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ART. XII.—*Additional Remarks on the Endemic Fever of Upper Canada, by JOHN JARRON, Surgeon, Dunville.*

A sketch of the endemic fever of Canada would be incomplete, without some notice of the affections denominated "bowel complaints," that occasionally prevail very generally in the country. Their dependence on malaria, and connection with the common fevers of localities are very obvious, commencing as they usually do in the sickly months, and frequently terminating with fever or ague, or at other times taking the place of their periodical attacks.

These bowel complaints can scarcely be said to be included in Cullen's Nosology. They are usually much more severe and complicated than his diarrhoea; and it is doubtful if such a disease as his dysentery now exists—at all events, it is not to be looked for as an effect of malaria.

Dr. Bampfield "has never seen anything that could lead him to suspect dysentery to be contagious"; and with him, the observations of Dr. James Johnson, and most of our modern writers have led them to agree. Dr. Bampfield "has never seen scybala in the stools of dysenteric patients."

Dr. Ballengal "objects in limine to Cullen's definition of dysentery, at least as it appears in India—as the disease often makes considerable devastation in the intestines before pyrexia becomes evident: it is not contagious, and the appearance of scybala is comparatively rare"; while Dr. Johnson, whose opportunities of observation both in India and Europe were most extensive, asserts that they are as rare in the one place as in the other. Dr. Curtis denies the existence of Cullen's dysentery in India,

and divides the diseases of that country into what he calls bilious fevers, and hepatic fluxes; the latter is a most convenient term to characterize a set of symptoms which often arise from malarious influence, but without the least connection with simple hepatitis.

From the recent work of Dr. Wood, of Philadelphia, an accurate description of the symptoms and course of the bowel complaints of this continent may be gathered; but he has so divided them up into what he calls "varieties of diarrhoea, and inflammation of different points of the intestines," as to render his descriptions perfectly useless for practical purposes, and tending rather to confuse and bewilder the anxious enquirer into the cause and course of these affections, than to direct him to their real character and the proper mode in which they should be treated.

It is to Dr. James Johnson that we are indebted for cutting this Gordian knot, and pointing out distinctly the immediate connection of the bowel complaints of warm climates and malarious districts, with derangements of the biliary and digestive functions—"that the same general cause produces bilious fevers, hepatitis, and dysentery; they are all three branches of the same stem, the organs principally affected creating the variety of the aspect." "That they are all cured on the same principle, and, with slight variety arising from local circumstances, by the same remedies—a strong proof of the connection which I have traced."

In Dr. Latham's account of the bowel complaint which prevailed in the Millbank Penitentiary, near London, we have a European disease setting at defiance the nosological distinctions of Cullen and Pringle, as well as those of the

systematic writers of the present day. We then had a general cause producing a disease that was "neither a diarrhœa or a dysentery symptom, or belonging exclusively to the bowels, but to the whole system."

"There was every degree and species of flux that ever was seen or described,"—there were cases corresponding with the descriptions of Indian cholera;"—"there was every kind and degree of dysentery;"—"there were cases which differed very little from diarrhœa of common casual occurrence, except they were quite intractable to common remedies;—lastly, there were other cases that had no resemblance whatever to either cholera or dysentery, or diarrhœa, or to any disorder that had obtained a name. In the evacuations there appeared nothing that had any sensible quality of fœces, of bile, or blood, or (of what is usually understood by) mucus and slime. But they consisted of a mass, like green or black grapes in a state of fermentation; sometimes of a matter like yeast; sometimes they were in colour and consistency like half slacked lime, when it is beginning to crumble; sometimes like a thin mixture of chalk and water, and always intolerably sour and offensive, and in enormous quantity."

"The probable issue of this disease could not be prognosticated by the kind of flux only;—those with extreme symptoms of dysentery and cholera were as likely to recover as those who had simple diarrhœa, and those latter were as likely to die as the former."

"There was a general complaint of what was called sinking at the stomach. What this sinking is, those only know who have suffered it. All persons spoke of it as the same, but do not describe it further." "It was not only present with the bowel complaint, but many suffered from it alone, long before their bowel complaint arose; and many still suffered from it long after their bowel complaint was gone."

In those who died, dissection discovered various morbid conditions in the course of the intestinal tract. They

were principally of three kinds,—ecchymosis, congestion of the small blood-vessels, and ulceration. Many died of long-continued and uncontrollable bowel complaints, without anything being found but a few patches of ecchymosis or of vascular congestion. In others, there were small ulcers,—apparently a change from ecchymosis or vascular congestion.

"Upon the whole, the disease as traced out by dissection, was far from affording an entire explanation of the disease, as manifested by symptoms during life."

The following is a judicious observation, and one which we wish were more generally borne in mind by those pathologists who trace certain constitutional diseases, as fever and bowel complaints, to a local origin. "But the entire disease does not always consist in its visible marks upon particular organs. If injury be done to a healthy body, then, indeed, it may; and its anatomical character simply may become the best criterion, whether it be of easy or difficult reparation. But where a visible change of structure arises, independent of injury from without, there must be something within the body that preceded and conduced to it. This something, this inceptive movement, whether it be of the part or of the constitution, which governs the actual manifestation of visible disease, will not bear to be spoken of with precision. We talk of cachexies, of constitutional taints, and morbid dispositions, not knowing how to define what we mean. This, however, we know, that the local diseases that follow the conditions we thus designate, upon whatever part of the body they fall, are more difficult of cure than their mere anatomical character would imply."

This disease and its cause created great excitement at the time, and led to the appointment of several committees of enquiry.

The convicts had been kept on insufficient food, and their general state of health had declined for some time before the disease manifested itself.

It was ultimately found to yield to large doses of calomel, pushed to salivation; and the report of the cases led the writers on Indian disease to identify it with the bowel complaints of that country, and to appeal to this epidemic for the character of that remedy so much dreaded and abused by European practitioners.

The different epidemics of cholera in Europe have since proved, that people situated as these convicts were, are most liable to its attacks, and to those bowel complaints that will usually attend such epidemics.

The penitentiary epidemic shows the variety of disease that may arise from one general cause, and the errors that must be produced by looking at it on nosological principles. In examining our best works on bowel complaints, the results of such a course are too obvious. We usually find attempts to reconcile them with Cullen's or some other nosology, and a capriciousness with the descriptions and treatment of preceding writers, because diseases to which the same names have been applied, are not always delineated with the same symptoms, and found to yield to the same remedies and course of treatment.

This variety in the symptomatology and the effects of remedies is to me the chief value of this extensive department of our medical literature. It shows the effects of localities, seasons and circumstances in producing a modification of disease arising from a general cause, and still exhibiting many symptoms in common.

To military and naval surgeons in charge of a number of men, and rapidly passing from one locality—or even climate—to another, the effect has been long known; but if we only watched for it with sufficient care, it would be equally evident in any district of this country, as the effect of seasons and peculiar localities.

The names applied to the different affections constituting bowel complaints are exceedingly vague, scarcely two writers or individuals attach the same

meaning to any one of them. The following diagnosis given by Bloomfield in his invaluable work on dysentery, is about the best that I know of, and may serve as a definition of the common terms, and render them useful in designating a state of any peculiar case of disease; but the liability of the one state to run into some of the others, and the modifications of all by the original cause of the disease, must never be lost sight of, nor the general practical deduction to be drawn from a combination of circumstances, as to the purging depending on altered and diseased secretions from the liver and intestinal canal, or on an inflammatory state of some portion of the latter tube.

“In dysentery, the evacuations though frequent, are, at the commencement, often devoid of fæcal smell, and consist of mucus, serum, blood, or a mixture of these, while the natural fæces are retained; tenesmus and tormina are constant attendants, and are more or less severe.”

In diarrhœa, the stools have a fæcal smell, are frequent, and consist of loose liquid fæces, without any admixture of serum or blood; and when mucus appears, it is transparent, mixed with fæces, and is evidently an increased secretion of the natural mucus of the intestines.”

“In cholera morbus the stools are frequent, but consist of loose fæces, mixed with bile or undigested food. The stools are more copious than in dysentery, and are only occasionally followed by tenesmus. Vomiting is also a constant symptom of cholera morbus, but not of dysentery.”

Many of the symptoms of the inflammatory variety of dysentery are the same as characterize enteritis; but in enteritis there are not any dysenteric secretions discharged by frequent evacuations; and there is but rarely tenesmus; dysentery is always accompanied by both.”

“Bilious flux, or more properly speaking diarrhœa, is preceded by a yellow tongue, and not unfrequently yellow skin and eyes; pain at the præcordia,

indigestion, flatulency, and often vomiting of bile, and in some cases all the symptoms of increased secretion of bile precede it for several days."

"Oriental dysentery is only occasionally preceded by such stomach affections, and by vomiting of bile. Increased secretion of bile, a yellow tongue and skin, are only incidental, and for the most part consecutive."

"Bilious flux or diarrhoea is always excited by an increased or morbid secretion of bile, the symptoms of which arise progressively, increase in severity, and are easily known in practice; oriental dysentery is distinguished by the increased action of the secreting vessels and glands of the bilious coat of the large intestines, and the worst symptoms are commonly induced at once."

"Finally, bilious flux is a disease which primarily originated in a morbid action of the liver, and the affection of the intestines is consecutive and incidental; while oriental dysentery derives its primary origin from an inflamed action of the mucous membrane of the large intestines, and the derangement of the functions of the liver is in general consecutive or excited." "I have seen," says Mr. Bampfild, "cases of dysentery in Europe, South America, Africa, in the Northern and Southern Atlantic, in the East and West Indies, in China, and in the Southern Pacific. I have not been able to discover any essential difference between dysentery in these regions and countries, and in India; and what is singular, I have never, in any of the above situations, found it attended with 'contagious pyrexia,' or of a contagious nature. The character of the disease was the same everywhere, but localities had certain peculiarities."

[TO BE CONTINUED.]

Dysentery Syrup.—The *Boston Med. & Surg. Jour.*, gives the following as an approved recipe for Dysentery: "It is made of a decoction of the rubeus villosa, spina tormentosa, slippery elm, Iceland moss, rhubarb sugar, and a small portion of brandy, in such proportion as experience justifies."

ART. XIII.—*Further proofs of the Vascularity of the Lens and its Capsule.* By HENRY HOWARD, M.R.C.S.L., Surgeon to the Montreal Eye and Ear Institution; and Lecturer upon Ophthalmic and Aural Surgery, St. Lawrence School of Medicine, Montreal.

The case I am now about to communicate, will be interesting to some of your readers; and I trust not the less so, because it supports the theory of the vascularity of the lens and its capsule, and consequently that these parts are liable to inflammatory action producing cataract. I also believe that it will be found a further proof that cataract under certain circumstances can be cured without operation,—a fact which I have taken much trouble, already, to prove. Before giving the case, however, I shall quote a few remarks from my own work upon the Eye, and from an Essay of Dr. Jacob's:—

"The lens is supplied with vessels and nerves from the ciliary processes. The capsule is supplied with arterial blood from the extreme branches of the central artery of the retina."—(*Howard on the Eye*, page 29) "It is supplied with blood vessels from the ciliary processes, and with nerves from the posterior edge of the iris attached to the ciliary processes. The vessels cannot be injected or traced in the adult, but they can in the fœtus."—(*Ib.*, page 78.)

In a small work, entitled "Essays Anatomical, Zoological, and Miscellaneous," by Arthur Jacob, M.D., M.R.I.A., the following remarks are made on page 21. -

"The lens has been considered by some as having no connexion with its capsule, and consequently that its formation and growth is accomplished without the assistance of vessels; such a notion is so completely at variance with the known laws of the animal economy, that we are justified in rejecting it, unless supported by unquestionable proof. The only reasons which have been advanced in support of this conclusion are, the failure of attempts to inject its vessels, and the case with

which it may be separated from its capsule when that membrane is opened. These reasons are far from being satisfactory; it does not necessarily follow that parts do not contain vessels, because we cannot inject them; we frequently fail when there can be no doubt of their existence, especially when they do not carry red blood. I have not myself succeeded in injecting the vessels of the lens, but I have not repeated the trial so often as to make me despair of accomplishing it, more especially as Albinus, an anatomist whose accuracy is universally acknowledged, asserts, that after a successful injection of the capsule of the lens, he could see a vessel passing into the centre of the lens itself. Lobe, who was his pupil, bears testimony to this. The assertion, that the lens is not connected with its capsule, I think I can show to be incorrect; it has been made from want of care in pursuing the investigation, and from a notion that a fluid exists throughout between the lens and its capsule. When the capsule is opened, its elasticity causes it to separate from the lens; especially if the eye has been kept in water, as then the lens swells, and often even bursts the capsule and protrudes through the opening, by which the connexion is destroyed. I have however satisfied myself that the lens is connected with its capsule (and that connexion by no means slight) by the following method. I remove the cornea and iris from an eye, within a few hours after death, and place it in water; then with a pair of sharp pointed scissors I divide the capsule all round at the circumference of the lens, taking care that the division is made behind the anterior convexity, so that the lens cannot be retained by any portion of the capsule supporting it in front. I next invert the eye, holding it by the optic nerve, when I find that the lens cannot be displaced by agitation, if the eye be sufficiently fresh. In the eye of a young man, about six hours dead, I found that, on pushing a cataract needle into the lens, after the anterior part of the capsule had been removed, I could raise the eye from the bottom of the vessel, and even half way out of the water, by the connexion between the lens and its capsule. It afterwards required considerable force to separate them, by passing

the needle beneath the lens, and raising it from its situation. I believe those who have been in the habit of performing the operation of extraction, have occasionally encountered considerable difficulty in detaching the lens from its situation after the capsule had been freely opened; this difficulty I consider fairly referable to the natural connexion just noticed."

"Now I cannot agree with Mr. Walker that inflammation of the lens and its capsule, is solely the result of extension of inflammatory action of other textures; I grant that such is very frequently the case, but reasoning from analogy, and when we remember that these parts are as well supplied with vessels, nerves, &c., as other parts, I conceive that the lens and its capsule may be the primary seat of the inflammation. Nor do I at all agree with Mr. Walker, when he says that the result of *every* morbid change that takes place in these parts, must of necessity be followed by cataract, unless he would call that opacity a cataract which disappears on the subsidence of inflammatory action; there indeed his idea would be correct; but it does not appear that he means any such thing. I conceive every case of cataract, whether capsular or lenticular, even those cases which occur in old age, to be the result of inflammatory action, with the exception of those which occur suddenly, whether produced by blows or otherwise. There can be no doubt but that in some instances there is diminished vitality of the part, yet this very state must be considered as the result of chronic inflammation; but if cataract were alone dependent upon diminished vitality, we should first have opacity of the hyaloid membrane and vitreous humour, and of the membrane of the aqueous humour, for their vital organization is much less than that of the lens and its capsule. But a question worthy of consideration is, why do the lens and its capsule generally remain opaque, and even very often increase in opacity, after the inflammatory action has been subdued? I attribute this to the power of the absorbents having been diminished by the severity of the previous inflammation. But it may be argued that pain is one of the symptoms of inflammation, and that in the formation of cataract there is none. It

is very true that one of the symptoms of inflammation is pain, but it need not necessarily be present; as a proof of which inflammation of the heart and other parts is an example.

"Inflammation of the lens or its capsule, whether spontaneous or traumatic, may be either chronic or acute, but they more generally partake of the chronic form. The inflammation may commence in these parts, and extend to other parts of the eye, or it may not spread at all; or, as has been already seen, it may commence in other parts of the eye and spread to the lens and its capsule. If inflammation of the lens or its capsule is not subdued in the early stage, frequently they will continue opaque even after the inflammation is subdued. This opacity is termed *cataract*."—*(Howard on the Eye, page 350.)*

Those who would be inclined to doubt the foregoing statements, will find it difficult to account for some of the symptoms which the following case exhibited; and which I had the pleasure of shewing to yourself, Mr. Editor, as well as to the students attending my class, during the past winter.

Case.—B. G., aged 30, presented himself at the Montreal Eye and Ear Institution on the 18th of March, 1851. He stated that a few minutes previous, while engaged with a chisel and hammer removing the head from a small barrel, something struck him in the right eye. He was suffering but very little pain, and there was but very little impairment of vision. On examining the eye, I found there was a very small triangular wound in the centre of the cornea, near its nasal side; and that there was a corresponding wound in the centre of the lens, the capsule looking as if it had become corrugated, and showing the wound to be perfectly triangular in its shape. The shape of the eye was perfect, and there did not appear to be any of the aqueous humour lost. I did not consider it proper to search for the foreign body which caused the injury, and which was evidently imbedded in the lens, but gave him a strong dose of purgative medicine, and endeavoured to place him as quickly as possible under

the influence of tartar emetic, in which state I kept him with cold applications to the eye for thirty-six hours, and belladonna round the orbit. At the expiration of this time, he was so blind that he could not see his hand; and he could hardly tell the difference between light and darkness. The whole of the eye-ball was inflamed—the wound in the cornea had cicatrized—but the lens was of a deep muddy red colour, approaching to brown; and the wound in it, which could be seen the day before distinctly with the naked eye, could not now be seen, even with a strong magnifying glass;—in fact, the lens presented all the phenomena of a part greatly inflamed. There was some slight pain in the eye-ball, which was increased on pressure; but the circum-orbital pain was very great. I ordered the tartar emetic and belladonna to be continued, and that he should take half a grain of calomel every hour till he was salivated. The next morning (twelve hours after) all the symptoms had increased in severity, and he had that peculiar pain in the back of the head which is characteristic of severe inflammation of the eye-ball. There was also slight hypopyum.

The treatment was continued, and in twenty-four hours more, ptialism supervened; the symptoms abated, and the hypopyum became absorbed.

The treatment was then followed up by the employment of the biniodide of mercury, in 1-10 grain doses, three times a day, to maintain the crethism. At the expiration of ten days the inflammation of the eye-ball had completely disappeared, but there still remained sufficient opacity of the lens to prevent the patient seeing more than his hand. At this period, however, the wound in the capsule could be distinctly seen. Under the continued use of the biniodide of mercury, in diminished doses, the opacity became visibly less—his sight gradually improved—so that at the termination of twelve days more, sight was perfectly restored. There remains, however, a small white speck on the lens,

where it was wounded, which is evidently a cicatrix on the capsule; but that, the patient declares, is no impediment to his vision, which he says is just as good in that eye as in his other.

Montreal, July 15, 1851.

ART. XIV.—*On the Diseases of Menstruation and Ovarian Inflammation in connection with Sterility, Pelvic Tumours, and Affections of the Womb.* By EDWARD JOHN TILT, M.D., Physician to the Farringdon General Dispensary, and to the Paddington Free Dispensary for the Diseases of Women and Children. New York: S. S. & W. Wood. 1851. Demy 8vo: pp. 286.

If there is one point in which the present age excels the past, it is the close investigation which every department of science is receiving. Patient and laborious researches are continually going on; and so far as medicine is concerned, diagnosis has become more perfected, and human suffering proportionally alleviated. This, which is the highest end of science, has been most conspicuously developed in the diagnosis of diseases of the heart, lungs and kidneys, and Dr. Tilt's little work facilitates, to a very high degree, the diagnosis of those of the uterus and its appendages. Dr. Tilt has unquestionably paved the way to a more scientific investigation, and more accurate knowledge of the diseases connected with derangement of menstruation. He is the first to attempt to throw off the fetters produced by the scholastic employment of names in the particular class of diseases of which he treats; and in attributing these diseases to their proper sources, to enable us to manage them more rationally. An attentive perusal of the work will convince the most sceptical (and it is but the reflex of the opinions of all who have had any experience in the management of men-

strual affections,) that the terms amenorrhœa, dysmenorrhœa, menorrhagia, and leucorrhœa, should be abolished, as expressive of but mere ideas in each case, without the slightest reference to those frequently multitudinous pathological conditions from which they originate.

In the introduction, having reference mainly to the circumstances to which we have adverted, the author observes, that "we do not intend to treat of all the organic lesions as causes of diseased menstruation, but to confine ourselves to the consideration of the organic diseases by which we consider them to be very frequently produced—inflammation of the ovaries and oviducts." The mode of detecting ovarian disease in its early stage is one of difficulty, as any one knows who has experience in the matter; and our author proceeds to enumerate the modes of examination in such cases:—

At first sight nothing seems so easy as to derive information from this ordinary mode of exploration, but such is not the case; it is even difficult to convey by words those niceties of manipulation which can only be attained by repeated practice. Some useful suggestions have, however, been made. The intestines and bladder having been previously emptied, the patient should lie on her back, with the head and shoulders elevated, and the thighs so placed as to form nearly a right angle with the body; the medical attendant should then ask the patient such questions as may divert her attention, and hinder the contraction of the recto-abdominis muscles, the divisions of which have, by the inexperienced, been sometimes taken for tumours. The physician's hands ought also to be so warm as not to excite reflex muscular contraction in the patient, and to render his own sense of touch more acutely sensible. He will then be able to ascertain if there be any tumefaction in the abdomen, and if so, whether this is attended by morbid sensibility and increase of heat. Should he find a tu-

mour, he will study its peculiarities by varying the position of his hands, the degree of their pressure, and the posture of the patient, in order to ascertain the site, size, and connexion of the growth, whether it be fixed or moveable, soft and yielding or hard, pulsating, or otherwise, fluctuating or solid. After parturition, the laxity of the abdominal walls is such as to allow of a more accurate manual examination, for the hand can then plunge into the deepest abdominal recesses. We may add, that a careful examination of this description should never be omitted after confinements, in order to detect any incipient abdominal tumour. Thus, in three of the cases recorded by Madame Boivin, in her interesting *Mémoire sur une des Causes de l'Avortement*, the accoucheur, by neglecting this, failed to recognise the development of ovarian disease, which afterwards proved fatal by bringing on abortion. It is also sometimes possible to discover where adhesions have taken place between a tumour and the abdominal parietes, by a feeling of crepitation and a sound as of new leather, which signs, first detected by the sagacity of Dr. Bright, we have also observed in several cases. It is necessary to state, that unless the swelling of the ovaries be considerable, it will not be discovered by this mode of exploration, and that it will be indispensable to combine it with an

EXPLORATION PER VAGINAM.

To derive the greatest amount of information from a vaginal exploration, the medical attendant should be placed on that side of the patient where ovarian tumefaction is rendered probable by pain or other signs, and he should use the index finger of the hand corresponding to that side, while he places the other hand on the hypogastric region, so as to press the ovary forcibly down towards the exploring finger. Our instructor and most esteemed friend, Professor Recamier, is in the habit of passing his hand under the patient's thigh instead of above it, and finds that this mode of practice affords him greater facilities of investigation. We are thus easily able to detect moderate sized pelvic tumours, particularly if, as is often the case, they have gravitated towards the recto-vaginal space.

If the tumefaction be less considera-

ble—if there be only that degree of ovarian congestion which partly produces the phenomena of painful menstruation, &c., the ovary may still be situated above the vagina, and then, in order to feel it digitally, the vaginal cul-de-sac, which surrounds the os uteri, must be raised. To effect this purpose, it is necessary to press the perineum with the three bent fingers, and, when possible, to introduce both the middle and index fingers into the vagina, which gives an additional third of an inch to the exploring agent. We are thus enabled to estimate the amount of pain caused by pressure on the swollen ovarium, as well as the degree of heat of the vagina, and whether its superior curve is elastic, or hard and resistant, as if infiltrated. Professor Simpson and Dr. Gendrin state, that in numerous cases they have felt enlarged ovaries *in situ*, by bringing the organ between two fingers introduced into the vagina, while the other hand was pressed down into the brim of the pelvis on the same side. The uterus, in Dr. Simpson's opinion, requires to be anteverted, and somewhat turned to the opposite side with the uterine sound, in order to stretch the broad ligament of the side under examination. He first ascertained the possibility of making the examination of the ovary in a case of natural anteversion of the uterus. When the tumour has so increased that it is no longer entirely situated in the vicinity of the vagina, but has ascended towards the brim of the pelvis, the finger, though it cannot reach its whole extent, will still elicit valuable information respecting its position and state. Thus, the tumour may depress the uterus to the right or to the left, or may flatten it against the pelvis, causing its complete retroversion, and thus render it impossible for the finger to attain the os uteri. M. Robert, of Paris, has met with several cases of this description. We are also able to examine the condition of the inferior segment of the uterus, and to ascertain how far its usual mobility has been encroached upon, and to what extent this organ has been bound down by the thickening and infiltration of the adjacent inflamed tissues.

By a vaginal exploration, we are able to discover whether the tumour is intimately connected with the body of the uterus, or only placed in close juxta-

position to it; thus, in puerperal congestion of the broad ligaments, the tumour is often so moulded as to cap the uterus. In such cases, it is interesting to ascertain whether these bodies adhere intimately, for if the movements communicated to the tumour through the abdominal parietes are felt by the finger placed in the vagina, we may suppose that the tumour and the uterus are intimately connected; we also obtain a correct notion of the diameter of the tumour, one of the extremities of which is at the hypogastrium, and the other in connexion with the vagina. The fluctuation of an abscess of the ovaries, or of their surrounding cellular tissue, may sometimes be distinctly felt by a manual examination, particularly after parturition; but even then it is necessary to support the tumour by placing the finger in the vagina, otherwise, the semi-mobility of the whole tumour might easily be mistaken for the mobility of its contents. When thus exploring, it is sometimes possible to detect a correspondence of fluctuation between the hand on the hypogastric region and the finger in the vagina. When the tumour is situated sufficiently low down, fluctuation may be detected by examining the patient per vaginam; two fingers (the index and the middle finger) being introduced into the vagina, and placed so as to embrace a segment of the tumour. One finger must then be firmly applied to the tumour to receive the shock transmitted by the fluid, while percussion is made with the other finger on the opposite side of the tumour. In the meantime, an assistant, by firmly pressing in the hypogastric region, forces the fluid to accumulate as low as possible in the pelvis. The facility of thus discovering fluctuation will be in direct proportion to the thinness of the parietes of the tumour, and its prominence in the vagina. If this mode of investigation fails to render evident the existence of pus, the presence of which is otherwise indicated by rational symptoms, an exploratory puncture will decide the question without subjecting the patient either to much pain or to imminent danger.

EXPLORATION PER RECTUM.

Notwithstanding Dr. Simpson's assertions to the contrary, we agree with Stoltz and Hirtz, (both distinguished professors of the faculty of Strasburg,)

with P. Frank, Neumann, Schönbien, Romberg, Seymour, Carus, and Velpeau, with Löwenhardt, Chereau, and Dr. Ashwell, that it is possible to reach the ovaries, in their natural situation, by this mode of exploration, and thus to appreciate their volume and their degree of sensibility. Whatever difference of opinion may exist upon this point, all agree that, on account of the thinness and elasticity of this membranous canal, even slight swellings of the ovaries or the neighbouring tissues may be thus easily detected; and that when the tumour is considerable, it may be the more readily distinguished from the uterus. The most effectual way of performing this examination, and that which permits the finger to reach a greater height, is to place the patient in the obstetric position. While in that posture, Meissner and other German obstetricians tell the patient to approach as much as possible the knees to the breasts.

When introduced into the rectum, the finger can generally attain and circumscribe half of the posterior surface of the uterus; and if not accustomed to this mode of examination, the medical attendant will esteem the healthy uterus to be morbidly swollen. The finger will also be able to detect any swelling of the broad ligaments, and likewise to feel the ovaries, "even when they are not swollen, like a knuckle on either side of the uterus, seeming to spring from one or the other of the sacro-iliac articulations," as Dr. Digby has correctly stated. When its structure is healthy, no pain is experienced on pressure of the ovary; but when it is inflamed, the patient often expresses, by her features, that we touch the seat of the disorder. While examining per rectum with the one hand, the other should be placed on the region of the ovary on the same side, the finger being in the rectum, and the physician pressing gently, but suddenly, with the other hand, on the ovarian region. The patient will then experience, in the posterior part of the pelvis, a pain similar to that felt when the ovary was directly pressed by the finger. Pressure on the ovary also produces as much pain in the inguinal region as if that were the actual seat of the impact. If the ovary be much swollen, and the abdominal parietes thin, it is possible,

by pressing the ovarian region, to force the ovary against the finger; and this will frequently cause the patient to exclaim that we hold the complaint between our fingers.

The existence of a painful tumour in the recto-vaginal *cul-de-sac*, is in itself a strong presumption of its being the inflamed ovary; but the diagnosis will be assisted by the sound being passed into the bladder, and the uterine sound is of still greater value, for it enables us to raise the uterine fundus, and thus, by displacing the womb, to prove that the painful tumour is the ovary and not the uterus. This mode of examination is far from being required in most of the cases which come under our observation, but would be indispensable to give certainty to the diagnosis.

Is it necessary to state, that if a fluctuating tumour be situated in the immediate vicinity of the rectum, nothing will be easier than to detect fluctuation by a rectal exploration?

DOUBLE TOUCH.

We have given the name of "double touch" to a mode of exploration, wherein the two previous modes are combined, so that the index-finger being placed in the rectum, and the thumb in the vagina, it is possible to embrace between the thumb and finger any intervening morbid growth.

P. Frank recommends this mode of examination. Dr. Blundell used to employ it, and taught its value at Guy's Hospital, in difficult cases; but Professor Recamier has principally insisted on, and practically exemplified, its utility, as we shall hereafter have occasion to show, in many interesting cases. It is particularly useful in enlightening us respecting moderate-sized tumours, which are not large enough to rise above the brim of the pelvis, and still small enough to escape identification by the finger, in the rectum or the vagina alone. It enables us to seize the antero-posterior diameter of the tumour, and to recognise its position; and it prevents our mistaking the uterus for a morbid growth. If, as is often the case, the recto-vaginal space is the seat of the tumour, by thus practising the double touch, and pushing up the perinæum, by pressing on it with the first inter-digital space, we can embrace the accessible part of the tumour, and

easily detect its fluctuation, if fluid be present.

Dr. Tilt considers ovaritis as distinctly divisible into two forms or conditions, the sub-acute and the acute. The symptoms of the former are thus described:—

The patient experiences a dull pain in the ovarian region, often imperceptible when she is in a state of repose, but brought on by walking, riding, by any sudden movement, or even by pressure on the side. The pain is also increased by the act of straightening the thigh upon the pelvis, as in the erect posture, by which the integuments are put upon the stretch, and pressure is thus exerted over the part. Some patients are unable to maintain the erect posture without resting the foot of the side affected on a stool, so as to keep the thigh more or less bent upon the pelvis, whereby the integuments, &c., are relaxed. Radiating from the ovarian region, the pains are felt across the loins; they descend towards the thighs and fundament, and are of a dull, dragging, heavy, and sometimes of an overwhelming nature. They are distinguished by the patient from other pains resembling colic, and which depend on uterine contractions, although both species of pain may be experienced at the same time; they are likewise to be distinguished from those *superficial* pains which are caused by reflex nervous action, and which so frequently accompany every species of disorder of the organs of generation. They are, however, seldom so acute as to induce the patient to seek for advice. She may submit to them for years, but should she find them so wearisome to mind and body as to be led to seek advice upon her case, she is frequently treated for uterine disease. This is owing to the opinion, adopted by Hippocrates, and still too implicitly believed, that the uterus is the principle organ of the generative system, and that to the morbid condition of this organ are to be attributed almost all the sufferings of women. Should the patient be married, connexion awakens and renders more or less acute the pains we have described. Ocular inspection, and an attentive manual examination, however, will, in some instances prove that it is

not painful when touched, nor does it present much appearance of disease. In sub-acute ovaritis, the hands placed on the iliac regions can sometimes detect an increase of heat; but these symptoms of ovarian inflammation are overlooked, or attributed to disease of the womb, inflammation of its neck, or to that scape-goat of uterine pathology, only known in England, and called irritable uterus—a disease regarded as neuralgia by some, as a form of dysmenorrhœa by others, and which, having the same symptoms as sub-acute ovaritis, we suppose sometimes to be one of the legionic names of that disease. The late Dr. Ingleby noticed that the descent of the ovaries on the vagina produced in one of his patients all the symptoms of the disease called irritable uterus.

Twice have we seen pain and swelling of the left side coinciding with pain and swelling of the left ovary, and this has aided us to a diagnosis. Should, however, medical advice be asked in cases of sterility, or when tenesmus, a desire of passing water, or an inability to do so, alarm the patient—or else when the bearing-down pains and impossibility to pass the fœces cause the medical attendant to fear a stricture of the rectum, then we sometimes discover, by a vaginal exploration, an increase of heat in the upper portion of the passage; but unless the ovaries are considerably swollen, their increase of dimensions will not be detected by this mode of investigation. It may, however, afford an indirect intimation of diseased ovarian action; thus, if one of the ovaries be inflamed, the patient's sufferings are greatly increased by forcibly inclining the neck of the uterus towards it, so as to direct the fundus uteri to the opposite side. The exasperation of the patient's sufferings is then caused by the stretching of the inflamed broad ligament. If both ovaries are inflamed, slight lateral movements, communicated to the uterus by its neck, will greatly increase the pain felt in the ovarian regions. More direct evidence may, however, be obtained by a rectal exploration, for then the finger reaches the ovaries, and finds them more or less painful on pressure, which is not the case when these organs are in their healthy state. They are found to vary from twice to four times their original size.

The most painful sufferings are produced by the descent of the ovarian swelling, of about the size of a small apple, into the recto-vaginal cul-de-sac, thus impeding defecation, or bearing down the uterus, so as to produce its complete retroversion. Such cases have been noted by Boivin, Denman, M'Intosh, and Dr. Rigby. Are we to admit, with Dr. Rigby, that a difference of symptoms depends on whether the anterior or posterior half of the ovary be the seat of the affection—the symptoms of derangement of the bladder being chiefly observed in the former, and those of the rectum in the latter case, thus enabling us to form a correct diagnosis as to the precise nature and situation of the disease, and to arrive at greater certainty as regards the plan of treatment? General symptoms are sometimes absent, but in the more acute cases the local signs of inflammation are accompanied by slight fever at night, thirst, and a furred tongue, nausea, and sickness.

Under this head Dr. Tilt judiciously considers the types, whether amenorrhœal, dysmenorrhœal, menorrhagic, or hysterical, and concludes by a consideration of its termination, in sterility or uterine engorgement, and judicious directions as to treatment under the different types.

Acute ovaritis is thus described by a general summary:—

The general symptoms of acute ovaritis are, in the first stage of the complaint, similar to those which announce the process of suppuration in any deep-seated organ, such as shiverings, followed by fever of a remittent or continued type, particularly when the symptoms of ovaritis merge into the more marked phenomena of acute peritonitis. In the worst cases, abundant perspirations, violent thirst, disordered stomach, delirium, coma, and complete insensibility to all pain, close the scene. Frequently, however, the patient amends, and the ovarian swelling diminishes; but, on account of the periodical turgescence of the ovaries, relapses occur; or else the inflammatory type lowers, and chronic ovaritis, or what we have called subacute ovaritis, is established. When this disease,

under the popular appellation of "inflammation of the bowels," has not been carefully diagnosed, or has not been judiciously treated, it may last for years, giving rise to one or other of those menstrual derangements which we have seen so often to originate in subacute ovaritis, or to leucorrhœa, consequent on the permanent congestion of the whole generative system.

Tubal inflammation is not to be distinguished by any peculiar symptoms from acute ovaritis.

From the analysis of the work which we have thus given, we think that the modes of treatment will be clearly educed. Little remains to be said, beyond the fact that the work is one which should be read by every practitioner, as most deserving of serious and careful consideration.

PRACTICE OF MEDICINE.

Treatment of Aphonia by Stimulating Inhalations. By DR. PANCOAST.—The form of aphonia, here alluded to, is that following an ordinary cold, without having any perceptible organic lesion in the pulmonary apparatus. The voice is reduced to a faint hoarse whisper, distinguishable only at the distance of a few feet; and a continued attempt to talk, though it gives no pain, becomes quickly attended with a feeling of fatigue, as though there were some obstruction to the passage of air through the larynx. In breathing merely, there is little or no difficulty; as the individuals are capable of undergoing considerable exertion without any unusual signs of fatigue. Having had an opportunity, several years ago, of observing the movements of the vocal chords, in a person who had attempted suicide, and was left with a cicatrized wound opening into the ventricles of the larynx, Dr. Pancoast watched with great interest the play of these vocal chords, which were fully exposed to view, and was astonished at their frequent, varied, and extensive movements. From the evidence he obtained with regard to their motion, he was led to infer that this form of aphonia arose from a partial paralysis of the intrinsic muscles of the larynx, to be cured by stimulating

them to action. His first case occurred eight years ago. The patient was a healthy young country girl; the aphonia had lasted for six months, resisting all treatment. She was made to inhale chlorine, gradually liberated from chloride of soda or lime, by very dilute hydrochloric acid, in a common glass retort. The inhalation was continued for some minutes, and repeated two or three times a day according to the degree of irritation produced in the throat and larynx. From the first trial the patient's voice improved, and in three days had become nearly as strong as ever. Two months after her return to the country, another cold was followed by an attack of aphonia, which also yielded to a few inhalations of chlorine vapour. Dr. P. has since treated a case in a medical practitioner, who had tried, among other remedies, repeated applications of strong solution of lunar caustic, without any good effects. The voice was restored to its natural strength in a week or ten days. He suggests that care should be taken that the chlorine be not developed too rapidly. He believes that it acts merely as a local stimulant, and that iodine, or any other exciting vapour, would produce similar results.—*Transactions of American Association.*

On the Efficacy of Cod-liver Oil in Phthisis. By DR. LEVICK.—Fourteen cases are recorded with these results. In the first there was increase of benefit and strength without change in the local disease. In the second the disease was far advanced, but its progress was arrested for a time. The third case was prolonged by the use of the remedy: In this instance diarrhœa was present. Case the fourth was a striking instance of the happy effects of the oil. Cough, emaciation, &c., all successively disappeared under the sole use of the medicine. In this case there was decided improvement in the local disease, as shown by the physical signs. In two other cases marked improvement occurred under very unpromising circumstances. The seventh case showed no benefit, though the patient thought the contrary. Case eleven was most gratifying. The age of the patient, advanced state of the disease, and the size of the cavity, gave little hope; but the man recovered suffi-

ciently to resume his work. Case fourteen was as favourable; the remainder derived no benefit.

The author remarks that he has seen nothing to warrant the belief that cod-liver oil will cure consumption. No case has come under his notice in which the disease, as declared by physical signs, was removed. But considering that in all the cases reported the disease was advanced, and that a cavity existed in six, the effects were most gratifying. Under ordinary treatment no benefit could have been anticipated.

The oil used by Dr. Leveck was of two kinds, pale and brown. He prefers the pale variety as especially efficacious, and less offensive. He observes justly that it is highly important that the value of this remedy should be determined, as exaggerated impressions of its worth are apt to be followed by disappointment. In his own cases most of the patients increased in flesh, weight, and strength; and in most the cough and hectic diminished. In no case was pulmonary hæmorrhage or congestion to be traced to the use of the oil.—*American Journal of the Medical Sciences*, Jan. 1851.

On the Treatment of Anasarca by Puncturing the Legs. By JOHN HILTON, Esq.—Mr. Hilton has presented a communication to the Royal Medico-Chirurgical Society, (March 25th,) with the object of suggesting the more frequent employment of puncturing the legs in appropriate cases of anasarca depending upon visceral disease. After referring to the use of this remedy, without due precautions being observed, and the very probable mischief likely to supervene in such a case, the author states that his experience has convinced him of the great relief which the anasarca patients manifest when the fluid is allowed to escape from the areolar tissue of the body through artificial openings; and that when the operation has been done with caution and due consideration, it is not usually followed by unfavourable consequences. The instrument recommended to be employed (of which there was a drawing sent round) may be described as a very narrow, sharp-pointed lancet. Two, or sometimes four, punctures should be made by it in the outer side of the thigh, by passing it obliquely through the subcutaneous areolar tissue, so as to

reach, but not to wound, the fascia covering the muscles; the limb, or limbs, if both have been punctured, to be immediately wrapped separately in warm blankets, these so be renewed often enough to prevent the limbs becoming cold or chilled by the accumulation of the exuded fluid around it. Should the delicacy of the patient's skin, or any apprehension regarding the chemical character of the effused fluid, lead to the supposition or probability that the skin might become excoriated by the fluid running over it, then it is advisable to use capillary conductors in the form of worsted threads, so arranged as to pass over the punctures, and thence into proper receptacles, so as to keep the limb dry. After alluding to the continuity of the areolar tissue on the body, and expressing his belief that infiltrated areolar tissue within the body, as well as that of the exterior, may be drained effectually by making punctures in the lower extremities, the paper explains the method of relief which is obtained, viz., that by freeing the subcutaneous areolar tissue of fluid, room or space is given for the external veins to become distended with blood, so as to relieve internal visceral congestion, and prevent effusion of fluid into the serous membranes, which produce great distress and death. The author states his conviction that such fatal serous effusions are mainly the result of a passive congestion in the internal veins, and not of an inflammatory condition of the serous membranes; and that the surest method of preventing the occurrence of internal dropsy, is to allow the venous congestion to take place upon the exterior of the body, where it produces a dropsical state of the subcutaneous tissue, and from which the fluid may be removed by artificial punctures through the skin. One of the chief reasons adduced for believing that such dropsies, whether within the body or upon the exterior, are the effect simply of venous congestion, is, that they may be imitated, after death, by injecting any afferent blood-vessel with water, and intercepting its return through the efferent blood-vessel, when escape of water occurs through the walls of blood-tubes, and induces a dropsy of the parts. Other observations were made, explaining the rationale of the relief afforded to the heart, lungs, brain, and spinal marrow, by punctur-

ing the legs in cases of anasarca. Towards the conclusion of the paper the author says, that having seen, in very numerous instances, extreme relief given to anasarca patients by puncturing the legs in the way described, and only in a few examples any important inconvenience, and still more rarely, if proper precautions have been taken, any danger from it, except as a part of the patient's general condition, he feels himself justified, from personal experience, in recommending its more frequent adoption, in appropriate cases, than usually obtains in practice.

[We cannot agree with the author in his preference of a lancet for puncturing the legs; we have found such punctures to be more readily followed by erythematous inflammation than those made with a curved needle.—Ed. P. J.]

On the employment of Chloroform internally and by Friction in Lead Colic.—Dr. Aran (*Bulletin General de Therapeutique*) has published the results of his experience of the above method of treating painter's colic. He does not profess originality, but on the contrary, admits that he has been anticipated by MM. Blanchet and Grossier. He thinks, however, that he is the first to use the medicine externally, which he considers the most efficacious of the two modes of exhibition. His usual mode of proceeding is to apply a compress dipped in chloroform to the abdomen for the space of twenty minutes, and at the same time give internally thirty drops in mucilage, or half the quantity by the rectum. These doses are repeated according to circumstances. He has treated eight cases in this manner, all of which recovered in from two to six days.—*Prov. Med. & Sur. Jour.*

On the Influence of Mercury in the production of Cancrum Oris.—By Dr. DUGAS.—The author states that in his district (Georgia) the occurrence of gangrenous affections of the cheeks, lips, and gums, in children, is by no means uncommon, and there are few communities in which there may not be found some living evidences of its havoc upon the face, as well as of the possibility of occasionally preventing a fatal result. He does not know of any satisfactory

explanation of the fact that it affects exclusively those of tender years, and most frequently those between five and eight years of age. The object of his communication is to direct attention to a corresponding susceptibility of children of this age to mercurial salivation and sloughing, and to elicit the inquiry into the probable influence of mercurials in the occasional causation or excitation of such a state of things. Without denying, for a moment, that sloughing phagedena, cancrum oris, or gangrenopsis (as the affection is variously denominated) may and does occur in individuals who have never taken mercurials, he inquires whether it is not probable, that the use of an agent which does of itself sometimes induce a very similar destruction of tissues, and which is especially prone to do so at the very period of life most subject to gangrenopsis, may increase the tendency to this disease, if any exist in the system? Having had his attention very early drawn to the danger of giving calomel to children, during the period of second dentition, he is disposed to attribute to it the fact, that during a practice of twenty years he has never had a case of gangrenopsis which had not originated in the hands of others. He relates the case of a family of five children, three of whom had during the autumn been successively taken with remittent fever, and died with most awful sloughing of the cheeks and lips. They were all treated with calomel. Discouraged at the result, the parents determined to change their medical adviser, and he was requested to see the other two children when similarly affected with fever. These were treated without mercurials, and recovered without gangrenopsis.—*Southern Medical and Surgical Journal*, October, 1850.

Muriate of Lime in Skin Diseases.—Chloride of calcium is not employed much in medicine, but according to Cazennave (*Bulletin de Therapeutique*, 1850) it is a valuable remedy in struma, and diseases depending upon it. He has used it in lupus, in chronic eczema, and impetigo, in doses varying from fifteen to thirty grains per diem, in some vegetable decoction or infusion.—*Prov. Med. & Sur. Jour.*

Abortive Treatment of Small pox by Collodion.—When this fluid was first introduced to notice, we suggested in a communication which was copied into some of our cotemporaries, that it would prove valuable as an application, to induce the abortion of the variolous pustule. We are therefore glad to observe, that in the hands of M. Aran, collodion has fully realized our anticipations.

In the *Bulletin de Therapeutique*, October 30th, M. Aran narrates the case of a youth who fell under his charge with confluent small-pox in an early stage. The face was thronged with pustules and was intensely swollen. M. Aran applied a layer of collodion. In 2 days the lobes of the ears and lips, which had not been covered, exhibited fully developed pustules, which under the collodion the pustules were arrested. The application was several times repeated, and on the 9th day it peeled off altogether with the epidermis, leaving the skin of a rosy color and without pits. On the ears were several deep cicatrices. —*Prov. Med. & Sur. Jour.*

M. Sedillot on Blue Suppuration.—The matter discharged from suppurating wounds, the urine, milk, perspiration, &c., have occasionally presented a blueish color, the cause of which remains unknown. M. Dumas supposed that it arose from the production of hydrocyanic acid, but this was soon shown to be an error. It was also thought that the color arose from the development of a peculiar fungus, the *agaricus nosocomiorum*; but Prof. Fee, of Strasbourgh, was unable to detect any such organic matter in the blue pus submitted by him to the microscope. Nine cases of blue suppuration have occurred in the practice of M. Sedillot. After various experiments and careful observations it was discovered that the blue color did not arise from the pus, but from an accidental coloring matter, which was developed and acted on the dressings. This coloring matter is probably formed by the serum of the blood; indeed this would appear to be certain, for the blue color was produced when all the other elements of pus were eliminated. The various experiments performed by the chemical professors of Strasbourgh to ascertain the nature of this coloring matter, show that it is probably of a vege-

table origin. It does not arise from the formation of Prussian blue or phosphate of iron; it is soluble in water, and, at the same time, extremely stable, not being altered by sulphurous acid.

M. Sedillot inclines to think that blue perspiration, urine, &c., depend on the same cause, viz: some change in the serum of the blood.—*Gaz. Med. de Paris.*

Cancer Cells in the Urine.—Mr. BALMAN.—The urine of a patient suffering from cancer of the uterus was exhibited under the microscope, and was proposed by the author as a means of diagnosing the presence of cancer without the necessity for making an examination per vaginam. The urine washing off the cancerous discharge from the vulva, the nucleated cancer cells were shown to the society in proof of the value of the test.—*West. Lancet.*

Chloride of Sodium in Ulcerations of the Cornea.—Ulcerations of the cornea may be distinguished, relatively to prognosis, into two species—the transparent and the opaque. The former are in general, more easily cured; the latter give rise to perforation of the cornea; yet these are seldom painful, while transparent ulcerations are almost invariably accompanied by great intolerance of light. M. Tavignot speaks highly of chloride of sodium in cases of ulcerated cornea. He employs it in the form of eye-drops or collyrium,—four to ten scruples of chloride in an ounce of water, to be dropped between the eyelids thrice a day. The usual general treatment is, not of course, to be neglected. In cases of transparent ulceration, the first effect of the chloride, after thirty-six to forty-eight hours, is a notable diminution, or even complete removal of the photophobia. This effect is nearly constant, and takes place without any apparent change in the tissues, arising probably from modified vitality. The ulcer now ceases to spread, and in fifteen days or a month, heals up. This rapid cicatrization, when applied to opaque ulcers, is attended with the great advantage of preventing the formation of spots on the cornea.—*Jour. des Connais. Med. Chir.*

SURGERY.

On Posterior Luxation of the Phalanges.—M. Michel (*Gazette Medicale de Strasbourg*) has endeavoured to explain why certain dislocations of the phalanges are reducible by very simple extension, while others are reduced with difficulty, or are altogether irreducible. In order to satisfy his mind as to the causes of this difference, M. Michel has artificially induced dislocations on the dead body, and has sought, by dissection, the anatomical peculiarities in each instance. Taking metacarpophalangean dislocation of the thumb as a type, he found the following appearances:—

In the instance of an irreducible dislocation, he found the extensor-tendons inflected on themselves, following the outline of the displacement. The muscles attached on each side of the base of the first phalanx were slightly separated, exhibiting the head of the metacarpal bone between them. The flexor tendon was not displaced, but its synovial sheath was extensively ruptured. The anterior ligament accompanied the base of the phalanx, and ran behind the articular end of the metacarpal bone, which it tightly embraced; the lateral ligaments were uninjured. If violent endeavours at extension were made, the ruptured end of the capsular ligaments was seen to be pinched between the surfaces of the two bones, so that the displacement was rather increased than diminished. If, on the other hand, prior to making the extension, the joint be opened behind, the impaction of the ruptured ligament does not occur, and the reduction becomes comparatively easy.

In reducible dislocations the changes are very similar, with one important exception,—the anterior ligament is not torn from its metacarpal attachment, but is detached at the base of the displaced phalanx, so that it could not be impacted between the articular extremities of the bones as in the former case.

Thus, according to the author, the difference in the reducibility of these dislocations depends on the condition of the anterior ligament.—*Prov. Med. & Sur. Jour.*

Wound of the Heart; penetrating the right Ventricle; from which the patient recovered. Read before the Association, by CHARLES E. LAVENDER, M. D.—James H—, student, aged 19 years, of good health and sound constitution, was stabbed, on the 9th of April, 1850, in the left breast, by a fellow student, with a pocket knife, the blade of which was about three inches long and three-fourths of an inch wide in the middle, and very narrow at the point.

When I saw him, at 4 o'clock, P. M. about five minutes after the wound was inflicted, he was laid on a long table on his right side, with his head slightly raised. He was vomiting, with jaws rather rigid; cold sweat on his face; eyes drawn back, pupils much dilated; countenance pale and deadly; respiration irregular, interrupted and terminating in deep sighs; action of the heart entirely suspended; clothes dripping with blood. On tearing away the clothes from his chest, a wound presented itself in the left side, between the sternum and the nipple, about two inches anterior to, and three-fourths of an inch below the left nipple, between the fourth and fifth ribs, at the cartilaginous extremity, the greater extent of the wound being between the cartilages. The wound, from which the venous blood was flowing in a full, continuous stream, was about one inch in extent, in a direction across the body; the edges of the knife having struck the lower side of the cartilage and the upper side of the rib. The cut edges of the intercostal muscles were distinctly seen, through which a dark opening, about the size of a man's fore-finger, allowed the blood to flow. One gallon and a half of blood was supposed to be lost; it could not have been less than one gallon. The right ventricle of the heart was evidently opened, and I supposed he could not live fifteen minutes.

I turned him hastily upon his back, raised his right arm, which was pendulous, and placed it by his side, dashed a large towel just dipped in a bucket of cold water, on his chest; sprinkled cold water and spirits of camphor in his face, and secured free ventilation. The bleeding stopped instantly, but the breathing continued oppressed, interrupted, and somewhat stertorous. About five minutes after

the bleeding ceased, a slight flutter was felt in the heart, and was distinctly appreciable under the palm of my hand, at regular intervals, for a minute or more, when pulsation became perceptible, and a few minutes more there was pulsation at the wrist. He now swallowed water, and spoke incoherently; breath during this time cold. A mattress was drawn under and blankets thrown over him, and he was kept on his back, with his shoulders slightly elevated. About 5 o'clock he recognized persons, spoke hurriedly, called for persons, and supposed he was dying; but he afterwards remembered nothing that occurred before 6 o'clock, at which time he became exceedingly restless, complained of pain in his breast and head, with some thirst. Pulse feeble, interrupted, and over one hundred.

When the external bleeding ceased, I apprehended internal hemorrhage; but no evidence of this presented itself at that time or subsequently. About 9 o'clock, he began to grow warm. At 10, he became exceedingly restless, and complained of intense suffering, but of no acute pain. Pulse about 120, intermitting; respiration interrupted, and at times as frequent as 60 to the minute. From 12 to 3 A.M., but little hope was entertained of his living till daylight, when his nervous system yielded to the quieting influences of morphine, about two grains of which had been given, at intervals. Towards morning he enjoyed some refreshing sleep.

Fearful of a return of the hæmorrhage or of disturbance to the nervous centres, I did not allow him to be removed from the academy, where I first found him, till 3 P.M. on the following day. He was then removed to his boarding house, with such care as to cause no disturbance. He suffered somewhat from restlessness and thirst. The first was remedied by small doses of morphine, the latter, by cool sub-acid drinks. At night he suffered from distension of the bladder; not being allowed to change position, he had not been able to empty it. Catheter was used.

11th. Passed a restless night; interrupted slumber; frequent starting; hot head; some delirium. Considerable febrile excitement through the day; skin hot and dry, but pale; countenance

shrunk, and indicative of much distress; tongue red and dry; pulse thready and irregular, about 120; complete prostration of muscular power. Lies on his back; if turned to the right side evinces but little pain, but soon turns back, with a sigh and heavy breathing; if turned on the left, suffers pain in the direction of the wound, is much distressed, and rolls back immediately. Bowels inactive, gave enemata. Bladder so torpid as not to expel the urine, when the catheter is introduced, without external pressure. Cooling drinks, laxatives, occasionally small doses of morphine.

12th. Rested rather better last night. But little alteration in symptoms; rather more thirst. Skin and pulse somewhat softened by small doses of antim. and morph. Bowels and bladder as before.

13th and 14th. Rests somewhat better. Pulse ranging about 100, rather light; still some starting in sleep; respiration not so quick, but still heavy; some delirium; tongue coated with whitish fur; loathing of food; no voluntary evacuations. Use catheter every 12 hours, and enemata occasionally.

15th and 16th. Slowly improving; rests better. No change in condition of bladder or bowels. Use spirits turpentine, with mild mercurials, to act on secretions.

17th and 18th. Not doing so well. Constant fever; pulse rather full, about 100; veins full. Can lie on neither side; occasional pains, more or less acute, from the external wound through the chest to the spine. Some action on bowels; bladder totally inactive, air passing in through the instrument when pressure is removed, after emptying that viscus. Gave a few grains of quinine, and small doses of morph. and ipecac.

19th. Rested pretty well last night. Fever subsided; skin cool and soft; moderate action on bowels. Drew off a pint of urine; yet notwithstanding this distension of the bladder, some air rushed in when the catheter was first introduced. Tongue becoming clean, no thirst. Uses strawberries, which have constituted his only subsistence. Looks more lively; breathes well.

20th. Improving. Wound healed; no pain; can lie comfortably on his right side. Some appetite; takes tea and toast, and this day ate a young pigeon broiled. Pulse 84.

21st. Rested well, without anodynes. This day passed urine without help, for the first time. Bowels in a healthy condition; appetite good. Sat up in a chair for some minutes, but with much fatigue. Pulse soft, 82; breathing good.

May 1st. Has continued to improve slowly. Sets up for hours, and walks about the house.

2nd. Rode out, without fatigue.

4th. Left for home, on the Steamer Isabella.

There was a distinct bellows sound in the heart, for about two weeks, whose swells were not synchronous with arterial pulsation. This sound grew less distinct, till it was entirely lost.

I have seen Mr. H. frequently during the summer. He has been well, and is now enjoying fine health. December, 1850.

Wounds penetrating the cavity of the heart are considered, by most professional men, as necessarily fatal. In the N. Y. Jour Med. is reported a case of wound of the heart—the patient living ten days—external wound near the sternal end of the fourth rib. On the 9th day, the patient “fell on the floor of the ward, while crossing it.” The pericardium was found perforated half an inch to the right of the septum; perforation passing entirely through the right ventricle, through the septum, into the left ventricle. The orifices were lined with coagulated lymph. The learned editor of the Am. Jour. of Med. Science, in commenting on this case, which he re-publishes, says: “Wounds of the heart, when penetrating its cavities, are always fatal, though patient often lives for a considerable period after the accident.” He then alluded to a large collection of cases, to establish this negative proposition—that penetrating wounds of the heart cannot be cured. Had the case just alluded to been well managed, it might possibly have been cured; in which case our profession never would have known it. But “he fell on the floor of the ward, while crossing it,” on the 9th day, died on the 10th, and the knife revealed the surprising fact, that both ventricles of the heart had been penetrated.

In the Journal of Medical Science, for July 1850, there is an interesting case of wounds of the left ventricle of the heart, which survived five days; re-

ported by Dr. Frugien of Portsmouth, Va. A young negro man was found lying on the floor, in a state of most profound collapse. “A wound was discovered, equi-distant from the nipple and the left edge of the sternum cartilage of the fourth rib. There was no hæmorrhage from the wound.” “The Doctor’s first impression was that the heart had been wounded, and that the case would terminate fatally. The arrest of the probe by the cartilage,” he says, “and its deflection to the right, caused me to come to an opposite conclusion.” The collapse was then attributed to the presence of crude, indigestible food in the stomach. The wound was received on Monday night, and the patient continued to improve till Saturday, when in disobedience of orders, “he went out, and used other improper exertions.” At 8 o’clock he died. He had been setting a few minutes previously, and conversing cheerfully, when he sunk down and expired. Autopsy showed a wound passing through the wall of the right ventricle, without penetrating its cavity, thence through the septum into the cavity of the left ventricle. Through the opening thus made, the blood escaped into the pericardium, until it put a stop to the movements of the heart. The wound through the pericardium had completely cicatrized, as well also as that of the heart for two-thirds of its extent. Had this patient been confined on his back, and restricted to water gruel for twenty days, he might possibly have lived.

It is the recorded opinion of Dorsey, Dupuytren, and others, that wounds of the heart are not necessarily fatal. But Taylor, in his Medical Jurisprudence, says, “until some clear instances of recovery from penetrating wounds of the cavities are reported, the majority of practitioners will continue to look upon them as necessarily, although not immediately fatal.” As one instance of such recovery, I offer, with some diffidence the above case. It may not be improper to say, that the youth who suffered was, at the time, a member of my own household. I was by his side constantly, night and day, for two weeks. The facts are noted down as they occurred, with all the exactness of which I was capable. The case is deeply interesting in many points of view, es-

pecially so in a practical one; showing, what the two cases alluded to unfortunately showed before, that in wounds of the heart, the horizontal position should be strictly maintained, and the utmost quiet and relaxation enjoined, for at least two or three weeks after the infliction of such injuries.—*Southern Med. & Sur. Jour.*

MIDWIFERY.

Occlusion of the Vagina.—Dr. P. C. Spencer, of Petersburg, Va., reports in the April No. of the "Stethoscope," an interesting case of occlusion of the vagina, consequent upon sloughing after parturition, in which he successfully restored the canal by excision of the cicatrix. The female has since borne a child without further accident.

Dr. A. G. Mabray related to the Medical Association of Alabama, a similar case in which "the Doctor commenced the treatment by making several incisions into this body" (an unyielding cicatrix) "and introducing bougies, but owing to some bad management the incisions healed up, and it was necessary to repeat the operation again and again. After several operations, a bougie was introduced and kept in its proper place by a T bandage, which eventually made a perfect cure. (Proceedings of the Medical Association of Alabama, December, 1850.)

Dr. Debrou reports in the Gazette Medicale de Paris, 18th Jan., 1851, a very remarkable case of congenital occlusion of the vagina and os uteri, in a female 19 years of age, which was successfully relieved by incisions and tents.

The female subsequently married and bore a child, but died of puerperal metritis on the 10th day after delivery.—*Southern Med. & Sur. Jour.* May.

Intervals between Menstruation and Confinement.—In 11 cases, there was an interval of six months; in 6, of seven months; in 42, of eight months; in 110, of nine months; in 70, of ten months; in 2, of eleven months; and in 3, of twelve months. Ten patients had not menstruated since their previous confinement; three menstruated up to the period of quickening; and two menstruated during their entire pregnancy. (?)—*West. Lan.*

Precocious Menstruation.—Instances of the premature development of sexual peculiarities, or supposed to be such, are sufficiently numerous. We say supposed to be such, as it must be doubtful whether instances like the subjoined are cases of true menstruation, or discharge connected with ovular development. M. Marage (*Union Medicale*) mentions the case of a child three years of age, who at the age of thirty-four months, was taken poorly with pains similar to those which precede menstruation, and which were followed by sanguineous discharge from the vagina, which lasted four days, and was in quantity equal to that lost by full-grown females. The loss was repeated four consecutive months, after which it gradually declined into a simple leucorrhœa.—*Prov. Med. & Sur. Jour.*

Cochineal for Hooping Cough.—An anonymous writer in the New York Medical Gazette, recommends very highly the following prescription for hooping cough—to be given in teaspoonful doses, three times a day. He regards the cochineal as the active principle of the prescription, and hence gives it in larger doses than usual.

Cochineal, in very fine powder,	-	3j
Carbonate of Potash,	- - -	ʒj
Sugar,	- - - - -	ʒij
Tincture of Spearmint,	- - -	ʒij
Water,	- - - - -	ʒxiv

Successful case of Transfusion. By G. MASFEN, Esq.—A female, aged 38, was seized with hæmorrhage antecedent to abortion at the second month, which was treated in the usual way, but without effect. The fœtus was expelled, without cessation of the bleeding, which continued until the patient became *in extremis*. It being now the opinion that transfusion offered the only prospect of life, the author performed the operation. As the operation proceeded, consciousness was roused, and the pulse became perceptible, but these favorable signs disappeared at the end of half-an-hour. Three ounces more blood being injected, a rally again occurred, and again the patient lapsed into insensibility. A third injection of the same quantity produced more permanent benefit, and the pulse gradually gained power, and the patient

became fully conscious. The stomach, however, rejected everything. Next day, 6 a.m., the pulse was 150, and very much increased in strength; the tongue dark brown, hard and dry. Ordered three drops of creasote, in form of a pill. She vomited almost immediately after taking it, but did not throw up the pill, which from that time appeared to allay the sickness. She then took a table-spoon full of brandy mixture every hour. In the evening she still complained of thirst, and was ordered the following mixture:—Sesquicarbonate of soda, two drachms and a half; sesquicarbonate of ammonia, half a drachm; compound tincture of cardamoms, two drachms; oil of lemon, six drops; distilled water to six ounces. Two table-spoons full to be taken every three or four hours in a state of effervescence, with twelve grains of citric acid. There was great extravasation of blood for six or eight inches above and below the elbow in both arms, probably the effects of the injection. Ordered warm water dressing. From this time the recovery was much expedited by the medicinal action of iron.—*Lancel*, April.

Formation of Artificial Milk.—By Dr. Panum.—We extract the following from the *London Journal of Medicine*, (March). In the July number of the *Bibliothek for Lager*, Dr. Panum writes as follows:—

“It occurred to me that the question of the identity of the material I have been describing with casein, might be solved by the synthetical method, which, though it can seldom be satisfactorily employed in scientific diagnosis, yet in the inability of analytical chemistry with regard to the pretein compounds, is not to be despised. If it were possible, by adding the necessary constituents, to form the substance under consideration some universally known product containing casein, such as milk or cheese, we should have a striking proof of the identity of the substance with casein.

“I obtained a quantity of serum from bullock's blood. To this I added acetic acid, in the proportion of six drops of concentrated acid to an ounce of serum, and then a considerable quantity of water. The substance described in my former contributions sank on standing to the bottom of the vessel, so that the su-

perabundant clear fluid could be poured off. On again adding water and letting the substance sink to the bottom, it was rendered almost perfectly free from soluble albumen etc. After it had settled as much as possible, the water was poured off so as to not waste the substance, which remained suspended in a greater quantity of water than casein is diluted with in milk. It was now my object to find out, whether the solution of this substance produced by salts or an alkali could be brought to coagulate by contact with the mucous membrane of the stomach of kittens or puppies; and whether it were possible to produce a substance, which, in taste and other circumstances, should agree with milk. But as it would probably be difficult to make animals use the solution as milk, unless the other constituents of milk, namely butter and sugar, were mixed with it, and as the taste and peculiarities of cheese might be modified by them, I first tried by adding these substances, to produce a liquid which should have some resemblance to milk. At a temperature of 30 Reamur, I added to the milky liquid phosphate of soda, till all the supposed casein was dissolved. I then added butter and sugar in the proportions in which they are usually contained in milk, and, after the butter was melted, I shook the whole mixture in a flask. The liquid at first greyish or dirty-yellow, became of the colour of egg-flip, and as it cooled became more and more like milk. The clearer was the solution and the whiter the milk-like fluid. If the serum was perfectly free from blood-corpuscles, the emulsion, when diluted with water, had the same bluish color as milk and water; but if there was a strong blood-red tinge in the serum, the solution in phosphate of soda had a reddish, and the emulsion a weak yellowish tint. The product had a taste which bore a striking resemblance to that of true milk; only it was a little more sweet, and left a feeble, though recognisable, bitter after-taste.

[Not quite satisfied with this essay, Dr. Panum tries whether he cannot form a closer imitation. He says;—]

The most striking difference which the artificial milk presented on a superficial examination, was that it required a far shorter time than real milk to form a layer of cream on the surface,

and that, after standing some time longer, a layer of clear liquid was formed at the bottom of the vessel. I ascribed this failure to the great average size of the globules in the emulsion, as compared with true milk globules. When I employed sugar of milk in place of common sugar, the emulsion was uniform, and showed no layer of clear liquid at the bottom of the vessel, even when more water was added. At the same time the average size of the corpuscles became less, so that they could not be distinguished by their size from the true milk-globules, and they were now free from any appearance of nuclei or granular cell-contents. The cream was longer in rising to the surface, and the great sweetness which the emulsion had when made with common sugar was no longer prominent, so that the liquid tasted still more like milk. A slight smack of salt disappeared when the butter was washed in water, and a slightly harsh taste of the butter was still farther removed when unsalted butter was used, which had been freshly churned and washed with water. There was still a slightly bitter after-taste, but this was removed by using carbonate instead of phosphate of soda, a much smaller quantity of the former salt being required to produce the required solution. It was now impossible for me to recognize, by the taste, any difference between the artificial and real milk. As, however, it might be said that *de gustibus non est disputandum*, I submitted the liquid to the taste of others, with the same result.

[We commend our philosopher to the unscientific but perhaps more practical fabricators of milk, who are so numerous in the metropolis. If we are to believe Mr. Rudd, bullock's brains, treacle, and whitening, are amply sufficient to deceive the most refined London palate.]—*Prov. Med. & Sur. Jour.*

New Property of Chloroform.—M. Augend, of Constantinople, (*Bulletin des Academie*.) has ascertained that chloroform possesses powerful antiseptic properties. This he has ascertained by enclosing meat in bottles containing a few drops of chloroform, of æther, and of simple atmospheric air, respectively. He found that in the flasks containing chloroform and air, the meat changed to

vermillion red, but not so in that containing æther. At the end of a week that in the chloroform had acquired the appearance of boiled meat, and was perfectly sweet, while the other samples were in a highly putrescent state. It appears that 1-200th part of chloroform will prevent the putrefaction of fresh meat.—*Prov. Med. & Sur. Jour.*

Intemperate use of Chloroform.—We find in the body of the Report a case of such novelty that we transcribe it in full:—

"J., about sixty years of age, blacksmith, of athletic form, enjoyed such uninterrupted good health, that he had not been known to lose a day's work during these twenty years. It was his habit to work every day, Sundays included until a late hour of the night. Every Saturday night he stopped work earlier than usual, and indulged himself in a frolic. About three years since, his mind became suddenly disordered while he was at work in his shop. He was totally incapable of applying himself to his usual employment, and imagined that he had been poisoned. He returned home and went to bed, from which he has never risen since, except for a short period.

"While under medical treatment for this hypochondriacal condition, it was suggested to him to use ether, which had then been just introduced, for the purpose of producing anæsthesia. A few trials were not satisfactory to him, and when chloroform was introduced, he soon substituted it for ether. Since then, he has continued to use it to an enormous extent. He has often inhaled a pint in twenty-four hours. On one occasion, his son left in his room a pound, which he had just purchased. On returning home six hours after, he found the bottle empty. On enquiry, his father assured him that he had inhaled the whole of it, and intreated him for more. Fearing that it would prove fatal he refused to procure a further supply, until after an interval of about twelve hours, when his father's intreaties became so importunate that he yielded, and during the remaining six hours, the old man inhaled ten ounces more, amounting in all to 26 oz. in 24 hours. Probably, however, much of this wasted.

"One apothecary of the highest char-

acter testifies, that he has supplied him with more than two-hundred pounds, and that he has not sold him any for a considerable time. His son declares, that his father's use of chloroform has consumed the greater part of the earnings of himself and brother, in one of the largest and most profitable shops in the city. He supposes they have expended at least twenty-five hundred dollars in this way during the last three years. Lately, they have succeeded in reducing the amount used, to four ounces in three days.

"It is remarkable, that during the period he has been using the chloroform, he has entirely abandoned the use of ardent spirits.

"About the middle of last February, two members of the committee visited the patient, in company with his son. He was found occupying an attic room, lying upon a pallet on the floor, in compliance with his own wishes. His appearance was that of a hearty, fleshy man, of about sixty years of age. His pulse, respiration, in fact all his functions, we ascertained were perfectly healthy. His appetite and digestion were remarkably good. During this inordinate use of chloroform, he has fattened probably thirty pounds, his weight being now about one hundred and eighty pounds.

"He has never been unpleasantly affected in any way either during anæsthesia or afterwards, except once, when, having become insensible, his head fell upon the inhaler. Then a more profound state than usual, marked by stertorous respiration, was produced, but was of short duration,

"We remained in the room about an hour, conversing with him the most of the time, and were several times interrupted by his urgent intreaties for more chloroform, although he had just emerged from the anæsthetic state. His remarks were chiefly on the subject of his having been poisoned, which is evidently his principal illusion. He imagines himself unable to walk, and refuses even to be dressed.

"At length his desires were indulged; and an ounce vial, half full of chloroform, was brought to him. He grasped it; and having drawn the bed-clothes over his face sufficiently to cover his mouth and nose, he placed the vial to his lips, and took strong, deep inhala-

tions for ten or fifteen minutes. A slight quivering passed over his frame, he rolled upon one side, and lay in a state of profound sleep. We then left him to his strange infatuation.

"This case proves conclusively, that the intemperate use of chloroform is attended with less danger than is the same use of alcohol or opium. It is a remarkable fact, that in this case it has not been necessary to increase the dose, which would have been required, had any known stimulant or narcotic been used, instead of chloroform."—*Proceedings of Medical Society of Virginia.*

Poisoning by Strychnia; with remarks on experimental inquiries into its effects on animals. By G. BENNET, Esq., M.R.C.S., of Sydney.—During a visit to Manilla, I tried experiments of the poisonous effects of the seeds of the *ignati amara* (named *cabalonga* by the natives) in two instances; one on a dog about ten months old, and with the following results:—At fifty-five minutes past ten, A.M., I gave half a drachm of the seed, cut into small pieces, and enveloped in a piece of meat to a dog; it was swallowed without any of the pieces being lost. The dog was lively and playful, but at times would appear restless and uneasy, as if some internal annoyance was occasioned by the poison. At twenty minutes past eleven he suddenly fell, with violent convulsions of the limbs, which were extended with great rigidity, and they afterwards remained in that rigid position; this was followed by excessive panting and trembling of the muscles; the saliva became viscid, and the tongue, as well as the saliva with which it was covered, had a dark appearance. The poison acted on the nervous system; the dog exhibited no indication of pain; no yell escaped him; the eyes assumed a dull appearance; the mouth had a movement as if the animal had been snapping at flies; and there was a constant spasmodic twitching of the muscles of the face. At twenty-five minutes past eleven the body became less convulsed, the urine was passed involuntarily, but not the feces. On passing the hand before the eyes of the animal, the eyelids were moved, indicating that consciousness had not yet

departed; the orbicularis oculi muscles had a convulsive quivering; the snapping and panting still continued. At thirty-five minutes past eleven, a general convulsive action of the muscles came on, and terminated the existence of the animal.

An hour after death I inspected the body. On opening the thorax, the viscera had no unusual appearance. On inspecting the stomach, it was found partly filled with rice, among which the small pieces of the seeds of the *ignatia amara* were intermingled; on emptying the stomach of its contents, the inner coat was found of a pale pinkish hue. The liver had a healthy appearance, but if any portion of that organ was cut, a quantity of blood, in a fluid state, immediately flowed (and it is an interesting question, why we find the blood destitute of fibrin in those cases from which death proceeds from causes acting immediately on the nervous system, as where a person is struck dead by lightning, &c.?) The remainder of the abdominal and pelvic viscera had a healthy appearance. The whole of the muscles of the animal had a bloodless, blanched appearance; the vena cava and aorta were also filled with blood in a fluid state. On inspecting the brain, no particular appearance was observed, excepting that the vessels appeared totally destitute of blood.

The second experiment was on a dog a year and a half old. At thirty-five minutes past four, p.m., half a drachm of the seed, cut into small pieces, was given to the animal. At five minutes past five, p.m., he suddenly fell, with violent spasms of the limbs, which soon became stretched out and rigid, with spasms of the lower jaw. I was desirous of trying vinegar as an antidote; so as soon as the spasms of the muscles of the lower jaw relaxed, I poured down some quantity; the animal appeared nearly dead. About two minutes after the vinegar had been administered, he was so much recovered as to stand up; it was, however, but of short duration, for at ten minutes past five he reeled and fell, with similar spasms as before. Another dose of vinegar was given with the same good effects; the animal recovered, and stood up; the eyes, however, preserved throughout a dull, glairy appearance. The dog appeared uneasy, as might have been expected,

and trembled exceedingly, but no expression of pain escaped from him; he seemed bewildered. At fourteen minutes past five he fell, with similar effects as before; the spasms were not, however, so severe. The same remedy was given, with the same reviving effects. The fits were accompanied at first by violent spasmodic action of the muscles of the lower extremities, which afterwards became extended and rigid, whilst other parts of the body were convulsed. The muscles of the jaw had invariably a strong spasmodic action at the commencement of the fit, but soon became relaxed. The panting and snapping were not so marked in this as in the preceding experiment. At eighteen minutes past five he again fell; the urine was passed involuntarily, but not the feces, and he appeared nearly dead. Vinegar was again administered, but he lay for some time without hardly an indication of existence. I thought life was extinct. At twenty-five minutes past five, the respiration, before scarcely to be perceived, became laborious, as if the circulation of the blood had again taken place by a renewal of the heart's action; the eyes became animated, and the dog regained his sensibility; the laborious state of respiration only continued for a short period. At thirty-five minutes past five, he had not risen from his extended position on the ground, but no fit had again yet taken place. On causing him to be raised from the ground, the limbs displayed a contracted, rigid appearance, but they could be readily placed by the hand in a relaxed position. He was soon afterwards able to stand up by his own exertions; he was then so far recovered as to run the length of the cord to which he was tied, but the limbs when he moved appeared stiffened and paralytic. The animal, a short time previous to his being brought to me, had received an injury of the left hind leg, which had occasioned lameness; when the spasmodic action of the muscles came on, during the paroxysms the injured limb was drawn upwards and backwards, whilst the other limbs were drawn, stiffened downwards and outwards.

The animal continued apparently well, but in a miserable, debilitated state, until fifty minutes past five, when he moved about and fell down suddenly,

with the same tetanic symptoms as before; the eyes had again their dull, glairy appearance; the jaws were kept firmly closed by the violence of the spasms, which severe spasms were extended over the whole of the body; and in the space of a minute he was dead. The quantity of vinegar taken was about half a pint.

The poisonous effects of these seeds are speedy and violent. Majendie considers that its active principle—the strychnine—strongly excites the spinal marrow, without affecting, except indirectly, the functions of the brain. After the dog has taken the poison, his playful manner still continues, but mixed at the same time with a restlessness, which increases as the poison begins to act; he then feels inclined to lie down, then rises again, until he suddenly falls with tetanic symptoms, and during the action of the poison the animal appears bewildered.

The active principles of the *ignati amara* are strychnine and brucine, of which the first is the more powerful, and is said to be found purer in the *ignatia* than in the *nux vomica*; but it is met with purest in the *upas tieuté* of Java.—*Lancet*.

MATERIA MEDICA.

Poisoning by Strychnine.—Use of Chloroform, as a Remedy. By ORPHEUS EVERTS, M. D., of St. Charles, Ill.—Since the introduction of the vegetable alkaloids into medicine as remedial agents, from their resemblance in natural properties, and highly concentrated powers, frequent cases of poisoning occur from the accidental substitution of one for another; and more especially, as in the western country, every mother of a family assumes the responsibility of a physician to an extent at once presumptuous and alarming.

There are few families, indeed, in this section of the country, who do not keep on hand a constant supply of quinine and morphine, and since strychnine has been so extensively used for the cure of intermittents, that article is almost as recklessly dealt with by the common people, as those above mentioned.

Papers of medicine, likewise, put up by our lamentably ignorant and unquali-

fied druggists, are seldom marked, and hence, the slightest confusion, or a few months forgetfulness renders the next child, unfortunately seized with an ague fit, liable to the extreme influence of an oblivious dose of morphine given for quinine, or the inexpressible torture of poisoning by strychnine.

The treatment in cases of poisoning from morphine, is generally understood and well established, differing in no essential point from that of opium, so long familiar to the profession. But, in cases of over-doses of strychnine, we are thrown principally upon our own ingenuity, and the resources of suggestive philosophy.

The symptoms and course are prominent and well marked, and need never be confounded with the effects of morphine, as the cerebral organs suffer but little from the immediate impression, and the circulation less; at the same time, the spasms are of the most painful nature.

A case occurred a few days since in this village, in which I introduced the chloroform with the happiest effect, and hope that a record of it may not be valueless to the profession.

Mr. Couch at 45, robust, of sanguine temperament, in previous health, chilled in the evening, and supposed himself attacked with ague. His wife thought best to give him quinine; thought they had some in the house; found a paper and administered an ordinary dose. In a short time, alarming symptoms occurring, Dr. Crawford was called in. The Dr., on examination of the powder pronounced it morphine, and commenced treatment. Antimony, ipecac. and strong coffee were given. The symptoms increased; another physician was called, who recommended blood-letting; it was accordingly done.—Symptoms becoming still more urgent, I was called. Found the head clear, circulation undisturbed, but an exalted condition of the functions of the spinal cord. The slightest touch of the skin, a drop of water, or a breath of air, producing violent and uncontrollable muscular contraction, attended with excruciating pain. There was inability to move or be moved, on account of this powerful eccentric influence. There was no nausea, though 20 grs of antimony in combination with ipecac. had been administered, and no pain during

interior of spasm. Satisfied, from the symptoms, of the presence of strychnine, I tested the remaining powder, and found it to be an adulterated specimen of the article, and supposed him to have taken equal to 3 grs. of a good article, perhaps not quite so much.

The intensity of pain suggested to my mind the use of chloroform, though doubtful of its influence. After a few inspirations, we could not touch the patient without exciting the spasm; in a moment more he said he could turn over, and did so without spasm, and in five minutes vomited freely. The first impression of the chloroform subsiding, all the symptoms returned, but yielded as quietly to its use again. We continued it in q. s. to control spasm for two hours, when I was called to treat an injury in town, and left the case with Dr. C., with the understanding that the remedy should be continued as long as the symptoms demanded, or until it should fail to control them. After I left, the Dr. withdrew the remedy, and administered a powder of some kind, perhaps morphine, but the spasm returned with such urgency that the patient was clamorous for the chloroform, and compelled a return to its use. The effect was precisely as before; it was now continued for three hours more, when the reflex action subsided almost entirely, and with the exception of soreness of the muscles, paralysis of the bladder from the strychnine, and the effects of the antimony on the bowels, the patient was well.

That the chloroform was a happy and efficacious remedy in the case, there can be no doubt. That it would have prevented death in case a large dose had been taken, is by no means certain. But the matter can be tested, and I would suggest to some young men whose feelings and opportunities will allow, to make some experiments on animals, with a view of ascertaining to what extent chloroform will control that condition of the spinal cord induced by the nux vomica and its salts, and which so often terminates in the death of the animal. Chloroform acts upon the sensorium as well as the spinal axis. Strychnine is supposed to operate entirely upon the spinal cord, or nearly so. The influence of chloroform upon the sensorium is to produce insensibility. What is the effect upon the cord? It is

said, I believe, to have controlled spasm in cholera. It did control both pain and spasm in this case, and the control of spasm need not be by insensibility to pain, as the function of cord in exciting muscular motion, is independent of the cerebrum, as has been abundantly exhibited.

In the case of Walker, previously reported in this Journal, spasmodic action always occurs in the lower extremities from the slightest eccentric influence, precisely as in the case of poisoning from strychnine, as observed in the case of Wm. Couch, and yet no sensation exists. Again, if chloroform renders the spinal cord insensible to the impression of strychnine, as it seems to have done in the case above, is not an antidote, seeing that the force of the strychnine is spent upon that organ, and through it produces death? To future observers we submit the decision of this question.—*Western Medico-Chirurgical Journal.*

Aloine: the Cathartic Principle of Aloes. By MESSRS. T. and H. SMITH, Chemists, Edinburgh.—A new substance has been obtained from Aloes, which appears to possess the properties of that article. After describing the process by which it is obtained, the authors remark:—

“From a consideration of all these characters, we became satisfied that the substance which had been separated by us from the commercial Barbadoes aloes had never been made known before, and, therefore, was a new substance; but whether the interest attached to it should terminate here remained to be seen. Of course, the first and most important question which suggested itself to the mind, and which remained to be solved, was—Whether the crystalline substance, which we had now convinced ourselves, was an educt, and not a product, from the aloes had any of the virtues of the aloes as a medicine, or whether the virtues of aloes were concentrated in it, and depended on its presence for their action on the living body.

“The first trial, with the view of ascertaining its action on the body, was made with half a grain, and it acted twelve hours after being taken, in the manner that so characteristically distin-

guishes the action of aloes. The same quantity was again given to two healthy young men, with a similar result, except that in one about twenty-four hours elapsed before its operation. In the next two cases, one grain failed to act; but in one of these, the dose having been increased to two grains a very strong operation was the consequence. In a case where four grains were given, the person, a patient of Dr. Robertson, Physician to the Edinburgh Royal Infirmary, had been getting one quarter grain doses of elaterium with little effect. The operation in this case was rather violent. In numerous other cases in which it was tried, it invariably operated in doses of from one to two grains. The result of these trials was the removal from our minds of every doubt of the crystalline body yielded by the aloes being that on which its cathartic action depended, being, in fact, the active principle of the drug."—*Monthly Jour. Med. Sci.*

Observations on the Treatment of External Poisoning by vegetable Substances. By T. SMITH, M. D., of Cincinnati.—Physicians residing in country places, are frequently called upon to treat a kind of erysipelatous inflammation, caused by contact with, or coming within the influence of *Rhus Toxicodendron* (Poison Oak), *Rhus Radicans* (Poison Vine), *Rhus Vernx* (Swamp Sumach), &c.

This is often a very painful and troublesome affection, particularly of the face and genital organs. It is characterized by extreme swelling, and infiltration of the cellular tissue, redness, sense of burning, and intolerable itching. Hitherto, the best authorities have treated this disease, upon general antiphlogistic principles. A light cooling regimen, with saline purgatives, and the local application of cold lead water, &c., have been regarded as the best remedies. Every medical practitioner, who has had much experience in the treatment of this form of disease, must have often felt the want of a more efficient mode of treatment, something that would act more specifically in counteracting the disease. The patient is often compelled to suffer extreme pain for a number of days, before any mitigation of the symptoms can be effected. Being

frequently called upon to prescribe in this variety of disease, and finding that the inflammation often ran a protracted course notwithstanding the most faithful application of the common remedies, I was naturally led to make trial of certain local remedies, which have been found successful in the treatment of other specific inflammations; and having read in some of the medical journals, that the poisonous effects from the bite of venomous reptiles, had been speedily subdued, by the local application of the tincture of iodine, I thought it might also have some beneficial agency, in counteracting the effects of vegetable poisons.

On the 27th of March, 1849, I was called to see a boy about seven years of age, who was suffering from a severe inflammation and swelling of the genital organs. The scrotum and penis were enormously swollen, and the cellular tissue was distended with a large quantity of serum. Such was the degree of swelling of the prepuce, that micturition was rendered very difficult. Upon inquiry it was ascertained that the boy had been playing in the wood, and had been swinging astride of what he supposed to be a grape vine, but which was probably the poison vine. From the appearance of the parts, and from the history of the case, I was satisfied that it was a case of poisoning. I accordingly put him under an antiphlogistic treatment, and applied the usual local remedies; but the inflammation seemed to be unchecked by this mode of treatment. The scrotum became so much distended, that I was fearful of sloughing, and resorted to puncturing, to discharge the infiltrated fluids, and thus relieve the parts. This afforded some relief, but still the inflammation was not materially diminished. I then applied the tincture of iodine, by means of a feather, all over the parts affected, and gave directions that the application should be repeated at the end of four hours. At my next visit, which was the next day, I found the inflammation entirely subdued, and was informed by the mother, that the pain and swelling began to abate soon after the first application of the remedy, and after the second, the boy was entirely free from suffering. Having derived such, apparently, decided effects from the remedy in this case, I resolved

to make further trials with it, as soon as favorable cases should occur, that I might ascertain, after repeated experiments, whether it possessed any specific influence over the disease. Since that time, I have had frequent opportunities of witnessing its beneficial effects. I have applied it in some five or six cases, and one of great severity, which occurred during the past summer, and it has in every case acted promptly in subduing the disease. I have been induced to direct the attention of the profession to this application of iodine, that further trials may be made of it in the treatment of this species of inflammation, and its curative virtues tested by a sufficient number of experiments. If it should prove to possess a specific action in the cure of this form of disease, it will be a valuable addition to our means of affording relief in this distressing affection.—*Western Lancet.*

Creasote in Diarrhœa. By W. B. KESTIVEN, Surgeon.—The value of creasote in diarrhœa is really so great, and yet it is so little known to the profession generally, that if you can spare the space to insert the following remarks, they may perhaps be of use to others.

In the year 1849, Mr. Spinks of Warrington, wrote through the medium of your journal to say that he had found the administration of creasote in diarrhœa and cholera attended with the best success. The writer made trial of the remedy on Mr. Spink's recommendation, and since then has seldom had recourse to other medicine for diarrhœa. In most cases this alone has been given, and chalk mixtures, &c., &c., &c., have been entirely discarded. The form in which it has been administered to adults has been as follows: R. Creasots, mj. ad mv., Spir. Ammon. Arom. mxv. ad ʒj. Aquæ ʒj. ad ʒiiss: where pain has been severe, Tinct. Camph. Co. has been added. Mr. Spinks prescribed chloric ether; but the writer having had reason to think it produced headache, has omitted that article without detriment.

In no single case has creasote failed to be of signal benefit; in most cases one single dose has sufficed to arrest the course of the disease; in very few cases has it been necessary to admin-

ister more than the second dose. The remedy has been tried (to keep within limits), it may be stated, in considerably more than a hundred instances, and its effects can therefore be confidently affirmed. It is not, of course, hereby asserted that equal success will always attend its use; the circumstances of local influences, epidemic constitution of the season, &c., may modify results in other hands. The present communication goes no farther than to affirm that the writer, like Mr. Spinks, has found creasote more efficient than any other drug in stopping pain, vomiting, and purging, as combined in diarrhœa. Of its utility in cholera the writer has no experience.

Creasote is well known to have a powerful effect in coagulating albumen and other animal principles; and it is probable that its astringent operation may be due to the exertion of some such influence on the lining membrane, as well as the mucous secretions, of the alimentary canal.—*Lon. Med. Gaz.*

ANATOMY AND PHYSIOLOGY.

On the Chemistry of Respiration.—Dr. Horn has published the results of his experiments on the chemistry of the respiratory process. (*Neue Medicinisch-Chirurgis chir Zeitung.*) The paper is recapitulated in the following conclusions:

1. The longer air is retained in the lungs, the larger the quantity of carbonic acid contained.
2. The products of expiration undergo a regular hourly variation.
3. The expiration of carbonic acid increases after the ingestion of food or drink.
4. Children and growing persons exhale more carbonic acid than old people; men more than women, and persons of the sanguine temperament, more than those of the lymphatic habit.
5. The use of alcohol increases the exhalation of carbon.
6. Pain, sedentary occupations, menstruation, inflammation fevers, are so many causes of the diminution of carbonic acid.
7. The exanthemata cause its increase.

The author likewise offers to demonstrate,—

a. That the act of respiration, tends to the maintenance of animal heat, as well as the purification of the blood.

b. The act of respiration is in an opposite ratio to the activity of the renal and hepatic secretions.

c. The oxygen is not the only element of the atmosphere which is taken into the blood, the nitrogen is also absorbed and rejected in variable portions.

d. Irritability increases in proportion to the amount of oxygen absorbed.—*Prov. Med. & Sur. Jour.*

MEDICAL JURISPRUDENCE.

Poisoning by the Oil of Cedar.—Communicated for the Boston Medical and Surgical Journal.—On the 21st of July, 18—, I was called to see Miss

—, who, the messenger said, was suffering from *epidemic erysipelas*, which prevailed in this region at the time, and my presence was desired as soon as possible. On my arrival I found she had been already sick two days, and seemed rapidly sinking. Her face was swollen and livid, and the veins of the face, head and neck, were fully distended. Her eyes were somewhat bloodshot, and the pupils dilated; but as the patient had been weeping, I did not know but the sclerotic congestion might in part have been caused by that.

One half of the lower lip, part of the chin, and the side of the neck, were much swollen, and of a dark hue almost like ecchymosis from a bruise. The tongue and gums, too, were involved in a similar swelling with lividity, and the fauces in spots were denuded of their mucous covering. The patient seemed much exhausted, or in a state of prostration; and although she made quite an effort to inspire, when the air passed out of the chest all strength seemed wanting, and the *expiration* was slow, and without assistance from the expiratory muscles—the chest appeared to fall together from its own weight. The pulse was fluttering, feeble and slow, not more than fifty-five in a minute, and very irregular. The hands at times were clenched, and the jaws firmly fixed; but the patient said this was caused by the intensity of the

pain in the abdomen, where the *erysipelas* had become seated—and so said her friends.

On examining the abdomen, I found it swollen and hot, but with no appearance of *erysipelas* externally, and there were considerable distension and tenderness at the pit of the stomach. The skin was dry and parched. The bowels had been quite loose the first day, but for the last twenty-four hours nothing had passed them.

Such were the symptoms; but I could not read from them that she was suffering from *erysipelas*; to me they plainly indicated another source for all these difficulties. The family were all very respectable, and the character of the girl unimpeached. Yet I could not avoid thinking of the Parisian physician, who was politely invited by his friend in the city, on his arrival in America, to visit a patient suffering from a strange and obscure disease. After proper investigation, the learned Frenchman pronounced her *enceinte*. The attendant said that could not be, for she was not married! "*Elle est enceinte!*" replied the visitor. "But," said the family physician, "I tell you that is not possible, for she is not married, and, besides, she is a member of the church!" "I do not know vat be dat disease, you call *de membre of de skursh*," replied the imperturbable citizen of the gay metropolis, "but dis ting I do know, she be *enceinte*, and will be ver vell *par l'accouchement*."

I requested a private interview with the patient, during which she acknowledged to me that she had taken over half an ounce phial full of what she called the *oil of savine*—probably, however, it was the oil of *Juniperus Virginiana*, as I had known this to be sold by a vender of nostrums in this vicinity, as a safe and sure means of inducing abortion. As the phial and the remaining contents were burned up, I had no means of deciding positively which it was, but do not think a patient likely to recover after swallowing that amount of the oil of the *Juniperus Sabina*.

Under the use of Dover's powders, mild laxatives, demulcent drinks, and external fomentations, in a few days the patient was in the enjoyment of comfortable health, but she never was *very well* for two or three months from the above

sickness, when she left town, and I had no further knowledge of her.

From information derived from her, and from others since then, I am of the opinion the oil is not unfrequently taken for the same purpose she had in view; and have no doubt proper measures would fasten the guilt upon those who incite to the horrid crime of murder, from the miserable hope of making a little money from the sale of the poison.

C. H. CLEVELAND.

Waterbury, Vt., May 15, 1851.

British American Journal.

MONTREAL, AUGUST 1, 1851.

DR. LATERRIERE'S ANSWER.

[Pour la Minerve.]

M. L'ÉDITEUR.—Voici une réponse à un article contenu dans le journal médical publié à Montréal, le 1er Juillet dernier, dont M. Archibald Hall, M.D., est le rédacteur. Ce Monsieur, ce palladium du collège McGill, et de toutes les universités, *urbe et orbe!!!* m'accuse de vouloir faire passer une loi qui aurait l'effet de dégrader les universités et ses docteurs par excellence. Me somme, *ab irato*, au nom de la faculté médicale dont il se donne pour le champion, le *factum*, de répondre à une série de questions qu'il me pose d'un ton doutré-cuidance tout à fait cavalier.

Il se fâche, ce cher Monsieur de ce que si le bill actuellement devant la chambre pour amender l'acte qui régle l'étude et la pratique de la médecine devient loi, c'en sera fait du monopole de l'enseignement médical qu'exerce maintenant le collège McGill, au détriment des autres écoles de médecine incorporées, où l'on enseigne les éléments de cette belle et noble science tout aussi bien qu'au collège McGill, et que ce diable de bill auquel sera lié le *souvenir imperissable de mon nom, dil-il*, fera cesser aux yeux des étudiants le valeur commerciale scientifique du parchemin de McGill college.

Il se fâche encore de ce qu'un aspirant en médecine obtenânt un diplôme du collège McGill sera obligé de subir un examen devant le bureau médical provincial pour être licencié et avoir droit de pratiquer la médecine.

Sans égard au droit que nous a été conféré par l'empire de régler, d'après notre nouvelle constitution, nos propres affaires,

telles que nous l'entendrons; il trouve étrange que l'on veuille aujourd'hui mettre en doute la validité du parchemin britannique, et vouloir, contrairement à la prérogative présumée de ces passe-ports en médecine, audacieusement imposer l'obligation d'un examen à ceux qui venant d'Europe, ici, pour exploiter les colons avec des diplômes, pourraient; comme j'en pourrais citer plusieurs cas, même à Montréal, les avoir obtenus à Glasgow, Aberdeen ou ailleurs avec la science irrésistible d'une cinquantaine guineés.

Comme sur ces questions (le "comité composé de l'hon M. Badgley et des Drs. Boutillier, Fortier, Taché et de votre serviteur, auquel ont été référées les pétitions des médecins du district de Quebec et de Montréal, lequel a fait son rapport en recommandant unanimement la passation en loi du bill en question.") Comme sur ces question, dis-je, le comité n'a aucun compte à rendre de ses motifs au Dr. Hall, mais bien à la chambre, lorsque viendra la seconde lecture de ce bill. Néanmoins, je me permettrai de lui répondre qu'il n'est pas de bonne foi; qu'il ne peut pas prétendre ignorer que la profession tant à Montréal que dans toute le district de Quebec, a été consultée sur l'importance de cette mesure, puisque contrairement à cette fausse assertion, il avoue dans une de ses remarques que le Dr. Painchaud, le doyen de la profession à Québec, a convoqué une assemblée à ce sujet, que le résultat de cette assemblée n'a pas été une déconfiture, de la fumée comme il le dit, mais bien une bonne requête signée de 60 à 80 médecins.

Je terminerai la présente communication par dire au Dr. Hall que pour ce qui m'est personnellement offensant dans son article, d'une impertinence contre tout ce qui n'est pas du McGill College, je lui pardonne bien chrétiennement un moment de chaleur hydrophobique en faveur d'une institution et d'institutions étrangères que je ne veux pas plus que lui ravaler, mais que je ne veux point reconnaître au-dessus de la loi commune du pays, qui veut et voudra bientôt encore mieux, je l'espère, que le bureau provincial constate et soit le seul juge si les aspirants à l'obtention des licences pour pratiquer la médecine, (qu'ils aient étudié au collège McGill ou ailleurs) sont vraiment qualifiés et peuvent en subsistant un examen, avoir droit à de telles licences. Libre au bureau de prendre en considération, d'avoir égard à ces distinctions honorables et très-recommandables de diplômes que peuvent obtenir et que pourront pré-

sender au bureau sans imposture ces aspirants.

Si le Dr. Hall prend connaissance de ceci et veut me faire l'honneur d'une traduction pour l'insérer dans son journal, il aura atteint le but qu'il avait sans doute le dessein de toucher en provoquant une telle explication.

En insérant ce que dessus dans votre intéressant journal, vous obligerez, M. l'éditeur,

Votre très-obéissant serviteur,

M. P. DE SALES LATERRIERE, M.P.P.
Toronto, le 7 Juillet, 1851.

The above communication from Dr. Laterriere, purporting to be an answer to the questions proposed to him, succinctly enough, in our last number, has appeared in the *Quebec Canadien*, and *Montreal Minerve*; and we have (since the copy in French received directly from Dr. L. himself, which we handed to the printer and was immediately set up,) seen it translated in the *Toronto Globe*. We assure Dr. L. that we tried our best to get it translated before sending it to the printer but partaking as it did so much of the style of Marivaux, Rabelais, or Brantome, whom he appeared desirous of imitating, we at last were compelled to follow the original, as best exhibiting the originality of the author, from which, we assure him, we are not desirous of detracting in the least.

In our last number, we proposed to Dr. L. four distinct questions, to which we requested replies, seriatim. Our space forbids us re-publishing them; yet, on reference to them, we submit it as a question of common sense to any man who is not devoid of it, to say whether he has answered one. It may be convenient for Dr. Laterriere to say, "that the committee has no account to render to Dr. Hall for its motives." Dr. Hall never questioned the motives of the committee; Dr. Hall did judge the motives of those who moved the Bill, based upon the provisions of the Bill;

and if words can express an intention, and if from an intention it be possible to deduce a motive, then were we clearly justified. To understand or divine the motives which influence or guide a committee of the House, is, we apprehend, about as difficult a matter as to determine for any succeeding day, which way a modern Thersites would wear his jacket—whether inside out or outside in.*

While Dr. Laterriere has, however, found it unsuited to both his tastes and objects to furnish categorical answers to the queries proposed to him, he has furnished us a few hares to hunt—a chase in which we feel bound to follow him.

Dr. L. says, "the committee composed of the Hon. Mr. Badgley, Drs. Bouthillier, Fortier, Taché, and your servant, (Dr. L.) to which were referred the petitions of the Physicians of Quebec and of Montreal, made their reports in recommending unanimously the passing into law of the Bill in question." From this it would be inferred, and justly too, that the "unanimous recommendation" was founded upon the representations in the two petitions adverted to. But how stand the facts of the case? The petition of the Quebec Physicians, which we give on another page, exempts graduates from the *United Kingdom* from undergoing examination by the Provincial Board, while the Bill (which thus appears to be Dr. L.'s especial bantling,) goes farther and exempts *none*. The petition from the district of Montreal, is signed by fifty-one medical men, and

* In 1847, Dr. Laterriere supported the Bill as it now stands, awarding full honors to British degrees and diplomas. In 1849, he was still of the same opinion, as we have been informed. In 1850, he desired to degrade the honors of the Canadian Universities, only. In Jan. 1851, he was of the same opinion. He was still of the same opinion in May 1851. In one month afterwards, he proposes to demolish all honors, whencesoever derived, at one swoop.

seventeen students; and of the fifty-one signatures we can determine but seventeen as practising in the city, out of about sixty or seventy who are estimated to be resident in it. This petition ostensibly from the School of Medicine, signed by its lecturers and others, asks for the power of granting certificates of qualification, exempting the holders from a second examination by the Provincial Medical Board; failing which, they ask for an amendment to the Act of incorporation of the College of Physicians and Surgeons, by which their pupils shall enjoy an equal protection with the holders of Provincial or United Kingdom diplomas, or "*in any other way which may conduce to the same end.*"—[We will copy this document in our next.]—As to the majority of the Physicians of the province being desirous of a change such as that contemplated, we declare it to be unfounded in fact, as their recorded voice proclaimed, (Dr. L. himself among the number) about four years ago, it stands embodied in the Bill. It is equally incorrect to state as a fact, that the profession was consulted, especially in Montreal, or in the district, unless the hawking of a petition through the country parishes during the Christmas vacation by the students of the School of Medicine be deemed so. There has been no public meeting called, at which the voice of the members of the profession could be heard, and we therefore maintain that the profession was not consulted. The concoction of a petition in a private way, is a very easy matter.

In stating that the meeting held by Dr. Painchaud ended in smoke, we stated what was perfectly true—a fact which is established by the following minutes of it, furnished by our Quebec correspondent, whose name is at Dr. Laterriere's disposal if he wishes it. It

appears to have been one anticipatory of that intended for the 29th. We were never informed but of one meeting—that of the 29th—and we naturally enough concluded, inasmuch as no proceedings appeared in any of the papers which fell under our notice—that it was the one, and only one, which had been called by Dr. Painchaud. All that we know of that meeting is in our correspondent's letter; dated July 26th, from which we here quote:—

"*It is true that the meeting of the 16th ended in Smoke.* To that of the 29th I went, and looking round the room, seeing nothing but French Canadians from town and country, I walked away immediately, to allow them "a clear field and no favor." You may therefore be assured there was unanimity. I observed about twenty faces, most of them new and strange, and a few articles spread upon the table, belonging to a decayed *confre* such as cups and saucers, (china,) instruments, gold snuff-box, &c.; and only asking the chairman, Dr. Bardy, jocosely, "at what time tea would commence," I left the room. Of the first meeting I will give you a brief sketch, in another sheet."

In regard to this matter Dr. L., who professes himself imbued with a superabundance of christian feeling, launches into invective, and accuses us of making "false assertions," while elsewhere, he stigmatises us as possessing "great impudence," and "arrogant presumption," (*outré-cuidence si cavalier.*) We are not disposed to reciprocate these evidences of peculiar politeness; but if, in sustaining our position it should unfortunately happen, that Dr. L. himself should be proved to have made "a false assertion," and by so doing, had placed himself and Quebec friends in a position of which the profession would have known nothing, beyond the smoky termination which their meeting of the 16th experienced, then Dr. L. has but himself to blame and to thank, for all the contingencies. We now sub-

join the "communicated" report of the proceedings held at that meeting:—

At a meeting of the members of the medical profession of the city of Quebec, called by circular, in the hand-writing of Dr. Painchaud, upon the *Canadien* of the 14th of April, containing the resolutions to be proposed at the meeting—as follows: "Les Medecins de cette ville sont priés de s'assembler demain, à l'Ecole de Medecine, à deux heures P. M. pour affaires de la profession." Signed, JOSEPH PAINCHAUD,—and, in pencil, was written over the address: "Apportez moi donc mon *Canadien* à l'assemblée," the following persons were present:—

Drs. Painchaud,	Drs. Russell,
Jackson,	Lemieux,
Hall	Wolf,
Blanchett,	Marsden,
McGrath,	Prendergast,
Fisher,	Nault,
Robitaille,	Wells,
Bardy,	Blais,
Russell,	Carrier,

Dr. Painchaud moved himself into the chair, and opened the meeting, by telling it that as he was the "Doyen," he had taken the chair. He then circulated a list of certain articles of virtue belonging to a decayed confrere, (a Franco-Canadian) which he offered to pledge to the profession for a sum of £40. Dr. H. Russell rose, and in a manly strain, repudiated such a course of action, declaring that it was beneath the dignity of the profession to turn pawn-brokers, pedlars, &c. He was followed in the same strain by Dr. Marsden; and finally, a list was opened and money subscribed. As to the amount and names it matters not; but the English were the large figures for a French-Canadian. This business being disposed of, (for the honor of the profession I will not say how) the chairman made a long and silly speech, about what he had done and what he intended to do; and finally the first suggestion from his letter to the *Canadien* of the 14th April was moved by Dr. Bardy, seconded by Dr. Blais—

"Qu'il serait convenable de demander pour le Collège Médicale de cette province, le privilège d'accorder des degrés en medecine."

Dr. Marsden rose and opposed this motion in an animated and pointed

speech, declaring that the whole object of the meeting was to overthrow M-Gill College if possible; that the degree from the College of Physicians and Surgeons of Lower Canada (of which he was a member and a governor, but which was a mere licensing body) would be valueless, and their degree would neither honor the giver nor the receiver. Dr. R. H. Russell spoke on the same side, and Drs. Bardy and Robitaille in opposition, when a division took place as follows:—

	POUR.	CONTRE.
Drs. Hall,	Drs. McGrath,	
Painchaud,	Wolf,	
Robitaille,	Fisher,	
Blais,	Marsden,	
J. G. Blanchett,	Russell,	
Lemieux,	Russell,	
Nault,	Carrier,	
Wells,	Jackson,	
Bardy,		
Prendergast.		

On the division Dr. Marsden remarked, that he was delighted to see in the minority one gentleman who did honor to his profession, and who thought that the honor of a degree from M-Gill College was worth something, as he did, after he was licensed and in practice, take his degree of M. D. from the College—he meant Dr. McGrath. If the Legislature could be absurd enough to carry out the desires of the small majority, you would have few indeed to follow the honourable example of Dr. McGrath.

Here one of the majority remarked that he voted for the motion because he would like to have a degree! How many of the majority are in possession of degrees or diplomas?

It was next proposed by Dr. Robitaille, and seconded by Dr. J. G. Blanchett, "que pour mettre les candidats à l'abric de toute partialité de la part des professeurs des differents Ecoles, il serait convenable aussi de limiter le nombre des professeurs examinateurs, à deux pour chaque Ecole, ou de les retrancher entierement des examens."

Dr. Marsden again rose and opposed this motion, stating, that not being a professor in any school, he could do so with clean hands; that the act of incorporation of the College of Physicians and Surgeons, was to a certain extent a boon, and he did not wish to diminish its powers, but rather to extend

them: that the doctrines of the day were, that majorities should rule, and that as the College was an elective institution, it ought to continue free, and able to elect any one it chose, no matter to what school or establishment he belonged, if he were a member of the corporation. Even the house surgeon of the Marine Hospital ought to be eligible, if a member of the Corporation. Here Dr. Wells, the Secretary, rose in great warmth, and called Dr. Marsden to order. Dr. Marsden replied that he was in order, and that his remarks were not personal, but applied to the office and not the official.

Dr. J. P. Russell here rose, and said that the chairman seemed to be actuated by personal feelings, and a sense of rivalry towards the Montreal School; and accused Dr. Painchaud of the practice of introducing politics and nationality at every meeting of the profession; and made some comparisons between the Montreal and Quebec Schools of Medicine, not at all favorable to the latter. Dr. Painchaud thereupon becoming highly excited, pressed his motion to a division, when finding himself in a minority of two to one, or twelve to six—completely lost his temper, and declared that there were persons in the room who had no business there! Hereupon a general cry of *who? name them*, arose, and the chairman answered “no,” to every enquiry. Then Dr. Russell spoke and asked if they were referred to? He answered “no,” until they produced their letters of invitation which had accompanied a newspaper, the same as sent to every other member; when (he) the chairman completely lost himself—declaring that he had not written to them, although, he had taken back their newspapers on entering the room, stating that he wanted them to send to the country members of the profession. During Dr. J. P. Russell’s address to the chair, he was constantly interrupted *by the chair*, when he insisted upon his right of being heard to the question, and that the chairman might then reply, but not interrupt him. The chairman continued to interrupt him, saying, that Dr. Russell had accused him of dishonesty and partiality. Dr. Russell denied, and said that it was dishonest to misrepresent or mis-state professional facts; that the chairman had said that the

McGill College had admitted men to degrees after only eighteen months study. Dr. Marsden here said, that knowing as he did, the fertile genius of the chairman, he would like to hear the name of the person on whom a degree had been conferred after eighteen months study: but the chairman did not name him; but merely said, that three times six months made eighteen months.

Dr. J. P. Russell continued to justify his position, and to show what was an *annus medicus*; and was followed by Dr. R. H. Russell, to whom the chairman was as gross as to his other opponents. The chairman finally fled from the chair and the room, with his wig all awry, and the words of the last speaker ringing in his ears—that in matters affecting the interests of the profession, he had always acted dishonestly! that he had acted dishonestly at Three Rivers—that he had acted in the same way at Montreal—and finally, that he had again acted dishonestly at Three Rivers, and lost his election to the Board in consequence.

The chairman and secretary having fled, and the notes being left upon the table, the writer sends them to you.—
[Communicated.]

Quebec, 26 July, 1851.

PETITION FROM THE DISTRICT OF
QUEBEC.

*To the Honorable the Members of the
Legislative Assembly in Provincial
Parliament assembled;*

The humble petition of the undersigned, licenced Physicians and Surgeons in the District of Quebec;

Respectfully Represents,

That desirous of seeing the character of the Medical profession elevated and maintained among its members, they think it their duty to call respectfully the attention of your Honorable House, to the seventh clause of the act which at present regulates the study and practice of medicine in Lower Canada:

That the difference of privileges, accorded to the different schools of this Province by the afore mentioned clause, has the inevitable effect of destroying the harmony which should exist between them, and of, therefore, retarding the advancement and the elevation of the profession:

That personal experience, acquired since the passing of that act, justifies the apprehension of your petitioners; and induces them, in the common interest of the profession, to intreat your Honorable House to repeal the seventh clause of that act, and to substitute in its place the following amendment, presented by the Honorable Dr. Laterriere during the last Session: "That every person who has obtained, or may hereafter obtain a Degree in Medicine in a University or College in the United Kingdom, shall be entitled to a certificate of qualification, authorizing him to receive a Licence without examination."

That your petitioners, in conclusion, express their firm conviction, that this amendment, of which the principal effect would be to put upon the same equality the different schools of this Province, by forcing without distinction all those who study Medicine, on this continent, to conform themselves to the spirit and the letter of the law, will put an end to the difficulties already existing, and will set at rest the disputes between the Medical Schools, a double result which cannot but conduce to the public good.

And your petitioners will ever pray.

Quebec 18th. May 1851

(Signed)

Jos. Painchaud	G. Douglas
Louis. J. Roy	J. Sewell
J. E. J. Landry	C. Charest
Ed. Jaques	H. Germain
B. Moffatt	P. Tessier
R. Bedard	T. McGrath
R. Berger	F. Fortier
P. A. Dubois	C. M. Poisson
C. Dubé	E. Rongveau
H. Carter	L. F. Chaperon
L. P. L. Vincent.	P. Larue
T. Rowley	J. Marmet
C. Sirois	J. Fitzpatrick
J. Lechance	M. Thibault
P. Laru	W. Rorsden
A. Rowand	E. Lemieux
M. Dechene	T. Fortier
J. Z. Nault	J. Parent
O. L. Robitaille	L. Dubord
F. X. Mayrand.	C. Fremont
J. B. Garnaud	John Hall
B. Gudy	S. W. Wolf
D. Harvey	J. Z. Nault
G. Bodou	P. Wells
D. Boudreau	P. Bellergeron
G. Blanchet	T. S. Seguin
A. Jackson	T. Rinfret

J. Douglas	J. Roy
S. Payne	G. Tourangeau
T. Dessault	F. Duquet
L. Tetu	C. Label
D. S. Marquis	Jos. Coté
J. B. Mourault	L. Lebreque
T. Carrier	E. Landry
J. B. Blais	H. Deschenier
J. Prendergast	
L. X. DeSales Laterriere	

[Translated from a true copy of the original.]

Debates in the Legislative Council.—

We publish the Telegraphic reports of several interesting debates. We regret that they are not at a greater length. The one on the Lunatic Asylum, will be found of unusual interest, superadded to which, we quote from the *Examiner*, of Toronto, an exceedingly well-digested statement of the management or, rather mis-management of that fine Institution, from its commencement to the present period, and we are persuaded that our exchanges will stare, when they perceive such enormities practised, as those therein indicated, in this century. We cannot detect in the report, the nature, tenor, scope or object, in Dr. Nelson's defence of Dr. Scott—the present Superintendent; and we are therefore, unable to offer any opinion upon it. If the *Examiner* be right in his few observations upon this point, then, certainly was Dr. Nelson wrong in asserting that it was not unusual for insane persons to be placed under the charge of others of the same class. The policy is both unsound, inexpedient, and dangerous—ruinous to the character of the Asylum, and at one time or other, likely to be followed by dangerous consequences. We recommend this carefully and coolly drawn up article, to the perusal of our readers; and if one consideration be forced upon their minds more strongly than another, it is that the old members of the Board who control the Asylum, should be dispensed

with, and their places supplied by men less likely to make the Institution, an instrument to further their own designs, sacrificing everything until they have been attained.

We beg to call the attention of our readers to a favorable opening for practice, in a flourishing village in the Eastern Townships. From what we understand, it is a practice well worthy the attention of a medical gentleman having at his disposal the small amount of capital required. We beg to refer to the advertisement.

Our space is so crowded this month, that we have been compelled to forego the insertion of several editorial articles.

The Government—The House of Assembly—The Lunatic Asylum.

(From the Toronto Examiner.)

Much discussion and the most painful disclosures having taken place in the Legislature respecting the Lunatic Asylum, we shall throw together, for the convenience of our readers, the principal events that have marked the humiliating history of this ill-governed and ill-fated Institution. The Rev. Mr. Grasett, the Rev. Mr. Roaf, Martin, J. O'Beirne, John Eastwood, Dr. William R. Beaumont, and others, appear from the returns made to Parliament to have been the first Commissioners in the year 1813, and the two first named Priests have contrived, up to the present time, to figure conspicuously in all the mismanagement and discreditable transactions which have degraded our Asylum below any in the civilized world. Dr. Rees was the first Medical Superintendent; and received, as the law then required, his appointment from the Crown, under the high recommendation of the Hon. Dr. Widmer. During his superintendency many gross abuses grew up in spite of his zealous and unremitting efforts to avert and correct them. We shall quote from the entries made by Dr. Rees in the records of the Asylum to show his meritorious exertions and undeserved ill success. As early as the 24th August, 1843, he recorded, as a

spur to the official duty and common humanity of the Commissioners, "That no patient be allowed to go without stockings and shoes, as many are suffering from the neglect of this oft repeated injunction, and it must be immediately enforced." And so little did the Commissioners heed the condition of the lunatics, or the recommendation of the Superintendent, that repetitions of the same order disgrace the records of the Institution—for example, "The male patients appear wholly destitute of stockings or shoes or moccasins." The following entries will show the respective merits of the Superintendent and the Commissioners:—"The cistern provided for the patients' heads, and ordered to be regularly used for that purpose, is not yet in a fit state." Dr. Rees recommended "to ascertain the expense of getting water from the water works,"—but he wholly failed; nor did the Commissioners secure a bath to wash away the filth and ordure even from the most wretched and sordid lunatic. Dr. Rees records, without the slightest avail, the pond or neighboring ground was "So filthy as to demand immediate attention,"—"Tar fumigation imperatively needed in the basement story,"—"The tar fumigation, some time since called for, has not yet been produced." Where amidst the shame thus cast upon them by Dr. Rees were the eyes and noses and consciences of the Commissioners? To this disgraceful catalogue may be added brutal violence, by throttling, fracture of the jaw, and personal violence, in the place of humanity and kindness. Dr. Rees traced, rightly too, these difficulties and brutalities to the prevailing system for managing the servants, who, under a common system of favoritism and patronage, were selected, appointed, retained and dismissed, at the pleasure of the Commissioners, without even a decent regard to the wishes, opinion, or objections of the Medical Superintendent, who was often obliged to retain servants against whom he had preferred frequent and serious charges. Under these circumstances he appealed to Lord Metcalfe, under a Tory Administration, and his Lordship, with a spirit which puts our so-called Reform Government to the blush, adjudged that the medical officer ought to select the servants. This high adjudication was practically and insolently resisted, and successful steps were taken by the Commissioners to effect the removal of Dr. Rees. Unfortunately for him, at the time, the daughter of the Rev. Commissioner Roaf had married Dr. Scott, of this

city, and although every effort was made to obtain for him the vacancy which had been thus accomplished, yet it failed, and Dr. Telfer, of this city, became the successor to the superintendency.

The published letters of Dr. Telfer show that he was surrounded by the same difficulties under the same system. Notwithstanding the most respectful remonstrances, he was obliged to submit to servants against whose misconduct he had made unavailing complaints. The useful discharge of his duty became, therefore, impracticable. By being subjected to this humiliating treatment, the subordination of the servants and his moral influence in the asylum were artfully destroyed, and his ultimate removal easily accomplished by witnesses whose hostility had been engendered by his own fidelity in office. Dr. Telfer, too, brought evidence to bear against some of the Commissioners, who were his judges, to prove they were concerned in certain pecuniary dealings with the steward—conduct in itself disreputable and against the rules of the institution.

The removal of Dr. Telfer being effected, another unsuccessful effort was made to place the Rev. Commissioner Roaf's son-in-law (Dr. Scott) in the office. Instead, however, of instituting an enquiry into the condition of the asylum, and into the causes of its distractions, our *Strong*, though now more properly *worst* government, prepared another medical victim by the appointment of Dr. Park, and the consignment of him, in a disorganized institution, to the vindictive persecution of a disappointed Priest.

The Commissioners report to the Government the state of the Asylum at the time of Dr. Telfer's removal, as follows:—"That there was amongst some of the officers and servants an amount of unfriendly feeling towards one another which rendered their efficient co-operation in the business of the establishment very improbable; and that the Board thought such matters might, in their early stages, be disposed of by the *steward*, matron, and medical superintendent; and that steward Cronyn had acquired among many of the servants a character for too free use of intoxicating liquors and for a *tippling habit*, which they regarded as a disqualification; and that the matron did not maintain the dignity which is essential to her enjoyment of necessary influence over the servants and patients." Our readers will find the above naturally look to the very next sentence as announcing the dismissal of the

"Tiplers," Not so; they *admonished* and *retained* the "Tiplers" over the devoted Lunatics, but the office of *medical superintendent* was, with the most criminal inconsistency, sought for an obvious purpose, to be vacated by the necessary instrumentality of the government. Through a garbled, one sided, and, it is now said false, and interested misrepresentation, the government dismissed Dr. Telfer, instead of first inquiring, as they ought to have done, into the misconduct of the Commissioners, who could allow, for a single day, such brutal abuses to prevail in the Asylum over which they were the unworthy guardians, guilty not only of being parties to the above admitted accumulation of momentous grievances, but guilty of outraging all Mr. Baldwin's precedents in all civilized or uncivilized countries in the world, by wickedly attempting to continue a steward with his reason impaired by "*a tippling habit*," over unhappy patients by *their reason* clouded by the "*Visitation of God*!"

The Rev. Commissioner Roaf again failing to obtain the office for his son-in-law Dr. Scott, it was bestowed upon Dr. Park, whose account of the institution agrees with what we have above stated. He found it dirty in the extreme, requiring deck hoes to scrape from the floors and walls the excrementations and other filth encrusted upon them by the miserable inmates. Vermin swarmed upon the patients and bedsteads and clothes. No wonder; for the Commissioners had not consented to supply a single bath, till Dr. Park's active interference, for their needful ablution, health and comfort! This fact the Rev. Commissioners in their printed defence to the government do not deny. Nor do they in their defence to the government deny that there were, horrible to relate, patients in a state of absolute nudity in the attic of the Asylum, wandering in garrets about, and sleeping like brutes, on straw thrown loosely on the ground, thereby undergoing daily increased mental and physical degradation instead of improvement. Nor do they deny that in a hot and sultry season four females were shut up, to the hazard of health and life, in a cell with no other light or ventilation than through a narrow prison slit four inches wide; brutality required by Dr. Rolph, then acting for Dr. Park, to be instantly corrected. Nor do they even deny, among many other grave charges, that the lunatics were, in the months of July and August, during the prevalence of dysentery, employed, contrary to duty and humanity,

in carrying water from the bay to the branch asylum, until on the records in writing, interdicted by Dr. Rolph, then acting for Dr. Park, as unwarrantable and inhuman, and certainly dangerous to the reason, the health, and lives of the sufferers." There is something awful in the catalogue, imperfect as it is; and while we commend the exertions of Dr. Park to correct these and other unexampled inhumanities, we feel there must ever be cast an indelible reproach upon the Reverend and other participating Commissioners, and upon the Government and Parliament that could sustain them. We must spare the space to add that the accusation of the Rev. Commissioner Roaf to the Government against Dr. Park, that "his leaving the medicines to be compounded and administered by the Porter Byrne, who could not read Latin, and had never been instructed as to the preparing of medicines or dressing wounds, indicated a very deficient interest in the maladies and recovery of patients, and dangerous delegation of delicate and important duties to unskilful hands," (although, in fact, the said Commissioners Roaf and his coadjutors, omitting, however, in this place, to mention it to the Government, had expressly allowed and approved of the employment of the same Porter Byrne in the same way for upwards of two years and a half by Dr. Park's predecessors,) was an accusation utterly unworthy of those who preferred it, involved the dishonorable omission of the truth, to deceive the Government and injure, unjustly, a public officer, and was an outrage upon the medical profession, the asylum, and the public. The Government had their choice either to institute an inquiry into the admitted corruptions of the asylum, or issue a new Commission for its better government, or dismiss Dr. Park. The Government chose the easier method of *singly* sacrificing Dr. Park, officially, however, declaring his innocence in the letter of dismissal, viz: that the Government "did not in any way mean to pronounce upon the correctness or incorrectness of the facts alleged either by the Commissioners or by him, nor to condemn or acquit either party, as respected the matters at issue between them!" Before taking this guilty course, Mr. Baldwin wrote to Dr. Park to obtain relief by his *resignation*. This unavailing attempt to draw Dr. Park under an overwhelming pressure, arising as well from Executive abandonment as from his persecutions in the asylum, into a mean, self-criminating resignation, was an unworthy

and undignified attempt to evade proper governmental responsibility to the asylum and the people, was utterly faithless to Dr. Park as a public officer and a political and private friend, and obviously dishonorable in its results to the very individual pre-eminently entitled, under the circumstances, to every consideration which honor, justice, and good faith could prompt.

Dr. Park having been thus tyrannically removed, the Rev. Commissioner Roaf was again the importunate expectant of the situation for his son-in-law, Dr. Scott. The voice of the press had been so universally raised against this nefarious state of things, as to make the government somewhat wary in their proceedings; and it was, therefore, arranged for their relief that Dr. Primrose, under illusory expectations, should be made the temporary superintendent, till the asylum should be removed in a few months to the new building; and as the Board of Directors would, under the act then coming into force have the nomination of the medical superintendent, the government so reconstructed the board, by placing the Rev. Commissioner Roaf and his friends upon it, as to enable him to realize the oft solicited appointment of his son-in-law, Dr. Scott, to the medical superintendency. It was so accomplished. And we have during this Session of Parliament had before the public the state, the still melancholy state, of this institution during the past year. The principal facts submitted to Parliament may be thus summed up:—That Dr. Scott refused keeper Copping leave to visit his sick child supposed to be dying; ordering patients on bread and water as a punishment, and inflicting the same punishment on Mrs. Carlyle, a patient, for a slight offence offered to himself; punishing George Abraham, an epileptic lunatic, for not cleaning his (superintendent's) horse to his satisfaction, which caused him to go into fits. Feeding his horse with the carrots of the institution; harsh; imperious and ungentlemanly conduct generally towards the patients and servants, calling Mrs. Ramsey, the matron, a peacock, before the patients and servants; calling Mr. Rossin, a patient, a lazy, dirty fellow, a brute, blast him; calling Mr. Shadden, a patient, to his face, a big brute; and that he ought to be put upon bread and water for laziness; calling Elera Lambert a sleepy head. While Mr. Wettenhall, late M.P., was labouring under inflammation from a wound from a fellow lunatic, Dr. Widmer, one of the Directors, left a message that the part should be incised; to

which message Dr. Scott replied: "pooh, old fool, what does he know about it." Having a female pay patient, reported to the superintendent to be inclined to suicide, to sleep alone in a room where she hanged herself by the bed-post.

The above complaints were submitted in the form of a petition to the Board of Directors, and the evidence taken under oath by a Committee of them. This evidence has been withheld from Parliament by the Board of Directors. The government sustain them in this course. The lunatics are deprived of the Protection of Parliament. The Rev. Commissioner Roaf has been as active in the defence of his son-in-law as he was in the persecution of his predecessors. The condition, however, of the Asylum may be inferred from the alarming and very significant fact, that the testimony is corruptly denied, instead of being honestly and frankly afforded. This is enough to ruin any institution. Something may be further gathered from the admissions made by the Board of Directors in the following Parliamentary extract, viz:—"Your Committee cannot refrain from expressing a hope that the prescription book of the superintendent will not in future be marked with the award of punishment of bread and water to patients of the institution" again—"In reference to the general demeanor of your superintendent as wanting in kindness and consideration towards the officers and servants under his control, your Committee have to report that this complaint is borne out by the prevailing evidence before them. They find that the medical superintendent, giving way perhaps to a natural infirmity of temper, has on some occasions permitted himself to indulge in remarks, which they conceive to be injudicious, and to use expressions unbecoming the dignity of his position, and calculated to weaken the respect which it is important he should command." Hence it seems that in place of the high qualifications of Drs. Rees, Telfer, and Park, we have "natural infirmity of temper" leading to cruelty and punishment of lunatics; and causing unhappiness in the household from "want of kindness and consideration towards them," and giving utterance to language "injudicious," and unbecoming "the dignity of the station," and "destructive of important respect." The disclosures of no small magnitude thus officially made, leaves the inevitable impression that the evidence suppressed would bring to light a still more atrocious state of things; and that this concealment, and Govern-

mental and Parliamentary refusal of the full investigation demanded by our city member, Mr. Boulton, is a high offence towards the defenceless lunatics, and will be so regarded at the hustings of the people, and in the Chancery of Heaven.

The admitted consumption of the carrots of the institution for the superintendent's horse is called "frivolous;" while lately the alleged consumption of a few cabbages by Dr. Telfer was a ground for his accusation and removal!

The report of the board of directors, however, is *silent, significantly silent*, upon the charge of employment of a lunatic as the superintendent's groom, and upon the punishment inflicted on him for defective *slave's* duty! Are the American slaves worse off than this?

The report of the directors is, in like manner, significantly silent about the case of Mr. Wetenhall! This allegation being *uncontradicted* amongst minor ones that are wholly or partially *contradicted*, there remains no room to doubt its truth under the corrupt suppression of the evidence.

The report of the directors is also significantly silent about the melancholy suicide committed by a patient. The self-murder, to be sure, is known; but the silence again admits the criminality of those in charge. We were astonished with the defence, sanctioned by Dr. Nelson, viz., that the unfortunate lunatic had been properly put under the charge of another lunatic for the night! To us it is horrible. Who can now say in this case, that in the dark and silent hours of the night one mad woman was not prevailed upon to aid and assist in the awful execution of the other? Who can say that the expiring groans and struggles of the neglected sufferer did not arouse and excite the other mad one to the frantic aid of the mortal deed? Or was it contemplated, as often is the case with the insane, with that cold-blooded indifference which has marked the action of the government upon all the asylum matters? The pretended official vigilance of placing, as the hon. member for Norfolk observed in debate, "one madman in care of another madman, proved in this case abortive." Where is the responsibility? Can we indict the monomaniac for manslaughter? Dr. Nelson must have been in error surely, when he said it was the common practice in asylums to put a

squad of maniacs in the charge of a monomaniac! Should it be the case, we hope the discussion of the question we now agitate will correct for ever such mal-practice. And should the statement be unfounded (as undoubtedly it is, and was perhaps made in the indiscretion of party tactics, unworthy, however, of such a case on cool reflection,) we hope to receive hereafter from British and American Asylums an indignant denial of so grave a charge—the charge of converting the defenceless lunatics not only, as heretofore in our asylums, into “grooms” and “drawers and carriers of water,” but into *servants* and *keepers* and *watchmen*, without courts of law to which it is in their power to appeal, and without a Government to heed their complaints, and without a Parliament to redress their wrongs.

Legislative Assembly.

—
WEDNESDAY, 16th July, 10 A.M.

—
THE TORONTO LUNATIC ASYLUM.

Mr. W. H. BOULTON moved to refer the return of the address relative to the petition of John Coppins, on the subject of the Provincial Lunatic Asylum, to a select Committee. He entered at some length into the charges brought against the Medical Superintendent of the Asylum, and hoped that government would consent to an inquiry.

Mr. HINCKS opposed the motion. It was, in fact, passing a censure upon those most respectable gentlemen who directed the affairs of the Institution. Before such a motion was granted, a strong *prima facie* case should be made out to prove the incompetency of the Directors. Nor should the House put reliance on the truth of charges preferred against the respectable Medical Superintendent, by parties who had been dismissed from the Institution for incompetency and petty pilfering, &c. —The hon. gentleman proceeded at some length into a review of the evidence taken before the Commissioners appointed to examine into the charges which had been preferred against Dr. Scott; he also read an extract from a letter written by Dr. Widmer to Dr. Scott in which the writer says to the effect that he had always been treated

with the utmost courtesy, by Dr. Scott, with a view to disprove this statement as to Dr. Widmer being called “an old fool.”

Mr. BOULTON (Norfolk,) supported the motion. He thought there was sufficient evidence to show the fact of grave misconduct on the part of the Medical Superintendent, which ought to be thoroughly examined into by a select committee, as was proposed. He strongly condemned the practice of punishing the patients in the Institution by keeping them upon bread and water.

Mr. HINCKS replied that no patient had been put upon bread and water diet for any offence committed against Dr. Scott personally. In every Institution of the kind it was necessary from time to time to keep the very disorderly and fractious patients on low diet, for very obvious reasons.

The hour of 2 o'clock, P.M., having arrived, the house adjourned until 4 o'clock, P.M.

(AFTERNOON SESSION.)

Mr. W. H. BOULTON moved the appointment of a Select Committee to consider the Report on the state of the Lunatic Asylum.

Mr. H. J. BOULTON made a violent attack on the authorities of the Lunatic Asylum, asserting that as consumers of the cabbages and carrots of the institution, they were public delinquents. He also said that his blood boiled at the cool announcement of the Commissioners that, from a natural infirmity of temper, Dr. Scott was hasty in his manner and language.

Hon. Mr. PRICE suggested that hon. gentlemen who possessed the right of liberty of speech on the floor of the House, should be careful how they made charges of so gross a nature against gentlemen of the highest respectability, who had not the means of replying. He had learned from every member who had visited the Asylum, the highest commendations of Dr. Scott, and it was absurd to suppose that the charge brought by some that he had gained his office merely through the influence of his father-in-law, Mr. Roaf, could be sustained. But it appeared evident that every means would be put in operation to throw discredit on a public officer, filling a most important station, when the only blame at-

tached to him by the Commissioners was a little hastiness of temper. He should support that gentleman because he had been completely exonerated, and because public officers were made targets for discontented persons of every class, who used the grossest charges without previously enquiring whether they could be in every degree borne out.

Mr. MacDONALD (Kingston.) would be very sorry to send any person to the institution under Dr. Scott's care, after reading the exculpator's report in his favor. It was established that there was great neglect, and gross brutality; one insane person had been permitted to hang herself in the presence of another insane person,—perhaps by the time a dozen had committed suicide, the experience of Dr. Scott would be sufficient to prevent further mischief. Infamous language was made use of by him to persons of the highest respectability; numerous cases of misconduct in office were charged against him; yet an inquiry into the management of that institution was refused, apparently because he was the son-in-law of Dr. Roaf, while an inquiry was instituted into the management of the Penitentiary, as he must suppose, because the warden was the father of the member for Frontenac. Dr. Scott was proved guilty of peculation in a small way, and government turns the charge into ridicule, although the charge of peculating forage, made against the warden of the Penitentiary, was seriously inquired into, and although not proved, was stated by Mr. Leslie as one of the grounds of dismissal from office.

Mr. H. SHERWOOD regretted that the government should refuse an inquiry, as such a course would have the most injurious effect on the Institution. No institution required so much close investigation as one, in which three or four hundred unfortunate beings deprived of reason were detained. The House was told that Dr. Scott was a hasty man, treated his patients harshly, and would they refuse a demand for inquiry? If so, then all confidence in it would be destroyed, and no one would be willing to trust their relatives under the care of a man so incompetent for the office of Superintendent.

Hon. Mr. HICKS said that the twelve Commissioners who drew up the report

had the deepest interest in the welfare of the institution, and if they conceived that Dr. Scott was guilty of the charges preferred, they would most certainly have dismissed him, as they had the power to do so in their own hands. But they did not find that the charges were substantiated, and the Government were bound to sustain their report.

Sol.-Gen. McDONALD asked if the House was to be told that the Asylum must be inquired into, merely because the honorable member for Toronto said there should be an inquiry? He did not believe an inquiry was the real object of the hon. members opposite; but they had obtained what there could be no doubt was the real object, the delivery of an immense amount of vituperation against gentlemen who were not in a position to answer them.

Mr. LYON could not see any use in appointing a committee to investigate this matter again as it had been investigated fully already by the Commissioners. What decision could the committee come to, other than the Board had come to? It would be impossible for them to rid the Institution of Dr. Scott. The whole responsibility was borne by the Government, and he was desirous that it should be borne by no other. He should therefore oppose the demand for an inquiry.

Col. PRINCE said that the report of the Board asserted merely that Dr. Scott was a gentleman of hasty temperament, and rather hasty in his language to the servants. Every other part of the debate fell to the ground, and the conclusion of the report, which stated that it was a matter of congratulation that he was in charge of the Asylum, ought to be quite sufficient to absolve him from this charge.

Mr. RICHARDS contended that the report before the House was quite satisfactory, inasmuch as no suspicion could be thrown on the parties who framed it.

Mr. SMITH, (Durham) was satisfied that a great blow was struck at the usefulness of the Asylum by the negative put on the motion for inquiry. There was no institution in the country which fixed the attention of the people so much as this, and if they found that it was mismanaged, it would necessarily follow that great dissatisfaction would be the result. Nothing could be worse than the infirmity of temper ascribed to

the Superintendent, or more calculated to disqualify him for the performance of those duties which necessarily require the greatest kindness in a person who has charge of some hundreds of unfortunate beings bereft of reason,

Mr. CAYLEY said a man more disqualified could not be found than a man who is of harsh and imperious behaviour, as admitted in the report to be the character of Dr. Scott. If the Ministry were satisfied that the report should go before the country rather than the reports of a Committee of the House, then he would recommend that it should be printed for general circulation.

Dr. NELSON thought great benefit would result from the discussion.

Mr. SMITH (Frontenac) had been extremely satisfied with the management of the Asylum, as it came under his personal investigation, and was much surprised at the report now laid before hon. gentlemen, and still more surprised at the refusal of the government to grant an investigation. He was compelled to feel that there was something wrong in the management of that institution, and he regretted that he must necessarily advise his constituents not to send their relatives thither.

Mr. W. H. BOULTON said it looked bad in the Government to come down and refuse an investigation, at the same time that a report of the most condemnatory character was put in their hands. It affords in itself the strongest reasons for an investigation.

The motion for an inquiry was then put and rejected.—Yeas 17; Nays 43.

Mr. CAYLEY moved that 1000 copies of the report be printed for general circulation.

Sir A. N. McNAB supported the motion which was however ruled out of order.

MEDICAL BOARD OF U. C.

Mr. BOULTON enquired of the minister whether any addition has been made lately to the Medical Board of U. C., and if so, what are the names of the parties appointed, and the reasons of making such addition, and whether said addition has been made in consequence of written representations made to the government on the subject, or from allegations made in any of the newspapers in the province.

Hon. Mr. HINCKS said, that some ad-

ditions had been made; the second part of the question he declined to answer.

THURSDAY, July 17.

LUNATIC ASYLUM.

Mr. CAYLEY moved that an additional number of copies of the report of the Lunatic Asylum be printed for the purpose of public circulation. He was of opinion there should be further enquiry, as the report was very unsatisfactory and imperfect, and was still regarded by members on his (Mr. C's) side of the House as highly condemnatory of Dr. Scott, while gentlemen on the other side regarded it as exculpatory. He heard from some of the signers of the report, that they considered it as condemnatory. He looked upon the matter as of grave public interest; and the people of this country would press the enquiry whether the Ministry accorded it or not. The circulation of the report would attract public attention to the matter, and he trusted that it would at least have the effect of making Dr. Scott look after his manners.

It was contended on the part of the Ministry that Dr. Scott was the servant of the Board, who had the power of dismissing him, and in whom the Ministry had confidence. They were willing to accede to the motion, and it was carried.

TORONTO, July 22.

THE BILL OF MR. RICHARDS TO LEGALIZE QUACKERY.

Last night, after the report left, Mr. Richards moved the second reading of the bill to amend the act regulating the practice of Physic. He stated that his object was to repeal those clauses in the act in question, which imposed penalties on what were considered irregular practitioners of the art of Physic. He was in favor of permitting any body to practice who was judged by the patient to be capable of rendering him assistance. After making some further remarks, he stated that in New York the abolition of the penal laws, had by the consent of all medical men, been followed by increased confidence in regularly educated men.

Mr. Badgley opposed the bill, for there was no reason to repeal a law that could not be applied to every possible case, nor to protect quacks. It was true that a regular physician some-

times deviated into unusual lines of practice, but his great objection to it, was the loose wording of the bill, which only provided for the punishment of physicians professing to practice medicine, who could show gross negligence, mal-practice, or immoral conduct. Now, who was to define immoral conduct? Some would think that immoral conduct of which another would think nothing.

Dr. Laterriere (in French) opposed the bill at some length, in a very indistinct voice; but by remarks, the gist of which was, that to pass this law would be to legalize murder and highway robbery. He concluded by moving that the bill be read this day six months.

Col. Prince supported the bill, and remarked on the buzz that was created when any of the professions were attacked. He continued, at some length in favor of the principle of allowing physicians who were not licensed to practice in a country like this. He said that he himself might be out shooting, in the wilderness where he lived, and shoot off one of his thumbs, and asked whether, in that case, he should be prevented from consulting the first man he met, in whom he had confidence. The present law was an injustice to the back-woods.

Dr. Nelson at some length, condemned the disposition he saw in the House to break down all barriers that protected the medical profession, and showed the injurious results to which such a course would lead; but he was in favour of not interfering with old unlicensed practitioners, and supported the bill before the House.

Mr. Hincks briefly supported the bill, contending there was a strong feeling in Upper Canada in favor of its principle. He complimented Dr. Nelson on his speech.

After a few more remarks from other members; it was ordered to be read a second time six months hence. Yeas 35; Nays 25.

TORONTO, July 26.

DR. LATERRIERE'S BILL TO AMEND THE ACT INCORPORATING THE COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

Dr. Laterriere's Bill to amend the law relative to the practice of Medicine, was postponed after a short debate.

BOOKS RECEIVED.

The Dissector or Practical and Surgical Anatomy, by Erasmus Wilson. Edited by Paul B. Goddard, M.D. Philadelphia: Blanchard & Lee. 1851.

Operative Surgery, by Frederiek C. Skey, F. R. S. Philadelphia: Blanchard & Lee. 1851.

Urinary deposits, their diagnosis, pathology and therapeutical indications, by Golding Bird, A. M., M. D., second American, from the revised and enlarged London edition.—Philadelphia: Blanchard & Lee. 1851.

A treatise on dislocations and fractures of the joints, by Sir Astley Cooper, Bart., F.R.S. Edited by Bransby B. Cooper, F.R.S. A new American edition. Philadelphia: Blanchard & Lee. 1851.

Surgical Anatomy, by Joseph Maclise. Surgeon, with coloured plates. Parts 1, 2, 3 and 4. Philadelphia, Blanchard & Lee. 1851.

A Treatise on Inflammations of the Eye-ball, &c., by Arthur Jacob, M.D., F.R.C.S. Dublin: 1849.

Intermarriage, or Beauty, Health and Intellect, by Alexander Walker. Philadelphia: Lindsay & Blakiston. 1851.

The Theory and Practice of Midwifery, by F. Churchill, M.D., M.R.I.A., with notes and additions by Dr. F. Condie, M. D. Philadelphia: Blanchard & Lee. 1851.

Letters of a Candid Inquirer on Animal Magnetism, by William Gregory, M.D., F.R.C.S.E. Philadelphia: Blanchard & Lee. 1851.

On the operation for the removal of Cataract, as performed by a fine sewing needle through the cornea, by Arthur Jacobs, M.D., F.R.C.S.I. Dublin: 1850.

On Paralytic Neuralgic and other diseases of the Eye, by Arthur Jacob, M.D. 1841.

Essays Anatomical, Zoological, and Miscellaneous, by Arthur Jacob, M.D.

