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ART. IX.—*Additional Remarks on the Endemic Fever of Upper Canada.* By JOHN JARRON, Surgeon, Dunnville.

I do not know that I ever saw a child born with appearances indicative of ague, but the disease will frequently show itself very early, and be distinctly marked in children of from two to three weeks old. In these early cases, the discharges from the bowels will not become natural; the yellow-green will be more than usually deep; the child will get restless and not thrive; apthæ may appear; fits of yawning and stretching; blueness of the nails and coldness of the extremities will be noticed, occasionally followed by heat or fever.

If allowed to run on, these appearances will become more marked; the child will refuse its food and not grow, and its features will become contracted and shrivelled,—approaching occasionally to that cast of countenance peculiar to syphilitic children.

In children of a year old, we still have a modification of the same appearances; the fits of yawning and stretching will be more decided, approaching more to the cold stage of ague, and the febrile exacerbation and sweating stage better marked, and the agueish smell of the perspiration obvious.

In the common fevers of children the fits are seldom regular, but are generally too well marked to be mistaken; the depraved secretions, irregular state of the bowels, high colored urine, yellow bronzed appearance of the countenance and skin, will all be prominent.

With the appearance of bilious derangement, the belly will generally be found to be full, but without marked tenderness at any point; the fullness will increase with the disease, and usu-

ally puts on the aspect of a general distention,—soft and doughy to the feel; but in protracted cases the belly may become very large and rather hard, exhibiting more the appearance of a case of enlarged mesenteric glands than of disease of the liver or spleen; but even in such cases, it will be rapidly reduced when the ague is removed and the general health restored. Permanent organic disease is rare; and that varicose state of the superficial veins of the abdomen, so characteristic of the scrofulous affection denominated tabe's mesenterica, is seldom seen.

Children are exceedingly liable to attacks of bilious derangement, and paroxysms of fever, that are troublesome and difficult to manage. They will recur on the least exposure to cold or wet, or follow an over-indulgence of the appetite; are often present during the sickly months of the autumn and spring, when they may occasionally put on a continued or remittent form for a few days. Languor, capricious appetite, offensive breath, restlessness at night, starting and screaming from sleep, and grinding of the teeth, are the usual premonitory symptoms of such attacks,—often giving rise to a suspicion that the patients may suffer from worms, which in many cases is found to be correct, as an accumulation of these insects, in the primæ viæ, is common in the malarious districts. Such attacks will also modify and render more violent the usual complaints of teething, requiring the most active and decided treatment to prevent fatal consequences.

The state of the primæ viæ, and the appearance of the discharges from the bowels, are always unnatural, but vary with the character of the different attacks, and the symptoms and continu-

ance of the disease. Vomiting of food, and even an ejection of bilious fluid from the stomach is frequently seen. The bowels are often confined; the stools offensive, and exhibiting those appearances usually ascribed to redundancy of bile, but passing through a series of changes from yellow and red in colour to brown, bottle-green, and black,—sometimes viscid, at others gelatinous in substance. Diarrhœa often takes place, especially during dentition; the stools will be frequent, and vary in appearance and character, but are seldom attended with tenderness of the abdomen or dysenteric symptoms, or mixed with those bloody and purulent discharges characteristic of that state of disease in the bowels.

These affections, though severe and protracted, are seldom fatal. When death does take place, it is either the immediate effect of a severe paroxysm of fever, or of exhaustion from long continued disease, more than of any particular organic change. The fullness of the belly will subside long before death, and the apparent enlargement of the liver and spleen will have completely disappeared.

In our villages and towns many young children, or those under two years of age, are exceedingly liable to a peculiar form of diarrhœa, accompanied by fever and head-symptoms, the consequence of which is very often fatal.

The usual period of the accession of these attacks, and the course of the disease, leave little doubt of their being a consequence of a peculiar and limited malaria, the first effect of disease produced by the clearing of the country, and the congregating of a number of people in one place, as they are seldom or ever seen in the country or on newly cleared farms. They would seem to result from a modification of the same cause that renders cholera infantum so frequent and fatal in the cities of the United States. Dr. Wood says this disease is often confined to particular streets; and that many children are saved by a speedy removal to the coun-

try when attacked, and the exhibition of a few grains of calomel.

The disease usually appears in the month of August or early in September, about the same time as the bilious affections and fevers of adults show themselves; it soon becomes general in the locality, and will continue in a certain degree till the cold weather sets in.

The first symptom taken notice of, is the bowel complaint or purging; it may continue for some time, and will often be attributed to teething or an error in diet. The stools become very frequent; the discharges take place without pain, and their colour varies, frequently consisting of dark-brown watery matter, but often alternating with slime and dark-green offensive passages.

The child will be irritable and restless from the first, and irregular paroxysms of fever may be observed. The countenance soon becomes haggard, and the upper tarsi droop; and the tendency of the little patients to throw their heads back, or even to bend their whole bodies back when in the nurse's arms, will soon show itself.

As the disease goes on, we find the fever becomes more marked, and the frequent discharges from the bowels little controlled by medicine; the tarsi fall lower, the pupils become sluggish and a little dilated; and the restlessness and irritability will give place to a desire to sleep, or to remain perfectly quiet. The countenance will be rather pale, unless during a paroxysm of fever, and it, as well as the whole skin, will assume a bilious hue. The heat of the head will seldom be much increased.

Should the comatose symptoms increase, subsultus tendinum and twitching of the muscles of the face will at last appear, to be soon followed by convulsions or a species of epileptic fits; the powers of life will then begin to sink rapidly; the fits will recur and become more frequent and protracted, leaving the patient in a state of perfect coma that soon terminates in death.

Sometimes the fits will follow each other in quick succession, the little suf-

ferers scarcely ever getting out of them for hours together, and only relieved by death; at other times, they will never rally from the first fit, but sink almost immediately after it.

The diarrhœa is usually obstinate and continuous to the last. I have occasionally seen it yield to treatment early in the disease, and the bowels become rather costive than otherwise; but the febrile paroxysms and head symptoms go on in the usual manner, and the patients sink after the occurrence of convulsions.

The early comatose symptoms are often exceedingly varied; a child looking up and taking notice at one period of the day, and being perfectly comatose at another,—so different from the gradually occurring and permanent coma that accompanies the hydrocephalus of Cullen. I have known a child so far recovered from a nearly hopeless attack, as to be sitting up and playing with his toys the one day, and carried off by a protracted state of convulsions the next.

After the occurrence of convulsions, we find recoveries exceedingly rare; but should they take place in any stage of the disease, relapses are frequent, and as much to be dreaded as an original or first attack. The comatose species of fever, commencing with convulsions or fits, that frequently attacks children under ten years of age, has already been alluded to. It is general over the whole country, and not confined to villages and towns. The symptoms are alarming, and require the most active treatment; but to this they readily yield, contrasting strongly with the insidious and fatal character of the last mentioned form of disease.

The peculiar characteristics of "chill fever," are usually well marked in children; the languor and depression will be extreme, as well as the dirty yellow hue of the skin, and the soft marbled appearance of the whole body. The symptoms and mode of treatment, vary little from those of the same disease in adults.

I have several times seen, in children

labouring under this form of fever, a peculiar class of symptoms, the alarming tendency of which, as well as the obscurity of their proximate cause, demand some notice.

In patients under treatment for this fever, and taking regularly large doses of cathartics, we will sometimes find the discharges from the bowels and the secretions of urine become completely suppressed, and continue so for days. The recurrence of the discharge from the bowels will be gradual, and, at first, consist of a very small quantity of dark-green or yellowish substance, resembling the matter seen floating on stagnant waters, usually known by the term of "frog's spawn," and to which it is usually compared by the attendants of the children. The discharge of urine will also slowly return, and, at first, pass off in small quantities,—dark coloured and offensive in smell, and becoming gelatinous on standing.

The suppression of the secretions will soon be followed by drowsiness and a tendency to coma, to which will succeed twitchings of the muscles of the face, and frequently epileptic convulsions. Pain will seldom be complained of; but the stomach is usually irritable, and drink taken is almost immediately rejected with small pieces of frog's spawn looking matter floating in it. The paroxysms of fever will continue to recur, and the first convulsions will usually appear at the commencement of one of them.

When the secretions become fully re-established the urine will be offensive, muddy, and gelatinous for days, and the discharges from the bowels dark-green or black, and most offensive; and the jaundiced appearance of the skin will be much increased.

I have only seen one such case in an adult, when a severe epileptic convulsion was the first symptom of any thing more than a usual bilious attack being present.

In such cases, where no obstruction can exist, it is impossible to account for the disappearance of the natural discharges otherwise than by the idea of the

entire suppression of the secretions, which would seem to be fully borne out by the gradual manner in which they return, and the peculiar character of those voided on their re-appearance.

This idea has been my guide in the treatment of such cases, the object of which has been to allay the irritability of the stomach, and to restore the secretions from the primæ viæ and the visceral glands. These have usually been effected by large and frequently repeated doses of calomel, with jalap and scammony; and, so soon as the discharges became free, and an intermission of the fever takes place, to be followed by quinine in maximum doses. Such a practice has generally been successful, and may be followed with perfect safety.

Subsequent attacks of fever in these patients may show a tendency to end in dropsy, and will usually be benefitted by a free use of quinine and iron.

Dunville, C.W., June 1, 1851.

Trial of Azenath Smith, for the Murder of John Freeman alias Elijah Pease, at Mill Creek, in the month of April last. Judge McLean Presiding. Monday morning having been appointed for this case, precisely at ten o'clock, and a few minutes before the arrival of his Lordship, the prisoner was carried into Court and placed in the dock. The unfortunate woman seemed to be in a very low and exhausted condition, being apparently unable to stand, and with the consent of the Court a chair and pillows was provided for her, on which she reclined with very little movement during the long and anxious period of trial. The Clerk by order of the Judge, approached close to the dock and read the indictment to her slowly and distinctly, to which she pleaded not guilty. The following Jury was then selected from a large pannel—the Counsel for the Prisoner having exercised his right of challenge very liberally. The Counsel for the Crown also exercised his right in two instances, a circumstance somewhat unusual on the part of a Crown officer; but we suppose on sufficiently good grounds. Names of the Jury.

Isaiah Madden, W. A. Miller, Eli

Phillips, S. Bell, Jun'r, Joseph Yott, Thos. Rac. M. M'Lauchlan, Dan. O'Brien, Wm. Baker, John D. Bell, W. M'Millan, A. M'Comber.

The Counsel for the Queen, John Radenburt, Esq., in opening the case on the part of the Crown, addressed the Jury to the following effect:—"that the prisoner stood before them charged with the awful crime of Murder. The indictment set forth that this murder had been committed in either one or two ways—by a large dose of strychnine, or by repeated doses of strychnine till completed." He also explained to the jury that the prisoner was indicted for the murder of a person of the name of Freeman; and also, one by the name of Pease for the reason that he (the deceased) assumed to the name of Freeman, and retained that name at the time of his death, although his real name as afterward discovered, was Pease. The crime of poison implied the presence of malice, as it required to be done deliberately; and therefore the only question in this case for the jury would be, 1st, did the deceased, John Freeman alias Elijah Pease, die by poison? 2ndly, was that poison administered by the prisoner at the bar? The Law, as laid down in their books, made the crime of administering poison, murder; and therefore, if they found the prisoner guilty of this, they must bring in a verdict of Murder—there was no other course.—[The learned counsel here read to the jury several portions from authors on evidence in criminal cases, which, he said, would assist to guide them in the present.] The nature of strychnine (the poison which the prisoner is accused of having administered to the deceased) is very instantaneous in its effects. Previous to the examination, at the Coroner's Inquest, the disease of which Freeman died might have been supposed to be Tetanus, as the symptoms of this disease and the operation of strychnine are similar; but after the examination of the body, and the evidence received of those who were present at the fits of the unfortunate deceased, and saw him struggling in convulsions and sweating in agony, the conviction of his horrid death became firmly established in the minds of all. When you, gentlemen of the Jury, have heard all this evidence, it will be for you to ask your consciences whether you believe her guilty of ad-

ministering the poison—which will be so clearly proved the unfortunate man died by. The learned gentleman then proceeded to read part of a lecture on Tetanus by Dr. Watson of London, in which a case is mentioned of one grain of strychnine being given by mistake for 1-12 of a grain and death nearly resulting therefrom. A description of the symptoms was also given, which the learned counsel went on to say would be found to be the precise symptoms which were developed in the present case. He would now proceed to state the facts of the case as they came to his knowledge, as they would be proved by the evidence :

It appears some time in the month of April last, an old man came to reside in Mill Creek.—This old man when he came, informed Mr. Venton, the proprietor of the hotel where he put up, that he had \$660 or \$800 in cash; that he came for the purpose of looking for a small farm in that neighborhood; that he had remained there several days; and it would be proved that he went out to different places looking for a farm; that in a few days after the prisoner arrived and was received by the deceased as Mrs. Freeman; that afternoon, they drove out together to look for land—this was on Thursday afternoon. On Friday morning this Freeman, as he was called, took one of the fits—the first of them; he got better in an hour; witnesses will be brought to prove that he said he had taken two pills. On Saturday following, after deceased had returned to bed, he had another severe fit; was in agony all night, but ultimately got over it. On Monday morning, Mrs. Freeman, as the prisoner at the bar was called, came to town with another person—evidence will be brought forward, that of a very respectable young man, clerk in a drug store at Kingston, that the prisoner, on Monday forenoon, while in town, purchased strychnine at the store of Mr. Brent; and it will also be proved, that on her return to Mill Creek, where they arrived about two o'clock, the first thing the prisoner did was to ask for and procure some preserves to administer some pills to the deceased; that in a very short time after this the unfortunate man had another attack, which carried him off in half an hour. Attendant circumstances would also seem to point out the guilt

of the prisoner: she would not go near the corpse; seemed to be anxious to know what people thought; would not go to the funeral; told a servant-maid that her husband had had apoplexy. When Mr. Freeman said he was so well that he would take no more of those pills, she answered him—"No Mr. Freeman, you are not well—you are deceiving yourself." Immediately after Freeman's death, she made a bargain to sell the horse and buggy for \$70—less than half its value. Never went near the corpse—either at Waterloo, where it was taken to be buried, or elsewhere; but rode off immediately after the funeral to Kingston to catch the American boat—luckily for the ends of justice the boat had departed; and on application to the Coroner, he in the course of his duty, caused her to be apprehended. Word was immediately sent to Ogdensburgh, and an answer received that no person of the name of Freeman was known there; but that a person answering the description given of deceased, whose name was Pease, had left for Canada, &c.—(the circumstances already published from an Ogdensburgh paper.) The whole circumstances were very strange, and in the opinion of the learned counsel very aggravated. The prisoner seated in the dock, in apparent sickness, is a young woman of 30 or 35; contrary to nature, she seduced this unfortunate old man from his home and his family. What could her object be?—it could not be affection that induced her to seduce him to an out-of-the-way place like Mill Creek. Why should she shew so much anxiety for the women of the house to procure strychnine? and when she would not, why did she come to town and buy it herself? Why sell her horse and buggy for half price. These are all circumstances for the jury to take into consideration. The Crown wants to convict no innocent person. It would rather that ten guilty persons go free than one innocent person suffer; but if the unfortunate woman in the dock was in the opinion of the jury guilty of murder, no moral cowardice must allow them to hesitate to find her guilty, which they are bound to do quite irrespective of public opinion formed on the subject. If, on the contrary, the jury believe she is not guilty, they will cheerfully perform the much pleasanter duty of finding her not guilty. "The

circumstances of the case," continued the learned gentleman, "are certainly the most horrible which ever came under my observation in a court of justice; all the details shew that if the prisoner is guilty, the crime must have been perpetrated in a cool, cold-blooded manner, perfectly unparalleled and absolutely horrible, and of which, I must say, we have very strong proof in confirmation of it. It will be for you, gentlemen, however, to decide. It is not my duty to do more than to lay the facts of the case before you; if the facts are proved that she gave the deceased poison, you have only one course before you, and that is to bring in a verdict of murder; all feeling must be put aside in a case like this; you have a duty to God and to your country, to its laws and to yourselves to perform, and you must perform it unflinchingly; you must weigh all the circumstances which I will endeavor to lay before you in as distinct a manner as possible; and on consideration of this evidence alone, you will make up your minds whether the prisoner at the bar is guilty of the crime with which she is charged.

Maria Barnam sworn—Has resided in Potsdam, New York, for about 20 years—part of the time with her father, Elijah Pease. Last saw her father at Potsdam, sometime about the 1st of July last. He remained in Potsdam sometime after she saw him. Can't be certain that she saw him between the 1st July and March. Saw the body of Mr. Pease in Waterloo. Came on to the Coroner, Dr. Stewart, for the purpose of seeing the body of John Freeman. The Coroner stopped at the village and ordered the body to be taken up, and it was disinterred accordingly. Saw the body at the grave yard, recognised it as the body of my father, Mr. Pease—this occurred sometime in the month of April. Was led to expect the body to prove to be that of my father, in consequence of recognising his trunks. Was quite satisfied that it was the body of Elijah Pease. The corpse was more natural than I expected.

S. M. Venton sworn—Lives at Mill Creek. A person came to my house last March; lived there five nights at so much a night; afterwards commenced to board at so much per week. Asked him his name, and he said, after thinking a little, "Freeman." Told me his object

was to buy a farm. Used to ride out to look for a place. Said he expected a person to follow him. Gave his name as Freeman. Did not give any name till he made a bargain by the week. This was the 3rd of April. Was in Mill Creek about a week before his wife arrived. When he first came, said he expected his wife to join him. Said if he could not get a place suitable to purchase, he would rent one. Freeman came down to Kingston on a Tuesday, and brought prisoner back next day about 12 o'clock, this was on the 9th April. Don't think he introduced her at all. Was not in the house at the time she arrived; but found out from those in the house that he called her his wife. Thinks they both rode out together on Thursday to look for a place, returned on Thursday evening, and slept at deponent's house. On Friday morning, at breakfast, Freeman cut off a piece of pie—did not eat it—seemed suddenly taken sick, and pushed his chair. Said he did not know what was the matter with him. Was in good health apparently before this, except being troubled with rheumatism. Deponent and Mr. Lake assisted deceased into another room, and he sat down upon a sofa, and seemed to get worse. Stretched out his legs.—Could not bear any one to touch him. Complained that his limbs were stiff. Could not bear his toes or his feet to be touched. Sweated terribly, and appeared to complain of his head. His feet were put in hot water. Made some ginger tea for him. This was immediately after breakfast with deponent and his family. Never lost his understanding, and recovered in about an hour. His wife (the prisoner) was present. She came into the room. He called the complaint spasms. After he got better, the deceased walked about and said he never had such cramps before. On Saturday, Freeman and his wife rode out—when they returned they had tea. Deceased appeared quite well on his return. All went right enough till he went up to bed. About 9 or 10 o'clock when witness was about leaving the bar, his brother called him back with the candle, as Mr. Freeman had had another of those turns. Mrs. Freeman had not gone up. When witness went up, deceased seemed to be getting worse. Would not consent for some time to have a doctor. Two hours elapsed before he

got one. In the meantime witness sent for Mr. Savage to give him some more cholera medicine. Deceased continued in the fit all night. Passed from one fit to another during the whole night. The effects of those fits appeared very distressing. His limbs became very stiff, and he shook all over his whole body, and sweated terribly. Made a terrible noise, and hollered so that he could be heard at a great distance when the fit came on. The slightest cold brought on the fit again. He cried out, "my God what have I done that I have to suffer this way." Every time he had a spasm he would say something of this kind—crying out loudly as if in extreme pain. The prisoner was in the house at the time, but was not present in the room—remained down stairs. She came up after they had been doctoring him about an hour.—She said she had a very bad tooth-ache. Asked if Mr. Freeman had gone to bed. Witness told her that he had had another attack of those fits. She seemed to feel very bad and almost fainted. She sat a little while upon the bed, and then went down stairs and lay down, and remained down stairs the remainder of the night. When witness asked Mr. Freeman next morning what was the matter with him, he said "that something was not right with them pills." Witness did not know at this time that the deceased had been taking any pills. Between 11 and 12 o'clock sent for a doctor, but he could not come. The doctor sent some medicine. Gave him the medicine as the doctor directed. About 3 o'clock he appeared to be getting somewhat better before witness went to bed. On Monday morning he appeared better—had no pain; but did not get up. The prisoner was up and down stairs to him on Sunday. The prisoner said on Sunday that she would go to town and get some medicine for him, and requested witness not to let Freeman know it. Asked witness to go—he said he could not go. Witness' brother went with her. Witness went up to see if Freeman wanted anything to eat, and he said he thought he would get up. Witness advised him to lie still till Mrs. Freeman returned, as she had gone out. Freeman then asked how long it would be before she came back. Told him that it could not be long, as they had not much to keep them. Witness again

asked deceased if he would take something to eat. Deceased answered "well give me something to eat and I will lay here all summer." Got some ham and eggs ready for him, and was preparing to send it up when Mrs. Freeman returned from Kingston. Mr. Freeman then got up and came down stairs. Freeman and his wife, and witness' brother all had dinner together. The first witness saw of Freeman down stairs he was walking on the verandah. Did not know before this that he was up. From the verandah Freeman went into the sitting room. Mrs. Freeman came out of the sitting room and said that Freeman had another of those spasms. Asked witness to make a glass of hot sling as quick as possible. Took in the sling and Freeman swallowed it. He was very bad. Witness pulled off his boots, and put his feet in hot water. He kept getting worse. The jerking of his limbs became faster and faster, his ankles were turned or twisted quite round, his toes were turned right up, and the knee bones appeared thrust out of their place. Freeman told witness to run for a doctor if he could do him any good. He turned to witness and said "friend, I will die." He repeated this three times—"my time is come," "friend, I will die." His head was drawn right back. A young man ran for a doctor, and witness also started for one himself. Met the doctor coming, and drove back with him to the house. When we arrived Freeman was dead. His head was drawn right back. His legs were straightened out stiff. The knee of one of them was twisted right round. The prisoner did not enter the room at the time deceased died. He died about three o'clock, P. M. The prisoner did not come in to see him at all after he died. She directed witness to see him buried respectably, and she would pay all the expenses. Told witness to have him buried the next day. The funeral left witness' place about 11 o'clock next day. This was with prisoner's consent. When Freeman died he left a horse, buggy and harness, two buffalo skins, whip, blankets and some little articles; he also left a couple of trunks, but do not know the contents. After Freeman's death, told witness to go into the room and take the things out of his pockets. In one pocket there was not anything;

from the other, witness took a pocket-book and a parcel wrapped up in a newspaper. When witness gave her the parcel, prisoner asked if there was not another of the same kind, and when witness told her there was not, she said "it must be in his trunk then." Prisoner then described to witness the trunk of deceased, and he went to the room and brought it to her; this was about half an hour after Freeman died. Next morning prisoner proposed to sell the horse and buggy, as she said she could not take it with her; it was left to Messrs. Lake and Savage to say what it was worth; Mr. Lake informed prisoner that to sell such property for cash she would require to make a considerable sacrifice upon it. Went out to the yard and examined it, and made her an offer of \$70. Witness offered to keep the horse for the purpose of using it till she could send for it; proposed to her other ways of disposing of it, by which a better price might be obtained; but she appeared not to be pleased with any of them; said that she would rather witness had it than any body else. Prisoner gave away some of the personal clothes of deceased; deceased had a cloak. Witness asked prisoner whether she would go down with the funeral; she answered that she would rather go half an hour after. Witness wanted her to wait till next day, as it was raining, but she said she would rather go, as her things were coming up by the boat. Said she had sent a letter to have her things forwarded right up, and if she got into Ogdensburgh in time, next morning, she could have them stopt, and it would save her a great deal of trouble. Took her to Fenwick's Hotel. When they passed Iron's, witness asked her if she would not go there; she answered no, that she did not wish to go anywhere he had been. Before Freeman's death, never heard him say any thing about his health. A conversation took place between Dr. Yeoman and deceased about the state of his health; Dr. gave his opinion of his disease. Witness had no idea of poison till his neighbors asked him the particulars of Freeman's death, and told him that they thought he had been poisoned. The neighbors insisted on witness, as he had taken prisoner away, that he should go after her and stop her; he accordingly took a constable with him to Kingston, and got her apprehended.

Cross Examined by Mr. McKenzie—Since the Coroner's inquest, have had a good deal of conversation with Dr. Stewart on the subject; had no conversation with Dr. Stewart before I was examined at the inquest. Dr. S. was at Mill Creek to enjoin witnesses to be present to-day; recollects the morning his brother and prisoner came down to Kingston; prisoner wore a dark dress; she had on a straw bonnet; and thinks she had also a shawl. Was not present when they returned; saw them drive up; after witness' brother put up the horse did not see him come out of the barn; next saw him go up stairs; don't recollect where his brother was on Sunday afternoon. When witness' brother told him that he thought Freeman was poisoned, he said to witness "we have got into a fine scrape now," or something to that effect. In the country they call strychnine "fox sickening"; first time witness heard this name was 4 or 5 years of age; saw it used on a cat. At this time witness' brother was living in Pennsylvania; never heard of Mrs. Chapman's trial; his brother returned from Pennsylvania in about three years; never heard him mention the word strychnine; only once saw some strychnine in his house; this was when the Doctor brought it up to shew them previous to this trial; on each of the three attacks the symptoms affecting Freeman were the same; the last time witness was only absent as long as he could run down stairs and back again; when he got back the body lay in the same position as he had left it.

Examination in chief resumed—The Coroner had no conversation with witness till after the inquest.

Cross Examined by Mr. McKenzie—Never heard Freeman state that the property belonged to the prisoner.

Jane Venton sworn—Is wife of the last witness; remembers a person of the name of Freeman coming to board at the house; recollects seeing prisoner there also; witness was sick at the time Mrs. Freeman arrived, and does not know how long after Freeman's arrival that was; was seated in the room once with the prisoner, when the rats made a noise; the prisoner asked witness why she did not procure some poison; witness asked her what kind of poison and prisoner answered strychnine; witness told her that she did not like to have it

about the house, as she had known of accidents; prisoner told her how to use it—to mix it with meal and leave some water by the side of it; thinks this was on Friday; it was the same day that Freeman was attacked; is sure that prisoner mentioned strychnine as the poison; witness asked prisoner how her husband was; prisoner answered that she did not see any difference in him; that she was going to give her husband pills; this was on Saturday night; she said she was going to take some herself, and gave witness two to take; did not tell witness to take anything after them; prisoner administered the pills to witness herself; mixed them up for her in preserves; does not know whether prisoner took any herself or not; did not hear of her getting preserves for any other pills; she administered the pills from an iron spoon that she (prisoner) must have brought with her, as it didn't belong to the house; Mrs. Freeman said she was going to give pills to her husband, and take them herself; this was a little while before Freeman had a bad spell; on Monday just as Freeman was going to sit down to table, he came to witness' door and said he wished she was as well as he was; after Freeman's death prisoner remained in witness' room down stairs, and did not go up to see his body; prisoner said to witness that Freeman had had a fit of apoplexy; said nothing to witness about the complaint of which Freeman died; prisoner slept in witness' room that night.

Cross Examined by Mr. O'Reilly—Prisoner's conduct was upright and good while she lived in the house; witness thought her a very fine woman.

Bridget McDonald sworn—Recollects a man of the name of Freeman coming to stop at the house; said he was going to bring his wife; prisoner came afterwards. On Friday morning after she arrived, Freeman had his first spell; prisoner had been back in the country with Freeman to see a small farm; on Friday Freeman had his first attack; the prisoner at the bar was present; they were sitting down to breakfast when Freeman was taken bad; Mrs. Freeman seemed to be very much affected, and witness asked her if her husband had ever had an attack before; prisoner said that she thought she had heard his

daughter once say that he had an attack of apoplexy; on Saturday night the prisoner asked witness for preserves to give her husband some pills in; witness gave her some; did not see the pills and preserves administered; on one occasion Mrs. Freeman came into the kitchen and sat down; hearing the rats make a noise, she advised to procure poison, and described how to prepare it; witness was in the bar on Saturday night, when Freeman came to her and stated that he had been taking pills, and asked her for some cider to take the taste out of his mouth; on Monday prisoner went to Kingston to see the Doctor, and on her return she told witness that the Doctor said her husband would not stand it more than once more; after prisoner returned from Kingston, she asked witness for more preserves to give Freeman more pills in; witness gave her some; it was on Saturday prisoner complained of the tooth-ache; Freeman was taken ill sometime after he went up stairs; this was on Saturday night; as soon as prisoner came back on Monday witness told her that Mr. Freeman's dinner was ready, and Mr. Venton was going to take it up to him; prisoner said, "oh never mind, I'll take it up myself"; prisoner then went up stairs, and in a little while witness saw Freeman going down stairs; he came into the kitchen; while he stood in the kitchen tying his handkerchief, he turned round and said to witness, "I feel as well as ever I did in my life"; he then walked over to the door and spoke to Mrs. Venton; she asked him how he was, and he said he wished she was as well as he was; could not say whether it was before he came down stairs or after that prisoner got preserves; prisoner said to Freeman, "Mr. Freeman, you have outdone yourself coming down stairs"; this was at the dinner table on Monday; witness' impression is that Freeman took the preserves down stairs; he remarked, "those pills have a nasty taste"; the prisoner answered, "you would not take them when they were prepared for you, that is the reason"; witness saw Freeman in the fit; it was of the same description as those he had before; he seemed in great agony; he was in such great distress and pain, moaning so that witness could not stand it, and ran out of the room and left deceased alone with Anderson, Venton; prisoner asked witness how deceased

was; witness told her that she thought he was a little better; was present when Dr. Yeoman told prisoner of the death of Freeman; had no further conversation before prisoner left the house on the subject of Freeman's death; witness asked prisoner to go in and see the body of her husband, and told her that it looked quite natural, and would not distress her at all; prisoner answered, "I could not stand it—I could never get out of the room again"; afterwards they were talking about a poor woman in the neighbourhood, with a number of children; prisoner took some of the clothes of Freeman from his trunk, and told witness to give them to the poor family; she gave some others also to another poor family.

Cross Examined by Mr. McKenzie—Witness has only been once in that box before; lived in the family of Mr. Stocker, lived also with old Mr. Booth; lived there three months; lived with Mr. Venton one and a half months and three days; has seen Dr. Stewart to day; had no conversation with him regarding the case, except upon oath; prisoner when she went to Kingston borrowed witness' hood; she had on a calico dress of lightish color—neither very light nor very dark; she had a broad cloth cloak over this, with a drab colored shawl outside of the cape, over her cloak; witness mentioned Heath, the Druggist's shop; prisoner said she did not know the name; took a table-spoonful of preserves and brought it to her; is not certain whether she handed them to the prisoner or laid it down upon the dresser; can't say where the deceased was at this moment; the spoon in which she handed the preserves was one of the ordinary spoons in use in the house; witness brought dinner to the table; Mr. and Mrs. Freeman and Anderson Venton took dinner together; Mr. F. sat on one side, Mrs. F. on the other, and Anderson Venton between them; on Saturday night the prisoner complained of a tooth-ache; she took pills herself; don't know where Anderson Venton was; heard it mentioned that Mr. Freeman had been poisoned; Anderson Venton told her first; this was on Tuesday evening after the funeral; he went to the funeral, and on returning he said that it was reported that deceased had been poisoned; never heard any conversation in the family about rats either before or since; did not hear the prisoner use the word strychnine, she said poison; have

had no conversation with Dr. Stewart about the poison; never, to her knowledge, heard him talk about strychnine.

Daniel P. Lake sworn—Knows prisoner at the bar; recollects Freeman; the first time witness saw him was on the evening of the 10th of April; understood that he wanted to buy a farm; witness told him that he had a small farm for sale; Freeman proposed to come and see it; was in the village all night till Friday morning; Mr. Venton came into the bar next morning and asked if either Mr. Freeman or I were going to take something to drink before breakfast; Freeman hesitated, and asked witness if he would; witness said he would, and then he said, "come on then"; Freeman took a fit at breakfast, after taking a cup of tea; took hold of a piece of pie; his motions then became curious, and attempted to get up from table but was not able; pushed back his chair; at first witness thought it was cholera, and recommended warm ginger tea; when they put his feet in warm water, his toes were turned right up. Mr. Savage was called in, and he pronounced it cholera; witness did not remain till the fit was entirely over, but when he left Freeman was a great deal better; on Friday afternoon called, and Freeman said he was a great deal better; heard that he had had another attack, and called on Sunday afternoon; prisoner was present with him in the room; Freeman was in bed; I asked him how he was, and he said that he had had another fit, harder than the first, but that he was now a good deal better, with the exception that his limbs were very sore and stiff, his stomach also was sore; did not say anything in presence of Mrs. Freeman of what he had been taking; had some conversation about his family; said he had four sons and four daughters; was not present on Monday; witness saw Mrs. Freeman on Tuesday; a neighbor came to tell him that she wanted him; she spoke of the death of Freeman; witness said it was a heavy loss and a great stroke; she answered that it was, especially to be left alone in a strange land; witness asked her if she intended to remove the body home to his family; she said that she would cause it to be buried, and if his family wanted it removed, they could send money and get it done; nothing occurred at this time to lead me to suppose anything was wrong; the first

circumstance which caused me to suspect was her not wishing to remove the body, or even looking at it; before screwing down the lid of the coffin witness asked her again if she would not like to look at the body, on which she covered her face with her hands and said she could not stand it; understood from prisoner that she had one boy five or six years old; she had a pair of small boots in her trunk suitable for a boy 6 or 7 years of age. She removed clear off from that place as soon as the bargain was concluded with Mr. Venton for the horse and buggy; she stated that her furniture was coming, and that she wanted to catch the evening boat that she might get to Ogdensburgh in time to stop it, and thereby save her great expense.

Cross Examined by Mr. McKenzie—Thought Freeman was bad with the cholera; have seen people cramped; deceased vomited some after taking the ginger tea; have seen a person in an apoplectic fit; the patient lay insensible like a person sound asleep; Mr. Freeman was an old man; his hair was white; he was a fresh man for his years; he said himself to witness that he was as well as ever he was in his life, except rheumatism in his legs.

Uriah N. Wright sworn—Was acquainted with the deceased, Mr. Freeman, also knows prisoner at the bar; was at Mr. Venton's on the Saturday evening when the prisoner came in and asked Freeman how he felt, he said that he was as well as ever; she said that she thought he did not look well—that he ought to take pills; she had not the pills in her possession, and asked him for them and he gave them to her; thinks she had a spoon; saw her make the motion as if taking the pills out of the box; thinks something was said about preserves, but is not sure; saw the prisoner hand Freeman the spoon, and saw Freeman make the motion as if swallowing them down; could not see more, as prisoner stood between them; this was on Saturday evening; thought that deceased was not so cheerful before witness came away; laid it to those pills; did not see Freeman again alive.

Cross Examined by Mr. O'Reilly—Did not think deceased quite as cheerful after taking the pills; he did not look as well; made no complaints of being unwell after taking the pills; did not see

preserves, and did not hear any complaint from Freeman after he took the pills; remained with Freeman about ten minutes after he took the pills.

William Savage sworn—Is a resident of Ernestown; knows the prisoner at the bar slightly; knew the person she was with; visited the old gentleman on Friday morning about 8 o'clock; found him affected with violent spasms and vomiting; and prescribed for him; spasms very severe; the prescription which I administered was composed of $\frac{1}{2}$ a table-spoonful of brandy, $\frac{1}{2}$ do. of molasses, a small quantity of red pepper, and five drops of laudatum; Freeman swallowed it; vomited once before he took this prescription; complained of his stomach; his legs and feet were cramped; told them to get some warm water and some saleratus and salt, and bathe his feet; he did not say what he had taken; Freeman did not show him the pills until the afternoon after he had got better; (witness was shown a box of pills) thinks those are the pills. Between 9 and 10 o'clock on Saturday night Mr. Venton came to me again; went to see Freeman; he complained of a pain in his stomach, his neck, his head, and his legs; his legs seemed to be very much cramped; could not bear any one to touch them; Mrs. Freeman came up stairs and said, "Oh! he has got another of these attacks;" witness answered "yes, but not so bad;" witness said so to save prisoner's feelings; the spasms became very frequent and very severe; witness told Mr. Venton that he had better go for a Doctor without letting Freeman know; witness prescribed some medicine for him; but he did not take it; on Monday, Anderson Venton came running over and said, "oh, Savage, I believe the old gentleman is dying"; went across, and when I got there he was not quite dead; prisoner was not present at the time; after he died, Mrs. Freeman said she wished the body buried as decently as possible, but that she felt so badly that she could not see to every thing herself, and left it to a friend; witness attended the funeral next morning; first heard the report that Freeman was poisoned after he came from the funeral.

Cross Examined by Mr. O'Reilly—The prisoner read the directions on the box of pills, stating that they were intended for the cure of acute disease; wit-

ness could not tell where he got the prescription; gave deceased the molasses and brandy because he thought it would do him good; salt and water, &c., was a good bath; witness had seen a man with cholera and cramps, and had seen this bath used with success; Mr. Freeman complained of his legs; said he had bad legs; witness wanted to give him the same prescriptions as on Friday, but he could not take it, the convulsions being too strong; treated him on this occasion only a short time; sent for a Doctor about 11½ o'clock; Mr. Venton gave him the medicine the Doctor sent; believes that it was laudanum; he got sixty drops altogether—ten drops every quarter of an hour; Mr. Venton counted the drops as he gave them to him; this is a large dose; Anderson Venton was apparently much alarmed when he came over for witness; from this place Venton went to Clark's; cannot say why Anderson Venton went to Clark's; recollects Anderson Venton being present and saying that there were hopes of the old man yet; don't consider the dose of molasses and brandy an extra strong dose; it is a cholera dose.

Zeba Babcock sworn—Resides a short distance beyond Mill Creek; knows the prisoner at the bar; held a conversation with her on the day Freeman was buried; sat in the room with her at the time the funeral was going away; remarked that it was a sore trial for her; she answered "yes, but she would not mind it so much if she was not so far from home"; asked her how far, and she said about 300 miles; asked her from what State she came, and she said Vermont; Nelson Venton came in from the kitchen, and she asked him what was the Doctor's opinion; Nelson answered that the Doctor said it was apoplexy; she said to Mr. Venton, "that will do"; witness considered that she was satisfied as to the nature of the disease; prisoner remarked that Freeman had come into the country to buy land, "but a very small bit will do him now"; witness bade her good day and left; this was the 15th April.

Cross Examined by Mr. O'Reilly—Dr. Yeoman told witness that Freeman died of apoplexy; prisoner appeared satisfied with the report; this conversation took place in the kitchen; the conversation could be heard by Mrs. Venton, and others who were present; prisoner

might have meant that Freeman came from Vermont.

Examination in chief resumed—Asked her what part she came from, and she said Vermont.

Anderson Venton sworn—Is acquainted with the prisoner at the bar; was also acquainted with Freeman; saw him in a fit first on Friday morning; was at breakfast with him and others; Freeman was very bad; shoved back from the table, and said something ailed him; put his hand on the back of his chair, and made an effort to get up, but could not; Lake and witness helped him into the adjoining room; he appeared to get worse as we were taking him into the room; the spasms were worse on Saturday evening; on Friday, witness went for the doctor, but he did not come; saw Mr. Freeman there on Friday; on Saturday evening, Freeman had another fit; on that evening he came up to the bar and said he wanted a little of something to take a bad taste out of his mouth; this was between 7 and 9 o'clock in the evening; he then went up stairs; witness and his brother stood by the bar making up some accounts some time after Mr. Freeman went up stairs; heard some one coughing or spitting; and he cried to his brother that he thought Mr. Freeman was sick again; went up and found him very sick on the bed; in a little while the jerks and spasms came on as before; ran over to Mr. Savage and told him that he would like to have him come over, which he did after making up some little medicine; Freeman getting worse, witness sent for the doctor; he could not come, but sent some medicine, which was administered as ordered; prisoner seemed much distressed; she wept; after a little she went down stairs again; saw the prisoner on Monday morning; on Monday morning witness went up stairs to enquire how Mr. Freeman was; he said he was quite smart, and asked me if I was going to town that day as Mrs. Freeman wanted to see if her furniture had come; I answered that I had no business of my own; after breakfast I went up and asked him if he wanted me to go to town, and he enquired how much I would charge; I said half a dollar; he then told me to tell Mrs. Freeman to come to him; I told Mrs. Freeman that Mr. Freeman wanted to see her; before going Mr. Freeman told me

that he wanted me to call upon a Mr. Brown in town who had a lot of land to sell, and to make enquiries about it; he said Mrs. Freeman wanted to go down about her furniture; witness had no conversation with Mrs. Freeman before setting out, only with Mr. Freeman; left after breakfast about 8 o'clock; got into Kingston about 10 o'clock; after getting the horse put up at Irons', where he sat down the prisoner, witness went off to see Brown about the lot; never heard her mention anything about the goods when in town; don't know where prisoner had been in the interim; when witness put the horse up, left her in Irons' Hotel; thinks prisoner was dressed in a dark hood; and calico gown; when they were returning prisoner did not tell witness that she had seen a doctor; after they had got some distance on the road, witness asked prisoner if her things had arrived, and she answered that they had not; witness said he wondered she did not bring them on with her when she came up; she said they had been put in a storehouse with other goods in front of them; so that it would be very difficult to get them out; she told witness also something about her place; she said she had 70 acres of land on the other side, and that she rented it; on their return home they found Mr. Freeman considerably better, and on going down stairs to dinner Freeman gave witness a slight push, saying in a jocular manner that he (Freeman) was a smarter man than witness; this was the last time witness saw the deceased till he came to the bar where he was; he said to witness, "I want a little of something to take the taste of the pills out of my mouth"; I asked him if he would take a little wine, and he took a little; don't know how long before he came into the bar that he took the pills; prisoner told deceased that he had worried himself out coming down; did not observe any appearance of perspiration; Freeman got up and walked out of the room; prisoner got up shortly after deceased; before witness got done eating he heard a great noise in the sitting room, and ran in; found Freeman very bad; he asked for a doctor; witness sent off for one; prisoner was in the room; was getting things to help him; Mr. Babcock went for a doctor; prisoner did not remain long in the room at a time; went in and out; Freeman

got very bad, and said he was dying; in the meantime, witness' brother came up with the carriage, and ran down and brought up the doctor; but when he returned again Mr. Freeman was dead. Witness told Dr. Yeoman that prisoner did not know that Freeman was dead, and he said that he would tell her. Did not hear prisoner say anything about the funeral; the body was taken to Waterloo, a distance of nine miles; witness accompanied the funeral; witness believed it was apoplexy from what Dr. Yeoman said; several persons enquired about the circumstances of the case and expressed suspicions; witness told them he did not believe it. Cannot recollect the particulars which induced them to believe Freeman had no met with fair play. Told my family what Mr. Smith and Mr. Booth said; can't say whether it was what those gentlemen said that caused the people to come to the house about it; witness told them they might as well go and see Mrs. Freeman, but he, witness, did not believe there was anything wrong. Witness' brother and another went after her and procured her apprehension.

Cross Examined by Mr. O'Reilly— Did not go to bed on Saturday night at all; lay down after 3 o'clock; can't say at what hour the old man took the candle and went to bed, it was sometime between 7 and 9 o'clock. Don't recollect of having much conversation with prisoner on Sunday. Was up in Mr. Freeman's room on Sunday afternoon, and Mr. F. said that witness stuck to him like a brother last night. Witness told him that he thought he was going to die, and Freeman answered that he was not afraid of it. Don't remember seeing Mrs. F. on Sunday evening; she told Mr. Freeman that he ought to pay witness for his trouble, and witness said that he would be sufficiently recompensed by seeing Mr. Freeman well. Don't know what "fox sickening" is; don't think I ever saw any. Have heard of dogs being poisoned, but don't know what kind of poison is used. Recollects one day of having some conversation with Mrs. Freeman by the fire; when witness drove prisoner to town, went to Mr. Irons' hotel and left her there and put up the horse, then went to enquire at Brown's about the farm; was some time in conversation with Mr. Brown, went to several other

places and bought things, and when I was ready to start for home it was about 5 minutes to 12 o'clock. When I went back to Irons' I found prisoner in the sitting room where I left her. Witness is quite certain that when he left Irons' prisoner was there, drove back at a pretty fast gait, suppose it must have been about 2 o'clock when he got back to Mill Creek. Went into the barn with the horse, did nothing but put the horse in and put off his over coat. Had no more conversation coming up with Mrs. Freeman more than what I have already stated. Recollects prisoner said as she was coming home that she had given Mr. Freeman \$400; don't recollect any conversation with Mrs. F. about the state of her husband's health. Remained up stairs about three or five minutes, told Mr. Freeman what Mr. Brown said and came down stairs to the bar. Cannot say wether one minute elapsed between the time witness came down stairs and Freeman coming to the bar for wine, right after he got the glass of wine he went off to dinner; can't say how long they were sitting at the table: had got through with his dinner,—Mrs. Freeman was also at table; witness and Mrs. F. were both at table—Freeman walked out of the dining room into the sitting room. Recollects meeting Dr. Stewart on a Tuesday, Mrs Freeman was then in jail, Dr. Stewart told me that prisoner said that I had some of her money. Went to see her with Dr. Stewart, she gave me 11 or 12 dollars to discharge some of her debts. Witness did not faint away at the Coroner's jury, he felt a little alarmed—he was unaccustomed to such things and felt weak.

Thomas B. Howells sworn—Is assistant with Mr. Brent, Druggist: on the Monday before Good Friday, prisoner came into the shop: she asked for a quarter-dollar's worth of strychnine: said she wanted it to kill rats with; said the last she had got met with an accident; she had mixed it with Indian-meal and placed it in the "run," but the rats had upset it; witness understood that the "run" meant a stream or runlet, over which in the States milk houses were usually built,—witness directed her how to mix the poison for the purpose of killing rats—she got five grains of strychnine for a quarter-dollar—did not sell any strychnine to any one else that day

—had no recollection of seeing prisoner before.

Cross Examined by Mr. McKenzie—Believes the prisoner is the individual—might be mistaken if she had a twin sister—recognizes her by her face. Witness does more than think, *he believes* the prisoner at the bar to be the individual—there are three degrees of affirmation, I think, I believe, and I am positive—I therefore swear I believe. It is quite a common thing to sell strychnine in drug shops—sell it almost every day.

Nathaniel Leonard and John Davison sworn—The evidence of these witnesses was nearly a reiteration of what has already been given.

John Rose sworn—Was in the house at the time Mr. Freeman died. He came into the bar room and asked for something to take away the taste of the pills from his mouth, he then walked about a few minutes on the verandah, then went into the room and died soon after. Witness was present at his death, don't know the time he took the pills.

Cross Examined by Mr. O'Reilly—From the time the old man left the bar-room till he walked on the verandah might be 15 minutes—Mr. Leonard first drew witness' attention to the dying man—saw Mr. Venton in the room—did not see Mrs. Freeman at all—Nelson Venton had gone for the Doctor. Freeman only walked across the verandah once or twice before he took the fit, he then walked back into the sitting room and lay down on the sofa.

Royal Barnum sworn—Had never seen the prisoner before—went with the Coroner to examine the body of deceased—had the body exhumed—identified it as the body of Elijah Pease, his father-in-law; had an interview with prisoner in the jail—asked her about the property of the deceased—began to speak about the horse and buggy—asked her if she was willing to pay back the money she had received for the horse and buggy—said she was quite willing to do so—asked about the remainder of the money—she said deceased had 7 or 800 dollars, 400 of which was her own—Mr. Pease, she said, had received a debt due to her first husband from Mr Hungerford of Watertown, on account of the Florida War, amounting to that sum; deceased had gone to Watertown for that purpose, when she had left deceased lately on a short visit to her home, she

had laid out \$100 in cows and other property; that money was her own. Witness and deceased had lived together for some years, deceased had some property when he left, had not lived together lately, witness had moved to another farm, deceased's horse had till lately been stabled at his farm.

Cross Examined by Mr. McKenzie—Went to the jail to make enquiry regarding the money—took advice of counsel—sole object in going to jail was to see about the money—went with the Coroner Dr. Stewart to the jail—can't tell what object the Coroner had in going with him—had some conversation with the Coroner about getting admission—he told me he could get me admission—understood prisoner was in jail for examination before the Coroner—don't think the Coroner acted like a spy, he acted like a gentleman. Witness held no inducements out to prisoner to make those declarations—did not hear the Coroner warn her not to convict herself—can't say whether the Coroner had any object in view.—There was considerable talk about the prisoner's family, children &c. Does not know either prisoner or her children—don't recollect ever seeing her before.

Dr. P. Yeoman—Is a medical practitioner, residing at Mill Creek; was called to see the deceased on Saturday night; was unwell, and could not go; sent some medicine, (laudanum,) 10 or 15 drops of which were to be given at short intervals until relief was obtained or 60 drops were taken; went to see Freeman next morning; the first person witness saw was Mrs. Freeman, who asked him to come and see her husband; found him better, lying in bed; asked him if he could move his leg when he had the cramps—he said the pain came in "shots" like electricity; he said he never had such spells before; asked him if he had taken any thing previous to being attacked—he or Mrs. Freeman answered he had taken two "Sovereign Balm of Life Pills;" I asked him if they had purged him—he said they had not; I advised him to take more cathartic medicine; his pulse was natural, and his mind clear. On Monday afternoon I was again sent for about three o'clock; found the deceased in a reclining position in the corner of a sofa, his body bent back, presenting an appearance of

general spasm: he was just dead; from the first, witness suspected the death of Freeman was caused by strychnine, but upon consideration thought it best for a time to conceal his suspicions and allow facts to develop themselves; had therefore encouraged the belief that deceased had died of apoplexy, and the better to forward his plan had advised prisoner to have deceased buried at Waterloo, where the ground was dry and sandy, as the body would there be less subject to decomposition, and consequently better adapted for after examination. Witness assisted at the *post mortem* examination; found the head, thorax and abdomen healthy; assisted to take out the stomach, to be given to the Coroner; witness was present when the contents of the stomach were tested, and found them to contain strychnine; and taking into consideration the symptoms, and the analysis of the stomach, has no reasonable doubt regarding the deceased having come to his death by strychnine.

[After some silly questions, not affecting the case under consideration, were put to Dr. Yeoman by Mr. McKenzie, the Court adjourned at half-past 12 at night.]

SECOND DAY.

John R. Dupson, M. D., sworn—Practises medicine in Kingston; was called by the Coroner to make a post mortem examination of the body of deceased; the body was disinterred; the examination was made in the Town Hall, at Waterloo. The countenance was calm and mild, more like a person asleep than dead; extreme and rigid spasms of the lower extremities. The soles of the feet very much arched; toes were drawn forcibly toward the dorsum of each foot;—the foot itself presented the appearance of the letter S. There was a cicatrix of an old and extensive wound in upper part of right thigh near the groin. Opened the chest and abdomen; the heart was empty in all its cavities, and healthy; the valves of the aorta were slightly ossified, nothing more than might be expected in a man of his age (67 years); lungs healthy; stomach healthy; tied the stomach at both orifices, and separated it from the body. Opened the skull and examined the brain—found it healthy. After taking out the brain, depressed the neck and shoulders, and

passed the handle of a scalpel into the spinal canal; not any effusion there; placed the stomach and contents in a bottle, and sealed it. The next step; the Coroner applied to Professor Williamson, of Queen's College, to analyse the stomach and contents; the Professor declined, in consequence of going to England in a few days. The Coroner wished me to proceed with the analysis. I consented, provided I could procure pure tests. Dr. Stewart also communicated with the Professor of *Materia Medica*, McGill College, Montreal. I proceeded to analyse the stomach and a portion of its contents. The stomach contained $7\frac{1}{2}$ fluid ounces, $2\frac{1}{2}$ ounces of which were subjected to analysis. The stomach itself was cut into small pieces and put into a glass retort, and digested in boiling distilled water for two hours, then poured off the distilled water, and digested the stomach in boiling alcohol to dissolve the remaining strychnine, as it is very sparingly soluble in water even at the boiling point; during this time, the portion of the contents ($2\frac{1}{2}$ 5) subjected to analysis, was put into an evaporating dish and placed in a sand bath, and kept the bulb of a thermometer in the dish all the time; never allowed the temperature to rise above 180 degrees Fahrenheit; when evaporated to the consistence of syrup, mixed it with the distilled water and alcohol in which the stomach had been digested; then heated the mixture to 100 degrees and filtered; washed the residuum on the filter with more alcohol to carry through any strychnine that might remain there; then proceeded to evaporate the liquid, cautiously as before on the sand bath for five days; then tested and found it very acid; neutralized one half with hydrate of lime; poured boiling alcohol on neutralized substance; filtered again to separate the acetate of lime; washed the filter with more alcohol; evaporated to the consistence of thick syrup, and to this applied the tests; the portion neutralized by ammonia was put into a retort, and the ammonia distilled off; this was also evaporated to the same consistence as the other, and to it the tests were also applied. The tests used were those known to the profession as the tests of Marchand and Otto; the former, or Marchand's test, consists in adding one part of nitric acid

to 100 parts of sulphuric acid; the substance supposed to contain strychnine should be carefully mixed with these combined acids, and a small portion of protoxyde of lead then added; if strychnine be present, on stirring the mixture with a glass rod, streaks of a blue color will follow the rod, this color is very evanescent and passes rapidly into a violet, soon changes into red, and after a day or two assumes a canary yellow color; this succession of color is characteristic of strychnine. Otto's test consists in treating the matter supposed to contain strychnine with concentrated sulphuric acid; to this add a very small quantity of chromate of potassa in solution; if strychnine be present, a most beautiful deep violet color is produced. The results of these analyses gave indications of the presence of strychnine; witness is satisfied that strychnine was present; witness' opinion is that the deceased died from the effects of strychnine. A portion of strychnine was procured from Mr. Brent's; it was put in watch-glasses, and subjected to the same tests as the contents of stomach; the glasses were put side by side—those from Mr. Brent's and those from the stomach; the changes in each were identical, (some of those glasses were here presented to the Court, no person could distinguish the one from the other.) Strychnine is a very violent poison; $\frac{1}{2}$ of a grain poisoned a girl in the Glasgow Infirmary; Dr. Warner, of the Vermont Legislature, was said to be poisoned with $\frac{1}{2}$ grain. Examined the pills given me by Coroner—they did not contain any strychnine.

[Another foolish cross-examination here took place, which, as it did not at all affect the facts of the case, but merely shewed the Counsel's ignorance of chemistry, we need not occupy space with.]

Dr. John Stewart—Is a Coroner—examined the body of Freeman; the body was recognised by the friends to be that of Mr. Pease; the stomach was delivered up in the condition in which I received it; there could be no introduction of poison into the stomach after I received it, while in my hands; took the pills from the pocket of the clothes, recognised by the friends as the clothes of the deceased; gave them to Dr. Dixon in the same state I received them.

This concluded the case for the Crown.

Kenneth McKenzie, Esq., Senior Counsel for the prisoner, addressed the Jury. His speech was a tissue of nonsense and misrepresentation, occupying nearly three hours, but well adapted, nevertheless, to those whom he addressed.

Mr. McKenzie having concluded his address, Judge McLean summed up the case; he went regularly and minutely over the whole evidence, and laid every thing in as plain a manner as possible before the Jury, concluding with a charge characterised by impartiality, leaving it to the Jury to say whether the prisoner was innocent or guilty.

The Court then adjourned till 10 o'clock, A.M.

CONCLUSION.

The Court again assembled—the Court-room is crowded to suffocation—the prisoner is again carried by two men into the dock and placed as before; she appears to be very weak and is ghastly pale—the Sheriff enters with a notice that the Jury had agreed upon a verdict—they are marched into the Jury-box and their names called out, each one answering in turn. The late hour of the night—the crowded room, with the thousands of anxious faces around the unfortunate creature laying crushed and gasping in the dock—the breathless silence which reigned made it an anxiously exciting moment, when the Clerk put the question to the Jury—“Gentlemen, have you agreed upon your verdict—Guilty or not Guilty?” The Foreman stood up—“NOT GUILTY, MY LORD.” Hundreds drew a breath of relief, though surprised and almost disappointed at the result.

ART. XI.—*Examination of the Sap of the Sugar Maple Tree, the Acer Saccharinum of Linnæus, with an account of the preparation of the Sugar.* By GEORGE D. GIBB, M.D., Lecturer on the Institutes of Medicine, St. Lawrence School of Medicine, Montreal: Honorary Member Addisonian Literary Society of Montreal; Corresponding Member Literary and Historical Society of Quebec, &c.

One of the most noble trees, and one of the most common and well known in

this country is the *Maple*. It may truly be designated the pride of our forests, contrasting strongly as it does with its variegated leaf, with the stately and lofty pine, which is equally abundant and numerous. The maple-leaf has not been inaptly chosen as the national emblem of the French Canadian, and is the badge worn by the members of the Society of St. Jean Baptiste, the Patron Saint of the Franco-Canadians.

A few observations upon the sap and sugar obtained from the maple, which were suggested by an experimental examination of the sap itself, I venture to hope may not prove uninteresting.

Professor Lindley mentions 3 genera and about 60 species, belonging to the natural order *Aceraceæ*. These are spread over Europe, the temperate parts of Asia, the north of India, and North America. The order is unknown in Africa and the Southern hemisphere. “The species are only known for the sugary sap of the *Acer Saccharinum* and others, from which sugar is extracted in abundance, and for their light useful timber.”*

Canada and the United States (especially New York, Pennsylvania, Western Counties of middle States, and the banks of the Ohio,)† abound in the greater number of the species mentioned, and they extend further northwards as far as the Hudson’s Bay Company’s territories.

In Canada, the hard, rock, or birds-eye maple, and the soft or curly maple are well known. The true sugar maple, the *Acer Saccharinum* of Linnæus, is the tree that especially yields the largest quantity of sap, and furnishes the best sugar. This tree is the one commonly known as the hard maple, and is that which furnishes the best

* Lindley’s Vegetable Kingdom.

† Ure’s Dictionary of Arts and Manufactures.

fire-wood. Large tracts of land in the Ottawa district are covered with it; it is found in great numbers in the Eastern Townships, where large forests miles in extent contain nothing else, and in other places it is mixed with various trees; there is scarcely a spot in Lower Canada where it is not to be met with, and in every place is the manufacture of sugar known and practised.

Captain Marryatt has stated that there were trees enough on the shores of Lakes Huron and Superior to supply the whole world with sugar.

Mr. James E. Campbell, who has had much experience on this subject, informs me, that the manufacture of a syrup from the maple tree, was known to the Indians at the time the country was first settled by the French; and it is supposed, on good authority, that the knowledge of its manufacture was first obtained from them. To this day, in the north-west territories belonging to the Hudson's Bay Company, this sugar is made by the squaws in the form of little round pallets, made from pouring the thickened syrup on chips, flattening them with the hand, and leaving the mark of the three fingers on its surface.

In the United States the manufacture of the sugar was first attempted about 1752, by some farmers of New England, as a branch of rural economy. This gradually spread wherever the tree was known. Now it forms an article of food throughout a large part of the country districts of the Lower Province, and even in many parts of the Upper, more particularly along the banks of the Ottawa. When travelling in that direction, I have been furnished with it, in a crushed form, for my tea; and on asking if muscovado sugar would not be cheaper and preferable, was told that almost every farmer pre-

pares annually sugar enough for the year's consumption of his family, and often has a surplus quantity for sale. And as to its cheapness, it is sold from 2d. to 3½d. per pound, sometimes lower, whilst very common muscovado can never be bought for less than 4½d. to 5d. per pound. It has some advantages also over muscovado, of which I shall presently speak, and is superior to it when properly made.

In the month of March, I procured some fresh sap from a hard maple tree, and resolved to apply the various means for detecting the presence of sugar, and to estimate the amount yielded in a given quantity.

Its colour was that of pure water, with the merest shade of opalinity. The taste was moderately sweet, and resembling the *eau sucrée* of the French. Its specific gravity 1.114, at the temperature of 60° Fahrenheit. Neutral, possessing neither an alkaline nor acid reaction.

Five fluid ounces, evaporated to dryness in a glass vessel, yielded 94 grains of residue, of a pale straw colour and perfectly transparent, equal to 376 grains, or a little over $\frac{3}{4}$ of an ounce to the pint of 20 fluid ounces. The residue was almost entirely pure sugar, and contained traces of chlorides, phosphates, and sulphates.

From the lowness of the specific gravity in comparison to the fluid of diabetes mellitus, I did not expect that the results would have been marked in the application of reagents, but the following were those obtained.

Moore's Test.—Equal parts of the sap and caustic potass were boiled for about two minutes; the fluid assumed a dark oily yellow or sherry colour, which it retained. This "dark sherry colour," will at any time result by boiling grape sugar, potash and distilled

water, as shown by experiments in the *Lancet* by Dr. Hassall.*

Trommer's Test.—A solution of the sulphate of copper was added sufficiently to give the sap a light blue colour, a deposit of phosphate of copper occurred;‡ caustic potass was then added in excess, when a heavy precipitate of hydrated oxide of copper fell, which became re-dissolved in the excess of alkali, forming a dark-blue solution. On heating to ebullition, a most marked deposit of red sub-oxide of copper fell.

Cappezzuoli's Test.—A few grains of blue hydrated oxide of copper were added to some of the sap, in a conical glass vessel, and the fluid rendered alkaline by adding caustic potass. The fluid assumed a reddish tinge, and after the lapse of a few hours the edge of the deposit of oxide obtained a yellow color, which extended throughout the entire mass from the reduction of the oxide to a metallic state.

Mawmene's Test.—A few drops of sap were placed on a strip of white merino, that had been previously acted upon by a strong solution of chloride of tin, and then dried. On exposing it to a temperature of from 260° to 300° Fahrenheit, it immediately produced a dark-brown spot. This is one of the most convenient and delicate tests that has been as yet discovered, and one of easy application, for strips of this saturated cloth may be carried about like the ordinary test papers. "By the help of this test the presence of sugar in the urine can be readily detected. Ten drops of diabetic urine, diffused in half a pint of water, would in this way yield a brownish-black spot. Ordinary urine, urea and uric acid, produce no result of this kind."[§]

Nitrate of Silver Test.—On adding a few drops of a solution of nitrate of silver, nothing was observed, but on adding some caustic ammonia, a white precipitate was formed, which was reduced by a very slight heat, the metallic silver attaching itself to the surface of the vessel.

All these tests were satisfactory and clearly demonstrated the presence of sugar. Some specimens of sap, however, are richer than others in the amount of sugar present, and consequently possess a higher specific gravity. This fact is well known to some of the sugar-makers.

On reference to many standard works of authority,† I find quotations from a paper published many years ago in the American Philosophical Society's Transactions,‡ by Dr. Rush, giving an account of the sugar maple tree. All the tests here applied, were at that time unknown, and although I have been unable to refer to the original paper, I find that no examination of the sap itself was made.

Dr. Rush has described the process of manufacture in the States, which is a very simple one, as practised by the farmers.

In Canada the sap is procured and manufactured into sugar as follows:—

The tree is bored on its south side with an augur, or a brace and bit, or a gouge, or rounded chisel, until the hole is nearly two inches deep, in some cases it is much less, the diameter being from $\frac{3}{4}$ to $1\frac{1}{2}$ inches. Care must be taken that the alburnum or white bark is not penetrated more than half an inch, as experience has proved that a greater discharge of sap takes place

* March 8, 1851.

† Traces of phosphates were present.

‡ London Medical Gaz, April 5, 1850.

§ Ure's Dictionary of Chemistry.—Thomson's Organic Chemistry. Ure's Dictionary of Arts and Manufactures.

† Vol. 3. p. 61.

at this depth than any other. It is neatly cleaned out, and a small and thin pine or cedar spile, or spout, is then tightly introduced to direct the flow of sap into the bucket or trough. In some parts of Lower Canada, instead of boring a hole, the *habitans* chop a pretty large opening with a hatchet, this would seem to answer well in obtaining the sap, but it very much injures the tree and frequently destroys it. When the sap ceases running on the south side, the tree is again bored on the east or west side, seldom on the north side, as that side furnishes but a small quantity of sap, supposed to be owing to the want of a warm atmosphere from that quarter.

Some trees have two openings made at the same time, a few inches from each other; others have holes in the most convenient place, without reference to the points of the compass.

Mr. Dillon, of Longue Pointe, who has kindly replied to a communication of mine upon the subject, states that there are two kinds of dripper besides the spout, one made of a piece of bent hoop, and the other a flat piece of cedar; the former made so as to fit the incision of a gouge, and the latter driven into the tree after tapping with an axe. He considers the tapping by the brace and bit as preferable to either the gouge or the axe, as the opening may be plugged at any time to prevent the entrance of air, which might injure the tree.

The age of the tree tapped is uncertain, but the diameter of the trunk must not be less than 9 or 10 inches; it attains its full growth in about 20 years, and is then from two to three feet in diameter.

Dr. Rush states that tapping does not injure the tree, but on the contrary it affords more syrup; and of a better quality the oftener it is tapped. A sin-

gle tree, he says, has not only survived, but flourished after tapping for forty years. This fact is confirmed by Mr. Campbell, who informs me that in a forest of maple trees, where the trees are even full grown, when tapped for the first time, the sap is large in quantity, not so sweet, and does not yield on the average scarcely 2 lbs per tree; but the oftener tapping is performed, the stronger and richer the sap becomes, the tree seems to improve, and the amount of sugar yielded is very much larger. I have seen trees, full grown, quite healthy and flourishing, that have been tapped for upwards of sixty years, and apparently uninjured.

The *sap* scarcely varies in colour during the time it is running from the tree; it is clear and limpid, inclining somewhat to amber or straw colour. It is, however, very often perfectly colourless like water, and this will depend upon the presence of more or less sugar in solution; the darker the colour, the higher the specific gravity, the sweeter the sap, and consequent richness in sugar. The richness and the quantity of the sap are influenced also by a variety of causes. A very important one is moisture of the earth; if the tree is on a hard, dry and elevated soil, the sap will not be so abundant, but it will be richer and of a yellow colour; if it is in a low marshy situation, there will be a greater flow of sap, but very poor in its amount of sugar. Richer sap is also yielded in cold frosty weather, than in damp rainy weather. Hence the season chosen for tapping the trees, are the months of February and March, before the changes in the seasons occur. When the nights freeze hard and the sun comes out hot during the day, the farmers anticipate a good flow of rich sap; but if the night is warm, with a warm wind in day time, the sap, they

say is spoiled. A sudden thaw, such as occurred this last spring, ruins the sugar making. This was much felt in the Eastern Townships.

Each tree yields on an average about 5 or 6 buckets of sap, and a bucket-full of sap is estimated to yield over half a pound of sugar.* Mr. Campbell states that the sap from an old tree that has been tapped 18 or 20 years, will yield a pound a bucket. Many persons are satisfied with an average of 3 lbs. of sugar from each tree, although there are instances, as Dr. Rush states, of as much as 20 lbs. being furnished from a single tree. It would appear that sugar orchards improve if not tapped every year; my friend Mr. H. J. Thompson tells me that a *rest* does the trees good, and consequently they yield a larger quantity than if tapped every year.

Almost every farmer has his own method of preparing the sugar, but those who prepare it on a large scale, do so in a very scientific manner, with great care and produce a better sugar. The sugar may be obtained in two forms from the sap, one in the form of a solid cake or lump sugar, the other in that of a soft, granulated or muscovado grain.

The sap (being previously strained through a cloth,) is poured into iron pots or kettles,* varying in dimensions according to the size of the sugar bush, but, more generally containing from twelve to fifteen or twenty gallons. The boiling is rapidly performed until the sap is of the consistence of syrup, with the addition of a little butter, to prevent it from boiling over, when it is moderated, and gradually discontinued until resembling thin treacle or molas-

* An ordinary bucket contains $2\frac{1}{2}$ to 3 gallons.

* Copper vessels are sometimes used, and also vessels lined with earthenware, which are superior to those of pure metal.

ses, being carefully skimmed as the scum forms on the surface. A slow fire is now used to bring it into a state fit for making the cakes of sugar, and this is known by pouring a few drops in a little snow or ice, and, if possessing the least gritty taste, it is immediately run into moulds, forming the cake sugar as generally seen in commerce.

If it is desired to obtain it in the form of soft or granulated sugar, the boiling is continued a very short time longer, until it is a trifling degree more gritty to the taste than the last, when it is removed from the fire, and is then constantly stirred with a wooden ladle or flat stick until it becomes quite cold, when it is obtained in the form of soft or crushed sugar. The more it is stirred, the whiter, drier, and clearer in colour it becomes; this is produced by the evaporation of the remaining water, which goes on rapidly, and which prevents the cohesion of the particles which is so strong in the cake sugar. After it is thus prepared, it is placed in barrels or tubs, laid upon parallel sticks, with one or more holes bored at the bottom to permit the flowing out of the refuse syrup, very like honey in colour and consistence, and which still further produces a dry sugar, being similar in this respect to Muscovado. Some manufacturers use various substances to clarify and render the sugar whiter, such as slaked lime, a few eggs, and some milk.* In this way, the sugar is obtained almost perfectly colourless, and in the form of minute crystals or grains, perfectly clear and transparent, and free from any impurities whatever. From this form of granulated maple sugar, a

* The Indians are said to clarify their sugar in some instances, with the manure of dogs, which contains much phosphate of lime.

superior kind of loaf sugar has been manufactured in the States, not in any way inferior to the loaf sugar of Europe.

To test the superiority of Maple over Cane or Muscovado Sugar, I instituted the following experiment :—

Some *Brown Muscovado Sugar* was placed at the bottom of a wine-glass, which was then filled with water, and allowed to stand 24 hours without disturbance; a scum formed on the surface.

Some *Maple Sugar* a year old, was pounded and treated in the same way; no scum formed on the surface.

The fluid and scum of the *Muscovado* were examined under the microscope, when large numbers of dead *acari* or *sugar insects* were found, many fragments of their bodies, numerous ova and young *acari*, and sporules of the sugar fungus in vast abundance; a few fragments of the sugar cane were present, showing the cells of the parenchyma, and a very few of the woody fibres.

The fluid of the *Maple Sugar* was examined, and *nothing whatever* was discovered worthy of observation.

This experiment is worth a host of arguments in favor of the superiority of the maple sugar over the other. All the *brown muscovado* sugars contain this noxious insect, but the colourless muscovados, are quite free from it. If granulated maple sugar can be obtained cheaper, or even at the same price as muscovado, and possessing a purity not to be reached by the other, is it not to be preferred? I shall not make any remarks upon the natural history of the insect, but would recommend those who may be curious in this matter to examine for themselves, or, I shall be happy at any time to repeat this experiment in their presence.

Independently of the presence of the sugar insect, maple sugar is not in any way inferior to cane sugar, but is

infinitely superior in many respects. It is prepared at a time of the year when neither insects nor the pollen of plants exist to vitiate it, as is the case with common cane sugar.* Its taste is superior to that of cane sugar, it possesses a delicious flavour when well-made, and it sweetens equally as well. It can be eaten in a pure state for a considerable time without any unpleasant consequence, which is the reverse with cane sugar, undoubtedly one of the sources of worms in the body. As it is free from moisture, it may be preserved for years, and if exposed to the air becomes dry; it is this moisture in the muscovado or cane sugar, which permits of the generation of the sugar insect, and which is prevented in the other from this opposite effect.

The subject of the manufacture of maple sugar, is one of such growing importance to the commerce of this country, that I shall resume its consideration at a future opportunity.

Craig Street, Montreal.

ART. X.—*Lectures on the Eruptive Fevers, as now in the course of delivery at St. Thomas' Hospital, London.* By G. GREGORY, M. D., F. R. C. P. L. Physician to the Small-Pox and Vaccination Hospital, Highgate, &c. First American edition, with numerous Additions and Amendments by the author, comprising his latest views with notes, and an Appendix, embodying the most recent opinions on Exanthematic Pathology, and also statistical tables and coloured plates. By H. D. BULKELY, M. D., Physician of the New York Hospital, &c. New York; S. S. & W. Wood. 1851. Royal 8vo. pp. 379.

These lectures thus embodied in a volume, and enriched by the labours of the American editor, were delivered by the author in St. Thomas' Hospital in the year 1843.

* See Ure's dictionary of chemistry.

Important as have been the contributions to exanthematic pathology, whether in regard to monographs or works of more laboured character, which the last ten years have witnessed, we yet deem the volume before us a valuable addition to the stock, and worthy of occupying a place beside the more extended productions of Cazenave, Rayer, Willis, Withering, &c. More restricted in the diseases of which it treats, it yet enters more fully into their ætiology, pathology and statistics; and bringing the subject down to the present day, it presents a condensed statement of facts, eminently worthy of the serious consideration of the attentive practitioner.

The first two lectures are devoted to the general character, affinities, and management of eruptive fevers; the third, fourth, and fifth lectures, to the early history, phenomena, statistics, pathology, and management of small-pox; the sixth, to rubcola; the seventh and eighth, to the history, phenomena, pathology, statistics and treatment of scarlatina; the ninth, to erysipelas; the tenth and eleventh, to vaccination, with reference to its history, phenomena, practice, pathology and results; the twelfth, to vesicular eruptions; and the thirteenth, to non-contagious effluences. A very valuable appendix is added by the American author, extending over forty pages, in which the statistics of exanthematic mortality in a number of the principal cities in the American Union are detailed, and a number of important points connected with the pathology of the exanthemata are dwelt upon at length; which were omitted in the body of the work.

With the history, ætiology, symptoms and treatment of the diseases, the discussion of which constitutes the main portion of the work, our readers

are well acquainted. We do not perceive any thing worthy of record. Indeed, as regards the modes of practice inculcated in the body of the work, especially as regards that to be pursued in variola and scarlatina, we perceive nothing new, and much that falls far short of that which would be most approved on this continent; and were it not for Dr. Bulkely's additions in these respects, the publication would scarcely have been worth issuing from the American press.

As an example of the truthfulness of our assertion, we quote from page 102 and 103 the following passages, as exhibiting the author's opinions with reference to the ectrotic treatment of small-pox:—

“Three measures have been pursued, having for their object to diminish action on the *surface* of the body during the maturative stage. The first was that of opening all the pustules, as fast as they ripen, by a gold needle. This was the Arabian practice; but it is as useless as it is troublesome. The second is a modern invention—that of applying lunar caustic to the pustules, so as to destroy them at an early period. As a partial application—say to vesicles forming near the eye, I can recommend this measure; but I cannot advise you to employ it to any large surface covered with confluent or semi-confluent vesicles. The pain which such an application occasions is very great, and must, of itself, add largely to the danger of the patient. In the distinct form of the disease, the remedy would be worse than the disease.

“The latest mode of treating the surface during the maturative stage of small-pox, is that of applying mercurial plasters, containing calomel, or corrosive muriate of mercury, or covering the whole surface with mercurial ointment. In the French hospitals, at the present time, the latter mode is in fashion. The reports which have reached me of its success, however, are not very flattering. I have seen all the three plans fairly tried at the Small-pox Hospital. The ointment and calomel plasters were insufficient. The plaster of cor-

rosive sublimate, converted a mass of confluent vesicles into one painful and extensive blister; but I am still to learn what benefit the patient derived from the change."

Our readers can judge from this quotation that the author is no especial advocate for the abortive treatment, denouncing it either as insufficient or dangerous. Nor does he appear to have been aware of the employment of the Tincture of Iodine under the circumstances mentioned.* The prevention of cicatrices on the face and neck ought to be an object of much solicitude; and from our own experience of the employment of the iodine, from what we have witnessed in the practice of others, and from what we have read and heard of its use elsewhere, we are persuaded that the experience of the profession on this side of the Atlantic would run counter to that of our author. Dr. Bulkely judiciously, however, steps in here, and fills up the hiatus so glaringly conspicuous.

One of the most important features of the work under consideration, is the statistics with which it abounds, and which constitute its main value. While the author has fully supplied those of

* The employment of the Tincture of Iodine as an ectrotic in Small-pox was first adopted by Dr. Crawford of this city, and published in the *Montreal Medical Gazette* in April, 1844. Dr. S. Jackson, of Philadelphia, in 1845, also used it and published his results. Dr. J.'s claim to originality was made in ignorance of Dr. Crawford's previous publication. Pretensions to the employment of the same article in the same way have been lately advanced by a physician in France. If what the reviewer of Mr. Howard's work on the Eye, in the *B. and F. Med. Chir. Review*, says, be correct, "that those only who live in the midst or on the borders of the current of literature," should pretend to authorship, then are there many who do so live, who should hang their pens on willows. The flippancy of the observation is characteristic of that whole review.

Great Britain, the American Editor has equally done his duty with regard to those on this continent whose statistics on these points are of value. Of these statistics, we now propose to give an abstract; and first with regard to small-pox.

It has been a fact long noticed, that the greatest mortality by small-pox occurs in children. This is fully borne out by Mr. Farr's tables, which show that out of every nine persons who died of small-pox, seven are below the age of five years. Dr. Watts, of Glasgow, furnishes the following table of deaths, indicative of the per centage by this disease at different ages in the whole number of deaths in Glasgow, Edinburgh, New York, and Philadelphia:—

	Glasgow.	Edinburgh.	N York.	Philadelph ^a
Under 2 years.	57.75 ..	53.21 ..	34.11 ..	34.39
" 5 "	85.72 ..	81.68 ..	58.66 ..	57.14
" 20 "	95.12 ..	95.33 ..	72.74 ..	77.24
Above 20 "	4.87 ..	4.76 ..	27.25 ..	22.75

At the small-pox hospital, Highgate, the admissions from 1776 to 1800 were 7017, and the deaths 2277, being at the average rate of 325 per cent. From 1801 to 1825, the admissions were 3743, and the deaths 1118 or 30 per cent. Since 1825, the per centage of deaths has decreased, and at present the deaths do not exceed 25 per cent.

The following statement exhibits the proportion of severe to mild cases admitted into the same institution for four years—from 1837 to 1841—the vaccinated and unvaccinated being classed together.—

	Admitted.	Died.
Confluent cases.....	637	304
Semi confluent.....	267	20
Confluent and semi-confluent modified..	143	8
Distinct and varicelloid	373	3

The following table exhibits, in the most striking manner, the effects of vaccination in modifying the fatality of the disease. During the year 1838, the

disease prevailed with remarkably epidemic violence, and the tables shew the admissions and results during that year:—

	Normal		Vaccinated.	
	Admitted.	Died.	Admitted.	Died
Small-pox.				
Confluent..	295 ..	149 ..	56 ..	21
Semi-confluent...	78 ..	8 ..	42 ..	4
Distinct....	19 ..	0 ..	20 ..	0
T'yl normal.	392 ..	157 ..	118 ..	25
Confluent modified.	2 ..	0 ..	38 ..	4
Semi-confluent modified. . .	1 ..	0 ..	28 ..	1
Varicelloid.	1 ..	0 ..	114 ..	1
	4	0	180	6
	396	157	298	31

Measles.—With regard to this disease, the influence of the epidemic and its chief mortality appears to be spent in England and Wales in the last quarter of the year. The author quotes one of Mr. Farr's tables, in which the principal mortality occurred during the years 1837, 38, 39, and 40, in the last quarter of the year, the relative numbers being from the 1st July, 1837, to 31st December, 1840, as follows:—1st quarter, 6932; 2nd quarter, 7357; 3rd quarter, 7905; 4th quarter, 9337—exhibiting an annual average of about 8500 or 1-40th part of the whole mortality. By a note of the editor, we find the mortality to be greatest in New York in the first quarter, and least in the fourth quarter,—the numbers being during a period of 15 years, 'from 1810 to 1844 inclusive, as 610 to 384; and rated during the intermediate quarters as 574 for the second, and 536 for the third quarter of the same interval of time.

Scarlatina.—The statistics of this disease are curious, as exhibiting a steady increase in Great Britain, the

number of deaths from it alone, during the years 1837, 38, 39, and 40, from Mr. Farr's tables, for England and Wales, being 2,520, 5,802, 10,325, and 19,816: The table from which we make the abstract further shows, that its greatest mortality takes place during the fourth quarter of the year, and the least in the second. In New York, from 1810 to 1844 inclusive, the greatest number of deaths occurred during the first quarter, and the least during the third quarter, the numbers being respectively 600 and 665; those during the second and fourth quarters being as 1084 and 985 respectively. The relative mortality from this disease in England is thus given:—

“At Ackworth School, in 1803, the disease proved fatal at the rate of 4 per cent. Dr. Tweedie informs us that out of 644 cases, treated at the London Fever Hospital between the years 1822 and 1833, there died nearly 6 per cent.—In 1832 it was as low as 1 in 40; in 1829, as high as 1 in 6,—an immense fluctuation extending from 2½ to 17 per cent, and which we would consider dependent on local causes affecting the virulence of the epidemic.”

It would appear furthermore, from Mr. Farr's tables, that the chief violence of the disease is exerted on children, in the proportion of 17 to 1.

In New York and Philadelphia, 50 per cent of the deaths occur between 2 and 5 years of age. A few are recorded between 50 and 60, and 1 in New York between 60 and 70. “Dr. G. Blain saw it in one patient over 40. Dr. Copland in one between 50 and 60. Dr. C. Lees had one patient 70 years old with it, and Dr. Chapman had one 80 years old.” The disease is also comparatively rare at the early periods of life.

It is much to be regretted that neither in this city nor in the Province, any means are adopted for establishing the rates of mortality, and the prevalence of particular diseases inductive

of that mortality. The only attempt ever made was in this city, by the City Council,—when after some objections a Bye-law was eventually passed in the autumn of 1845, for the purpose of securing this information. Imperfect although the Bye-law was in its provisions, it was yet better than none at all; and we took the opportunity of publishing monthly returns while the Council permitted it to be in operation. It appears from these returns, that from December, 1845, to March, 1848, (both months inclusive,) 5811 interments took place in the city of Montreal, of which there resulted from measles 388, from scarlatina 81, and from small-pox 89—in all a proportion of 1 to every 10.4 deaths. We must observe, however, that for nearly nine months—from October, 1845, to July, 1846—measles reigned epidemically, and proved unusually fatal. During the same period of time, there were but four cases of either scarlatina or small-pox. In the beginning of 1848, an opposite condition of matters appeared to exist; measles had declined, and scarlatina and small-pox had reached their culminating intensity. We propose to draw no argument whatever from these statistics. They are too limited for any such purpose. They are all that this city can afford in such matters, and we regret to say there is little prospect of any improvement. The Council, as now composed, is, in the main, not of that enlightened or educated caste, from which we could expect measures having prospective sanitary reforms for their object. This subject should engage the attention of the Legislature, which should enact a Bill for the purpose, extending its provisions over the whole Province, and appointing officers to see it properly and effectively carried out.

Our limits now warn us to a con-

clusion. We have left untouched several important subjects treated of in the volume, and upon which we designed to have offered some remarks, especially those of vaccination, and inoculation both in small-pox and measles. For these we must content ourselves by referring our readers to the work itself. The volume is one which, with Dr. Bulkely's additions, will amply repay perusal; and there is scarcely a re-publication in which the American Editor has done ampler justice to the text.

PRACTICE OF MEDICINE.

Congenital Variola in Twins. BY JAMES AYER, M. D., *Boston.*—I was called in haste, last week, to Mrs. P., and found her lying on the bed, in great pain. On examination, the head of a small fetus was found born. The uterine contractions were active, and its full delivery effected in a moment, attended by a feeble cry. The pains continued, a bag of fluid was felt protruding, and soon a second fetus was expelled dead. Two separate placentæ were afterwards removed, and the patient made comfortable.

The infants were found of the size and development of six months. The living one had a dozen or more of pustules on the face, head and breast; one or two were noticed on the abdomen, but none on the limbs. Three or four were good-sized, plump and well-defined pustules of small-pox. The remainder were not so full, but evidently of the same character. This one survived its birth two hours.

The dead child had no offensive odor; the abdomen was dark purple, and the cuticle quite loose. Its whole body, especially the abdomen, was marked with depression, similar to those of variola in infants, after death. No elevations or pustules were noticed; these marks only remained.

Three weeks before the abortion, the mother, I was informed, had broken out with varioloid, after the usual premonitory symptoms, and had just recovered when I saw her. The disease was so

mild that a physician was not called. She could not trace her miscarriage to any over-exertion, or any cause, except the attack of varioloid. Whether the mother infected the two at the same period, and the death of one caused the expulsion of both; or one had the disease first, and the second received it from him, are questions of some interest, but difficult, from the evidence, to decide.—*Boston Med. and Surg. Jour.*

Obstruction of the Bowels from Swallowing a Lead Bullet.—By DR. CUMMING.—The following case occurred in the garrison at Vizagapatam:—A boy, aged 11, two days after swallowing a bullet, complained of a pain a little below and to the left of the umbilicus. In the hope of expelling the bullet, castor oil, with a few drops of laudnum, were prescribed, and leeches were applied; next morning, although the bowels were relieved, the pain was increased. The oil was repeated, with the effect of again moving the bowels, but without further benefit. In two days the pain shifted to midway between the umbilicus and pubis, showing that the bullet had moved lower down, and slight fever appeared. Obstinate constipation now ensued, and for three days resisted the most powerful purgatives. There was now also irritability of the stomach, and in two days more symptoms of collapse set in, with cramps, so as to give rise to suspicion of lead poisoning. Sulphate of soda was therefore given in solution for two days, seemingly without benefit. Under the idea that the retention of the bullet might be caused by the impaction of hardened faeces below, the author passed O'Beirne's tube, and by injection obtained copious scybalous evacuations, but the bullet could not be found. This plan was repeated with the same effect, and from this time his recovery commenced. The foreign body was never found.—*Edinburgh Monthly Jour.*

On the Pathology of Cerebral Softenings, as elucidated by the Microscope.—By DR. HUGHES BENNET.—The nature of the cerebral softening has been much disputed, a difficulty always existing as to their dependence on inflam-

matory action, or on a process analogous to senile gangrene. The following remarks are calculated to throw light on this obscure subject:—

From a careful analysis of thirty-two cases of softening of the nervous centres, which were published in 1842-3, it may be concluded that two varieties of softening undoubtedly occur. In the one the products of inflammatory exudation may be detected; in the other, these are not present. It is necessary to determine, with exactitude, the distinguishing characters of these two kinds of softening, which may be denominated inflammatory and non-inflammatory softenings.

Inflammatory softening always contains numerous granules and granular corpuscles, which are more numerous according to the degree of softening. The nervous tubes and normal structures are always, when the softening is great, more or less broken up. The nature of inflammatory softening of the brain, like all such lesions, depends upon the exudation of blood plasma, the development of granular corpuscles, and the subsequent breaking down of the latter.

If chronic, it may be considered a fatty degeneration of the brain. When recent, the serum poured out also assists in producing the softening.

In non-inflammatory softening, on the other hand, we find the cylindrical and varicose tubes of the part are rendered more soft and easily separable from each other. They have more or less lost their natural firmness and consistence, are readily torn across, the varicosities are easily enlarged by pressure, and, when separated or broken off, assume a globular form. The tubes also are more or less broken into fragments, and no exudation granules, masses, or corpuscles are to be detected.

The nature of non-inflammatory softening varies according to circumstances. It would seem to arise from four causes:—1st. From mechanical violence in exposing the nervous centres. 2nd. From a mechanical breaking up of the nervous tissue, by hæmorrhagic extravasations, whether in mass or when infiltrated in small isolated points, constituting capillary apoplexy. 3rd. From the mere imbibition of effused serum, which loosens the connection between the nervous tubes, and diminishes the

consistence of the nervous tissue. 4th. From the process of putrefaction.

As regards the difference supposed by some to exist between the softening in adults and that in more aged persons, the author fully agrees with M. Durand-Fardel, when he says:—"Cerebral ramollissement is the same malady in old persons as in other adults; that it presents no other differences than the modifications, which a variation in age always produces, connected only with the form, and not with the nature, of the lesion."

As for the opinion that softening of the brain is a lesion *sui generis*, due diminution of nutrition, to gangrene, or obstruction of the arteries, the author's observations have convinced him that all such explanations are hypothetical in the highest degree, and have no real existence.

The cases which the author has recorded also indicate that different symptoms were present in such cases as were inflammatory, and in such as were non-inflammatory. Thus, in twenty-four cases carefully examined and analyzed, in which cerebral softening was observed, granular corpuscles were present in eighteen, whilst in six no traces of these bodies could be found. On analyzing the symptoms of these cases, we shall find a marked difference between those accompanying the one lesion or the other. Thus in the cases where only inflammatory softening was present, well-marked symptoms invariably existed, such as loss of consciousness, preceded or followed by dulness of the intellect, contraction, and rigidity of the extremities, or paralysis. On the other hand, and in the six cases of non-inflammatory softening, there was no paralysis or contraction, and no dulness or disturbance of the intellect. Again in the four cases where both lesions were present, symptoms could always be observed in the sides opposite the inflammatory softening, while none existed opposite the non-inflammatory. An analysis of these twenty-four cases, therefore leads to the conclusion, that the two kinds of softening are alike distinguishable, both by their intimate structure, and by the symptoms accompanying them during life.—*Edinburgh Monthly Jour.*

On the Urine in Delirium Tremens.

—M. Michea has remarked, that in the delirium tremens the reaction of the urine differs widely from that of health. In the healthy state, on the admixture of caustic ammonia, the urine becomes milky and opaque, and deposits the phosphate of ammonia. With oxalic acid an abundant precipitate of the oxalate of lime is formed. In cases of delirium tremens no such phenomena occur. So long as the cerebral disturbance continues, neither of the above reagents cause any opacity in the urine, but as soon as convalescence commences precipitates appear. From these data he establishes the two following propositions:—1. The phosphates are diminished in delirium tremens. 2. The return to the normal condition of the urine as regards the phosphates, is one of the critical signs of the disease.

M. Michea asks whether these facts throw any light on the etiology of delirium tremens, but at present does not reply to the question. He thinks, however, that the facts may offer some indication for treatment, in the suggestion of allowing animal food as the chief source of the phosphates. The absence of these principles from the brain, he explains by the fact that drunkards have habitually bad appetites, and that when delirium ensues they frequently abstain from food, and especially animal food, for days. They thus deprive themselves of the source whence the phosphatic elements of the urine are derived.—*Revue Med. Chirurg.*

[It is but justice to Dr. Bence Jones to state, that he has long anticipated the observations of M. Michea as regards delirium tremens; but he has shown as far as our memory serves us that a deficiency of phosphate in the urine, is also observed in other diseases of the nervous system, which, if correct, would militate against M. Michea's theory of the cause of their deficiency.—Ed. P. J.]

On Gouty Inflammation Attacking the Structures of the Ear.—By WM. HARVEY, Esq., M. R. C. S. L., Surgeon to the Royal Dispensary for Diseases of the Ear.—Gouty inflammation of the ear, whether it attacks the external or the internal part of the ear, always appertains to the uncertain class of suspicious diseases, for if the patient

be really re-established in health, still he is never secure from relapses. The prognosis is most favorable when the inflammation is seated in the external part of the ear, when the individual is young and strong, and is in such a state that everything necessary for his cure can be applied. It is less favorable if the patient is very weak and sensitive, is advanced in years, or of a cachectic habit, and has been frequently exposed to attacks of gout; changes have then taken place in the meatus and membrana of the tympana, whereby the nutrition of these parts, as well as the function of hearing, becomes injured. The internal gouty inflammation of the ear yields an unfavorable prognosis, for in it such disturbances and total changes of the tissues and structures take place, are followed, if not by complete deafness, at least by an extreme degree of hardness of hearing.

In the treatment of gouty inflammation of the ear, the first care of the surgeon should be to see that the patient is withdrawn from the noxious influences which first occasioned the disease, and that the inflammation is checked. In order to attain this end, every action of cold damp air, and above all, of everything which might promote or add to the congestion of blood in the head and ears, must be avoided; on the contrary, living in a dry, temperate air, spare diet, food easy of digestion, and perfect rest of mind and body are recommended. It is easy to see that in the commencement the so-called antiarthritics, which in general belong to the class of exciting medicines, are not applicable, and that only an appropriate antiphlogistic mode of treatment is admissible. In this case one must be directed partly by the age and constitution of the patient, partly by the seat and degree of the inflammation, as well as by the violence of the accompanying fever. If the inflammation of the meatus be slight, no blood-letting is required, but if it present a violent character in all its phenomena, it should be reduced by local blood-letting,—by means of leeches placed around the ear. But if the inflammation has seized on the internal ear, and has attained considerable intensity, then, in case the patient is strong, plethoric, and not advanced in years, the practitioner may employ a proportionately copious venesection; he should, according to the vio-

lence of the local symptoms place a greater or less number of leeches around the ear, and apply the cupping glasses to the nape of the neck, to the shoulders, and the spine. In weak and elderly individuals, and where the inflammation is not violent, or is chronic, leeches or cupping glasses suffice. Internally we should prescribe mild antiphlogistic aperients in such cases, so as to produce copious evacuations by stool, and a derivation from the head and ear as quickly as possible. After the inflammation has been moderated, it is very easy to remove it entirely from the ear. Together with careful attention to the bowels, remedies which moderately promote the cutaneous transpiration are subservient to this end, accordingly I have found the continued administration of guaiacum, combined with alkalis and colchicum, or ammonia, the most efficient remedies; at the same time we should not neglect repeatedly to employ cutaneous irritants which derive powerfully, namely acrid foot-baths, sinapisms, and blistering plasters to the nape of the neck, and to the shoulders. Should the inflammation of the ear be a consequence of a suddenly suppressed action in any joint whatever, we should apply here a cutaneous irritant, which may act rapidly. In less urgent cases we may employ frictions of croton oil, or tartar emetic ointment, over the region of the mastoid process, and on the nape of the neck, blisters to be kept open, issues on the upper part of the arm, and setons in the neck. If by the internal treatment the inflammation is crushed, and one has now to do only with the after consequences of the same, then we should direct our efforts against the gouty disposition, and seek to ward off relapses; we should, accordingly in the first prescribe an appropriate dietetic line of conduct, recommend the use of simple food and easy of digestion, forbid strong beer, acid and heavy wines, liquors and other such drinks, as well as all heating, flatulent, fat, salted, and highly seasoned food. The patient should take sufficient bodily exercise, not tarry too long in bed, clothe himself sufficiently warm, in order to protect himself from catching cold, cover the head with a warm cap, and use friction carefully over his body.

In order to remove the disturbance in digestion, the acid formation of mucus,

obstruction &c., those resolvent and bitter remedies so frequently celebrated in gout will be found serviceable, as the infusions, decoctions, and extracts of teraxacum. Several aperient and diuretic mineral waters act very beneficially more especially in the case of congestion in the head. To act on the lymphatic system, and the excretions generally, sulphur will be found useful. With respect to the local treatment of arthritic inflammation of the ear, whether the external or the internal parts of the ear be affected, nothing further is to be done at the first except to cover the ear and the entire side of the head affected with warm dry cloths and the like. Every moist application is carefully to be avoided, as neither the lesser nor the greater degree of arthritic inflammation of the ear will admit of any such. In order to remove the morbid sensibility of the nerves of the ear, we may rub into the parts surrounding the ear the fluid ointment mixed with opium or the extract of belladonna, or allow a solution of one grain of morphia in half an ounce of olive oil to be dropped in. In case of abscess forming in the meatus and suppuration in the cavity of the tympanum, much relief will be afforded by a free liberation of the integuments covering the mastoid process, and kept discharging by a sponge tent in the wound for some time after; soothing and anodyne vapour and poultices are to be employed. Should a purulent discharge have established itself, the meatus must be carefully dried and covered with a compress or the like. Obstinate ulcers in the meatus should be treated with the tinctura opii camph., and even with the lapis infernalis. Should any affection of the mucous membrane set in, it is to be treated in the same way as in the case of the common catarrhal otitis. In order to once more awaken the sensibility of the ear, which has been changed by inflammation with respect to the impressions coming from without, benefit will be derived from frictions with the volatile Liniment, opodeldoc, oleum cajeput, &c.—*Prov. Med. & Sur. Jour.*

Curious Train of Symptoms Connected with a Clot in the Middle Lobe of the Cerebrum.—By HENRY COOPER, ESQ., LONDON, Physician to the General Infirmary, Hull.—To the Editor of the *Provincial Medical and Surgical Journal.*—SIR,—The following case has been one of great interest to the medical men in charge of it during its long and painful progress; if you think it will be so to your readers, it is very much at your service. The case is remarkable as shewing the variety and importance of diseased actions which may result apparently from the same cause, such diseases, though varying in seat and intensity, still maintaining the same general congestive character.

The subject was a lady 35 years of age, of spare habit, active, intelligent, and of excitable temperament. She had borne several children, and enjoyed good health, but for the last few years had undergone much anxiety and fatigue in nursing. In the winter of 1848-9 she was knocked down by a carriage and sustained some injury of the head. In the autumn of 1848, she had a severe attack of the malignant cholera then fatally prevalent. She rallied from the congestive stage of this disease and made a satisfactory convalescence. An attack of epistaxis occurred in January, 1850. In the spring of 1850 she was suddenly attacked with epileptic coma, while still subject to much harrass of mind and body. The seizures which I witnessed at a later period of the illness, commenced with convulsion, coming on much as in ordinary epilepsy, generally with little or no warning; they continued three to five hours, threatening to destroy life either by asphyxia or exhaustion of vital power. The means used exercised little control over the paroxysm till its usual term of five hours had expired, when the patient sunk into a deep and unrousable torpor. In twelve to 24 hours this state was succeeded by delirium of a wild character, not unlike delirium tremens, accompanied with wakeful nights; after which a long deep sleep put an end to the attack, and extreme prostration and partial amaurosis of the right eye alone remained. The whole attack would last four or five days. The paroxysms occurred at variable periods of three or four weeks.

in November, 1850, this lady's life was further placed in jeopardy by epistaxis, which had gone on to a frightful extent before assistance arrived. Plugging of the posterior nares and the most careful restorative measures brought her through this danger, and it was hoped that an immunity had thus been ensured against the cerebral attacks.

In the early part of December we were surprised by another seizure equally violent and sudden with those which had preceded, but in a totally different seat. This was spasmodic asthma with intense dyspnoea, deep congestion, and sudden œdema of the superior extremities. From this desperate condition she again rallied, but there remained some dyspnoea, copious expectoration which became rusty, frequent spasmodic gasps in the breathing, and a dull impermeable patch in the back of the left lung. During the whole of this time her intellect remained clear, though she manifested irritability and peculiarities of temper not natural to her.

We now come to the last phase of this long course of suffering. While slowly recruiting from the congestive attack on the lungs, she had one evening a convulsive paroxysm, of much less than usual severity, and in the morning was found paralytic of the right side. From this state she also slowly recovered, but the powers of life were now worn out with the long struggle; her mind became fatuous, with occasional maniacal delirium, and she died seven days after the last attack, and eleven months after the first epileptic seizure.

The *post-mortem* examination showed very great congestion of the external vessels, of the scalp, and of the skull and its membranes. The blood was fluid, and ran from the incisions in a stream. The brain was firm and healthy, and not unnaturally vascular; nor did it present any unusual appearance till the middle lobe was sliced, when a solid, firm, palish, fibrinous clot, surrounded with a discolored margin, was found imbedded in the white matter under the thalamus of the left side; it was of an irregular oval shape one inch long, by somewhat less than half an inch broad, its long axis looking upwards and forwards. There was little fluid in the ventricles. The plexus was pale, but the arteries at the base of the brain was somewhat œdematous. The heart was

large, and the left ventricle was thickened distinctly, but not excessively.

In reviewing the incidents of this case, the question naturally suggests itself, in what manner is the *post-mortem* appearances connected with the singular series of changes exhibited in the history of the disease. The first epileptic seizure was probably directly consequent on the effusion of the clot, and this again may be fairly attributed to the impetus of the hypertrophied heart, and the changed mechanical properties of the vessels of the brain, which so commonly accompany that disease. The appearance of the clot favored this view of its date and history. In this case it is obvious that the clot acted as a predisposing cause only in the subsequent abnormal movements of the nervous system, the proximate cause being temporary congestion, either produced by the over active heart, or by sympathy with the other organs in a disordered state. The diseases throughout assumed a *marked congestive* character. The abnormal viscera, the brains, the lungs and the heart, becoming each in its turn the seat of this congestion. I may add, that the depleting measures were principally resorted to, the violence of the attacks prohibiting temporizing measures. Opium produced no effect. Cupping, with or without the scarificator and purgatives, were found the most effectual means.

I remain, Sir,

Your obedient servant,

HENRY COOPER, M.D., London.

Medical Society of London—Catalepsy.—DR. DOWNING said that he had witnessed several examples of partial or general catalepsy, but that they all sank into insignificance in comparison with the extraordinary case he then proceeded to relate, and which he believed to be one of the most singular ever met with. It occurred in a fine, intelligent young man, aged 25, the son of an English merchant. He had been educated in France, where he became subject to epileptic fits, in consequence, it was supposed, of scanty diet. Subsequently, through disappointed affection, religious enthusiasm, and excitement of business, ambitious monomania manifested itself, for which restraint was employed. In

April of the last year, the young gentleman was found in bed in a trance—in a perfect state of torpor—which persisted for four weeks, when he returned to his previous condition. On the 5th of July, a fresh seizure awaited him, attended by slight rigidity of the limbs. By the 2nd of October, the cataleptic phenomena were fully developed, and gradually increased in intensity until his death on the 16th of February of the present year. During all this time—a period of four months and fourteen days—the patient lay on his back, perfectly rigid and immoveable, in bed. All his evacuations were passed involuntarily, and only at long intervals could he be fed, except by the aid of the stomach pump. Yet there is every reason to believe that he was perfectly conscious of all that was passing around him, and spoke quite rationally during those short periods when his jaws were free from spasm. Unfortunately, no inspection of the body was allowed. Dr. Downing concluded his very interesting paper by some observations, suggested by this case, on the difference between the rigidity of disease and the rigor mortis; the close connection existing between the different affections of the nervous system and the extreme susceptibility to impressions noticeable in the cataleptic condition.

Dr. Camps said, although the author had remarked that catalepsy might exist without the presence of organic disease, he could not help thinking that in the instance just related a post-mortem examination would have revealed organic change. Some of the symptoms appeared to him to be indicative of the presence of progressive ramollissement. Persons affected with that disease usually imagined themselves great personages, and Dr. Downing's patient considered himself a saint, having a holy mission to perform. Some cases of catalepsy had not been alluded to by Dr. Downing, among the more interesting of which was that of Elizabeth Woodward, who was in a state of catalepsy for one entire week. He (Dr. Camps) recollected an instance in which a gentleman was so long entranced, that preparations were made for his funeral under the impression that he was dead. The great affection shown to him by his mother awoke him. Dr. Camps animadverted strongly on the early removal of lunatics

to asylums, the result, as in this case, being generally unsatisfactory.

Mr. GAY mentioned the case of a girl affected with epilepsy who had been under his care after having been dismissed as incurable from several hospitals. She was much emaciated, had rigidity of the limbs, partial closure of the eyelids, half-opened mouth, a feeble pulse, low inspiration, almost spasmodic expiration, and moaning. Apparently she was quite insensible to surrounding objects. Her food was pushed down the fauces, and swallowed; she had involuntary evacuations, and she remained in this condition for 9 months. She was between twelve and thirteen years of age, and had never menstruated. The non-appearance of the catamenia was regarded as the cause of the disease. He was at first undecided as to treatment, but eventually determined on giving grain-doses of tartar-emeti. The first dose produced vomiting, and the pulse seemed to rise a little. After repeated doses the girl spoke, and began to move. She got well in about a fortnight. She was subsequently strong and healthy. Catalepsy was allied to hysteria and tetanus. He had administered the tartar emetic in this case, because he had found it more effective than any other medicine he had employed in cases of traumatic tetanus. In one of these instances recovery took place, and in another the patient got apparently well, but whilst changing his shirt dropped suddenly dead. He agreed with Dr. Downing, that in many of these cases there could not be found any structural disease of the brain; but that the cause would be found to consist of a temporary condition of that organ dependent on some irritation in a distant part of the body.

Mr. DENDY said that catalepsy was usually symptomatic of some other disease. In the case under discussion, he believed that there was extensive disease of the brain, and that the patient died from starvation consequent upon the arrest of all the powers by the brain disease. Functional disorder he believed, would soon induce structural change. The proximate cause in these cases he considered to exist in hyperæmia of the cerebral axis, which might be combined with a general anæmic condition, and the treatment consequently must have for its object the relief of the local con-

gestion by local bloodletting, whilst the generally anæmia was to be remedied by anti-spasmodics and tonics. These cases were not very amenable to treatment, and might continue for a very long period. Several cases similar to the one treated by Dr. Downing had come under notice. He mentioned the case of a girl who became affected with well-marked catalepsy, and continued in that state for four days, she then suddenly awoke and ate heartily of bread and butter. Subsequently she relapsed into the catalepsy, and remained in that condition for eight or nine hours. She recovered, but instead of being, as heretofore a moral, well-behaved girl, she became depraved. He concluded that her mind had become affected by the disease.

Dr. WINSLOW observed, that it was a well-established fact that catalepsy in its true form—unmixed and uncombined catalepsy—was a rare affection. So rare did Dr. Cullen consider the disease, that he maintained it never in reality occurred; that those cases which are considered and termed cataleptic, are always instances of feigned and simulated disease. Without assenting to so sweeping an observation, he (Dr. Winslow) would nevertheless admit that catalepsy was frequently feigned; true and unmistakable instances of the disease, however, are upon record. The affection frequently manifested itself in hysterical women, and also in men having the hysterical temperament. It was a disease nearly allied in its symptoms and progress to those anomalous functional disorders of the nervous system, included within that somewhat obscure but comprehensive term, hysteria. In its Protean malady there was generally a disposition to exaggerate the nervous symptoms, and in many cases the disease was simulated altogether. In the affections termed cataleptic, extasy, trance, and other anomalous and allied conditions of nervous derangement, there was generally associated with the true tetanic rigidity of the muscular fibre some degree of imposture. He (Dr. Winslow) did not consider the case of catalepsy under consideration to be true and unmixed in its character. It could not be designated. It was associated with both epilepsy and insanity. Independently of this, he (Dr. Winslow) thought it possible that the symptoms were, to a certain extent, feigned. Dr.

Downing had spoken of the case as one unexampled in its duration. But he (Dr. Winslow) thought the case which Professor Huss of Stockholm, had recorded, to be more extraordinary. Professor Huss' case of catalepsy was of thirteen years duration. Other instances were to be found in the medical journals, equally and perhaps more extraordinary than the one under review. The author of the paper had cited as a remarkable fact in connexion with the case, the catalepsy having preceded the attack of insanity. This was not so rare an occurrence as was supposed. Jos. Frank had related the case of a man, who, struck by a feeling of remorse whilst hearing a sermon, rushed out of the church, and was seized with a paroxysm of catalepsy at the doors. His limbs became as stiff as iron, and remained in any position in which they were placed.—He subsequently became deranged. He (Dr. Winslow) had often seen cataleptic symptoms precede attacks of insanity; he referred to these cases of morbid tonicity of the muscular system, associated with or caused by hysteria; but unmixed and uncombined catalepsy he had never seen precede a maniacal seizure. Tetanic spasm and rigidity of the limbs he had often witnessed in connexion with certain morbid states of the brain disordering the mind. With regard to the pathology of the case, it was difficult to speak. These affections were necessarily very obscure. Unfortunately, no post-mortem examination was permitted; so, in forming an opinion of the probable condition of the brain or spinal cord, they could only reason from analogous cases, and apply to the elucidation of the difficulty the general principles of cerebral physiology. Two of the preceding speakers had stated as their opinion, that in this case there was undoubted softening of the brain; and one gentleman came to this conclusion from the fact of the delusions of the patient being of an ambitious character. It was true that in the insanity which generally accompanied ramollissement of the brain leading to general paralysis, the ideas of the patient were frequently and almost always excited. The patient would have notions of high rank unbecoming his status in life, or be impressed with ideas of being possessed of vast wealth. It would, however, be illogical to assert that this pathological

condition of the brain existed simply because the patient, as in the case before the society, had extravagant notions of his prophetic character. He (Dr. Winslow) would feel disposed to attach more importance to the morbid spasm and rigidity of the muscles as evidences of an organic change in the nervous tissue partaking of ramollissement. Looking at the character of the insanity as well as the catalepsy, he [Dr. Winslow] would be inclined to say that there existed in this case no real marked pathognomonic symptoms of softening of the brain. The man had, up to the period of his death, a clear and vigorous intellect. When consciousness was manifested a short period before he was seized by the last paroxysm which terminated fatally, he gave as Dr. Downing asserts, indications not only of the absence of imperiment of mind, but of strong intellect. He conversed freely on various topics, manifested much intelligence, and spoke on scientific matters with considerable ability and strength of understanding. Certainly those were not the symptoms of organic disease like that of ramollissement of the brain, and ramollissement to such an extent as to produce that severe disorder of the muscular system under which he laboured. In this case, if there had been ramollissement of the brain, we might with some reason have expected, not only impairment of mind, but an affection of the motor power, very different in its character from that loss of control over the voluntary muscles connected with a cataleptic state of the limbs. True and combined catalepsy arose from various morbid states of the nervous system. It was frequently the effect of congestion of the brain or its investments—effusion—congestion, or other morbid conditions of the spinal cord. It has often an eccentric origin. In illustration of the latter observation, he [Dr. Winslow] cited a case of long continued and severe catalepsy, which was suddenly cured upon the patient vomiting a clot of blood. It was also occasioned by irritation established in a remote part of the system, affecting some of the great nervous centres. It was known to be often the result of worms, and in early life the irritation of dentition is often known to cause severe spasm and a morbid rigidity of the muscles. In many cases of cata-

lepsy we must look to the heart for the source of the disease. Certain morbid conditions of the blood would also give rise to the affection. Alterations in the delicate structure of the brain and spinal cord were sometimes the consequences of an abnormal state of the blood affecting nervous nutrition, and thus inducing disorders of the cerebro-spinal system.—*Dublin Medical Press.*

SURGERY.

A new plan of Reducing Paraphymosis—In spite of many proceedings occasionally adopted for the reduction of paraphymosis, the operation is at all times painful to the patient, and disagreeable to the surgeon; M. Mercier, therefore, thinks he is doing the profession a service in promulgating the following plan:—In all operations of paraphymosis, the great obstacle to reduction arises from the fact, that the manipulations, while they compress the glans in one direction, expand it laterally, so that there is equally an obstacle for the contracted and infiltrated prepuce to overcome. Although the infiltration is greater on the interior aspect of the penis than elsewhere, it is not there that the difficulty lies, but above, on the upper aspect, where the corona glandis rises perpendicularly. M. Mercier's idea is to render the reduction of the prepuce more easy by converting this perpendicular elevation into an inclined plane, in the following manner:—He stands on the right of the patient, placing the index and middle finger lengthwise under the penis and the thumb above, thus making pressure, and at the same time forcing his thumb nail beneath the constriction. With the left hand he then makes circular pressure over the tumefied prepuce and the fingers below it, at the same time drawing the constricting band further on to the thumb-nail, and causing the glans to glide backwards over the pulp of the thumb. The reduction is thus effected.—*Prov. Med. and Sur. Jour.*

Fistula and Hemorrhoids treated by the Platinum Wire made red hot by a Galvanic Battery.—The peculiarity of this method rests principally upon the faculty of the red hot platinum

wire to divide the textures as surely as a bistoury, and to do this without causing any, or but a very trifling, hæmorrhage. In fistula in ano, for instance, it is found that the charred surfaces throw off the eschar in a few days; that the healing process, without the aid of lint, commences at the fundus of the wounds; and that the whole tract soon closes up. We were somewhat anxious to witness this new application of the galvanic force; and having on the 29th of March seen three operations illustrating the same, we beg to subjoin a short description of them.

The first patient brought into the theatre was a man about thirty, who had been suffering for some time from fistula in ano. Various means had been resorted to in order to promote the healing of the tract, but to no purpose. Mr. Marshall therefore determined to lay open the intestine and fistula in the following manner. A battery of six strong cast-iron cells, with zinc plates and copper connexions was disposed close to the operating table; and the conductors (somewhat *thick* copper rods, to avoid the loss of galvanic force) were rendered flexible for about five or six inches, by an elastic tube filled with mercury. The pole held by the operator's right hand was in immediate connexion with the battery, but on the left side the current could be completed or interrupted by the intervention of a capsule filled with mercury. The extremities of the poles, slightly covered with mercury, were then connected with short holders, to which a platinum wire could easily be fixed, and when the assistant dipped the left pole into the mercury, the wire was seen almost immediately to become red hot.

Now the great advantage of using the galvanic force in this manner is, that the wire may be disposed upon the affected parts whilst *cold*; it is easily adapted by being flexible, and when it is so placed as to answer the operator's purpose, the circuit is completed, and the effect produced in the direction which the surgeon gives to the wire.

The patient having been put under the influence of chloroform, Mr. Marshall introduced one end of the platinum wire into the fistulous tract, and made it reappear at the anus; the two ends were then connected with the poles, the circuit completed, the wire became red

hot, and was gently brought downwards, dividing all the interposed tissues, and cauterizing them at the same time so effectually as to prevent any amount of hæmorrhage. The only dressing used was a piece of lint dipped in cold water applied externally.

Mr. Marshall has found from previous cases, both in private and hospital practice, that the whole tract heals very rapidly from the bottom after the casting off the eschar, which separation generally takes place in a few days.

The second patient is affected with external hæmorrhoids, connected both with the verge of the anus and with the lower portion of the mucous membrane of the rectum, the protruding mass being as large as a pigeon's egg. Chloroform having been administered, the hæmorrhoidal tumours were drawn out by a peculiar kind of forceps, and the heated wire slowly drawn across the pedicle of the mass. This was repeated for different portions of the growths, and where a little oozing of blood took place, the wire was made to cauterize the part slightly, which measure at once stopped the flow of blood. Mr. Marshall stated that it was important that the wire should act rather slowly, as a rapid section was likely to allow of a little hæmorrhage. The time taken to sever a tumour did not, however, as far as we could judge, exceed forty seconds.

The forceps to which we just alluded were constructed according to Mr. Marshall's directions; they differ from the usual instrument in having a ring about an inch in diameter at the end of each branch; when the forceps are closed, the rings are superposed, and gain a very firm hold of the part to be secured. Mr. Marshall prefers these forceps to the vulsellum.

The third patient was affected in the same manner as the last, the extruding mass of hæmorrhoids being, however, somewhat larger and more congested. The operation was conducted precisely in the same manner as in the second case; here, however, either from the congestion being great, or the division a little too sudden, the hæmorrhage required the tying of a vessel, which latter was so large that the cautery applied to it could not control the bleeding.

Mr. Marshall took occasion to remark to the pupils that these were tentative

operations, and that further trials would be necessary to ascertain in what cases this peculiar mode of simultaneous excision and cauterization was to be used. It was certainly the neatest and most elegant manner of using the actual cautery that had yet been devised. He was inclined to think that the chance of hæmorrhage would be much lessened if the wire were somewhat thicker than the one he had just used. Mr. Marshall fixed such a wire to the conductors, and when the circuit was completed, it became red hot, but in a little longer time than the other had taken. Mr. Marshall thought that the method just described would eventually be peculiarly applicable to fibrous tumours of the uterus, and he stated that he is having a battery constructed, where the cells would be managed in such a manner as to be quite ready for use by being dipped into the diluted acid; that the apparatus might then be put entirely out of the patient's sight by being placed under a seat or sofa, and that nothing but the conductors need be seen.

Case 1.—Fistula in ano. The sloughs began to separate on the second day; on the fourth, the wound was quite clean the granulations large, and the edges already rounded and cicatrized. Until the sloughs separated there were some dragging and aching pain, which, however, was not at all to be compared to the suffering after the division of fistula by the knife, an operation which the patient had himself previously undergone. On the second and third nights, an anodyne was given, owing to some restlessness, but the draught was not repeated afterwards. A little tenderness was noticed in the groin on the third day, but this passed off after a few hours. In other respects, the patient made a steady recovery; in three weeks, the wound only remained uncicatrized, and now the fistulous tract is healed up.

Case 2.—Hæmorrhoids. The affection was here of twelve years' standing; the patient had had a great deal of pain and inflammation, as well as attacks of hæmorrhage. The final separation of the sloughs took place in passing a motion on the sixth day, accompanied with severe but transient pain, and a very slight oozing of blood. After this, was quite easy. On the eighth day the patient sat up, and on the tenth, he resumed his work as a saddler at home.

Case 3.—Hæmorrhoids. This case was of fifteen years' standing; and the patient had frequently suffered from inflammation, and had had great losses of blood. He had aching pain at intervals for five days after the operation, as well as some tenderness in the groins. A portion of loose integument not removed in the operation, also swelled and became tender. The patient had severe fits of flatulence, which were generally very painful, lasted about a quarter of an hour, and then disappeared suddenly. On the third day he evacuated some clots of blood from the bowels; on the fifth, a fœtid mass of small size came away, and he was afterwards free from all pain, except in the swollen piece of loose skin, but in two or three days the pain subsided, and on the sixteenth day he went out to work as a painter.—*Lancet.*

MIDWIFERY.

A case of Impregnation with Imperforate Hymen. By JOHN R. DICKSON, M.D., Kingston.—On the morning of the 29th July, 1850, at 4 o'clock, I was called to visit Mrs. C. On arriving at her house, I was informed by Mrs. Smith, an educated midwife, (who had been in attendance during the past night,) that the patient was in labour with her first child, that "the vagina was completely closed," that she did not mind it as long as the pains were not very severe; but since they had become so, she was alarmed lest the uterus should be ruptured, or the lining membrane of the vagina prolapsed. On examination, I felt a strong, unyielding hymen, apparently imperforate. I did not wish myself to make any ocular exploration, but requested Mrs. S. to institute such an examination, and see if she could discover any aperture while I went home for a scalpel. After examining closely she could not discover any. On my return, I waited a short while to make a more close examination, and try if the expulsive pains would not rupture the membrana; I found it remained firm and unyielding, despite the strong pains. I then took an ordinary scalpel, and rolled tape around its blade, until within about $\frac{1}{4}$ of an inch of its point, and with this

made a T shaped incision into the hymen, which was about two lines thick. A few expulsive pains brought forth a well-formed living infant, at its full time.

I endeavoured to get some particulars relating to this patient's former state of health, but she and her husband were both so shy about it, that I could only learn that she had consulted several physicians about her declining health after marriage, but concealed the fact from them, of his inability to effect a vaginal entrance, imagining it was owing to some defect in his own formation. However, the midwife was more successful than I was. She ascertained that, previous to marriage, at her catamenial periods, she suffered almost as much pain as at her confinement; that there was merely a slight moisture externally; that there was swelling and tension at this time in the abdomen, which usually subsided in about a fortnight. Since her marriage—to use the patient's own graphic and feeling words—she never knew her husband until her accouchement.—*U. C. Journal of Med. Sur. & Phy. Science.*

MISCELLANEOUS.

Resolutions unanimously adopted by the Royal Collège of Physicians of Edinburgh, regarding Practitioners of Homœopathy.—At Edinburgh, and within the College Hall there, the 9th day of May, 1851, an extraordinary meeting of the Royal College was held, pursuant to a resolution agreed to at the last quarterly meeting, and of which extraordinary meeting due notice was given, the President in the chair, the following resolutions were moved, seconded, and unanimously agreed to:—

I. That the Royal Collège of Physicians of Edinburgh, did, several years ago, publicly express its opinion of homœopathy and homœopathic practitioners, by peremptorily declining to admit into its body a candidate for its fellowship who belonged to that denomination; and consequently that no fellow of the college can possibly be ignorant of the light in which all those who practise homœopathy are regarded by the college.

II. The college regrets that, notwithstanding this decided expression of its opinion, more than one of its fellows, after

being admitted in a different character, have endangered the reputation of the college by becoming homœopathic practitioners; and the college expresses an earnest hope that these fellows, seeing they have thus virtually separated themselves from the college, will spontaneously sever their further connexion with an institution which repudiates them, and from which they can derive, as merely nominal fellows, nothing else than a false position and a spurious credit.

III. The college feels the more bound thus to express its opinion, seeing that those fellows who have become homœopaths, and any other medical practitioners who follow homœopathy, must necessarily be aliens to the other fellows, and to the profession at large; inasmuch as no fellow of this college, or any other physician, can, by any possibility, without derogating from his own honour, and from the honour of the profession, meet practitioners of homœopathy in consultation, or co-operate with them in the other common duties of professional life.

IV. That although the college has not thought it expedient hitherto to take any active steps for disclaiming those fellows who have become homœopathic practitioners subsequently to their admission to the college, nevertheless, since it has the power of dealing summarily with those who act in a manner so unbecoming the character of a physician, it reserves its right to exercise that power when it shall be so advised.

Signed in name, and by authority, of the college.

J. Y. SIMPSON, President.

—*Dublin Medical Press.*

British American Journal.

MONTREAL, JULY 1, 1851.

Dr. Laterriere's Bill for Degrading the Universities.—We alluded to this Bill in our last number, and suspecting (for we had not seen it,) that it was a mere repetition of the Bill which he introduced last session, we concluded that it was a blow levelled exclusively at the Canadian Universities, the degrees of which, only, were not to be recognized by the L. C. Provincial Medical Board. The present Bill, however, differs *toto cœlo* from its predecessor;

and if there was found sufficient conservatism (we are using the term in its legitimate sense) in the Legislature, to have consigned the one to the tomb of the Capulets, last session, there will be found, we are quite sure, an equally sufficient amount during the present, to devote the other to the same quiet place of repose. To enable the Profession to judge of the objects and tenor of the two Bills, we quote from both the important clauses, in both cases being repeals of the seventh clause of the 10 and 11 Vic., incorporating the Medical Profession of Lower Canada:—

Former Bill.—“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 practice under the said Act without examination as to his qualification.”

Present Bill.—“No person shall after the passing of this Act, receive a license from the Provincial Medical Board, to practise Physic, Surgery, or Midwifery in Lower Canada, unless he shall have undergone an examination before the said Board, and obtained a certificate of qualification from the said Board.”

It is thus apparent, that while in the one case, the leveling shaft was aimed at the Canadian University exclusively, by the mover of the Bill, in the other the degradation is made to extend to the degrees and diplomas of all the Universities and Colleges of the British Empire, which are confessedly the first Universities and Colleges in the world.

Failing last session in his attempt to deprive McGill College of the substantial value incident to her honors, the pill is now gilded, under the very questionable plea of liberalism, and the spoliation is extended to all honors whencesoever derived. We have not the slightest doubt, that the hand which would prostrate the honor, would prostrate also,

if it could, the University which granted it.

Several very important questions arise from the mature consideration of the subject presented to us.

Dr. Laterriere, the mover of the Bill, and a member of the Legislative Assembly, is yet a member of the Profession, and cannot divest himself of his amenability to its tribunal. We therefore hold him bound to answer the following questions, which he may do in his place in the House, in our own columns, or elsewhere if he sees fit.

1st.—Why are the degrees and diplomas of Universities and Colleges of the United Kingdom, which were deemed by him worthy of due honor and respect by the Medical Board, awarding to his own shewing in 1850, not deemed equally so in the year of grace 1851—twelve short months afterwards?

2nd.—What circumstances during these same twelve months have arisen, to induce the change that those degrees and diplomas should be now rejected, and their holders submitted to the degradation of an examination?

3rd.—Why should not the same honor and respect be awarded to the degrees of the Canadian Universities, in Canada, which are awarded to the same titles of the Universities of Great Britain and Ireland in those countries, the privileges which they have up to the present moment enjoyed?

4th.—Have the Canadian Universities abused the privileges with which they have been endowed?

These are questions which present themselves to every reflecting mind, and we think, should obtain a satisfactory answer before the demands of Dr. Laterriere should be acceded to.

Dr. Laterriere's versatility in his hostile movements against the Canadian Universities, of which there are but few

and of which, he ought not to be ashamed if a spark of patriotism exists in his breast, seems to be of the most extraordinary character. Failing one year in his special attempt at those of his own country, he now adopts a wider range, and forgetful of his past proceeding, seeks to demolish at one full swoop, the honors of all the British Universities, at once. We cannot but honor the man who has undertaken a task of so ennobling a description; one too, for which the *honorable* mover, will secure for his name, an imperishable remembrance.

But is the proceeding now advocated by Dr. Laterriere, one which is approved of by the profession of the Province? We emphatically say it is not; nor does the profession of the Province recognise, in the few members of it who happen to hold seats in the House, the right to legislate for it in this wholesale manner, without previous consultation. The Act of Incorporation, the seventh clause of which the proposed Bill is intended to repeal, may be fairly received as the expressed wish of the Profession, and was the result of numerous meetings especially summoned for the purpose, the petitions to the Legislature having been very generally signed. That Act was passed in 1849. By general consent, that Act was amended about two years ago, since which period it has been found to work well. Have there been any meetings of the Profession to consider the important points mooted in Dr. Laterriere's Bill? Has the Profession been in the slightest degree consulted?*

* We must remark, here, that Dr. Painchaud, of Quebec, attempted to get up a demonstration, in favour of the Bill, early in the month of May. A meeting was held which ended in *smoke*. A report of the proceedings was promised to us by two Quebec Physicians, but it has not yet come

A negative answer must be given to both these interrogatories; and we may safely contrast the present proceeding with that which was pursued in 1849, when the Profession was individually consulted by circulars from the Committee of the House, on the propriety of the repeal or amendment of the Act of Incorporation. A similar procedure now would have been but fair and open; and a very laudable curiosity is excited, (of no difficult gratification, by the way,) as to the reasons of the present non-adoption of the same course. These reasons will be manifest, when we state that not one member of McGill College was made acquainted with the full tenor of the Bill until the 14th of June, its second reading having been fixed for the 18th, the short space of six days only intervening; and that they are not indebted for their knowledge of it and its provisions, so directly affecting them, to the courtesy of the honourable mover, or to that of any other *medical* member of the House.

We may observe distinctly that the Medical Members of the House do not represent the Medical Profession (albeit members of it) in any manner whatever. And it will prove a strange thing indeed, if the best interests of a large Profession are to be controuled by the caprice of a few individuals, whom political influence in a few counties has placed in a position to legislate, and, who so placed, avail themselves of that position to effect objects contrary to its wishes.

There is another point connected with

to hand. It would have been of infinite assistance to us now. Of one thing we are assured, that the President of the College of Physicians and Surgeons is decidedly opposed to the measure, and we are satisfied that a large majority of the members of the College would be so also, if consulted upon the point.

this subject, deserving of some consideration. About 15 or 20 years ago, an Act was passed by the Legislature of Upper Canada, which embodied a clause precisely similar to that which it is the intention of Dr. Laterriere's Bill to effect for the Lower Province. The opposition of the British Universities and Colleges was at once excited, and the Bill, although it had passed the different branches of the Legislature, and had been put in operation, was finally disallowed by the Home Government.—Should the present Bill pass, we predict for it a similar fate, for the Universities and Colleges of England, Scotland and Ireland will not tamely submit to the degradation; and we are satisfied that their remonstrance will not prove unavailing.

The fact is, and there is no denying it, that this Bill has been introduced to appease the clamour of a few restless French Canadian members of the Profession, resident in Quebec and its neighbourhood, and meets with but little support there or elsewhere. These parties seem to be labouring under a peculiar disease, a kind of University-Phobia, which does not however appear to be of a very infectious nature; and the only cure for which, that we know of, is the abolition of the *English* language and the *English* Lecturers in McGill College.

BILL.

An Act further to amend the law relative to the practice of Physic, Surgery and Midwifery, in Lower Canada.

WHEREAS it is inexpedient that any person should obtain a license to practise Physic, Surgery or Midwifery in Lower Canada, without undergoing an examination before the Provincial Medical Board: 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.

II. And be it enacted, That for and notwithstanding anything in the said Act, or in the Act amending the same, passed in the twelfth year of Her Majesty's reign, and intituled, "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," no person shall, after the passing of this Act, receive a license from the Provincial Medical Board to practise Physic, Surgery or Midwifery in Lower Canada, unless he shall have undergone an examination before the said Board, and obtained a certificate of qualification from the said Board: Provided always, that nothing in this Act shall apply to females practising midwifery in Lower Canada under the provisions of the Act first above cited.

Geology and Mineralogy.—Hon. Mr DeBlaquiere wished to submit to the attention of the House, a matter in which the Province is deeply interested. It related to various specimens of Geology and Mineralogy collected with great care and zeal by Mr. Logan in his explorations in this country. They were considerable in magnitude and number, and were of great importance to the future study of Geology and Mineralogy in this Province. This collection was at present in Montreal where they could not be of great service to any one. The hon. gentleman thought that as the University had devoted £20,000 for the erection of certain buildings, and as they contemplated devoting part of them as a museum, nothing could be of greater consequence to that museum, so as to make it an object of interest and study, than to secure this collection of specimens collected by Professor Logan. It had occurred to him that it would be desirable to have them brought to Toronto under the charge of Professor Logan, and devoted to that museum for the purpose of general information. If it was necessary to divide them so as to give the lower Province a share, Professor Logan could be instructed to do so. His object was to draw the attention of the Provincial Secretary to the subject. The hon. gentleman here read a com-

munication on the subject, which also requested that Professor Logan might be requested to give lectures on Geology in the winter evenings in Toronto when he was not engaged particularly in his explorations.

Hon. Mr. Leslie said that the specimens were not so entirely useless in their present position as the hon. gentleman had been led to believe; they were deposited in a house by order of Government for the purpose of scientific investigation. But he would direct attention to the suggestions now made.

The foregoing extract from the proceedings of the Legislative Council will be found of interest. If the whole or a portion of the collection made "with great care and zeal" by Mr. Logan, our talented Geologist, be worthy of acquisition by the University of Toronto, of which the hon. mover is Chancellor, they are equally worthy of being deposited in the Museum at McGill College; and there is this advantage in favour of the latter, that the buildings *are* erected, while those of the other University *are not*. The suggestion at the conclusion of the motion we rather think impracticable. During the winter months, Mr. Logan is condensing his usual summer labours, and preparing them in form of a report. His time is, to our personal knowledge, very fully occupied, and that to an extent, sufficient to preclude any lectures of the kind, even in this city. If the Toronto-wegians wish lectures on Geology, or "sermons from stones," they must seek them elsewhere.

Medical Bills before the House.—Tinkering progresses admirably, and Bills affecting the Act of Incorporation of the College of Physicians and Surgeons of L. C. and the Medical Bill of U. C., spring up like mushrooms. Mr. Sandborn and Mr. Richards, each for his own section of the Province, take the

quacks under their especial protection, and though not members of our profession, exemplify the adage, that "fools rush in where angels fear to tread." We do not consider these Bills worthy of further notice. Mr. Sanborn's Bill, re-introduced this session, will, we are confident, meet the fate it received last session, and Mr. Richards' Bill is one which "out-herods Herod," and will, we are confident, meet the same end. It does astonish us nevertheless, to find quackery and imposture of the grossest kinds so openly encouraged. The "*mens sana in corpore sano*" is probably the key to the mystery.

We have understood that the School of Medicine of this city, have declined urging their pretensions to the possession of the power of conferring Diplomas.

In the printed votes and proceedings of the Legislative Assembly, of the 11th of June, we observe the following:—

"Hon. Dr. Laterriere, reported favorably on the petitions of the Physicians and Surgeons of the district of Quebec, and city of Montreal."

We have not the slightest idea of the nature of such petition, and know nothing *even of its existence*. We strongly suspect it to be some hole and corner affair, and concocted so secretly, that no one with whom we have conversed have even heard of it. We certainly would feel obliged if some member of the Legislature would send us a copy of it. The *Medical* members of the House appear resolved to send us nothing. We hope the non-interested Members of the *House*, will treat this fact as worthy of some consideration.

We are pleased to observe that the Act of Incorporation for the Toronto School of Medicine, has passed both Houses. What progress has been made in the one for the St. Lawrence School of this city?

Trial of Mrs. Freeman.—In another department, will be found the report of the trial of Mrs. F., for the murder of her husband by strychnine, as corrected and sent to us by a friend. We cannot conceive how the jury could have rendered the verdict which they did, the medical evidence—that only upon which, in a case of this kind, any reliance could be placed—being so conclusive. This trial is one of the most important which has taken place in this country, for the last quarter of a century, and the Coroner deserves credit for the mode in which he conducted his share of the proceedings. A stronger case for the appointment of medical men as Coroners, could not be cited than this one. A non-medical man, would not have even suspected poisoning in this case. The verdict of such a jury under such direction, would have been, “died by the visitation of God,” a convenient phrase, covering causes of death in a multitude of ways. Dr. Dixon performed the delicate and difficult task assigned to him well, and deserves full credit for it.

CORRESPONDENCE.

THE PHILOLOGY OF PROFESSOR BIBAUD.

To the Editor of the *British American Medical and Physical Journal*.

SIR,—I have observed that many of the Lecturers in the *French School of Medicine* in this city, use the term Professor, after their names, to which they have no legal right This is particularly remarkable in the case of *Professor Bibaud*, who I notice sticking at your translation of the word “*auteurs*,” while he at the same time signs himself what he is not.

Now, the word Professor is never used unless in connection with a genuine College or University, and cannot be used by a mere lecturer in any school, not even in a University itself, unless there be an actual professorship. I suppose *Professor Bibaud* translates the English word “Lecturer” by the French “*Professeur*.” You are perfectly correct in stating, that whatever

he may be as an Anatomist, he is certainly a miserable philologist.

I remain, Sir,

Your obdt. servt.,

BILIVERDIN.

Montreal, June 24, 1851.

The “Scurrilous Personalities” of the Editor of the B. A. Journal exposed.

Toronto June 21st 1851

To *Archibald Hall, M.D., L.R.C.S.E.,*
 &c. &c. &c. &c. &c. &c. &c.

SIR,—

My attention has been drawn to your Journal of the Present month had the article in it been Confined to the Legitimate objects of the Publication you would have no Communication from me at the present time But in the Part you Call the Editorial Department It has pleased you to Insert a most Scurrilous and I may say Libellous article Affecting myself Personally. Now did you Chose, Limited as I Believe your knowledge of the subject is, to enter your objections against the Homœopathic system I should be far from Calling the Right to do so in question you would then be met with Counter Arguments, But I Protest against your assumed Right of seeking, to Bring me Personally into Content I Know you not Personally nor even by Repute Except as Editor of the Journal that bears your name with its many Additions, Now did I Chose to Fabricate some Scurrilous Personalities of yourself you would be Perfectly Right in telling me I should not Repeat the Offence with Impunity I would thank you to Reverse the Position and take what belongs of it To yourself

I Remain your Obedient
 Servant

P. S

Thos. C. Gamble

Should you deny the above a place in the next number of your Journal or do not chose to make some Reperation for your Gratuitous abuse you will then find it in some other Journal more widely spread than your own with such additions as may seem needfull

Thos. C Gamble

[Our last number has brought us by post, no less than three irate epistles, demonstrative of the fact, that “uneasy lies the head that wears the (Editorial) crown.” One of them, the foregoing, at he writer’s especial request, we publish,

as we cannot deny him the privilege which he seeks of appearing in print. Our readers will perceive that it is dated at the time of the summer solstice, and from the remarkable peculiarities which characterize the production, (for we give it exactly as we received it,) we suspect that the inditing of it must have been due to some solar or lunar influence, as we cannot believe that our very esteemed friends the Homœopaths could number in their ranks persons who write so *capitally*, have such supreme *contem(p)t* for punctuation, and *cho(o)se* to spell so phonetically. If we have injured *Dr. Gable* professionally or other wise, we much regret it, and to prove the sincerity of our repentance, we give

publicity to his letter, with the greatest pleasure, which is everything however, but infinitesimal in its denunciation of us.—Ed.]

OBITUARY.

In this city, on the 24th ult., of Typhus Fever, contracted during attendance on the Emigrants at the Sheds, Richard Coffy, Esq., M.R.C.S.L., aged 35 years, a native of Cashel, Tipperary, Ireland.

Drowned, at St. Ann's, on the 29th ult., Patrick McNaughton, M.D., aged 39 years. The melancholy occurrence arose from the accidental upsetting of a boat.

METEOROLOGICAL REGISTER at MONTREAL, for the Month of MAY, 1851.

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	+45	+57	+33	+51.	29.53	29.38	29.40	29.44	S b E	S S E	S S E	Clo'dy	Fair	Snow
2	" 35	" 56	" 39	" 40.	29.41	29.56	29.73	29.67	S b E	SE by S	SE by S	Sleet	Fair	Clo'dy
3	" 37	" 60	" 44	" 43.5	29.80	29.76	29.67	29.74	W	S W	S W	Fair	Fair	Clo'dy
4	" 43	" 51	" 41	" 47.	29.62	29.07	29.71	29.67	S	S	S	Sho'ry	Fair	Fair
5	" 40	" 53	" 45	" 46.5	29.75	29.68	29.64	29.69	N	W	W	Fair	Fair	Fair
6	" 43	" 39	" 37	" 41.	29.66	29.68	29.72	29.69	N	N	N	Clo'dy	Rain	Rain
7	" 40	" 54	" 43	" 47.	29.78	29.76	29.77	29.77	N W	N	N	Rain	Rain	Clo'dy
8	" 44	" 56	" 46	" 50.	29.79	29.77	29.76	29.77	S	W	N W	Clo'dy	Fair	Fair
9	" 48	" 59	" 48	" 53.5	29.82	29.66	29.68	29.72	E	S W	S W	Clo'dy	Rain	Clo'dy
10	" 50	" 70	" 55	" 60.	29.78	29.79	29.77	29.78	S W	S W	S W	Foggy	Fair	O'rcast
11	" 53	" 65	" 54	" 59.	29.77	29.67	29.76	29.70	S W	S W	S W	Fair	Clo'dy	Rain
12	" 57	" 72	" 67	" 64.5	29.72	29.63	29.5	29.63	S W	S W	S W	O'rcast	Fair	Clo'dy
13	" 68	" 80	" 66	" 71.	29.52	29.47	29.49	29.49	W	W	W	Rain	Fair	Fair
14	" 57	" 58	" 46	" 57.6	29.62	29.76	29.89	29.76	N by E	N by E	N by E	Sho'ry	Sho'ry	Fair
15	" 44	" 63	" 48	" 53.5	30.03	30.00	29.98	30.00	N N W	W	S W	Fair	Fair	Fair
16	" 52	" 72	" 63	" 62.	29.95	29.75	29.55	29.75	S S E	S	S	Fair	Fair	O'rcast
17	" 55	" 65	" 60	" 60.	29.44	29.53	29.71	29.56	S by E	W	W	Rain	Clo'dy	Fair
18	" 45	" 56	" 48	" 60.5	29.80	29.87	29.69	29.88	W	W	W	Fair	Fair	Fair
19	" 50	" 65	" 55	" 67.5	29.95	29.83	29.55	29.78	S	N E	N E	Clo'dy	O'rcast	Rain
20	" 54	" 75	" 59	" 64.5	29.43	29.32	29.37	29.37	S W	S W	S W	Clo'dy	Clo'dy	Storm
21	" 53	" 67	" 58	" 60.	29.51	29.65	29.70	29.62	S S E	S W	S W	Fair	Fair	Fair
22	" 55	" 68	" 57	" 56.5	29.69	29.68	29.26	29.54	S S E	S S E	W	Clo'dy	Rain	Rain
23	" 58	" 54	" 45	" 56.	29.16	29.43	29.75	29.45	W	S E	W	Rain	Clo'dy	Sho'ry
24	" 45	" 60	" 51	" 62.5	30.04	30.05	30.03	30.04	W	S W	S W	Fair	Fair	Fair
25	" 54	" 71	" 60	" 62.5	30.06	29.88	29.93	29.99	S W	S W	S S E	Fair	Fair	Fair
26	" 57	" 76	" 66	" 66.5	29.97	29.86	29.87	29.90	N E	S	S	Fair	Fair	Clo'dy
27	" 53	" 63	" 52	" 58.	29.85	29.73	29.53	29.70	N N W	N W	N W	Clo'dy	Sho'ry	Rain
28	" 53	" 60	" 49	" 56.5	29.59	29.72	29.83	29.71	N W	N W	N	Rain	Clo'dy	Rain
29	" 43	" 65	" 51	" 49.	29.95	29.86	29.86	29.89	N N E	N N E	N N E	Clo'dy	Clo'dy	O'rcast
30	" 50	" 64	" 48	" 52.	29.87	26.89	29.94	29.90	N N E	N N E	N N E	Rain	Rain	Fair
31	" 51	" 64	" 57	" 57.5	30.02	30.00	29.95	29.99	N N E	N N E	N N E	Fair	Fair	Fair

Therm { Maximum +80° on the 13th, at 3 P. M.
 { Minimum, -33° " 1st, at 10 P. M.
 Mean of the Month, +55.°

Barom. { Maximum, 30.06 in, on the 25th, at 7 A.M.
 { Minimum, 29.16 " " 23rd, at 7 A.M.
 Mean of the Month, 29.725 inches.

