

Technical and Bibliographic Notes/Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for filming. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of filming, are checked below.

L'Institut a microfilmé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de filmage sont indiqués ci-dessous.

- | | |
|--|--|
| <input type="checkbox"/> Coloured covers/
Couverture de couleur | <input type="checkbox"/> Coloured pages/
Pages de couleur |
| <input type="checkbox"/> Covers damaged/
Couverture endommagée | <input type="checkbox"/> Pages damaged/
Pages endommagées |
| <input type="checkbox"/> Covers restored and/or laminated/
Couverture restaurée et/ou pelliculée | <input type="checkbox"/> Pages restored and/or laminated/
Pages restaurées et/ou pelliculées |
| <input type="checkbox"/> Cover title missing/
Le titre de couverture manque | <input checked="" type="checkbox"/> Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées |
| <input type="checkbox"/> Coloured maps/
Cartes géographiques en couleur | <input type="checkbox"/> Pages detached/
Pages détachées |
| <input type="checkbox"/> Coloured ink (i.e. other than blue or black)/
Encre de couleur (i.e. autre que bleue ou noire) | <input checked="" type="checkbox"/> Showthrough/
Transparence |
| <input type="checkbox"/> Coloured plates and/or illustrations/
Planches et/ou illustrations en couleur | <input checked="" type="checkbox"/> Quality of print varies/
Qualité inégale de l'impression |
| <input checked="" type="checkbox"/> Bound with other material/
Relié avec d'autres documents | <input type="checkbox"/> Includes supplementary material/
Comprend du matériel supplémentaire |
| <input checked="" type="checkbox"/> Tight binding may cause shadows or distortion
along interior margin/
La reliure serrée peut causer de l'ombre ou de la
distorsion le long de la marge intérieure | <input type="checkbox"/> Only edition available/
Seule édition disponible |
| <input type="checkbox"/> Blank leaves added during restoration may
appear within the text. Whenever possible, these
have been omitted from filming/
Il se peut que certaines pages blanches ajoutées
lors d'une restauration apparaissent dans le texte,
mais, lorsque cela était possible, ces pages n'ont
pas été filmées. | <input type="checkbox"/> Pages wholly or partially obscured by errata
slips, tissues, etc., have been refilmed to
ensure the best possible image/
Les pages totalement ou partiellement
obscurcies par un feuillet d'errata, une pelure,
etc., ont été filmées à nouveau de façon à
obtenir la meilleure image possible. |
| <input checked="" type="checkbox"/> Additional comments:/
Commentaires supplémentaires: | Continuous pagination. |

This item is filmed at the reduction ratio checked below/
Ce document est filmé au taux de réduction indiqué ci-dessous.

10X	12X	14X	16X	18X	20X	22X	24X	26X	28X	30X	32X
						✓					

v. 2

(1152-55)

To: 1

THE
UPPER CANADA JOURNAL

OF

Medical, Surgical, and Physical Science.

APRIL, 1852.

ORIGINAL COMMUNICATIONS.

ART. I.—*Case of Successful Operation for Strangulated Inguinal Hernia in the Female.* By CHARLES WM. COVERNTON, M. D., M.R.C.S., Eng. Simcoe, C.W.

The following case of successful operation for strangulated inguinal hernia in the female, *thirteen* days after the descent of the bowel into the hernial sac, as an unusual departure from the ordinarily fatal termination to such cases, when the only remedial measure is deferred beyond the fourth or fifth day, may prove interesting to many.

Mrs. S——, a resident of the township of Woodhouse, in this county, æt. sixty, of a spare emaciated figure, has for a number of years been subject to inguinal hernia of the right side, which she has commonly been enabled to reduce without difficulty. On the 11th of last December the bowel descended, and after repeated fruitless attempts at reduction,—tenderness, pain, and vomiting having supervened,—Dr. Hume, of Jarvis, was sent for, who employed unsuccessfully the usual measures, *i.e.*, taxis, bleeding, warm bath, etc.; cold applications were then directed to be constantly applied to the tumour, purgatives exhibited by the mouth, and enemata ordered.

On the third day the vomiting having become of a stercoraceous character, and the tumour more painful to the touch, Dr. H. explained to the patient and her friends the necessarily fatal termination of the case unless she would submit to an operation, and proposed a consultation. Both of these propositions were rejected. Dr. Hume then, as the only alternative continued the attempts at reduction, and the administration of opium and purgative enemata.

On the tenth day she consented to have Dr. Crouse called in, who confirmed the opinion of Dr. Hume; and although, from the length of time that had elapsed, he apprehended that gangrene must have resulted, he advised her to submit to the operation as the only chance of her life;—this, however, she still refused to consent to. All the means that are usually effective in reducing hernia having been already employed, these gentlemen left in the expectation that death would shortly put an end to her sufferings. Such, however, was not the case.

On the evening of the twelfth day a message was sent to Dr. Crouse, informing him that she continued much the same as when he had visited her on the Sunday, and that she was now willing and anxious for the operation. The following morning Dr. C. called upon me, related the history of the case, and requested me to accompany him. On visiting her, I learnt that the stercoraceous vomiting since 1 a.m. had not been so profuse or frequent; the tumour was not as tender to the touch as might have been expected,—the pulse averaging 90 and not intermittent. There were neither cold sweats nor hiccough; and excepting the diminished pain no particular evidence of mortification had ensued; we therefore decided in consultation upon the propriety of operating. Drs. Crouse and Hume having kindly requested me to operate, I had the patient placed upon a firm table, immediately opposite the window, made the first incision through the integuments two and a half inches long, commencing an inch and a half above the external ring, and extending to the bottom of the tumour. I then cautiously divided the several coverings on a grooved director. Upon reaching the sac, there was a small escape of a thin serous fluid, which induced me to suppose that I had penetrated it; but on close examination, I satisfied myself that it was not so. I then explored with the index finger of the left hand for the seat of stricture; but, owing to the rigidity of the parts, I failed in dividing it sufficiently to permit of the return of the sac. I then opened the latter, discovered the intestine of a dark chocolate colour, but not gangrenous or extensively adherent. With a hernia bistoury I divided freely the stricture at the conjoined tendons of the internal oblique and transversalis, and the bowel was then easily returned; light dressing with a compress soaked in warm water, retained by a spica bandage were applied, the patient removed to bed, and a pill of chloride of mercury and opium administered. There was very little hæmorrhage during the operation, and the patient was but little exhausted. Four hours after the bowels were profusely opened. Drs. Crouse and Hume, who subsequently attended her, informed me that there was but trifling inflammation ensuing; and in three weeks the wound had healed sufficiently to permit of her being taken in a sleigh to visit some relatives. She is now quite recovered.

All surgeons, I am aware, agree in considering large old hernia as less immediately dangerous, and admitting of longer delay in operative procedure, than the recent small ones; but there are, I think, but few cases, if any, on record, where the result has been successful after a period of strangulation equal to the above case.

ART. II.—*Sketches of the Endemic Fever of Upper Canada, &c* By JOHN JARRON, Esq., Surgeon, Dunnville. Continued from p. 477, vol. 1.

In the early part of this sketch I pointed out the most prominent distinction between the malarious fevers of the old and of the new world, the one being usually marked by the prevalence of some local inflammation, and the other by the excessive derangement of the secretions of the primæ viæ and consequent symptoms so characteristic of yellow fevers. We further find such fevers occurring in any quarter of the globe, exhibiting such distinctive marks as to lead many to class them as distinct diseases, and even in the East Indies, where the characters of fevers are reported on by men of science and experience, there is scarcely a district in which some marked difference is not to be met with. In the new world, the effects of malaria exhibit perhaps more varieties than in the old. The southern parts and maritime coasts have their yellow fevers, gradually passing into the common remittent as you recede from the sea and reach the interior even of the islands. On such an extensive continent as North America, with its numerous fresh water lakes and large sluggish rivers, so fertile of that peculiar malaria, giving rise to paroxysmal fevers, a like result is produced, and the endemic diseases of each state exhibit such a difference that separate names are too often applied, not only to them, but to the fevers of almost every lake and river in the country.

Much of this variety is the result of general causes, among which the heat and moisture of the climate, and the character and state of the soil in localities, are the most prominent, the influence of the lakes and rivers being always productive of serious and complicated typhus, but in newly settled and uncultivated districts of a different character, an equally severe variety of fever is often found to prevail.

Though these facts are acknowledged by most writers on paroxysmal fevers, and the results occasionally brought most prominently forward, it has often struck me that the causes of such distinctions have in a great measure been overlooked, and are still involved in the greatest obscurity, which is not likely to be lessened so long as the idea generally prevails of the origin of paroxysmal and bilious diseases from something to which the name of malaria has been given, and that the severity of such affections depends on the quantity of the noxious poison to which the body has been exposed, or which has been inhaled by the system. A very slight acquaintance with the diseases of malarious localities will plainly prove that their distinctive marks are to be ascribed far more to some variety of the nature, however subtle, of the poison, than to the quantity imbibed by a particular body, as the passage of a jungle, or the spending of an hour in a malarious spot, will often give rise to a peculiar fever in an individual who had long inhabited a neighbourhood in which the poison was as fully developed. We are too much in the dark about the real character of this subtle poison emanating from the soil, to which the name of malaria is usually applied, to attempt any speculation on the variation of its composition in any particular locality. It is one of the many causes of disease, the existence of which is too frequently only revealed by its effects; and any attempt to account for the many varieties of local fevers, by the latitude of places, or the peculiarity of a country would be nearly as

hopeless as to demonstrate, by an analysis of the air, the existence and character of that epidemic influence by which small-pox, measles and scarlatina are so often produced.

To the scientific investigator of the causes and character of American diseases, the results of these facts must be of the greatest importance, every point of that immense continent teeming as it does with the general cause of a specific disease, which exhibits itself in many different aspects, to which a variety of names have been given, just as if the real cause of these would be thus accounted for, or our ignorance of the matter most effectually concealed. In Upper Canada, though the number of these varieties may be lessened, and their extent much curtailed by the exclusion of the southern and maritime states of the union, they are yet of sufficient importance to demand the utmost attention of any one who shall attempt to illustrate the diseases of its climate, and to bring their many and diversified symptoms under any of the genera and orders into which the systems of medical science has been divided. The topography of its localities may account for the frequency and severity of their malarious fevers, but gives us no clew to the varied character they assume, while in the present state of improvement and cultivation of the province, we have not a spot without the sources of local malaria, or in which the effects of it are not to be found in the personal appearance and diseases of its inhabitants.

This local character of disease is usually common to extensive districts, or peculiar tracts in the country, we yet very often find the diseases of a circumscribed locality exhibiting uniform and well marked differences, for which no cause can be discovered either in the habits or constitutions of the patients, or about the houses in which they may reside, so that we are forced to attribute them to some peculiarity in the general cause of the affection. In 1843, I met with a most decided illustration of this fact. About two thousand labourers, with their wives and families, were huddled on the Welland Canal, extending about one mile on nearly cleared ground, and along the margin of an extensive marsh. Scarcely an individual among them escaped an attack of fever; these attacks were usually severe, and among them every variety that the disease assumes in the neighborhood. The circumstances and habits of these people were very much alike, and scarcely any point of this encampment could be said to be more exposed to the influence of malaria than another, yet, at the time, I marked that three distinct varieties of fever were almost confined to the inhabitants of so many rows of shanties, and, though the persons of few of those people were known to me, yet I could often tell, from the very appearances of their countenances, even when they were able to walk about, the particular parts of the works on which they resided. I lately found a similar observation made in the fever hospital at Liverpool during the prevalence of the late epidemic there, and that the very appearance of the countenances of the Irish patients, as they lay in bed, was sufficient to distinguish those who had brought the disease from Ireland, from such as had caught it the city.

It is a well-ascertained fact that the character of these local fevers is not to be changed by removing the patients from the original source of the infection; sometimes, indeed, the attack will not manifest itself until a time after the exposure, and when the source of it has been left; at others, a patient suffering from severe fever is taken to a more healthy point,

but, notwithstanding, the fever will follow its usual course just as if no such removal had taken place; I have scarcely ever been able discover any benefit from a change made in the first stage of the disease, and have ceased to recommend it in cases where proper attention and comforts could be procured. So tenacious is this local taint that it adheres to the unfortunate victim for years, and can only be worn off by time; the ordinary recurrences and relapses of the disease will still exhibit many of the appearances of the first attack, and be very different from those occurring in other people residing around him and suffering from the effects of another local cause. An individual, seasoned as it were to a locality, will often catch fever immediately on his removal to another of even a more healthy character; a removal from one malarious locality to another will also often be the means of improving the general health of individuals and rendering their bilious attacks and agues less frequent, showing the effect of "change of air," even where the original source of disease cannot be avoided.

We have another set of causes by which the effects of the specific poison of Malaria in producing fevers is modified.

Change of climate is the most prominent of these, and is daily seen in the liability of emigrants to the diseases of the country, and the gradual manner in which they become seasoned. The clearing and improvement of the country has also a decided effect in rendering the diseases of the climate less frequent and severe, though many of the original sources of the malaria may still exist in their natural state. The congregation of people together in vilages and towns is another cause of modification, and if we connect this with the effect of the habits and mode of life of individuals, and of the epidemic constitution of the atmosphere, by both of which malarious fevers are as sensibly affected as the continued or typhus fevers of Europe, we will have results the most various and interesting, a series of facts to which few writers have directed their attention, and a view of the links by which those two diseases, the continued or typhus fever, and the malarious or paroxysmal fever, are assimilated to each other, and which the late Dr. Armstrong thought sufficient to lead him to pronounce them to be one and the same disease, resulting from one common cause, its course and symptoms only being modified by collateral circumstances.

To an accurate observer the course of malarious fevers will furnish ample evidence of their modification by the collecting of people together in permanent settlements, as in vilages and towns, or in the more temporary abodes of camps and ships. In the malarious districts of Italy we have the town and the country fevers exhibiting distinct features; in France the same thing is observed, though in a less decided manner. In the East Indies it is the usual character of the disease, which in towns is often said to have every characteristic of typhus, but its origin from human effluvia and its power of propagating itself by contagion. In the new world we have the yellow fever confined in a great measure confined to the coasts and sea-port towns, prevailing chiefly at the wharves connected with the shipping, and the streets in their vicinity. The diseases appearing in camps, though exhibiting many features of those in the surrounding country, are usually very different both in their course and tendency to a fatal termination, while in a fleet of ships, anchored in a limited space, and the crews of which are subject to the same management

and exposure, the local fever will often prevail in only a part of them, while the others will be perfectly free of it, and so much is this the case that it has long excited suspicion of the improper state, or defective discipline of the vessels in which it occurs. The severity of local fevers is often capable of being distinctly traced to some of the ordinary occasions or existing causes of common fever, such as dirty and ill ventilated houses, choked drains, exposed privies, or the presence of decaying vegetable or animal substances—establishing the fact that paroxysmal fevers, deriving their origin from a general cause, are as much under the influence of local circumstances as those continued or typhus fevers which are attributed either to specific contagion, or the effect of a malaria or miasm confined to a particular spot and limited in its effects.

The fevers of our villages and towns have always some symptoms plainly indicative of their malarious origin, though differing materially from those of the country; those of a class of the inhabitants or of the people in certain streets, will again exhibit a particular set of symptoms and run a particular course—in fact, we will often find the people of a single house to suffer from a remittent fever of the most malignant kind, that the same thing will occur from year to year, though the occupants be changed, and that the immediate cause of this is to be seen by a superficial observer. Among the labourers on the Welland Canal, during the occurrence before alluded to, I also met with a decided fact of this kind. In a particular row of shanties the fever, at an early stage, put on the appearance of the most malignant typhus from which many deaths took place, a circumstance that led to their being deserted, and the inhabitants spread over other parts of the works; individual cases of the same character of fever were now and then met with, but it never became so general as it had been at that point. The effect of this set of causes is not limited to the production of a greater or less degree of malignancy, or tendency to typhous symptoms in fevers, we will find the peculiarities of the season, whether they consist in a tendency to bowel complaints or to an inflammatory state of particular organs, equally under the influence of the same local causes, and that spots will be more than ordinarily fertile of such affections.

The effect of dirty and slovenly habits among people, and the continued and free use of spirituous liquors can scarcely escape the notice of a casual observer; the first of these may be included under some observations already made, and in the course of these sketches we have endeavoured to point out the most prominent results of the latter. Such people are always the first and most numerous victims of every epidemic that appears in the country, and will be found most liable to the bilious affections and their consequences to which our common malaria gives rise.

In the epidemic constitution of the air we have a cause of the modification of fevers applicable to those of both the town and country. Sydenham used an expression of this kind to account for the frequently occurring changes that he saw in the fevers of his day, and we find European practitioners still employing it for the same purpose, though showing a disposition to attribute varieties of fever to distinct or specific

contagions, and to look on the effect of these as uniform in every locality. It is one of those expressions employed to designate a set of universally admitted facts, of the immediate cause of which we are ignorant, and have not the means of ascertaining, and is just as good as any other for that purpose.

The fevers to which Sydenham applied it were often of paroxysmal character, and the series of facts denoted by the expression are as evident in them, as in the continued and exanthematous fevers to which it has lately become in a great measure limited. Indeed, too many of our systematic writers look on paroxysmal fevers as a specific and unvarying disease, the result of a specific cause, and capable of being cured by a specific remedy; and a student hurried from a medical school, and into a country where diseases are different from those in which he may happen to have been educated, will have to spend many anxious and laborious years before he fully discover the danger of this general axiom, and to visit almost every quarter of the globe, before he see the extent of the fallacy.

We never find the fevers of any two seasons, in the same localities, to be exactly alike; some minute difference may always be observed in their course and symptoms; at one time the general tendency will be congestive, at another inflammatory; sometimes affections of the bronchiæ and lungs, at others, of the viscera, with bowel complaints, will be present, and show themselves in almost every case. Such tendencies are rarely confined to one locality, but usually prevail, in a greater or less degree, over large tracts of country, or pass rapidly from one section of it to another. They will often only show themselves slightly for one season, but increase in severity for two or three afterwards, and depart and decline in the same gradual manner; but we have once or twice seen the character of prevailing fever suddenly change in the very middle of the season.

We have previously alluded to the modifications of malarious fevers with those affections of the bronchiæ and bowels to which the terms of Influenza and cholera, or choleroïd diarrhœa are applied. During the autumn of 1851, a few cases of Asiatic cholera occurred in this village; they were most malignant and decided in their symptoms, and not a case recovered where the characteristic discharges were followed by collapse.

The tendency to sinking and collapse in the fevers of the early part of the season, and the prevalence of a choleroïd diarrhœa had led me to anticipate this visitation though cholera had never before appeared in the village. The course of fevers occurring about the same time as the cholera were new and plainly showed a modification by many of the symptoms of this latter affection. The sinking and collapse were general, but not so the discharges from the stomach and bowels; the secretions from these were frequently almost entirely suppressed, and large and repeated doses of calomel and cathartics were often required to restore them. Pains in the region of the stomach, with apparent spasms of that organ, and cramps of the abdominal muscles, only relieved by firm pressure on the belly, for which the patients were exceedingly anxious, were very common. The cramps would occasionally pass to the other muscles of the body, and even to

the extremities, which would become rigid or violently distorted, resembling a case of perfect tetanus. Such symptoms would sometimes be relieved in a few hours, but might last for a day or longer; in both instances they were apt to recur with any accession of fever or irregularity of the *primæ viæ*. In another set of cases we had much of the collapse and the expression of countenance peculiar to cholera, but none of the discharges from the stomach or bowels; the peculiar cramps of cholera, in every muscle of the body, would be most distressing and continue for a long time; the extremities would sometimes become blue and even the breath cold; the whole of these were apt to recur periodically, and not unfrequently terminated in a protracted attack of fever, accompanied by frequent returns of pains in the stomach, and pains and twitchings in the muscles, with great prostration of strength and excessive derangement of the biliary secretions. Though recoveries were always protracted yet death from these affections were rare.

In infants and young children the choleroïd diarrhœa was frequent and fatal, but the peculiar symptoms would often stop suddenly, and the little patients ultimately sink from head symptoms and convulsions, and I have seen these appear within a few hours of the commencement of an attack.

During the present winter, biliary derangement and irregular agues, both in the village and surrounding country, have been more than usually frequent; excessive prostration and depression have always accompanied them, as well as severe pains and twitchings of the muscles, often amounting to perfect cramps; and the same character of fever has been mixed up with and attended affections of the bronchiæ and lungs, and an erysipelatous inflammation of the head and face. In these cases the use of diffusible stimuli was absolutely necessary, both to throw off the state of collapse, and to relieve pain and spasm; during the last six months I have, with the best effect, prescribed more camphor, peppermint and opium than I had previously done during a practice of twelve years.

Does a paroxysmal fever, originating from malaria, ever become a typhus of Cullen's Nosology, and capable of communicating itself to individuals who have not been under the influence of its original cause?

Does dysentery, or any other of the various affections, originating from a general malaria, become, under any circumstances, capable of reproducing themselves in healthy individuals not exposed to their original cause?

Does such a thing as the cumulative contagion of the late Dr. James Johnston exist, or does a number of cases of malarious fever congregated together become capable of reproducing themselves though a few of such cases, at any point or place, may not be so?

It would be easy to attempt an answer to these questions by a simple yes or no, but they are of too much practical importance to be passed over. We wish to avoid the much agitated question of the contagious or non-contagious nature of typhus, but would just allude to the real opinions of the late Dr. Armstrong on this point, as they form the basis of the sanitary regulations now so generally enforced, as well as the real doctrine of non-contagion, as professed and acted on. He

came to the conclusion that typhus was a malarious fever; that its modification depended on circumstances; that its origin and increase were to be prevented by sanitary regulations, and not by separating the sick from the healthy part of the community, and preventing the necessary intercourse between them. We at last find the most decided opponents of these opinions, when first promulgated, now obliged to admit that not only a fever with all the characteristic symptoms of pure typhus, but most of the affections long attributed to contagion have originated from a local malaria.

It will not always be possible to ascertain the cause by which a local fever is modified, and even when the facts previously announced are fully admitted, we may often be at a loss to account for the many varieties which take place; but even these will rarely produce a single fact by which the fever being communicated directly from one person to another can be suspected. The phraseology, both of writers and speakers, connected with contagion, or the communicability of disease from one individual to another, is exceedingly vague; a few secondary occurrences are taken up, and, irrespective of everything else, brought out to support a particular notion of contagion, to the *modus operandi* of which, so far as it is known, they are directly opposed.

The breaking out of a malignant fever, its extensive prevalence at any one place, and the sickening of individuals after they have been in contact with those laboring under it, are the chief sources of this fallacy; the first are characteristics of an endemic or epidemic fever, and the attacks of individuals may depend on the general cause, and be little, if at all, affected by their contact with others, occurring as it usually does, so short a time after exposure. The observations of the late Dr. Bancroft on this very point, are decisive, and his report on the Corunna fever, and the effects of its contagion are still uncontradicted, and show clearly that the contagion of an admitted typhus requires time to manifest itself after exposure. The sum of his observations is thus stated. "It results, therefore, from this statement that among the ninety-nine orderlies and nurses, who had probably not been exposed to the contagion before their attendance on the sick commenced, the *earliest* attack was on the 13th day, and the *latest* on the 68th; but these returns were made up about the 20th of April, and it appears that some who had escaped till that time were afterwards attacked." Under certain circumstances we may find a great majority of the cases of these fevers assume a most malignant or typhous form, yet many of them will become paroxysmal in their course, while we will never be without some mild cases that will show their real character from the commencement of the attack. An individual brought into the locality of such affections, though not in connection with the sick, will be exceedingly liable to be attacked with fever which may exhibit the worst form of the local disease, more particularly if he be an emigrant, or unaccustomed to exposure and the effects of concentrated malaria; in fact, he will get the local fever, modified by his own peculiar habits and constitution, and not by his connection with a sick person or any affluvia that may issue from his body. The removal of such cases to a distance, and their careful nursing in the bosom of families are frequent; I have occasionally seen numbers of

them congregated in one house, distant from the original source of the malaria, yet I have never known the disease communicated there, and the affection in the members of the family or of their immediate neighbours, would still bear the character of those in their own locality.

We have many instances of malarious, as well as of what is now called typhus and typhoid fevers, prevailing at one and the same time at certain points on this continent. The late war with the United States, in 1812 and 1813, and the consequent assemblage of armies in the Niagara frontier of this province, at a time when the country was very partially cleared, afforded opportunities to medical men, unaccustomed to the diseases of the climate, to report such occurrences, and of their prevailing at one time, and very mixed up with attacks of dysentery and inflammation of the lungs, in their camps, which gave rise to the idea that they were kept up and spread by means of contagion.

It has been my fortune repeatedly to be brought in contact with large bodies of men, with their wives and families, all unaccustomed to the climate, congregated together on the most malarious parts of that frontier, to see the whole of these affections originate among them simultaneously with the annual attacks of fever and ague for the season, and to subside with the approach of the cold weather, leaving the usual sequelæ behind them; and though I have long been exceedingly watchful for the results of contagion, and have rarely attempted to avert it by any other means than a plentiful supply of fresh air and the utmost attention to cleanliness that circumstances would afford, yet I have never met with a single instance to lead me to think that the worst form of malarious fever was contagious, or that any effluvia arising from the bodies of patients, was capable of producing the same fever in healthy individuals not exposed to its general cause.

With respect to dysentery or any other form of bowel complaint originating from malaria, I look on them as obeying the general laws to which that poison and its effects are subject, and that the observations respecting fevers will equally apply to them.

The term cumulative contagion, as defined in the preceding question, seems to have originated in the mind of Dr. Johnson from an idea of a peculiar cause of fevers in general that he entertained, and which the scope of his writings imply that he extended to those of a malarious origin; indeed, he paid little attention to the distinction between them and typhus. He says that, "notwithstanding the exertions of Dr. Baneroff, and others, to invalidate certain testimonies respecting the generation of contagious miasm, facts too stubborn to be swept-away by the brush of sophistry, attest that the effluvia issuing from the bodies of a number of human beings confined too closely, whether in a state of health or disease, will occasionally produce a contagion which is capable of exciting fever, not only among those so confined, but of propagating itself afterwards from them to others." His first and strongest reason for this is taken from the history of the Corunna fever; the state in which the transports were found when the troops were landed in England, the fact that the disease was communicated to nurses and others after the troops were landed, washed, and placed in clean and airy hospitals, and that the greater part of a family fell a sacrifice to the fomites that lurked in a blanket purchased from

one of the soldiers. Dr. Bancroft does not deny these facts, but brings them forward among others, to show the distinction between a typhus and a malarious fever, and contrasts the history of the disease resulting from this expedition, with those that, in the same year, originated in, and followed the equally unfortunate one to Walcheren. "One of the most decisive instances of the non-contagious quality of the marsh remittent fever is, the author thinks, to be found in the late unfortunate Walcheren expedition, wherein thirty thousand men and officers were attacked by fever, which proved fatal to nearly one-sixth of the whole number of sick; and yet not a single case could be discovered in which there was reason to suppose that any person caught the fever from anything either upon the island of Walcheren, or among the sick removed to this country, so that we may fairly conclude, if fevers of this description are ever contagious, and communicated to those not previously exposed to marsh miasma, the instances are rare and solitary, and that, in general, they must be ranked as non-contagious."

We have the greatest respect for the opinions of Dr. Johnson, on every point connected with malarious disease, yet, we must allow that his voluminous writings furnish no fact that a number of patients suffering from them, and placed in a confined space, will be the means of originating such fevers, or of their being converted into a new disease capable of producing itself by contagion. He has faithfully chronicled the reports of that little, but talented band of naval surgeons, that served on the East India station during his own career there, by which he has given us the means of challenging his own ideas, as well as conferred the greatest possible benefit on the profession at large: as these men were the first to throw off the trammels of scholastic theories, to apply great general principles to their observations on, and treatment of malarious diseases, and to lay the foundation for that mass of medical literature that has since accumulated on the subject. He states that, "as far as his observation and judgment could guide, that malarious endemic fevers are not contagious, till a certain number of patients are confined together, under certain circumstances, when the effluvia may render them so." "That one case may not communicate the disease, but that a number of cases confined together in dirty and ill-ventilated apartments are nearly certain to give rise to a febrile atmosphere which spreads a disease, *having the appearance of the prevailing endemic*, but having a dangerous character superadded, namely, the power of reproducing itself in other subjects, both independent of, and in conjunction with, the original endemic causes." He thinks that this opinion will reconcile the jarring opinions on the subject of the contagion of endemic disease,—but in practice it can only lead to an error on the safe side, though, if he be not greatly mistaken, he has seen it produce the very evils it was intended to prevent, by keeping the sick crowded on board a ship when they ought to have been landed and dispersed. "On the other hand," he says, "I have seen both sides of the main deck nearly filled with fevers of the country, where screens and other means of separation could not be obtained, or rather were not insisted on, and yet no bad effects followed; while under similar circumstances, where there were fewer sick, and all imaginable pains taken to insulate them,

attendants have been seized, and other symptoms, indicative of contagion and virulence have arisen, which, while they seemed fully to justify the precautions used, were probably owing to them alone."

The only example of his particular opinion that the Dr. adduces is a report of the fever in the Centurion in Bombay Harbour, in 1804, by Mr. Wade Shields, surgeon of the ship. He allows that this one did not exhibit a trace of contagion at its commencement. "A ship," he says "comes in healthy from sea, and after being a week in port, where no contagious disease prevails, has, all at once, eighteen of her crew knocked down with fever, and every night afterwards a similar repetition, more or less, till in a few days,—“the decks are covered with sick, and the effluvia intolerable.” From this period it certainly betrays some symptoms of a contagious nature, particularly in the check that it all at once experienced in their landing on Butcher's Island, and in the circumstances of the men who were clearing the ship afterwards, being the principle sufferers. This is a well reported instance of what has since often taken place, and illustrates what we have distinctly pointed out, as the modification of a general cause of specific fever by some peculiar local circumstance, which may be attached either to a ship or a house. Eighteen men taken ill at once, and ten on each of the two following days, would indicate a sufficient cause of fever before the accumulation of filth; this might render the cases more aggravated, but was certainly not required to increase their numbers. Besides, Mr. Shields gives no such opinion in this case, and we have his report on the Batavian endemic in 1800, when an occurrence of the same kind took place, but under more aggravated circumstances, yet affording more positive evidence against the opinion of Dr. Johnson.

During the continuance of the blockade by the expedition established to Batavia in 1800, the island of Edam, nine miles out at sea, was unfortunately selected as the site of an hospital, and the sick, with their necessary attendants removed to it. It was soon found to contain a local miasma, the effect of which was most deadly; scarcely an individual who passed a night on it recovered from the consequent fever. "The locality and range of this febrific miasma are clearly decided by the *Dædalus*. Her ship's company breathed the same atmosphere as the other crew for months together, but with the exception of the purser and surgeon, no more belonging to her came within the fatal circle, (in the night, at least) though seldom more than two or three miles from its centre. The officers above mentioned, exclusively felt its influence." "From our arrival at Batavia, in August, until our return to Malacca, in January following, we only buried one man of fever, who had not slept on shore at Edam, Cuypers, or *Onrust* islands; whereas almost every person who slept even a single night at Edam died. No ill effects were experienced from going on shore in the day time, or among the sick in the hospital." "With respect to the question, whether or not this fever was contagious, I am decidedly of opinion that it was not. For if all the nurses and medical attendants of the hospital at Edam died, it must be remembered, that they were equally exposed to the cause of fever, whatever it is, as the soldiers and seamen who did duty at the barracks and other buildings, or who were sent to the hospital for other complaints; all, or nearly all of whom showed the same

fate. Moreover, what decides the question is this ; that although, on raising the blockade of Batavia, great numbers of the sick in every stage of the fever, were brought on board from the hospital at Edam, yet not a single nurse or medical attendant of any description ever suffered the slightest attack of fever ; nor did any circumstance transpire, that could in the least favour the idea of contagion, notwithstanding that the great accumulation of sick on both decks rendered it a matter of impossibility to separate them completely from those who were well, nor at all times to prevent a considerable generation of effluvia."

Of American authorities on this subject, we are not entirely destitute, but the celebrated Rush is a host in himself, and stands in the first rank of writers on endemic diseases, and annually recurring facts serve only to strengthen his assertions.

The mode of reasoning adopted by some of the most celebrated professors and lecturers in Great Britain, to support their ideas of the contagious nature of typhus, is so apt to be applied in this country to our endemic fevers, when they assume a typhoid appearance, that it may not be altogether out of place to glance at it, particularly when we find some of them inculcating the probability that any fever, putting on this appearance, may become contagious ; and it is always erring on the safe side to look at the question in this light. Passing entirely over the effects that such an assertion and axiom must have on what we are all apt to be somewhat proud of, namely the character of medical science, I look on it as most injurious to the community at large, and have fully experienced its paralysing influence on the judgment and resources of a young practitioner, when suddenly brought into contact with a mass of disease in a large body of people, with little but the lessons of our colleges and schools to guide him. I have watched the daily changing latitude of a ship at sea, and the range of the thermometers for days together, until I could see the points safely passed beyond which I had been taught that contagion did not exist ; and it was only after extensive reading and considerable experience, that I got rid of the bugbear, and felt at full liberty to employ all those means that really do prohibit the spread and lessen the virulence of malarious diseases.

The assertion to be found in more than one of our scientific dissertations on fever, that the difference of sentiment in the profession on the subject of contagion is to be attributed to a different confirmation of the human mind, or the same cause that leads men to take different political views, according to the nature of which their opinions on contagion are often observed to be formed, is rather curious medical reasoning, and might lead to the inference that the question is to be decided by the supposed weight of authorities against reason and experience ; at all events, it is notorious that the Legislature and public opinion in England are opposed to the doctrines of their colleges and medical schools on this subject.

With the character and *modus operandi* of the miasm that gives rise to fumes, we are entirely ignorant, but its effects are apparent, and furnish facts on which a decided opinion can be supported by observation and induction. The contagion from measles, small-pox and scarlatina is universally admitted, and the fact of a single case of either of these diseases being a focus from which it may spread, has been frequently proved by the most incontestable evidence ; isolation may sometimes pre-

vent this taking place, but the probability is against it, for so susceptible is the human body to these influences, that no lengthened exposure to them, or any atmosphere, rendered febrific by crowding of sick, is required for its manifestations.

When a student, I accidentally passed through a large ward in the Edinburgh Infirmary that I had not been in the habit of attending, and stopped a few seconds to look at a man in a moribund state from confluent small-pox. In a very short time after, I had a decided attack of modified small-pox, though I had not seen a case of the kind for months before I noticed the one alluded to. About two years ago, small-pox appeared in a family in this neighbourhood: a young girl, connected with a poor family in the country was there at the time, and took the disease. She was not allowed to go home until five weeks after the disease had disappeared from the house, during which time she had been regularly washed and her clothes renewed; notwithstanding which every member of her family had the disease soon after she joined them.

The following are extracts from a recent work by Professor Graham of Edinburgh, on continued fever:—

“All the forms of primary continued fever are communicable, and probably in an equal degree.

“The infection of continued fever is for the most part by no means virulent. This is contrary to prejudice among unprofessional persons, and to the opinion entertained even by some members of the medical profession. But it is nevertheless certain, so far as minute observation of several epidemics during the last twenty-years can determine the point, that moderate precautions will render the infectious atmosphere inert. Cleanliness and ventilation will speedily extinguish any epidemic; for it is well ascertained, that fever communicated to an individual in the better ranks by attendance on the sick in hospital, is very rarely propagated in his own station, or to any of his attendants. Among numerous instances known to the writer, of young practitioners and medical students in the prosecution of their practical studies, not a single case has occurred where the disease was communicated in their families at home or in their lodging houses.

“In an instance where the disease was introduced into a family in good circumstances, the mistress of which was slovenly and a fatalist in her notions, no fewer than seven children were attacked in succession in the course of six weeks.

“Fever is usually communicated by long exposure to the emanations from the sick, and seldom by any single short exposure however decided.

“In regard to fever, it seems probable that fomites do not contribute much to its propagation, and that infection is not retained by them long.”

The general belief of the profession, and still more of unprofessional persons, is, that all the primary fevers without exception, which put on the type of synochus or typhus, are communicable, although it may be difficult to show that such is the case in regard to true sporadic fevers, the doctrine is sufficiently probable.”

Dr. Watson, also, in his published lectures, insists on the necessity of a continued type in fevers that he looks on as contagious; so that by even extending the modern doctrine of typhous contagion to our malarious fevers, we have many occurrences to show that they could not be comprehended within it.

The effects of the Climate on Scrofula and Goitre.

There can be no doubt that the climate of Upper-Canada has a most powerful influence on the constitutions of those persons who show decided marks of a scrofulous diathesis; and that in families arriving in the country, with well-marked tendency to this affection, we will seldom see it manifest itself by any of the usual occurrences; their general appearance soon becomes altered, and the ailments they may have will be assimilated to those of the country. Scrofulous affections of the glands of the neck and of the joints are rarely to be seen; where diseases of the latter do take place, we find the appearances of common inflammation of the structures, and seldom those peculiarities indicative of scrofula.

Diseases of the lungs are, on comparison with European countries, very rare; when they do occur, their symptoms and course are the result of the effects of common disorganization of structure; they are without many of the prominent occurrences of Scrofulous consumption; and doubts might be entertained if that peculiar diathesis has the slightest connection with them.

The casual observations of many of my medical friends confirm these statements, but without an accurate register it is impossible to arrive at a certain conclusion.

The Goitre is decidedly an effect of the climate, and to be met with here and there throughout the whole country; emigrants soon after their arrival will be attacked with it. It is usually under the influence of some peculiar local cause, very limited in its effects, being often seen to attack all living at particular points, while others, at no great distance, and under the same circumstances, will be entirely free, but will become affected by a short residence within the circle of its local cause.

Particular points along the lakes and on the banks of rivers are certainly the chief seats of the disease, but it is not altogether unknown in the interior parts. I would not limit its origin to the use of water acting on a particular kind of limestone, though I have reason to think that something of the kind does take place, from the character of the localities in which I have seen it most frequently prevail.

Review.

Discourses delivered by appointment before the Cincinnati Medical Library Association, January 9th and 10th 1852, by DANIEL DRAKE, M. D.

We have perused these discourses with much interest and some profit. The author's larger work on the diseases peculiar to the North American vallies, which we have had an opportunity of seeing, as well as an occasional peep into the *Western Journal of Medical and Physical Sciences*, some years before we ourselves became connected with the Medical Literature of this Province, prepared the way for a pleasant intellectual repast in the pages we have just closed. Our anticipations have been fully realized and, indeed, exceeded. Throughout the composition there

is a high tone of religious and moral feeling, which marks at once the piety of conviction, the wisdom of experience, and the true Christian character—a happy, but, we regret to say it, *hitherto* a rare combination in the medical man. We believe sincerely, however, that a better age has dawned upon the Profession; and Dr. Drake may justly be selected as a type of that class, whose influence must and will extend to the glory of medicine and the pride of its followers.

Before we enter upon matters of detail, we must earnestly record our protest against the introduction of novelties in orthography in works of a scientific nature or of any classical pretensions. It may be very proper and very advantageous for the *dealer* in the light fancy ware of literature, to adopt a personal peculiarity of style, which, like the gaudy tinselling of some gew-gaw, is meant to attract the eye and please the fancy of some admiring and desirous purchaser. But the educated man of science—the professional author—who writes not for a limited people, but for a race who, speaking a common tongue, are now spreading over the largest portion of the earth's surface, should abjure such unseemingly provincialisms or dialectic vagaries and follow the best models in the language he uses. It was with regret that we noticed this defect in an otherwise most pleasing publication. In expressing these sentiments we know that we are touching hard upon what may justly be termed national affectation; for we believe the great political Republic seeks to revolutionize the republic of letters also. But before this can be accomplished, a new language must be invented. That which is spoken at present is the Anglo-Saxon, and in none of the recognized authorities, with which we are acquainted, do we find the slightest foundation for such departure from the established mode of spelling, as “traveler,” “offense,” “theater,” &c.

Our author gives a very interesting series of Biographical memoirs of the members of our profession, who pursued their calling in his city from its earliest settlement; graphically portraying the hardships of primitive country practice in contrast with the comparative ease and advantages of a city life. In figurative language of some power, he thus alludes to himself as the connecting link between its past and present members:—

Like the living forms of an old geological era, they have become extinct; yet, as occurs with some species in geology, an individual has run into the later epoch, to mingle with its new and more perfect inhabitants. Of the little band behind the veil, I am the sole survivor; a sort of contingent remainder, bequeathed to the present generation, for any purpose to which so small a legacy may be applicable. For this length of days, I should humble myself before the Father of life; but I may further manifest my gratitude, by rescuing from oblivion the names of those who were my predecessors, and my compeers of that by-gone age.

In a bold and comprehensive manner he thus speaks of the Profession:—

Now the physicians of every city make one professional family, and have a common ancestry. To this relationship of our profession, I wish now to draw your attention. I desire to make you feel and believe, no, rather let me say, I hope you already feel that we constitute one brotherhood, going back to the same ancestral root, and looking forward to the progressive rise of a common glory.

Again he says:—

The history of a nation is not to be read in the lives of its generals and politicians merely, but comprehends, as its necessary elements, the history of all classes of the people, and all branches of intellectual, moral, religious, and physical industry. It is high time that our own profession began to look to its rights and duties in this matter; genius, learning, and active beneficence should not be overlooked because they were directed to the preservation, instead of the destruction, of human life.

Such language and such sentiments do honour alike to him who wrote them, and to those for whose benefit they were written. Oh! that medical men would ponder them well, and make them the aim of life, the goal of ambition. We thank him also for rescuing from oblivion the following noble appeal by Dr. JOSEPH STRONG, A. D. 1793:—

Let us remember, that the learned physician is next to the Creator, because he is the preserver of life; but the unlearned one is next to the Devil, as a destroyer. The physician who is great, can have no rival in fame, and the little one, none in deserved infamy. Let us all be anxious for the enjoyments of our fellow-men; let us forever feel the beckoning invitations of humanity, with hearts prompt to obey its kindly suggestions; and by patient endurance of the fatigues of study and long watchings around the portals of wisdom, seek for that glory which arises from the ample resources of timely beneficence.

Our business is great; if performed nobly, the crown of our joy will not be withheld from us, when glory will be given to all the benefactors. Let us live, and conduct, as though heaven, would be the reward of great physician; the glorious dwelling place of all who are the unwearied labourers of truth, or the practicers of its extensive precepts. Should we not blush with horror, and be confounded, to behold the godlike Hippocrates, Sydenham, Boerhaave, Haller, and Cullen, who have left on immortal records the fair outlines of medical skill, rise up and call us the reprobates of the art; and join that terrible condemnation which comes armed with the decree of irreversible separation? Let us all be the advocates of universal truth, of the diligent and bold performance of every action to which any virtue may call us. Let us be in full communion with the laws of God, and never prove infidels to the supplicating tone of meek humanity. Let all medical societies prove churches, to patronize truth, and guard all its heavenly ordinances. Let there be a long progeny of descendants from the ancestry of medical learning, that the world, in some distant age, may behold the full-grown form of consummate skill, and no longer lament the untimely ravages of pain. To conclude: may the genius of each physician be ennobled by the fervent stimulus of religious philosophy, and absorb, from every stream of truth, its most precious spirit;—may the glowing virtues in each heart kindle a vestal flame in the soul, which shall shine like the light of peace on the haggard face of distress, and illuminate the mysteries of human existence.

In summing up the statistics of the profession, he remarks on the comparative increase of mortality and the shorter duration of life among the old and young school of practitioners, and thus addresses his younger hearers, those particularly, we presume, who are in *statu pupilli*:—

Many of them, indeed, died young; and quite a number were carried off by pulmonary consumption. It is truly a sad thing, that in the United States the progress of civilization and science should so violate the laws of health, as to shorten the lives of those who are labouring to promote it. I beseech you, gentlemen, to turn your minds to the correction of those errors of hygiene and education, which lead to this melancholy result.

The first lecture also contains a spirited topographical description of Cincinnati, in its earliest days and its present prosperous condition. In allusion to the difficulties which encompassed the first days of practice, we are told that in 1762 from four to five months were required to effect the importation of a medicine from Philadelphia to Cincinnati! whereas, at this time, "being ordered by telegraph and sent by express, it may be received in two days, or a sixtieth part of the time. Thus science has lengthened seconds into minutes!" On the subject of medical periodical literature, Dr. Drake gives some curious and important information connected with its progress in Britain, the Continent and America, and treats the question of its influence on the public mind and on the progress of medical science in a very philosophical manner. He truly says:—

This gives to journalism in every department of human knowledge a mighty power, which, to its own glory, it has created for itself. Its own hands have placed the crown upon its brow, and given it a dominion over the intellect and feelings of the world, which it will never abdicate, and from which it can never be cast down. Even at the present time, when we can not believe its influence fully developed, its power sets every estimate at defiance, and its extinction would arrest the progress of civilization. But its own growth has been signally promoted by the civilization which it has so remarkably advanced, and of which it is a *pars maxima*. Thus, the ways and means of internal and external personal and national intercourse and conveyance, which constitute distinguished features of modern society, so obviously and powerfully favour the progress of every form and kind of journalism, that in our inquiry after the causes of its extension, magnitude and power, in the middle of the nineteenth century, compared with that of the eighteenth, we are required to ascribe a large influence to agencies entirely material, and connected only with publication and distribution.

This extended journalism, the effect of one revolution in medical science, is becoming the cause of another. Before it was brought into existence, the inventions and discoveries in each country found their way but tardily among its own physicians, and many of them never passed its boundaries. Thus, each nation acquired an idiosyncrasy, which would have been far less strongly marked, if its opinions, prejudices and traditions, had been brought into contact with those of other nations. National peculiarities in pathology and practice, especially the latter, will always exist; but they should be no greater than logically flow from the peculiar, physical and moral conditions of each country, after they have been compared with and neutralized by every other. Now, it is one of the missions of journalism to forward this comparison; and by augmenting the *common*, to diminish the *peculiar*.

The national interchange and extension of improvements in medicine, can be effected in three modes only. *First*.—By the reciprocal attendance of students and visiting physicians, on the Universities and Hospitals of different nations. But this is personal, and wholly insufficient for the instruction or information of the majority, who are never taught out of their native land. *Second*.—By the importation or re-publication of monographs or systematic treatises. This, in some cases may be sufficient, as, for example, the physicians of the United States may, in this mode, acquire a knowledge of English, Scotch, and Irish medicine; but those older countries are not likely to impart or re-publish many of our works. And when we turn from those who speak and write the English language, to the continent of Europe, we find the difficulties in this method of interchange greatly increased, for we there see medicine cultivated in the French, German, Italian, Spanish, Polish, Russian, Swedish, Latin, and other languages, and a necessity for translators to prepare the works of one nation for re-publication in another. This imposes a severe restriction on the dissemination of knowledge, because many works containing matter which might be new to the physicians of other countries, at the same time include so much that is common to the whole, as to render it unsafe for translator and publishers to engage in their dissemination. Thus we are driven on the *third* method, or that of the periodical press, which we have already discussed.

Even the village surgeon now cuts according to the newest fashion of some great transatlantic operator, and when two country physicians meet for consultation in the log cabin of a backwoodsman, they discuss the propriety of a practice, which, but thirty days before, had been professed by a professor in one of the ancient universities of Europe.

The writer evinces no want of that patriotic appreciation of the blessings of republicanism, of the remarkable extension of the American periodical press, of the many admirable qualities of his countrymen, and so on, which forms so common and necessary an element in the popular addresses of our neighbours. Whatsoever difference of opinion we may cherish upon any of these points, serves but to heighten the respect we entertain for the many other excellencies displayed throughout these discourses. His experience in the matter of journalism we can fully corroborate, young though we are field of literary labour, but our observation of the results, here alluded to, extends over a considerable period antecedent to the assumption of our editorial functions. On this point, he remarks:—

A long continued connection with the Western Journal, and much intercourse with publishers and Editors, on both sides of the mountains, have convinced me, that a large proportion of our journals have subscription lists, which compared with those of Great Britain, are (as I suppose) exceedingly limited. Very few of the whole, afford any profit to their publishers, and still fewer any compensation to their Editors, while scarcely one pays anything to contributors. There is no mistaking the import of these facts, which point directly to the conclusion, that we cannot estimate the number of readers, by the number of our journals. It is not, then, strictly speaking, a demand, which has carried their number up to thirty, instead of thirteen, as the British proportion would give, but some other cause or causes.

We fully concur with our author in the opinion that the great hiatus, in the medical literature of the United States is to be filled only by a powerfully written and comprehensive Review, which will, if ably conducted, undoubtedly impart a national character which nothing else can

bestow. And we hesitate not to express the conviction that the doubtful query, suggested by him as to who shall commence this work, need not long remain unanswered. The acumen and tact which he has displayed in recognizing and pointing out this deficiency, his well-earned reputation, now widely spread, mark him as a fit and needful instrument of initiation. And there are other names we could readily associate with his; our chief difficulty in enumeration would be the halting point; one or two must suffice—Dunglison, Silliman, Dawson, &c.

We commend this pamphlet to the careful perusal of our readers; and part from its consideration with a spirit in unison with the Doctor's prayer, and in the hope of its full realization in his own case. "That the time when he shall be gathered to his fathers may be far off, and that when it comes he may be able in faith to lay hold of the cheering declaration, 'Blessed are the dead who die in Lord; they rest from their labours and their works do follow them.'"

Lectures on Agricultural Chemistry, or Elements of Agriculture, by HENRY YOULE HIND, ESQ., Mathematical Master and Lecturer on Chemistry and Natural Philosophy, at the Provincial Normal School. Second Edition, Toronto: Brewer, McPhail & Co.

Mr. Hind here presents the farmer of Canada, with a masterly and lucid exposition of the principles of scientific farming. These lectures, viewing them only in their practical bearing, are calculated to promote and effect two great objects. In the first place they supply for such as are really desirous of obtaining information, the most recent views and opinions of the best authorities in a compact and familiar style, thus saving an immense amount of reading to those, who can, perhaps, but illy spare the time for such a course of study from the more pressing demands of their daily pursuits. In the second place, they will be most likely to create a taste for further investigation in those who take them up either as a mere matter of curiosity or as a resource from other avocations. To the accomplished man of science they will afford a pleasing indication of what diligence and method can accomplish, when brought to bear upon the details of any department of human knowledge, and to the student in elementary principles they will be invaluable as a guide and remembrancer.

In his preface the author tells us that "the chief objects which should employ the attention of the Canadian farmer are to preserve the naturally fertile soils of the country from deterioration, and to restore the fertility of such as have been already impaired." With this great object in view,

the relations which exist between vegetables and the soil in which they are produced, as well as those which obtain between the vegetable productions and the animals raised for and used in farming purposes, are carefully investigated and fully explained. Such a wide range called for a minute examination of the various theories respecting the growth and nutrition of plants, as well as the character and composition of the various soils with which Canada abounds, and which are so variously distributed in limited spaces. Nor is this all; the process of digestion in animal life required to be examined, as well as that of assimilation in vegetables. Thus it will be seen that our author has had to search through the several departments of geology, chemistry and animal and vegetable physiology to accomplish the work he has produced. We are well aware that there are many works of elaborate preparation and great scientific research written on agricultural chemistry, to which Mr. Hind may possibly have access, and of the fruits of which he has, no doubt, freely availed himself, but to him the merit must be given of adapting the information therein contained to the peculiar necessities of this country and climate, and especially in bringing the results of his own studies with so much advantage before the notice of his farming readers.

Altogether it is one of the most pleasing little volumes we have read for a long time; the necessity for a second edition within a few months and the extensive sale the work has already obtained, are the surest evidences of its excellence, and that it is a well-timed publication.

Correspondence.

To the Editor of the U. C. Medical and Physical Journal.

SIR,—The November number of your interesting Journal, (No. 8,) contains a paper (Art. XXXIX,) headed, "Case of decomposed placenta with a living child." I expected long ere this to have seen some communication or critique upon this case, if not an editorial article; but in the absence of any such notice, I beg leave to offer a few remarks.

A man's style of writing is characteristic and unalterable, whatever it may be; and, therefore, my present remarks have reference only to the matter. I cannot, however, avoid a passing observation upon the want of dates and other essential detail in the report of this case, involving as it does, no less a consideration than the abrogation of an established and hitherto and undisputed physiological law.

The exact period of the delivery of the patient—her morbid sensations, (if any,) and symptoms during utero-gestation, and the puerperal

æquelæ of the case, were essential; and deeply interesting and important *data*; and would have served as *collateral evidence* in support of the new system-advanced; if there had been ever a shadow of *primury proof*. That which is here denominated a "physiological paradox," I will show to be a physiological impossibility, if "effect be the natural result of cause."

To establish a "physiological paradox" positive evidence is necessary—that the functions of an organ or viscus, are other than previous observation, experience and opinion had assigned to it. Let us then sift the proof in this case, that a "living child," was born with a "decomposed placenta." As the proof here adduced is altogether *negalice*, it is inadequate even to invalidate *positive* evidence to the contrary. I will, however, detail the facts as they are given in support of the case; and leave your physiological readers to judge for themselves of their value, in support of the writer's opinion.

1st. The "noisome smell" which pervaded the apartment, and which all present were so sensible of as "spit," "hold their noses," and ask the doctor for "snuff."

2nd. The question put to the patient by the doctor "had she anything sore about her," and her prompt answer, "No"

3rd. The unmistakable evidence of "where the noxious *incumbent* came from.

4th. After describing his intensely excited curiosity, he says:—"whilst the laws of physiology prevented me even for a moment looking forward to a decomposed placenta, but which, nevertheless, *did exist* and was lying in the vagina," &c., &c.

Here there is a broad and positive assertion, that there was a "living child, with a decomposed placenta;" but alas! for the proof. He continues, "I bandaged my patient and did all that was usual under similar circumstances; but *on turning to examine* this physiological paradox, I found, to my indescribable sorrow, it had been thrown into the stove." "*Horribile dictu!*" An officious old dame had destroyed the proof, which must now rest on the assertion of the writer, (excepting the "noisome smell" and the *the shape of the placenta*,) who "can vouch" for it, although the only opportunity he had of examining the placenta, was for an instant in its transit from the vagina to the stove. He had not even an opportunity of making an accurate ocular examination of this phenomenon, much less what was most important in such a case, viz: a minute anatomical and microscopical one.

The closing sentence, however, of this extraordinary communication, crushes down the whole superstructure; and is as follows. "Of course I am not prepared to say *to what extent* decomposition had taken place, but I can vouch for its being both *very great* and of *long continuance*, since

the shape of the placenta was altogether destroyed, whilst for the rest, I am lost in amazement and cannot account for it."

This "physiological paradox," then, is reduced to a very ordinary and not unfrequent case, to which the addition of the adverb *partially* would have rendered this notice needless; as in all my reading and experience on this subject, from Aristotle down to Churchill, (not excepting my own esteemed Professor Locock,) I find no one who denies the possibility of the birth of a living child, with a *partially* decomposed placenta; and no one who pretends that anything short of *total* detachment, decomposition or destruction of the placenta, in utero, necessarily involves the death of the child, as all writers on obstetrics concur in opinion that the fœtus cannot have an independent existence."

The amazement of the writer in this case seems to have been about as great, and of the same nature as that of the rustic who, on passing through a forest after a hurricane, and seeing a number of trees uprooted and prostrate, said that, "the trees in that forest would grow either end up."

W. MARSDEN, M.D.

Quebec, 16th March, 1852.

To the Editor of the U. C. Medical and Physical Journal.

SIR,—I have perceived in your last Journal a letter from Dr. Going concerning an inquest held by me. It seems to me to have been a small affair, to have called an inquest "a mockery and perversion of Justice," because the Coroner did not call one medical man more than another to make a *post mortem*. However, as Scrutator and Dr. Going are disposed to whip me for it, if they can, perhaps you will be pleased insert, the enclosed printed reply to Dr. Going, accompanying my last communication.

The editor of the *Free Press* happened to come in to my office whilst I was writing my answer to "Scrutator." Upon asking "what I was about," I told him, and he said, "You had better allow us to publish both, as being news connected with the public justice, and as being taken from the Upper Canada Journal." Well, I answered, "I don't care." Dr. Going attacked me through the *Free Press*, the enclosed is my reply to him. Upon looking over it, I don't see any use for altering it much, so it will be as good as a manuscript,

Yours, &c.,

JOHN WANLESS.

LONDON, C. W., April 2, 1852.

"Scrutator" asserted that the inquests alluded to were "mockeries of justice," &c. In proof of which he brought forward the fact, that Dr. Going was not called upon to give his medical evidence. That was the

sum total of the proof of "Scrutator"—no other had he upon which to found his false accusation. Dr. Barry, who was in attendance on McKay, gave his evidence at the inquest. I saw no occasion for more evidence, which would require to be paid for, being submitted to the jury; and even although I had known of Dr. Going's attendance on McKay, I do not see yet what necessity there was for it. According to the facts of the case, I would say that "Scrutator" has got precious little to do, when he steps out of his way to attack an inquest in so vile and calumnious a spirit. A "*cacoethes scribendi*" has taken hold of Dr. Going, too. "Scrutator" and the Dr. are two different personages; but Dr. Going says that they travel in harness together; nevertheless, "Scrutator" was *imperatively* called upon to scribble, for his love of the administration of public justice; Dr. Going is *compelled* to scribble in justice to himself. Why, where is the proof that any person harmed them, poor fellows? Echo says, where!—unless it be the loss of \$5 to Dr. Going.

Now, if Dr. Going means his letter to contain the evidence which would have converted the inquest from a mockery into perfect justice, had it been necessary to call him, for the life of me I can see nothing in it that would have been of the least importance at the inquest, further than when *tricking* a little upon upon "political acumen," he makes mention of the case being a "somewhat obscure surgical injury;" (when, in reality, according to the diagnosis verified by *post mortem* examination, there was no obscurity about it.) If Dr. Going could not give any other but "obscure evidence," then I think again that the jury did not lose any information by Dr. Going not being called upon. Had I known that any evidence of the least importance would have been elicited from Dr. Going, of course I had the power, legally, to call upon him to give it; but I beg to tell Dr. Going, and "Scutator," too, that I will be no party to call in medical evidence at any inquest over which I preside, unless that evidence appears to the jury or me to be required, however much these two gentlemen may deal in *imperatives* and *compulsion*, or what professional jealousy they may disclose in their puerile attacks. I shewed "Scrutator's" reasons for the mockeries, and I will leave them with the Profession. Now, as to Dr. Going, of course the inquest was a *mockery* with him, too! and how does he prove it? In this way. It was a *mockery* "because the coroner keeps a drug shop; it was a *mockery*, because Dr. Going makes up his mind not to meet a medical man professionally," when that medical man never dreamt of asking him to do so!

I am, sir, your most obedient servant,

JOHN WANLESS, Coroner, Town of London.

TORONTO, APRIL 15, 1852.

VOLUME II.

It is with a cheering and thankful sense of encouragement, that we commence the second year of our editorial duties. When this Journal was first contemplated and before its actual publication commenced, the opinions expressed regarding the probable support upon which its projectors could rely, were very various and not a little was said to discourage the attempt. Emboldened, however, by a firm confidence in the desire manifested by several, in whose judgment they placed great trust, the effort was made to engage the interest of those for whose benefit it is principally intended; the best evidence of the success of the undertaking, is the extent of our subscription list and the number of original communications which have appeared in the pages of our first volume. We conceive that both may be much extended and we look to the same source for this consummation of our hopes. It should not be forgotten that every well-detailed case of disease and its treatment, is a valuable contribution to medical statistics; and that although it may not be individually of very great importance, it adds to the sum of the data upon which all reasoning must be founded. But it is not alone to a mere accumulation of such data that attention should be principally directed. There is a wide field for original observation in this country. Every practitioner must possess daily opportunities of making the varying phases which disease assumes, under the action of causes peculiar to the climate in which we live, as well as the numerous novel and ever-changing modifying causes which exist, and which exert a most powerful influence over both endemics and epidemics. There is nothing utopian in the idea, that some light may occasionally be thrown upon the etiology of disease by a careful comparison of results in different parts of the province. Indeed we possess evidence in the pages of our present issue that such is the fact. Mr. Jarron's remarks upon the character of endemic fever deserve attentive perusal. It is not our purpose at present to review this paper or to endorse the particular views of its authors—we merely cite it as an example of what may be done towards this desirable end by careful industry. Monographs of this character are always valuable and interesting, and are the best evidence of fruitful study. We would also allude to the article by Dr. Patterson of Embro, page 372, vol. 1, on epidemic dysentery, in which he solicits the Profession to enter upon the investigation of this disease, so formidable in Canada at every age of life,

but, perhaps, more particularly during infantile life. Nor is this the only point of importance to be attained. It cannot be denied that every year adds some fresh material to our pharmacopeia derived from every region of the globe; it must not be supposed that Canada alone is barren in medicinal productions. At page 206, vol. I, is given an exceedingly interesting paper on the use of *aralia nudicaulis* in ascites, an indigenous plant carefully selected and skillfully applied by Dr. Evans of Richmond. We might easily multiply examples, but these will be sufficient for the purpose of illustrating what can be done. We, therefore, confidently appeal to our brethren, spread over this extensive province, to come forward and give freely the fruits of their experience. Nothing will tend more to promote the interest of science than this free interchange of knowledge. It must raise the character of the Profession in the opinion of the public, and enhance the individual reputation of the contributors in the estimation of their Professional brethren. Many, we are well aware, refrain from publishing their notes or opinions from groundless apprehensiveness that the motive which induces them to do so may be misconstrued, and the act be regarded as a mere advertisement. Were this an ordinary literary publication intended for the *general eye*, such an objection might bear the semblance of reason, but as it is a purely professional medium of information circulating almost entirely among medical men, it loses its force and is unworthy of men of enlightened minds and liberal education.

There is another cause which should stimulate to exertion, we allude to a proper and creditable *esprit du corps*; let not the practitioners of Upper Canada lag behind those of the Sister Province.

THE MEDICAL BOARD.

In the *Canada Gazette* of the 3rd inst., we find the following announcement.

HIS EXCELLENCY THE GOVERNOR GENERAL has been pleased to make the following appointments:—

Dr. James Sampson, of Kingston,	Dr. Roderick McDonald, of Cornwall,
“ Harmannus Smith, of Ancaster,	“ George H. Park, of Hamilton,
“ James Wilson, of Perth,	“ James Mitchell, of Dundas,
“ Basil R. Church, of Merrickville,	“ John Fraser, of Pelham,
“ Wm. H. Brouse, of Prescott,	“ Thos. C. Macklem, of Chippewa,
“ Robert Edmonson, of Brockville,	“ Ephraim Cook, of Norwich,
“ Wm. Howard, of Farmersville,	“ John B. Crouse, of Simcoe,
“ Henry H. Wright, of Reesorville,	“ Geo. Southwick, of St. Thomas,
“ Wm. Allison, of Markham,	“ Wm. T. Aikins, of Toronto, and

Dr. Thomas D. Morrison, of Toronto, to be Associate Members of the Medical Board of that part of the Province called Upper Canada.

It will not escape observation that of the nineteen members added to the Board *two only* reside in Toronto where the proceedings of the Board are transacted. Another significant fact is also observable, i. e. that these two gentlemen are both members of the Toronto School of Medicine, originated by the Honorable Dr. Rolph. It must be in the recollection of our readers that not many months ago four members were added to the Board, two of whom were also attached to this School, viz: Dr. Rolph and Dr. Workman; the other two being Drs. Hodder and Bovell, who are members of the Medical Faculty of Trinity College.

The working members of the Board previously had been the Hon. C. Wilwer, M. D.; Drs. King, Herrick, Gwynne, Nichol and Beaumont, attached to the Toronto University, and Dr. Telfer. At whose instigation the first addition was made we are at a loss to conceive. It was, however, a fair and judicious selection. To Dr. Rolph, as being now in the Executive Government from which these appointments emanate, and who would, therefore, be very naturally consulted on the subject, we must attribute the selection of the last batch of Examiners, and hence we learn to appreciate the preference given to his own school and pupils. We are little disposed to cavil at any act which evinces a due regard for the Profession on the part of the Government of the country, but we must deprecate any measure which bears the character of favoritism and inexpediency.

There are several questions which suggest themselves to the mind in reflecting on this subject. What occasion was there for increasing the number of members of the Board? By what criterion or rule were the newly-appointed members selected? At whose instigation was the addition made, and what were the grounds of application to the government? Is the measure not an arbitrary exercise of political patronage?

These suggestive queries require to be considered at greater length than our present space will permit, but we promise ourselves the task of replying to them in our next issue. In the meantime we solicit from the Board, as it is constituted, some public announcement of their proceedings. Month after month glides away and the only evidence which the Profession gains of the labours of this cosmopolitan body, is the gazette notice of those who obtain a license to practice. We are confident it would be more satisfactory to the Profession to know who attended each meeting of the Board—how long it was in session—who were the accepted candidates and how many were rejected—who were the examiners each day and their respective subjects.

INFORMATION WANTED.

THE Editor will feel much obliged to the readers of this Journal if they will forward to him on the 1st. of every month information on the following points.

Their place of residence. (*One notice will be sufficient on this point.*)

The date of the first case of Epidemic, Endemic, or Sporadic disease which they may be called upon to treat.

The general character of the type of diseases prevailing during the month.

The date of the last case of Epidemic or Endemic disease treated.

The nature of the accidents which may have come under their notice.

The total number of cases treated during the month, of all varieties.

The number of births and deaths at which they have been present during the month.

Let it not be supposed that this is an inquisitorial request. Taken in connection with the meteorological phenomena of the month, a series of most valuable tables might be constructed from these reports, the advantage and importance of which would soon be appreciated by all who assist at their construction, and be welcome to those who desire them. It must be acknowledged that we have no authentic vital statistics whatever in Canada, not even of the usual casualties of births and deaths. It is not presumed that this mode of investigation will at all approach accuracy with respect to the whole population of the province, but it will establish one fact, if completely conducted, the number who are born and die under *legitimate* treatment. The intent of other portions of the inquiry must be evident. For the purpose of aiding the Profession in complying with this request a number of blank forms will be prepared and distributed with our next impression which will much facilitate the inquiry.

It would also add much to the value of these reports if the prevailing winds, the hygrometric condition of the atmosphere and the temperature were given. This would of course involve the necessity of daily observation, a course which few perhaps would have the inclination to pursue; but, in the absence of very detailed experiments, a general entry might, without much trouble, be made on the margin of the ordinary day-book or case-book, which would serve, on reference at the end of the month, to give a tolerably correct approximation to the truth. Columns will also be printed in the form to assist in keeping this register.

A short topographical description of the town or range of practice, having reference to the presence or absence of local causes of disease, would materially assist in determining the localities of specific forms which are observable in the endemic disease of the country.

Apart from the general value of such observations, those who have been unaccustomed to make them hitherto, will find a very pleasurable occupation in the daily record of facts which, at future periods, may be turned to the advantage of humanity and the elevation of science. We therefore confidently hope that our request will be complied with.

TO OUR CORRESPONDENTS.

THE letter of Mr. Wanless has been inserted because we gave place to his former in answer to *Scrutator*, and this we regard as a reply to *Dr. Going*. At the same time we must request that this bootless and personal controversy be discontinued. It is not fitted for the columns of a newspaper, into which, we regret to perceive, it has found its way, and it is little calculated to interest the profession at large. The fact is patent that the Coroner exercised his own discretion in calling the medical witnesses at this Inquest, whether he be right or wrong is a point to be determined only by another more effective tribunal than professional opinion; the continuance of this correspondence can only be attended with the unpleasant and undesirable effect of widening a breach between neighbouring practitioners, very much to be deplored. Such dissensions only give a greater scope to the malignancy and success of empirics, and tend more than anything else to weaken the position of the legitimate practitioner in public estimation. Our remarks are freely offered, from a strong feeling of regard for all parties concerned, and a desire to prevent the recurrence of such unpleasant misunderstandings.

We thank *Dr. Marsden* for his critique—but he seems to labour under some misapprehension as to the editorial prerogative as well as duty. A communication comes to us bearing the signature of a well-known practitioner—we either accept or reject it—if we publish it we are not therefore bound to review or criticise it, that is the office of those who like to read, and who, like our friend, send us a clever article. The writer whose case is the subject of criticism, is at least entitled to personal credence.

We have to express our earnest desire that communications and letters intended for publication should be sent, the former to arrive here, at the latest, by the 5th of the month, and the latter by the 12th. It very much impedes the arrangement of publication if they are later, and sometimes compels the postponement of what the Editor would otherwise very gladly avail himself of. The publisher will always cheerfully forward a few extra copies of any particular paper on slips, should the author desire it.

MONTHLY METEOROLOGICAL REGISTER, at

Latitude, 43 deg. 39.4 min. N. Longitude, 79 deg. 21.5 min. W.

Mgt.	Day	Barom. at tem. of 32 deg				Temperature of the air.				Tension of Vapour.			
		6 A.M.	2 P.M.	10 P.M.	MEAN.	6 A.M.	2 P.M.	10 P.M.	MEAN.	6 A.M.	2 P.M.	10 P.M.	MEAN.
c	1	29.828	29.767	29.624	29.726	12.6	16.9	20.5	17.10	0.679	0.680	0.104	0.091
c	2	5.14	8.99	30.10	8.40	13.3	18.5	6.4	12.79	0.05	0.091	0.050	0.067
b	3	30.249	30.310	33	30.305	-3.2	23.2	12.5	12.74	0.42	1.07	0.62	0.75
b	4	2.19	29.936	29.705	29.918	12.7	25.9	23.3	20.77	0.70	1.23	1.23	1.03
b	5	29.600	636	804	692	24.0	34.1	25.3	27.27	1.23	1.45	1.13	1.34
c	6	8.21	778	900	844	16.2	29.0	16.6	19.27	0.76	0.97	0.66	0.77
c-d	7	9.87	988	.....	.....	-2.9	23.1	.....	.....	0.29	1.05	.....	.....
b	8	7.58	512	328	511	24.2	31.2	33.7	32.23	1.36	1.82	1.67	1.61
c	9	28.913	28.900	476	132	35.7	41.5	35.3	37.53	2.03	2.40	1.48	1.86
c	10	29.777	29.925	31.60	937	29.1	35.7	23.0	28.78	1.41	1.19	1.14	1.25
a-d	11	30.074	30.024	29.850	981	29.6	33.5	35.2	33.02	1.50	1.55	1.67	1.61
c	12	29.765	29.706	709	717	36.4	40.0	38.1	38.68	2.03	2.15	2.20	2.22
c	13	6.77	575	431	553	38.1	41.8	39.5	39.98	2.23	2.23	2.21	2.36
d	14	3.41	167	.....	.....	40.6	39.0	.....	.....	2.47	2.28	.....	.....
c	15	1.53	283	555	340	29.7	26.3	32.4	33.87	1.23	1.72	1.74	1.55
c	16	6.14	622	474	575	29.5	35.2	32.7	32.45	1.27	1.63	1.51	1.42
c-d	17	3.59	335	344	347	33.1	41.6	38.4	37.95	1.74	2.04	1.74	1.83
c-d	18	39.1	594	718	583	24.5	27.1	21.2	24.23	1.21	1.03	1.10	1.13
c	19	7.77	64	723	731	14.1	26.2	23.0	20.90	0.72	0.94	1.08	0.85
c	20	70.8	699	711	715	9.0	21.7	17.2	16.57	0.59	1.00	0.81	0.74
c	21	62.4	40	.....	.....	18.0	26.1	.....	.....	0.81	1.28	.....	.....
c	22	4.43	185	053	210	10.8	27.3	30.7	24.47	0.72	1.39	1.58	1.28
a	23	28.973	021	082	022	25.8	29.2	23.7	26.78	1.30	1.42	1.02	1.24
a	24	835	29.603	089	28.871	27.0	33.9	24.1	27.87	1.20	1.72	1.03	1.25
b	25	29.417	445	385	29.416	16.9	30.5	29.4	25.85	0.73	1.39	1.39	1.16
e	26	222	314	620	402	31.7	35.9	30.8	32.70	1.54	2.03	1.64	1.71
e	27	80.0	871	944	577	24.8	39.8	29.6	31.33	1.14	1.93	1.42	1.36
e	28	30.014	972	.....	.....	28.7	33.8	.....	.....	1.27	1.43	.....	.....
b	29	29.770	737	838	792	31.9	35.7	31.7	33.18	1.65	1.80	1.15	1.52
b	30	719	518	413	541	28.4	25.9	29.4	28.20	0.95	1.28	1.40	1.24
b	31	147	210	470	279	34.3	36.7	32.0	33.88	1.92	2.08	1.50	1.76
Mean	...	19.579	29.561	29.622	29.588	21.91	31.9	27.95	27.79	0.123	0.157	0.128	0.13

Highest Barometer.....30.332, at 10 p. m. on 3rd } Monthly range:
 Lowest Barometer.....28.603, at 2 p. m. on 24th } 1.729 in. ch.

Highest observed temperature 44.8, at 2 p. m. on 13th } Monthly range
 Lowest registered " -7.4 at 4 a. m. on 3rd } 52.2

Mean highest observed temp. 32.56 } Mean daily range:
 Mean minimum Ther. 18.56 } 14.00

Greatest daily range, 34.1, from 4 p. m. of 6th to a. m. of 7th.

Warmest day, 13th. Mean temperature, 39.98 } Difference,
 Coldest day, 2nd. Mean temperature, 12.70 } 27.28.

The "Means" are derived from six observations daily, viz.—at 6 and 8, a. m.; 2, 4, 10, 12, p. m.

The column headed "Magnet" is an attempt to distinguish the character of each day as regards the frequency or extent of the fluctuations of the magnetic declinations indicated by the self-registering instruments at Toronto. The classification is to some extent arbitrary, and may require future modification, but has been found tolerably definite as far as applied. It is as follows:—

- A marked absence of disturbance.
- Unimportant movements,—not to be called disturbance.
- Marked disturbance,—whether shown by frequency or amount of deviation from the normal course,—but of no great importance.
- A greater degree of disturbance,—but not of long continuance.
- Considerable disturbance,—lasting more or less the whole day.
- A magnetical disturbance of the first class.

The day is reckoned from noon to noon. If two letters are placed, the first applies to the earlier, the latter to the later part of the trace. Although the declination is particularly referred to, it rarely happens that the same terms are not applicable to the changes of the horizontal force also.

REMARK.—On the 10th of March the ground was found frozen to the depth of twenty-two inches about the middle of the Observatory enclosure. The greatest thickness of rough and clear ice in Toronto bay was about 28 inches.

H. M. Magnetical Observatory, Toronto, C. W.—MARCH, 1852.

Elevation above Lake Ontario, 108 feet.

Humidity of Air				Wind			Rain:	Sp.	WEATHER.
6 a.m.	9 a.m.	12 m.	3 p.m.	4 p.m.	10 p.m.	inches	inch		
95	81	91	90	Calm	NNE	N b E	.....	7.0	Snowing steadily from 2 p.m.
76	80	79	80	NW b N	W	NW b W	.....	0.4	Snowing till 10-15 a.m. Aft. clear and fine.
100	84	75	86	Calm	NW	"	.....	.....	Light clouds dispersed Generally clear.
82	84	94	86	NW	NE b E	N b E	.....	2.0	Densely clouded; heavy snow during night.
94	95	80	87	NNW	W b S	W	.....	.....	Overcast; mild; rapid thaw.
80	66	58	69	W	SW	W b N	.....	.....	A few light clouds; half round m. at midn.
68	76	.....	.....	Calm	S b W	Calm	.....	.....	Unclouded; very fine day.
87	91	87	88	E b N	NE b E	NE b E	0.625	.....	Overcast; thunder-storm 8 p.m. to midnight.
99	83	72	82	"	SSW	W	inapp	.....	Foggy; slight rain at 2 p.m.; overcast.
87	54	84	79	W b N	NW	Calm	.....	.....	Very fine; faint auroral arch 10-30 p.m.
91	80	82	81	E b N	NE b N	"	.....	.....	Light clouds and haze dispersed.
95	100	96	95	Calm	Calm	"	0.070	.....	Overcast; slight rain from 5 to 8 a.m.
99	97	93	96	"	N b E	NE	0.850	.....	Fog 6 to 8 a.m.; rain 2 p.m.; storm from 6 p.m.
99	97	.....	.....	E	E b S	Calm	0.090	.....	Overcast; showers from 10-30 a.m.
76	81	95	80	Calm	SW	WSW	inapp	.....	Detached clouds a.m.; night overcast.
78	80	81	77	WSW	E	NE	.....	.....	Light clouds dispersed; night clear.
93	79	75	81	NE	NE b E	ENE	0.110	.....	2.5 Rain from 11 p.m.; snow during night.
96	72	94	85	NW b N	WSW	SW b W	.....	.....	0.2 A.m. cloudy; p.m. clear; faint aur. 10 p.m.
81	65	85	73	Calm	SW b W	Calm	.....	.....	Light clouds a.m.; night clear and fine.
83	83	81	73	WNW	"	SW b W	.....	.....	1.2 Light clouds; slight snow during night.
82	81	.....	.....	Calm	S b E	WNW	.....	.....	2.0 Overcast; slight snow nearly all day.
95	93	93	93	"	E	Calm	.....	.....	1.5 Overcast; slight snow all day.
90	88	77	84	"	WNW	WSW	.....	.....	0.2 Snowing till 11 a.m.; overcast all day.
85	89	77	80	SSE	S b W	W b N	.....	.....	0.7 Stormy day; snow from 8-30 a.m. to 2-45 p.m.
75	81	84	78	W	S b E	E	inapp	.....	Generally clear; slight rain during night.
87	97	93	92	NE	NW b W	Calm	0.400	.....	Gloomy but mild; Showers 2 to 4 p.m.
84	81	87	78	NW b N	ENE	R b N	.....	.....	Generally clear; light clouds dispersed.
80	70	.....	.....	N b E	"	NE b E	.....	.....	Fine day; a few light clouds p.m.
85	87	67	80	NE b N	"	"	.....	.....	0.4 Overcast; slight snow during night.
69	81	85	79	NE	SSE	S b E	0.600	.....	1.4 Very stormy day.—hail sleet, snow and rain
97	91	84	91	S b E	SW b W	Calm	0.335	.....	Raining till 2-45 p.m. Clear from 10 p.m.
87	84	83	83	4.82 m.	6.72 m.	6.03 m.	3.080	61.5	

Sum of the Atmospheric Current, in miles, resolved into the four Cardinal directions:

North.	West.	South.	East.
1482.79	1624.72	956.65	1354.94

Mean velocity of the wind—5.81 miles per hour.

Max. velocity—27.2 miles, from 3 to 4 p.m. on 24th.

Most windy day—30th: mean velocity—15.98 m. per hr.

Least windy day—12th: mean velocity—0.7 ditto.

Most windy hour—5 p.m.: mean veloc.—7.32 ditto.

Least windy hour—3 a.m.: do. —4.75 ditto.

Mean diurnal variation—2.57 miles.

Mean velocity on 14th—14.23 miles per hour.

The velocity of wind on 12th (0.07) was the least in five years.

COMPARATIVE STATEMENT.

Year	TEMPERATURE				RAIN		SNOW.		Wind. Miles.
	Mean.	Max.	Min.	Range	Days.	Inches	Days.	Inches	
1840	33.29	56.8	-8.7	48.1	8	1.640	8	1.170	} No record
1841	27.81	53.4	-6.9	60.5	5	1.170	7	1.170	
1842	36.26	68.7	14.9	50.8	4	3.150	8	3.150	
1843	21.71	38.6	-2.8	41.6	2	0.625	18	25.7	
1844	31.69	50.3	9.6	40.7	8	2.470	8	14.0	
1845	35.93	61.7	9.9	51.8	5	imper.	8	2.8	
1846	33.73	49.3	7.6	41.7	9	1.965	5	2.3	
1847	26.64	44.5	4.8	39.5	5	0.810	6	4.2	
1848	29.12	58.9	6.9	58.0	5	1.220	6	9.7	
1849	33.93	55.4	15.4	38.0	7	1.525	2	2.3	
1850	29.73	46.5	6.0	40.5	2	0.745	7	11.2	
1851	33.14	59.3	13.1	46.2	3	0.770	9	8.8	
1852	27.79	44.8	-7.4	52.2	8	3.080	12	19.5	

The whole of these values have received final corrections, where necessary, to standard temperatures; and in place of the maximum and minimum temperatures by self-registering thermometers, given heretofore, the highest and lowest temperature is here given from the observations, as less liable to error.

(*) In these cases the registered minimum is retained.

NOTICE TO SUBSCRIBERS.

It is at all times a most disagreeable thing to urge upon the attention of friends the necessity which exists for strict compliance with certain prescribed duties. Irksome and unpleasant as the case may be, however, we must remind our subscribers who have not yet paid last year's subscription, that it is absolutely necessary they should remit the amount without loss of time. This publication is issued at the lowest rate possible, to be barely remunerative; and if the publisher is put to the expense of employing a collector, it will cease to yield an income sufficient for its support. We will cheerfully pay the postage of any letters addressed to us containing remittances on account, and even this will be a costly mode of collection. To those who have paid their subscriptions in advance and without cost to the publisher he returns his sincere acknowledgments, and would solicit all to follow their good example. No pains will be spared to render the Journal worthy of continued support, but this cannot be done without the "thews and sinews of war"—bank notes.

Our present number is somewhat late in making its appearance owing to the changes which have been made, but now that we are again afloat we hope to go on with punctuality.

OBITUARY.

WE have this month to chronicle the death of R. S. Hunter, M. D., of Hamilton—a young and promising practitioner. It is said that his death occurred from an accidental overdose of Morphia.

ACKNOWLEDGMENTS.

THE Publisher begs to acknowledge the receipt of Subscriptions to the *U. C. Journal* from the following gentlemen:—

Dr. Marsden, Quebec; Dr. Spearham, Picton; Dr. Murray, Waterdown; Dr. Ardagh, Barrie; Dr. Ardagh, Orillia; Dr. Lawrence, Galt; Dr. Seagram, Galt; Dr. Paton, Bradford, 6 mos.; Mr. Rahn, Toronto; Dr. Aberdien, Chippawa, 6 mos.; Dr. Middleton, Elora, 6 mos.; Dr. Thistle, Clairville; Dr. Sutherland, Montreal; Dr. McDougal, Niagara; Dr. Fisher, London, 6 mos.; Dr. Cook, Mount Pleasant; Mr. Winer, Hamilton; Dr. Morton, Holland Landing; Dr. McDonald, Perth; Dr. Archibald, Dickenson's Landing.