	29.70	29.70	29.71	E S E	S E	W	Shw'y	Fair	Fair
2	" 56	" 69	" 56	" 62.5	29.69	29.66	29.68	29.68	N N E	N N E	N N E	Fair	Hl shr	Clo'dy
3	" 62	" 74	" 61	" 68.-	29.68	29.72	29.77	29.72	E S E	S E	S E	Fair	Fair	Fair
4	" 66	" 80	" 69	" 73.-	29.92	29.91	29.93	29.92	S E	S S W	W	Fair	Fair	Fair
5	" 68	" 86	" 73	" 77.-	30.90	29.95	29.90	29.95	W	W	W	Fair	Fair	Fair
6	" 74	" 89	" 75	" 81.5	29.91	29.86	29.84	29.87	W	W	W	Misty	Fair	Fair
7	" 75	" 86	" 72	" 80.5	29.82	29.68	29.60	29.70	W S W	W S W	W S W	Fair	Fair	Fair
8	" 72	" 84	" 65	" 78.-	29.55	29.47	29.45	29.49	S S W	S	S	Fair	Fair	Th Rn
9	" 65	" 82	" 68	" 73.5	29.52	29.47	29.46	29.48	N N W	N W	N W	Fair	Fair	Clo'dy
10	" 58	" 76	" 52	" 67.-	29.45	29.46	29.56	29.49	N N E	N N E	N N E	Clo'dy	Fair	Rain
11	" 56	" 74	" 61	" 65.-	29.64	29.73	29.70	29.69	N	W	W	Fair	Fair	Fair
12	" 62	" 80	" 69	" 71.-	29.68	29.49	29.44	29.54	W S W	W S W	W S W	Fair	Fair	Clo'dy
13	" 64	" 72	" 60	" 68.-	29.46	29.48	29.47	29 47	W	W S W	W	Rain	Shw's	Th Rn
14	" 65	" 75	" 61	" 70.-	29.45	29.58	29.64	29.56	W S W	W S W	W S W	Fair	Fair	Rain
15	" 58	" 70	" 56	" 64.-	29.78	29.73	29.80	29.77	N	W	W	Fair	Fair	Fair
16	" 66	" 74	" 62	" 70.-	29.93	29.86	29.78	29.86	W	W	W	Fair	Fair	Clo'dy
17	" 70	" 75	" 72	" 72.5	29.81	29.74	29.70	29.75	W	W	W	Fair	Fair	Fair
18	" 75	" 90	" 79	" 82.5	29.74	29.68	29.64	29.69	W S W	W S W	W S W	Fair	Fair	Fair
19	" 79	" 87	" 78	" 83.-	29.67	29.62	29.60	29.63	S	W S W	W S W	Clo'dy	Fair	T strm
20	" 75	" 89	" 74	" 82.-	29.64	29.61	29.65	29.63	W S W	W S W	W S W	Clo'dy	Fair	Fair
21	" 71	" 85	" 71	" 78.-	29.80	29.80	29.83	29.81	W by N	S	S	Fair	Fair	Fair
22	" 68	" 84	" 70	" 76.-	29.88	29.78	29.69	29.78	S W	N N E	N N E	Fair	O'rc'st	Clo'dy
23	" 69	" 82	" 61	" 75.5	29.70	29.53	29.57	30.60	S S E	S S E	W	Fair	Fair	T strm
24	" 63	" 70	" 60	" 66.5	29.69	29.70	29.72	29.70	W N W	W N W	N W	Fair	Fair	Clo'dy
25	" 62	" 68	" 64	" 65.-	29.68	29.71	29.71	29.70	N W	W N W	W N W	Fair	Shw's	Clo'dy
26	" 64	" 82	" 68	" 73.-	29.73	29.67	29.62	29.67	N	N N E	N N E	Fair	Fair	O'rc'st
27	" 65	" 77	" 62	" 71.-	29.65	29.63	29.62	29.63	E	E	S	O'rcs't	O'rc'st	Fair
28	" 65	" 79	" 70	" 72.-	29.67	29.62	29.55	29.61	S E	S by E	S	Fair	O'rc'st	Clo'dy
29	" 72	" 78	" 74	" 76.-	29.50	29.45	29.46	29.47	S	S S W	S S W	Clo'dy	T'd'r	Clo'dy
30	" 70	" 88	" 69	" 79.-	29.56	29.54	29.58	29.56	S	W	W N W	Fair	Fair	Shw'y

THERM. { Maximum +90° on the 18th, at 3 P.M.
Minimum, +52° " 10th, at 10 P.M.
Mean of the Month, +53.75

BAR°M. { Maximum, 30.00 in, on the 5th, at 7 A.M.
Minimum, 29.44 " " 12th, at 10 P.M.
Mean of the Month, 29.671 inches

MONTHLY METEOROLOGICAL REGISTER, AT H. M. MAGNETICAL OBSERVATORY, TORONTO, C. W.—JUNE, 1850.

Latitude 43°. 39'.4 *N. Longitude*, 79°. 21'.5 *W. Elevation above Lake Ontario*, 108 *feet.*—(*For the British American Medical and Physical Journal.*)

Day.	Barometer at Temp. of 32°				Temperature of the Air.				Tension of Vapour.				Humidity of the Air.				Wind.			Ins. of Rain.	Weather.
	7 A.M.	3 P.M.	10 P.M.	MEAN.	7 A.M.	3 P.M.	10 P.M.	MEAN.	7 A.M.	3 P.M.	10 P.M.	MEAN.	7 A.M.	3 P.M.	10 P.M.	MEAN.	7 A.M.	3 P.M.	10 P.M.		
1	29.620	29 621	29.646	29.631	51.8	58.1	49.4	53.1	.275	.342	.293	.311	73	72	85	78	Calm.	E S E	S E by S	—	Unclouded; very fine day
2	29.686	29 640	—	—	64 4	67.4	—	—	.414	.363	—	—	70	56	—	—	calm	S by W	E S E	—	Light clouds; very fine day
3	29.736	29.695	29.719	29.718	57.6	75.0	56.6	62.1	.326	.418	.375	.360	70	50	83	68	E S E	S by W	N by E	—	Gen clear; hazy round horiz! fine
4	29.847	29.833	29.870	29.849	60 6	78.3	57.6	64.6	.402	.418	.384	.399	78	45	82	70	E by N	S E by S	W	—	Uncld'd haz; fn dy; ft naur S to 9
5	29.942	29.893	29.905	29.903	60 8	64 9	66.2	64.1	.354	.405	.498	.424	67	68	79	72	E N E	E by S	N W by N	Inaple.	Overcast; das haze; rain 11 p.m
6	29.934	29.862	29.795	29.862	69.4	79.0	65.6	71.0	.542	.566	.534	.546	78	58	87	75	calm.	S E by E	Calm.	.085	Th & slight rain during p.m.
7	29.764	29.642	29.592	29.669	68.4	82.2	69.4	72.2	.583	.537	.546	.528	87	50	79	70	calm.	W	W	—	Generally clouded; clse & sultry
8	29.540	29.448	29.423	29.470	65.7	75.0	58 8	66.5	.558	.600	.470	.535	91	72	96	85	W N W	S S W	Calm.	.735	Rn a.m; thstm rn fm 7 30 til 11 pm
9	29.420	29 363	—	—	65.2	67.4	—	—	.590	.519	—	—	98	80	—	—	S by W	SE by E	NW by N	.390	Generally Clouded
10	29.521	29.591	29.670	29 591	54.8	60.0	52.8	55.6	.274	.207	.300	.269	64	39	76	64	N by W	N W	W N W	—	Almost entirely clear; fine day
11	29.818	29 810	29.761	29.795	52.4	67 7	50.4	56.5	.251	.226	.274	.251	65	34	76	60	W N W	N N W	S W	—	Gen clear; slt hoar frost at 5 am
12	29.725	29.561	29.515	29 603	63.9	82.2	57.7	66.9	.384	.356	.390	.370	66	33	83	61	SW by S	W S W	S W	—	Few passing clds; very fine day.
13	29.481	29.456	29.479	29.467	66 0	65.8	60.6	64.9	.444	.540	.480	.465	71	87	93	78	S W	NW by W	W S W	.080	Cdy; slt rn p.m; sht lgthng 10pm
14	29.550	29.510	29.517	29.524	59.8	71.4	63.0	65.4	.470	.599	.521	.542	94	81	93	89	S W	SE by S	W	.290	Cloudy; th, ltng, & rn fm 5 p.m
15	29.653	29.664	29.714	29.678	60.2	66.3	56.0	60.3	.365	.365	.306	.346	72	58	70	68.	NE by N	S E by E	N E	—	Cloudy am; clear fm 4; ngt fine
16	29.808	29 745	—	—	61.2	69.2	—	—	.301	.412	—	—	57	59	—	—	E N E	E by N	E N E	—	Unclouded; very fine day
17	28.700	29.665	29.639	29.666	58.5	69.3	62.7	63.3	.394	.487	.512	.463	82	71	93	82	E N E	E S E	Calm	—	Gen ovrcst; detchd mass of clds
18	29.657	29.676	29.563	29.600	67.5	81.0	69.3	72 1	.597	.688	.576	.620	93	68	83	82	calm	S	S W	—	Cldy am; clear fm 5 pm; ngt fine
19	29.630	29.593	29.654	29 623	69.6	81.2	70.6	73.4	.626	.738	.598	.659	89	71	82	82	S S W	S S W	N w by w	.020	Det pas clds; ths'rm, rn 7 to 9 pm
20	29.642	29.603	29.673	29.643	69.0	78.9	67.2	71.1	.604	.781	.539	.616	88	82	83	82	N W	S by E	N N W	1.505	Cldy; th ltng rn fin noon to 7 pm
21	29.778	29.794	29.774	29.784	66.4	76.4	61.0	67.8	.516	.538	.468	.518	82	61	89	79	N	S by E	E S E	—	Light detached passing clouds
22	29.751	29 676	29.627	29.689	66.4	67.0	58.6	63.4	.496	.527	.429	.479	79	82	89	84	N N E	N N E	E by N	Inaple.	Day cloudy; night clear and fine
23	29.597	29.529	—	—	72 0	79.7	—	—	.578	.484	—	—	76	49	—	—	W by N	W by N	N W	—	Lt detach'd clds passing rapidly
24	29.729	29.695	29.733	29.720	63.9	71 2	56 0	63.0	.452	.347	.286	.396	78	46	65	69	N	N by E	NW by N	—	Gen clr; few passg clds; fine day
25	—	29.730	29.735	—	—	68.4	54.8	—	—	.437	.358	—	—	65	85	—	N N W	S by W	[N W	—	Few clds am; clear pm; fine
26	29 739	29.618	29.525	29.630	63 4	73.6	58.0	63.8	.394	.490	.401	.430	69	61	85	78	N W by N	S E	S E	—	Uncld · hazy round hor; fine day
27	29 479	29.425	29.478	29.462	59.4	62.6	62.0	61.1	.424	.447	.486	.453	86	81	89	86	NE by N	E N E	E	.040	Gen clouded; slight rain pm
28	29.470	29.428	29.389	29.430	63.9	68.0	65 0	65.0	5.10	.579	.584	.548	88	87	97	91	E	E by N	Calm.	.045	Slt rn am; cld'd all dy; dll & dmp
29	29.426	29.465	29.492	29.458	68.0	79.0	64.4	69.3	.626	.638	.491	.579	94	67	84	83	N	W S W	W	—	Few lt clds; fine day; very sultry
30	29.483	29.433	—	—	68.3	66.2	—	—	.594	.582	—	—	88	93	—	—	W by S	N E	Calm.	.155	Ovrcst; gloomy; slt rn fm 10 am
																					Ft ap of auroral lt 10 to midnight
Mn	29.673	29.630	29.631	29.6445	62 8	72.3	60 8	64.86	.453	.493	.448	.463	79	64	84	77	3 31 miles	7.62 mls	2.41 miles	3.345	

Highest Barometer,.....29.942 at 7 a.m. on 5th } Monthly
Lowest do. .....29.363 at 3 p.m. on 9th } Range, 30.579.
Highest obs. Temperature...85.96 p.m. on 7th } Monthly
Lowest do. do. ...34.92 a.m. on 4th } Range, 51.4.
Mean Max. Therm.....74.919 } Mean Daily range,.....22.903
Mean Min. do. .....52.916 }
Greatest Daily range,.....40.98 from p.m. of the 3d to a.m. 4th
Mean temperature at 2 p.m., 73.11—(Warmest observed hour.)
Do. do. at 11 p m., 60.08—(Coldest observed hour.)
Diurnal variation, 13,03—A considerable quantity of yellow matter fell with rain on the 20th.

Sum of the Atmospheric Currents in miles resolved into the fo r Cardinal directions.

North	West	South	East
985.0,	1154.3,	1121.8,	918 6.

Mean velocity of the wind, 4.54 miles per hour.
Greatest velocity, 19.2 miles from 1 to 2 p.m., on the 10th
Most Windy day, 10th: mean velocity per hour, 11.43 miles
Least do. 6th, do. do. 2.05 miles
Most Windy hour, 4 p.m., mean velocity, 7.66 miles per hour
Least do., midnight do. 2.36 do. do.
Diurnal variation, 5,30 miles per hour.

Year	Temperature. Mean.	Max.	Min.	Range.	Rain. No of days	Inches	Snow. Days.	Inches
1840..	60.30	79.9	36.7	43.2	11	4.860	0	..
1841..	66.00	93.1	45.3	47.8	9	1.560	0	..
1842..	66.40	76.0	28.1	47 9	15	5 755	0	..
1843..	68.04	83.3	28.3	55.1	12	4.695	0	..
1844..	60.41	83.3	33.3	50.1	9	3.515	0	..
1845..	61 32	84 6	39.6	45.0	11	3.715	0	..
1846..	63.82	84.2	39.1	45.1	10	1.920	0	..
1847..	68.13	77.8	36.0	41.8	14	2.625	0	..
1848..	62.54	92.0	37.4	54.6	8	1.810	0	..
1849..	63.01	84.4	35.2	49.2	7	2 020	0	..
1850 ;	64.86	85.6	34.2	51.4	10	3.345	0	..