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THE
BRITISH AMERICAN JOURNAL

OF
MEDICAL & PHYSICAL SCIENCE.

EDITED BY

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[No. 4.]

ART. XXVII. FURTHER OBSERVATIONS ON A FATAL CASE OF ASPHYXIA PRODUCED BY RHEUMATIC SPASMODIC CONTRACTION OF THE THORACIC AND ABDOMINAL MUSCLES AND SINGULTUS.

By ROBERT L. MACDONNELL, M. D.

Licentiate of the King and Queen's College of Physicians, and of the Royal College of Surgeons, Ireland; Lecturer on the Institutes of Medicine, University of McGill College; Physician to the Montreal General Hospital.

In the number of the *Lancet* for July 1, 1848, the Editor having introduced part of my paper concerning the disease of the late Captain H., which appeared in the May number of this Journal, makes some observations on the probable nature of the affection which require from me some notice. The reader will recollect, that in that case, I attributed the death of the patient to asphyxia, caused by the fixed and powerless condition of the thoracic and abdominal muscles, and the frequent occurrence of singultus; and in proof of this view, I drew his attention to many important features of the disease, which the Editor of the *Lancet* has not given, nor has he inserted the reasoning upon which my views were based, but has introduced just so much of the case as is necessary to support his own opinions, which will be found underneath, the untenable nature of which, I trust, I shall be able to demonstrate.

"1. The nature of the disease. Was it rheumatism? Apparently not. It is difficult to suppose that rheumatism, so intense and so severe, could have been thus limited; and that the joints, its usual seat, should have been exempt. And 2ndly, Suppuration, as a result of rheumatic inflammation, is an event so rare that many persons disbelieve in its existence, and say that, when suppuration does occur in peculiar cases, such cases have been mistaken, and that common inflammation had alone been present."

The difficulties and obscurities of the case are certainly very easily got over in the above paragraph—because the joints were not affected, the case was not one of rheumatism! To what purpose, then, have pathologists taxed their ingenuity to found a classification of the various forms of rheumatism? for if we are to take the above statement as correct, there are no such diseases as muscular rheumatism, periosteal, capsular, or neuralgic rheumatism,* and the idea entertained by many pathologists, that rheumatism is a disease of the entire system, having a great tendency to localize itself in particular organs, and to seize upon them as so many surfaces upon which to eliminate the *peccant matter*, the *materies morbi*—the presence, or excessive accumulation of which, in the system, has occasioned so much disturbance—must for ever be considered as chimerical; for the Editor of the *Lancet*

has declared that unless the joints be affected, the disease cannot be rheumatism!

Dr. Graves has described a form of rheumatic fever, which in every particular runs the ordinary course of the disease, except that from the beginning to the end the joints remain perfectly exempt from inflammation; and I may here mention, that about six months ago, I attended a gentleman who had been for many years subject to derangements of the liver, (for which he had consulted Mr. Martin, of London, so well known for his successful management of these affections,) and who, shortly after his arrival in Canada, was attacked with severe muscular rheumatism of the calf of the right leg, and of the muscles of the right side of chest, causing excruciating agony when the leg was moved, or when a deep inspiration was taken, accompanied by profuse sweating—nocturnal exacerbations, loaded urine, and all the other symptoms of rheumatic fever. He had been under the care of another gentleman for more than three weeks before he consulted me; during which time he had taken a great variety of medicines. It required the greatest management to get him over the attack, from which he recovered slowly, and remained for a length of time in a weak and emaciated condition; in fact, in precisely the same state as we find patients who have recovered from acute rheumatic fever; yet during the whole course of the disease, the joints were perfectly free from inflammation. He afterwards enjoyed good health for a couple of months, when he was again attacked, after exposure to cold, with high fever of an unquestionably rheumatic character, with profuse sweating of an acid nature, exhaling the peculiar odour so constantly observed in rheumatism, and not productive of relief, copious deposits of the lithates in his urine, &c., and which yielded to precisely the same treatment as I adopted in the former attack. Now, during this second illness, *neither the joints nor the muscles were affected*, and yet the fever had not completely abated for more than a fortnight. At the time, I considered this, a good example of Dr. Graves' form of rheumatic fever, without arthritis, and I do not see any reason for changing that opinion.

* "I employ this term (rheumatic fever) in preference to that which is so often used (acute rheumatism, or acute articular rheumatism) because the word "fever" is more in accordance with the view of the pathology of the disease, which I believe to be the correct one; whilst the other terms seem to point to the local affection as the primary one. The articular swellings, as I hope to show, are the result of the same cause which gives rise to the febrile movement, namely, the presence in the blood of a particular morbid element, the complete elimination of which is necessary to the perfect cure of the disease.—Todd, on Gout and Rheumatism, page 107.

* Vide—McLeod on Rheumatism, page 11.

It is not, I conceive, more difficult to comprehend how a case of severe muscular rheumatism should cause death by producing what Dr. Marshall Hall has termed, spasmoparalysis of almost all the muscles of respiration, thereby inducing asphyxia—than to understand how severe articular rheumatism, in which the pericardium becomes affected subsequently, should terminate in death. Of the two conditions—pericarditis with arthritis, or spasmoparalysis of the respiratory muscles of the chest and abdomen, from rheumatism—most practitioners would prefer having to deal with the former, which statistics prove to be by no means so fatal or intractable a malady as was supposed a short time ago—but the latter (*i. e.*, spasmoparalysis) being a condition of the muscular structure induced by irritation at the centre or periphery of the nervous circle, cannot be relieved but by the removal of that irritation; and from the circumstance of its rare occurrence (the case alluded to, being, I believe, the only instance on record) the disease is not only likely to be overlooked, but even, if detected, may not prove very amenable to treatment. In the case of pericarditis and articular rheumatism, there is generally quite time enough during the progress of the disease, to enable the practitioner to put into operation the most powerful resources of his art: such as general and local bleeding, counter-irritation, and the internal administration of mercury and opium; but in a case such as that under consideration, the sudden development of symptoms of asphyxia, attended by extreme exhaustion, would render unavailable all but the most energetic of the anti-spasmodics and stimulants, and in the event of these not producing an effect instantaneously, little would be left for medicine to achieve.

The writer, in the *Lancet*, however, seems to have overlooked the fact, that I did not attribute the death of my patient directly to muscular rheumatism, but to asphyxia, produced indirectly by the spasmodic contraction of the thoracic and abdominal muscles and the incessant hiccough, the result of the rheumatic inflammation of those muscles.

It is taking a very limited idea of the nature of muscular rheumatism to suppose it incapable of running a severe course without implicating the joints. Chomel has shown that in pre-abdominal rheumatism, and more especially in that form of it, which attacks women shortly after confinement, and which was described erroneously by Gooch as "nervous affection of the peritoneum," symptoms of a most alarming nature frequently mark the progress of the disease.

Two of Gooch's cases are copied by Chomel, and were evidently examples of rheumatism of the abdominal muscles. In one instance no benefit was obtained from large bleedings; but cataplasms to the abdomen, and large doses of opium gave immediate relief, and the patient recovered without a relapse. In the other example, a delicate lady was attacked on the third day after her confinement with pains all over the abdomen, and vomiting—the pulse was frequent, but small and feeble. She was bled to syncope, and got calomel with senna and salts. The pain not abating,

she was bled again two hours after to syncope; a dozen leeches were applied to the abdomen, and three grains of opium were administered. Chomel continues, "Lorsque Gooche arriva près d'elle, le facies était décomposé, la peau froide et gluante; le pouls petit, filiforme, ne pouvait être compté. Il enleva aussitôt les sangsues, chercha à la raviver par la chaleur et des cordiaux mais elle mourut trente heures après le commencement des douleurs. A l'autopsie du cadavre, le péritoine fut trouvé sain et pâle; il contenait de une à deux onces de sérosité transparente; tous les organes abdominaux étaient sains, mais pâles; l'utérus était contracté au point où il devait l'être."

Chomel attributes the death of the patient in the above case, to the injudicious employment of the lancet. Is it not extremely probable, that the state of collapse in which Gooch found her—pulseless, cold, and with her features altered, were but so many signs of asphyxia, to which others of a more unequivocal character might have been added, had not the observer been blinded by his previously formed opinion of the nervous nature of the malady?

Other examples of muscular rheumatism might be quoted from Chomel, capable of proving, that as far as severity of symptoms is concerned, we are by no means justified in supposing that such is caused solely by the articular form of the disease.

The occurrence of suppuration in my case, is no proof that it differed from rheumatism in its nature; for even according to the admission of the editor there are as many who believe as disbelieve in this termination of muscular rheumatism; and it is not many years since writers denied that articular rheumatism ever ended in this manner; yet such a consequence of the disease is admitted, almost universally, at the present moment, and I have myself seen examples of it. In one remarkable instance which occurred in the practice of my friend Dr. Stokes, many articulations were simultaneously attacked; and last summer, I was consulted by a lady from a remote part of Upper Canada, whose left knee was in a state of complete ankylosis from this form of the disease—several joints had been attacked, but in this one, the disease ran a more virulent course; and, notwithstanding that the most active and judicious treatment was adopted by her Medical attendant, ulceration, and subsequent ankylosis, could not be prevented.*

* "But there is yet another change sometimes produced by this form of rheumatism—I mean suppurative disorganization of the joint in which it is situated. This is certainly contrary to what seems to be very generally supposed, and almost invariably laid down in books; but I believe, notwithstanding, that it will be found, on more extended observation, to be a much more frequent occurrence than has been suspected. Less, indeed, is known concerning the morbid changes which take place in the primary seats of rheumatism than of any other portion of its history; nor is it difficult to explain this, for very few die in the early stage of the disease; and when the patient is cut off at a more advanced period, it is generally in consequence of the affection of some internal organ, which either absorbs all the attention of the practitioner, or it may be, that long before the fatal event the joints have become free from the disease as happens in the great majority of cases of rheumatic fever, where the heart has been so damaged, as to prove after a time incompatible with life. Nor must I neglect to mention another circumstance, viz.—that in

If, then, it be allowed that one form of rheumatism is sometimes followed by suppuration, it cannot be denied that another form of the disease, almost equally severe, may occasionally terminate in a similar manner. But a most convincing proof that muscular rheumatism is sometimes followed by suppuration, is supplied by the phenomena which attend the course of rheumatic carditis. Many cases are now on record of violent rheumatic inflammation of the heart, terminating in this manner, and the pus has been found either diffused through the structure of the organ, constituting what Bouillaud has termed *ramollissement*, or collected into cysts, occupying various positions in its parietes. The reader will find several instances of the latter variety detailed in Bouillaud's work, (*Sur les Maladies du Cœur*, vol. i. p. 583) in which the cardiac affection was connected with acute rheumatism of other parts. If, then, the muscular structure of the heart, when attacked with rheumatism, may become the seat of purulent deposit, there is no reason why the same termination may not follow a similar form of inflammation of the thoracic muscles; and we are, consequently, at no loss to account for its appearance in the case under consideration.

"2. If not rheumatic, then what was the nature of the disease? The only tangible fact, post-mortem, is the presence of pus—pus diffused over the left side of the chest. (The reader will recollect, that I described the collection of pus as having been confined to the *left infra-mammary region*—R. L. MacD.) Whence, then, did this originate? Not from rheumatic inflammation. It is more probable that it was connected with the typhus-fever, or the small-pox, under which this gentleman laboured. Deposits of pus, it is well known, are very frequent consequences of such diseases. A deposit thus originating may have escaped attention until it became diffused, perhaps, during the violent exercise

cases which have ended in suppuration, the very fact of such termination is assumed as *ipso facto*, proving that the disease had not been rheumatism but ordinary 'disease of the joints.'—*MacLeod on Rheumatism* p. 96.

In the last clause the author anticipates the objection of the Editor of the *Lancet*, which amounts to this—that though a case should present all the characteristics of severe rheumatic inflammation, yet, it is not of a rheumatic nature because a small quantity of pus is discovered spread out in the cellular tissue between the muscles! It seems strange that the editor should not have made any remarks upon the improbability of muscular rheumatism terminating in suppuration, when publishing the clinical lectures of Schönlein, in the first volume of the new series of his periodical. Schönlein not only supports this view, but maintains that it is extremely difficult to prevent suppuration, when the rheumatism seizes on the abdominal muscles. In a case described in one of his lectures on rheumatism, we find the following observations,—“The pain remains fixed in the part above the symphysis, a phenomenon which I have frequently observed in cases of rheumatism of the muscles of the abdomen. Yesterday evening a great aggravation of the local affection took place; the pain was more severe, even on the slightest touch, and more extensively felt, on which account we again ordered local bleeding; after which, a remission took place; and yet it is very doubtful whether we shall be able to obtain a complete resolution. I repeat, that I have seen, when the affection frequently recurred, that in spite of the most careful treatment, suppuration could not be prevented, and this is an axiom that has been proved by experience, in cases of rheumatism of the muscles of the abdomen, or, as it is falsely called, of external or muscular peritonitis.” When we recollect that Schönlein is the most celebrated clinical teacher of Germany, and has obtained this distinction from his great powers of observation, and bedside study of disease, we cannot, for a moment, doubt the truth of the above doctrine.—*Vide Lancet*, vol. i., for 1844, p. 178.

which he used. On the day preceding his illness, he began to suffer from the aggravated symptoms then presented. It is also not an uncommon thing to find inflammation at the neck of the bladder; which also was said to be present here, complicated with phlebitis of the veins of the bladder and subsequent deposits of pus. (The bladder was healthy as stated in my report—R. L. MacD.) Connecting, then, the presence of pus with one or other of these sources, it is right to admit that the effects would correspond with Dr. MacDonnell's observations, which show that the pectoral muscles (and also the abdominal—R. L. MacD.) to have been in that state described by Dr. Marshall Hall as spasmoparalysis, whilst the irritation communicated to the phrenic nerve gave rise to the spasmodic action of the diaphragm as a reflex function.”

The next supposition, viz., that the pus found between the muscles and integuments of the left infra-mammary region “was connected with the typhus or the subsequent small-pox; and which might have escaped attention until it became diffused, perhaps during the violent exercise which he used,” is perfectly irreconcilable with the facts of the case. This gentleman, after his recovery from both these affections, was in the daily habit of taking violent exercise, particularly at Rackets, a game requiring the use of both arms; and consequently one which could not have been indulged in, if such a serious impediment to the free motion of the left arm, as a collection of pus under the pectoral muscles of that side, existed. He took, moreover, a leading part in the garrison theatricals, and always preferred those characters which required great activity and exertion. In fact, it was with the greatest difficulty, I could restrain him from these his favourite amusements whilst under treatment for the stricture of the urethra. These facts are not only incompatible with, but quite subversive of, the opinion, that a collection of matter, the consequence of typhus or small-pox, or connected with phlebitis of the neck of the bladder, existed in my case.

It is certainly new to me to hear that phlebitis of the neck of the bladder is capable of running through all its stages, and of producing death in twenty-four hours; and that an individual in whom “purulent infection” is established, is not incapacitated from taking most violent exercise. I have seen a great deal of this form of disease, and have preserved copious notes of almost every case that has come under my observation; and I can confidently state, that neither in its origin, progress, or termination, did the disease of the late Captain H. exhibit the slightest resemblance to phlebitis or diffuse inflammation.* And I may be allowed to ask the editor of the *Lancet*, if he has ever seen a case of phlebitis terminating fatally without deposits of pus along the course of some of the principal veins, or within their walls, or in the joints, lungs, liver, spleen, or kidneys, or in which death was not preceded for some days by symptoms of a purely typhoid character? Or, has he ever

* I have alluded to phlebitis and diffuse inflammation as separate affections, merely out of deference to nosological arrangement; for I believe that, in their true pathology, they are merely varieties of the same affection; and like puerperal phlebitis, glanders, dissecting wounds, and purulent absorption after wounds, they are but so many evidences of a pyrogenic condition of the system—the absorption of pus and its admixture with the blood producing the formidable train of symptoms, characteristic of these different affections.

seen a case of phlebitis in which symptoms of asphyxia, arising from a fixed condition of the chest, and abdomen, and singultus, preceded and caused death, as proved by the particulars of the case of Captain H., already published? Nay, would he not be one of the first to expose the sophistry of any attempts to account for death, on the supposition of a previous contamination of the system from phlebitis or purulent deposit, seeing that the history of the case, the progress of the disease, and the result of post-mortem examination were all strongly opposed to such an opinion?—

"3. In reference to the treatment, it may be said, that so far as it went it was sufficiently judicious. A question may arise as to the effects which local abstraction of blood, or a free exit for the matter, in the absence of contamination of the system at large, may have had."

The third comment requires but few observations. If the view of the case taken by the editor of the *Lancet* be correct, then most assuredly the local abstraction of blood was not called for; nor do I think that an individual who has suffered from the debilitating effects of severe continued fever, then typhus followed by small-pox, and lastly, from acute rheumatic fever, is a proper subject for blood-letting, even locally, and certainly not in a disease of the nature of muscular rheumatism. As the matter was not detected, or its presence even suspected during life, it is unnecessary to say, that an opening for its exit was not contemplated, for there was neither redness nor swelling to indicate its existence, and as the pain was not confined to one particular spot, but extended all over the lower part of the chest, this symptom was insufficient to point to the diagnosis.

"4. The conduct of Dr. Mahony, whose rank should have taught him to exhibit more courtesy, as his position demanded a display of greater skill, calls for some notice. We have here, however, only one side of the question, and in the absence of Doctor Mahony's statements, those of Dr. Macdonnell must be taken as they are. The whole case is one of interest. It is so by reason of its obscurity, and its complications, as well as by the character and position of those on whom its diagnosis and treatment depended."

Dr. Mahony has published his reply, which, instead of explaining his conduct, or defending his opinion as to the nature of the malady, contains, together with an amazing quantity of bad English, compressed into a small space, a few more malignant assertions equally unfounded with his former ones, and a charge against me of being a junior practitioner, (which I candidly admit,) and of being possessed of great confident self-assurance, (*sic in origin*) which he may rest satisfied, will not be augmented, in the least degree, by a victory over an opponent of his calibre. In extenuation of the heinous offence of youth with which I am charged, I may, however, be permitted to quote from the *Dublin Medical Press* the remarks of its editor, Dr. Jacob, Professor of Anatomy to the Royal College of Surgeons, Ireland, who, I suppose, will be admitted to be of sufficiently senior standing in the profession to offer an opinion on the merits of the case.

"In the *Medical Press* for May 31, we quoted from the *British American Journal* the case to which Dr. Mahony's letter purports to be an answer; we think it right, therefore, to give his reply in full. Dr. Mahony admits, it will be seen, that he, and the other members of the consultation, regarded the case of Captain H.—,

R. E., as one of inflammation of the bowels, while the result of the post-mortem examination (given by Dr. Macdonnell in his communication, which we had quoted,) proved that there was no inflammation of these parts. It is clear, therefore, that Dr. Macdonnell was correct in his diagnosis, and that Dr. Mahony and the other consultants were wrong in theirs. Dr. Macdonnell, consequently, can afford to smile at Dr. Mahony's sarcastic allusions to his youth and junior standing in the profession—*gray hairs and long standing do not necessarily bring with them either diagnostic skill, or real experience.*"

From what has been stated, the following conclusions may be drawn:—

1. That muscular rheumatism may run as severe a course as articular rheumatism, give rise to as much suffering, and be attended by an equal amount of fever, as proved by the cases published by Chomel, and by the case of Captain H—, under consideration, and by that of the gentlemen alluded to in this communication.

2. That suppuration, though a rare termination of this form of the disease, (as it is likewise of the articular form,) does, however, sometimes occur, as is proved by the case of Captain H—, and by the numerous cases of rheumatic carditis ending in suppuration, published by Bouillaud and others, and by the observations of Schönlein on abdominal rheumatism.

3. That acute rheumatism of muscles may run through the whole of its course, giving rise to most excruciating agony, without being attended by arthritis. This is also proved by the cases under consideration, and by those of pre-abdominal rheumatism, published by Chomel and Schönlein, (*Leçons de Clinique Médicale, Tom. II.*)

4. That in cases like that of the late Captain H., death may be produced, not merely by the severity of the symptoms, but by *asphyxia*, produced by the fixed condition of the thoracic and abdominal muscles—the result of rheumatic inflammation,—and by singultus, caused by the irritation being conveyed to the phrenic nerves in a reflex manner.

5. That in the case of Captain H., there was no evidence whatever of the presence of phlebitis, or of the previous existence of a circumscribed abscess under the pectoral muscles; on the contrary, the facts of the case are strongly opposed to such an idea.

Montreal, July 27, 1848.

ART. XXVIII.—THE IRISH IMMIGRANT FEVER.

By FRAS. BADGLEY, M. D.,

Lecturer on the Theory and Practice of Medicine, in the Incorporated School of Medicine, Montreal, &c. &c.

(No. 4.—Continued from page 32, vol. IV.)

I proceed in the next place, to detail the *post-mortem* appearances which I observed and noted in 12 cases of this disease: the subjects of them had all been inmates of the Montreal General Hospital, nine having been patients of my own.

In all the cases, the examination took place within twenty-four hours after death.

The bodies presented partial, I might almost say, only slight emaciation; there was an almost universal rigidity of the limbs; in the majority, there was a

sensible degree of heat of the surface; in all, the eyes were sunken, the nares constricted, the features pinched, the umbilicus drawn in; the colour of the skin still retained the same dusky hue, which it presented in life; the dark purple petechial spots which existed on various portions of the body before death, remained distinct; there was ecchymosis, or discoloration by gravitation, on all the depending parts; on two there were sudamina, or small vesicles, some entire, others ruptured. I may here remark, *par parenthèse*, that in all those cases which proved fatal at the Point St. Charles Hospital, in which stigmata or dark points were noticed, (resembling recent tattooing, and caused by punctiform extravasation of blood under the facial integuments,) these black papillæ were still visible several hours after death. Two irruptions of this cutaneous melanosis occurred at the above establishment last season, in the months of August and September, and both followed upon very heavy storms, accompanied by copious rain, and fall of the thermometer. Within twelve hours after the storms, my attention was drawn to this feature in upwards of twenty cases, in all of whom death occurred within thirty hours after the appearance of this new character of the disease. On dividing the integuments of the head, a large quantity of dark coloured blood always escaped; there was invariably a strong attachment between the calvarium and dura mater, ecchymosed spots on various portions, and of different sizes. On removing the former, the sinuses, and especially the lateral and torcular herophyli, were full of, and prominent with, similar dark coloured blood. On removing the dura mater, effusions between the pia mater and arachnoid were visible, occupying spaces of from a quarter of an inch to an inch of surface, the arachnoid sensibly elevated by the collection; on slitting open these sacs, a thin and clear watery fluid escaped; there was *no appearance of lymph, nor of pus*. The brain proper possessed a good consistence; the cerebellum was always rather softened; the surface of the hemispheres presented an universal network of dark red vessels; the pia mater was easily detached from the brain surface; bloody points were abundantly exposed to view with every section of the brain substance; the great commissures, and indeed the white or central medullary portions generally, were, if any thing, slightly softened; the lateral ventricles contained from one to three drachms of limpid fluid—sometimes this appeared to be a little discolored; some of the same fluid was always found between the arachnoid surfaces, at the base of the brain; in two cases, there was upwards of ten drachms; in all, the cineritious portions of the convolutions, thalami, corpora striata, and arbor vitæ were palpably darker in colour than usual, while the choroid plexuses in the lateral ventricles were flaccid, and resembled in color the gills of a fish many hours out of water. On raising the body, fluid, variable in quantity, always flowed out of the vertebral canal. In one instance only did I examine the spinal cord—it was in the case of a young woman of 18, who entered the hospital with fever, being at the time also pregnant, (this circumstance

was not known, however, for upwards of a week after her admission); she had an abortion, rapidly fell into puerperal fever, and died. Allusion will again be made to this interesting case lower down. The same congestion of the membranes lining the canal and investing the cord, was found here; there was a considerable quantity of fluid, and the cord itself, and emanating bundles of nervous fibrils were rather less consistent than they are usually found to be; but it must be stated, that the minute examination of this portion, and its abstraction, in entirety with the brain mass, were not made for three days after death. (I am much indebted to Dr. G. Fenwick, Assistant House Surgeon of the Montreal General Hospital, for his kind and able assistance on this occasion). We could not detect any isolated ecchymosis on the membranes, they appeared to be throughout saturated by congestion and imbibition.

In making the usual sections of the thoracic and abdominal tegumentary parietes, I was struck with the quantity of subcutaneous fat exposed—in one instance only was this wanting—it was in the body of a little girl of 11 years of age, who came into the Hospital with drowsy consequent upon scarlet fever—this contracted seven weeks after convalescence from the fever, in this poor child there was absolutely no vestige of fat to be found in the body, and the mesenteric glands were enormously enlarged, some of them were nearly as large as ordinary English walnuts; their interiors presenting a cheesy granular structure, the centres having a yellowish brown colour. I would also remark in this place, that the peculiar ammoniacal odour so perceptible on drawing down the bed-clothes of a fever patient while alive, became more strongly appreciable as soon as the division of the thoracic and abdominal parietes was made. On opening the thorax, in the majority of the cases examined, no trace of recent pleural inflammation was detected in them; there were old adhesions existing between the pleural surfaces on the right side; in several there was œdema of the upper and the thin margin of the middle lobes; fluid, variable in quantity, was found at the base of the thoracic cone, on both sides in all, but no flocculi of lymph; extensive congestion presented itself in the lungs of all, and to a striking degree, as was anticipated, in the inferior and posterior portions; the bronchi contained more or less frothy mucus, sometimes partially tintured of a reddish colour. The bronchial mucous membrane was in these cases full and swollen; the sub-mucous cellular tissue also infiltrated, especially toward the back part of the lung; there was no abrasion, nor softening of the former; nor was there any false or adventitious membrane upon it. I never met with genuine hepatization of the lung, the solidifications appearing to be only the result of serous extravasation, consequent upon the congestion of the parenchyma; for on compressing these portions, a considerable quantity of the contained fluids could be forced out without breaking down their structure. In three cases, I found tubercles apparently in a dormant condition. Carnification with punctate melanosis, or sprinkling of carbonaceous matter was found in the lungs of one man, formerly a Cornish miner, who had contracted the fever

on his way down to this city from Canada west; in him also there was considerable dilatation of the aorta at its origin, and along its course as the arch, there were also old and very firm adhesions of the pleural surfaces; the bronchial glands were very much hypertrophied, and if possible, blacker in colour than usual.

In all the cases, the heart was soft and flabby, resembling, in consistence, a mass of dough. Its size was natural, but wanting its nourishment, it impressed one with the idea of its volume being diminished. The pericardium contained in all a variable quantity of fluid, generally slightly reddish, without lymph or adhesions; the inner membrane was smooth, having a roseate colour; the same thing was observed as to the endocardium; in all the cavities, auricles as well as ventricles, there were masses of blood, very soft, of a sallow yellow colour, caught sometimes between the muscled pectinati, or the cordæ tendinæ, and the loose edges of the valves; in the miner there was hypertrophy of the left side of the heart with thinning or absorption of the aortic semilunar valve. The valves in the other cases examined, were normal. The lining membrane of the aorta and its branches was infiltrated; the blood contained in them was invariably fluid, dark coloured, giving off a peculiar odour. This last peculiarity was very striking in the cases of two men, one of whom with jaundice as his most striking exterior portion of the disease, having risen from his bed to sit on the night-table, suddenly expired. The other, aged 23 years, in whom, three days prior to his death, dry gangrene had shown itself and gradually spread half-way along the metatarsal bones of both feet. I hazard the idea, that the ammoniacal odour emanating from the living body, so strong on opening the large cavities, and so striking on receiving some of the blood out of the vessels, arteries as well as veins, into the hand, were all due to the same condition of this fluid; the actual presence of ammoniacal salts, one of the surest proofs of the putrescent condition of the vital fluid; in fact, to speak paradoxically, of the *existence of death during life*. On turning over the abdominal flaps, no appearance of recent inflammation or any of its results was visible as regarded the peritoneum, except in the case of the young woman already adverted to, and who aborted between the fourth and fifth month. The peritoneum in this case was, throughout, covered by a thick and highly organized plastic lymph, beautifully reticulated patches of recent inflammation, being every where observable under the coating; adjacent surfaces were not only attached, but the sulci between the various convolutions of the intestines were filled up with masses of thick, dirty, yellowish, butyraceous looking plasma. There was more or less fluid found in the depending part of the peritoneal sac in every case, and the investing portion of this over the intestines and other abdominal organs, communicated to the fingers an extraordinary saponaceous feel; the mesenteric glands were enlarged in several of the cases, presenting a darkish yellow-coloured matter, easily broken down; there was hypertrophy, with softening of the liver and spleen generally—the interior of the former presenting a more brown appearance than usual, while that of the latter was

almost purple; the consistence of both was diminished; the outer surface of the spleen gave the appearance of its being puckered or wrinkled from absence of matter within, and consequent contraction of its proper investment; the gall bladder was usually fully distended with thick darkish bile, like thin treacle; there did not appear to be a diminution in the calibre of the biliary ducts; there was nothing normal in the pancreas; the stomach and intestines all presented great congestion both externally and internally; they all contained a large quantity of fluid and pulraceous matter of a yellowish colour, acid and persistent odour. In only one case did I perceive a thickening of the coats of the former, and in this one only did I discover anything approaching to a softening or separability of the mucous coat, which from its loosening in pretty large flakes, I attributed to softening in the sub-mucous cellular tissue. Ecchymoses of the depending intestines were generally noticed, and in most of the cases, isolated patches of discoloration, of sizes from a quarter of an inch to three and four inches, and in one case to the extent of upwards of eight inches, which were visible on the corresponding mucous surfaces, were seen. I did not find a single case of ulceration of the glands of this tube; all the glands, both solitary and aggregate, were enlarged, sometimes irregular in their form, with a dark purple or blackish point or nucleus in their centre; sometimes merely elevated above the surface, thoroughly congested or hæmorrhagic. The kidneys in all appeared normal as to size—in two decidedly hypertrophied in volume, soft as to consistence; their inner structure presented nothing remarkable. In the case of the young man with dry gangrene, the pelvis of the kidney and the ureter were very much dilated, but no calculus in the lower portion of this canal, nor any other obstructing cause existed to explain it; in this case there was thickening of the mucous membrane, as well as of all the coats of the bladder, apparently from old chronic disease; in the uterus of the young woman, the lining membrane was in a state of gangrene, with collections of pus permeating the fleshy structure; the alæ were beautifully reticulated, the fimbriæ sealed together and to the ovaries with thick plastic lymph.

I regret extremely, that, notwithstanding the many opportunities afforded for making *post mortem* examinations at the hospital at Point St. Charles, during the last season, there existed obstacles to carrying out this desideratum, in the espionage which was so diligently and vigorously kept up over all the actions and operations of the medical staff there employed. It is altogether unnecessary now to refer, except in sorrow, to the origin of these obstacles; suffice it to say, that the commissioners, to whom was entrusted the carrying out of the views of the Provincial Government with reference to the emigrants in their transit through this city, had to bear not only the odium of many of their esteemed medical friends and clients, who had taken a different view of the whole matter to that which they had done, although it must be granted that they felt the same influences as their opponents, with regard to the safety or danger of themselves, their

families, their business connections, and the entire community, but they had also to guard (what was more sacred to them) their professional reputation against the onslaughts and attacks continually made against them, by and through a portion of the press. Under these circumstances, they felt themselves unwilling to aggravate the amount of ill-feeling already engendered against them, by ordering *post-mortem* investigations to be made; and medical science has consequently on this, as on many previous occasions, suffered.

With regard to the sequelæ of this disease, or the prospective condition or status of the body after convalescence had begun, the "*conditio morbida*" being considered past, no very lengthy remarks introductory of this topic will be requisite.

The disease having been originated by the introduction into the system of a specific poison, whose sphere of action was mainly directed and concentrated against the blood belonging to the left side of the heart, through the medium *principally* of the capillary vessels spread out on the general mucous surface (pulmonary as well as digestive), and *slightly, perhaps*, of the nerves of organic life, alterations of function were at once set up, which, in their train, established morbid organic conditions; due decarbonization of the blood in the lungs being interrupted or impeded, the supply of healthy arterial blood was not furnished to the heart (systemic) and vascular system, in the first place, or to the brain and nervous system, in the second. Hence ensued the cessation of nutrition, or the development of that general cell formation necessary for the maintenance of the body and its constituent parts or organs in their state of health or perfectness of action; hence, also, the results of the same deficiency of supply in the impaired operations of the cerebro-spinal axis, whether as regarded the manifestations of the mind's working, or the performance, through the great ganglionic system, of the operations of organic life. These we have seen proved by the various indices of the stress of the disease as stated in the complications, or rather, as I proposed in my last communication, the evidences of the development of the disease as shown through the vascular and nervous systems. But, presuming that the means employed to combat these possible effects were permitted to be effectual; that the disease in its erethistic state, or condition of activity, appeared to have subsided by "resolution;" and that the various functions began again to display some of their wonted regularity and order in procedure; what were the most frequent sequences observed, or secondary proofs of the anterior existence of a condition different to that of health, and confirmatory, too, that the matter of the disease had left its yet indelible mark behind?

I purpose classifying these under five heads:

1. Digestion *appeared* to have been partly re-established, the appetite *seemed* good, the bowels were either slightly torpid on the one hand, from too perfect absorption of the watery particles of the aliment, or they were triflingly relaxed on the other, from deficient absorption and venous plethora still persisting; the urine

was inclining to pale, but evidently containing the ammoniacal lithates. Under these circumstances, we saw various indications of the want of health in the nervous system; in some persons exhibited by imperfection or incompleteness of the intellectual powers, weakness of memory, want of decision, uneasy or unrefreshing sleep, faulty volition, inability to move, weakness in the limbs, tendency to relaxation of the sphincters, trembling of the limbs or body on standing, various forms of paralysis, from that of one of the branches of the fifth or the ninth pair, to perfect hemiplegia, temporary inability to swallow, perfect loss of speech, (of this last I have seen two cases, one of which is still in the Montreal General Hospital), deafness, persistent palpitation, fainting fits, oppression of the lungs and pains resembling pleuro, dynia, loss of virility, amenorrhœa, &c.

2. Again, in other cases, the first move towards reparation could not be effected, because although food was received into the stomach, there was such impairment of the organs of digestion and assimilation, and such thoroughly interrupted absorption, that no matter of nourishment was taken up, giving rise to tabes, cachexy, or chlorosis, immediate results of a spanœmic condition of blood—(this was particularly shewn in the case of one of the medical men who returned to Montreal very ill with the fever, from Grosse Isle: he requested that he might be allowed to take milk only as his food, and I am informed by his attendant, my friend and colleague, Dr. Sutherland, that this young man had as many as twenty alvine evacuations in the course of the 24 hours, and they had every appearance of the milk swallowed, unaltered in color or consistence)—or an ignited match had been presented to a magazine of latent or suspended tuberclose or scrophulous deposit; we saw persistent diarrhœas or dysenteries, glandular ulcerations, phthisis, mesenteric degenerescences, amorphous or heterologous formations in the parenchyma of the lungs, liver, or kidney, indicating also want of tonicity of the arteries and the arterial capillaries.

3. Or with a disparity between the processes of nutrition, or cell formation, and that of absorption, we had various losses of tissue, in the form of bed-sores, ulcers, (cutaneous, mucous, and varicose) stomacace maligna and noma, ulcerations of the labia pudendi and prepuce, diminution, almost disappearance, of the mammary and other glands and fat, this last appearing to be required for the maintenance of the pulmonary combustion.

4. Or with apparently healthy digestion and assimilation, there was, notwithstanding, such a lasting or persistent loss of tonicity (if I may use the expression) of the veins, or such a want of the suction power of the right side of the heart, as stated by Marshall Hall, that there was developed "a general venous condition or excessive venousness," according to Puchelt; the result of this was, legs and thighs almost resembling elephantiasis; ichthyosis of the skin everywhere, but principally of the lower extremities; spinal irritation, exhibited in various ways, as drowsiness or stupor, cardialgia, easy vomitings, nausea, oppression at the

præcordia, threatenings of jaundice, pains over the liver and kidney, œdema or anasarca, abortion or premature labour, various dropsical collections, and most easily induced hæmorrhages from all the open surfaces of the body.

5th, and lastly, There was established after the apparently successful management of the disease, or *fever case*, such a predisposition, from the already impaired vital resistance in the system, and the susceptibility in the blood to be acted upon by what might appear to be new virus or poison (but which, I feel constrained to consider and believe, belonged to the same genus as the matter of this particular disease) that we saw patients affected, after various lapses of time, with small pox, scarlet fever in its most malignant forms, erysipelas, scorbutus, or purpura hæmorrhagica. One young man, who came into the Montreal General Hospital, presented all the characters of genuine plague; so much so, that had he been a passenger from a Turkish instead of a British port, he would, in all probability, have been looked upon as an authority for the erection of a lazaretto, and the establishment of a cordon sanitaire.

(To be concluded in the next number.)

ART. XXIX.—ÆTHEREAL SOLUTION OF PREPARED COTTON IN BURNS.

By J. CRAWFORD, M.D.

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I observe in the last number of your Journal, a short notice (taken from the *Boston Journal*) of a new remedy, as a surgical application to wounds, namely, an "æthereal solution of prepared cotton." I have lately had an opportunity of trying this remedy in the case of a severe burn, and had the pleasure of witnessing a most satisfactory result. I have to thank Dr. Payne, Dentist, of this city, not only for the suggestion, but also for having afforded me the means of trying it on the occasion. My patient, a young gentleman residing at the same house with Dr. P., had, a few moments previously, received a severe burn of the face and hands, from the accidental inflaming of camphine, or some such allied fluid; after placing his hands in iced water, I was preparing cotton wadding as the most convenient application for the face, when Dr. Payne mentioned to me, that he had lately received, from the United States, a new remedy, which he had tried to an abrasion on his hand that day, with immediate relief. The wound so treated, appeared covered by a thin glazing or varnish, which perfectly excluded the atmospheric air—the principal desideratum in these cases. I at once adopted the suggestion, perceiving that it appeared to promise a very light and convenient covering, while the æther during its evaporation, would likely afford a cooling application.

The solution was accordingly brushed lightly over the face, and a glazing was soon observed, and the painful sensation almost instantly subsided.

The want of a sufficient quantity of the fluid to cover the hands, in like manner, prevented me treating them in the same way. It will be sufficient for my

present object to state, that nothing could be more satisfactory than the result of the application, and I know of none at all to be compared with it for convenience, as well as efficacy, in superficial burns of the face.

Montreal, July 21, 1848.

ART. XXX.—A CASE OF ISCHIO-RECTAL ABSCESS, CAUSED BY AN INJURY OF THE NATES, PRODUCING SYMPTOMS RESEMBLING THOSE OF DISLOCATION INTO THE FORAMEN OVALE, AND THOSE OF MORBUS COXÆ—WITH REMARKS.

By R. P. HOWARD, M. D.

James S., ætat. 7 years and 9 months, of scrofulous diathesis, and slender frame, was in perfect health until Sunday, the 23d April, on which day, when running, he fell on a large stone near the steps of his dwelling, and hurt the left buttock. Soon afterwards he entered the house, appeared "sick" and heavy, complained of "pain in the belly," and lay upon the sofa. He rested well that night, but continued sickly and dull the next day, with the pain in the belly as before. His mother gave him salts and senna, which somewhat relieved him, but he remained heavy, not inclined to play, but disposed to sit and lie. On the 27th inst., it was observed for the first time that he walked lame, and that one leg seemed to be longer than the other. Having stripped and examined him, his father concluded the "hip to be out of joint;" the child now told that he fell on a stone and injured himself. During the night, he complained much of his belly. The following day, a practitioner saw the boy, and, believing it to be a dislocation, attempted its reduction, but desisted for want of aid and appliances. That night, he suffered great pain near the coccyx.

I saw him first on Saturday, the 29th inst., when I noted the following observations: He stands with the left knee advanced in front of the right, the limb abducted, with the foot rather everted, but not much so. No leaning forward and to the left, nor are the psoas and ilicus stretched. Walks without dragging the leg, bends the knee freely, and can support the body on it without pain, though he appears to lean chiefly on the right limb. The spine is not curved, nor is either shoulder obviously depressed. The left limb may be adducted without pain or force, and then seems to be longer than its fellow. No pain on striking the heel or trochanter major; none in front of, or behind the capsule of the hip joint; none on rotating the head of the femur in the acetabulum. Great tenderness on pressing lightly on the left buttock, and here there has been severe pain at intervals during yesterday and last night. The left nates is broader than the right, but not flatter, as if wasted, and the sulcus between it and the thigh not obliterated. The trochanter of this side seems to be lower than the opposite, and the internal condyle of the right knee lies in the fossa, above the internal condyle of the left, thus giving the semblance of lengthening by an inch and a half, though in reality the patellæ of both sides are equi-distant from the anterior-superior, spinous processes of the pelvis. The head of the femur cannot be felt in the perineum. Decubitus on the affected hip,

with the knee flexed; in this position the hamstrings are tense; complete extension is difficult and painful, and the thigh cannot be as much flexed on the pelvis as the right one. Never had pain or stiffness in the knee or hip joint, nor occasional darting pains down the thigh, aggravated at night, nor did he previously, at any time, feel fatigued after slight exertion.

Skin hot; pulse 114, quick and firm; tongue furred white; appetite trifling since the accident; bowels costive. Ordered a black draught at once, and 2 grs. Dover, with 5 grs. hyd. cum creta three times a day; low diet; fomentation to the hips.

30th instant.—As before; much heat about the hip; great tenderness of the left buttock, where the stone struck. On passing the finger up the rectum, I felt a swelling near the body of the left ischium, which was so sensitive that the child roared when I touched it; no motion or displacement effected in this swelling by rotating the limb; no fracture of coccyx, nor of ischium.

Diagnosis.—Abscess forming in the ischio-rectal fossa. Ordered leeches, fomentations, and poultices to the back of the joint and buttock, and to have a teaspoonful, every two hours, of the following mixture: ℞ Ant. pot. tart. gr. ij., Aquæ ʒ vij.

1st May. As I was indebted to the kindness of Dr. Crawford for the case, I informed him of its progress, and of my diagnosis. He visited the boy with me, and, after a close examination, coincided with the above view.

2d May. Rest much disturbed by the pain, which is increased even by the application of the poultices. Skin warm, but moist; pulse 114, not firm, as before; bowels costive, with much tenesmus; has a slight cough; the left buttock over the tuber ischii is tense, swollen, hot, and painful, and conveys to the finger the characteristic sensation of a forming deep seated abscess. The margin of the anus is tumid, and exquisitely sensitive. Ordered a dose of castor oil, and a poultice of hops.

3d May. The irritability of the rectum persists. The left side of the anus, and a margin of about one inch of the perineum, on the same side, are of a crimson color—œdematous—and present the appearance as if the abscess would point near the sphincter. The cough increased; pulse 112, small. The powders and mixture to be stopped, and the following substituted: ℞ Vini ipecac. ʒij., Sp̄t. ætheris nitrosi ʒij., Tinct. Hyos. ʒi., Aquæ ʒ v ʒij. ʒss to be taken every two hours. A suppository of gr. ½ opium at bed time, and a warm bath.

4th May. Rested better; had a rigor last night; appeared easier this morning; skin hot and moist; pulse 120, small; irritability of the rectum continues; cough looser. Ordered the evacuations to be examined for matter.

5th May. The abscess opened last night while at stool, and much healthy pus escaped with the feces, giving immediate relief. The skin now is cool and moist; pulse 87; bowels yet irritable; the swelling about the anus subsiding; the pain gone; no stiffness of the joint; stands erect, with both feet together; and walks without limp or pain. The orifice by which the pus escaped situated about one inch within the rectum.

13th May. The boy is well, and no signs remain about the nates of the recent injury. He walks naturally. The orifice in the rectum not to be felt.

I saw the boy on the 26th of this month; he was perfectly well, and used the left limb as well as the right.

REMARKS.

This case is interesting in several particulars; but chiefly as it exhibits the possibility of an *injury near the hip joint terminating in an abscess*, producing symptoms, at first sight, resembling much those of *dislocation into the foramen ovale*, and not a little those of *morbus coxæ*, in its early stages; yet *establishing a clear diagnosis* between these several affections. For the sake of perspicuity, I will arrange the points of dissimilarity and resemblance, which are the most striking, in opposing columns.

*Points of Dissimilarity between this case of Ischio-rectal Abscess**And Dislocation into the Foramen Ovale.*

- | | |
|--|---|
| 1. Produced by a violent fall on the nates. | 1. Produced by a weight falling on the pelvis, while the trunk is bent forward, and the thighs are separated from each other. |
| 2. Lameness not observed till 4 days after the accident. | 2. Lameness observed immediately after the accident. |
| 3. Adduction of the limb easy and painless. | 3. Adduction of the limb difficult and painful. |
| 4. Toes and heel rested on the floor. | 4. Toes rest on the floor, heel usually off the floor. |
| 5. Apparent lengthening of 1½ inches. | 5. Real lengthening from 1½ to 2 inches. |
| 6. Apparent depression of trochanter major. | 6. Real depression of trochanter major. |
| 7. In the erect posture, no bending forwards, nor were the psoas and iliacus stretched so as to form a tense ridge, sensible to sight and touch. | 7. In the erect posture, trunk bent forward, and the stretched psoas and iliacus, form a tense ridge on the side of the thigh, sensible to sight and touch. |
| 8. Head of the femur not felt in the perineum, though a boy of "slender frame," and no swelling. | 8. Head of the femur felt in the perineum, only in thin patients, and in the absence of swelling. |

The progress, mode of treatment, and the result, in this "case" were so manifestly opposite to what they would be in the "dislocation," that it is needless to contrast them.

*Points of Resemblance between this case of Ischio-rectal Abscess**And Dislocation into the Foramen Ovale.*

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|--|--|
| 1. The limb advanced and abducted. | 1. The limb advanced and abducted. |
| 2. Toes slightly everted. | 2. Toes everted in some cases. |
| 3. Complete extension and flexion difficult and painful. | 3. Complete extension and flexion difficult and painful. |
| 4. Hamstrings tense, and knee somewhat flexed. | 4. Hamstrings tense, and knee somewhat flexed. |

*Points of Dissimilarity between this case of Ischio-rectal Abscess**And a case of Morbus Coxæ.*

- | | |
|--|--|
| 1. Stiffness of the limb, &c., a sense of fatigue and weakness after slight exertion, were not complained of for some time previous to the lameness. | 1. Stiffness of the limb, and a sense of fatigue and weakness after slight exertion, complained of for some time previous to the lameness. |
| 2. No pain at any time in the knee, nor down the thigh. | 2. Pain in the knee, and occasional darting pains down the thigh; generally worse at night. |

3. No pain in the hip itself, but seated near the tuberischii.
4. Does not drag the limb when walking, but bends the knee freely.
5. Rests on the sole of the foot, and can bear the weight of the body on the affected limb.
6. Decubitus on the affected side.
7. The affected limb not different in appearance from its fellow.
8. The affected nates not wasted, nor the sulcus between it and the thigh at all effaced.
9. No real lengthening.
10. No pain in the hip or knee produced by striking the heel or trochanter major, nor by rotation of the limb.
11. Neither pain in front of, nor behind, the ilco-femoral-capsule.
12. A very brief period clapsed, accompanied with acute pain, but little constitutional deterioration, before suppuration and subsequent relief resulted.
13. The cure after suppuration rapid and perfect.

Points of Resemblance between this case of Ischio-rectal Abscess

1. Occurred in a youth of strumous habit, connected with external injury as its exciting cause.
2. Stands with the left limb somewhat advanced, & leans but lightly on it; the foot is slightly everted.
3. Apparent lengthening of the affected limb.
4. Knee of affected limb sound.
5. Nates of left hip somewhat broader than its fellow.
6. The left limb cannot be as much flexed on the pelvis, as the other.

The abduction of the left limb, and the slight eversion of the foot in the preceding case, seem fully accounted for by the inflicted injury exciting the gluteus maximus, the gemelli, the pyriformis, and obturator-externus, to spastic action; besides, this position would most relieve the pain resulting from inflammation, and its effects, effusion of serum, lymph and pus. The apparent lengthening is explained by the circumstance, that the patient rested chiefly on the sound limb, and advanced the other (which was also abducted) so as to steady the body; thus the pelvis necessarily followed the movement of the limb, and its transverse axis, which normally forms a right angle with the spine, now formed an oblique angle, and the limb would appear lengthened according to the obliquity of

3. Pain in the affected hip occasionally.
4. Drags the limb when walking, and carries the limb straight, as if there were no joint in the knee.
5. Rests on the toes and ball of the foot, and cannot bear the weight of the body on the affected limb.
6. Decubitus on the back or unaffected side.
7. The affected limb is found decidedly thinner, softer, and more shrunk, than the other.
8. The nates of the affected side wasted, and the sulcus between it and the thigh, more or less effaced.
9. Real lengthening.
10. Pain in the hip or knee, produced by striking the heel or trochanter major, and by rotating the limb.
11. Pain in front of and behind the ilco-femoral capsule.
12. A protracted period clapses, accompanied with great increase of suffering, and constitutional deterioration, before suppuration and subsequent relief result.
13. The cure after suppuration, when it does occur, is tedious, and at best imperfect.

And a case of Morbus Coxæ.

1. Occurs in youths of strumous habit; it may (or may not) be connected with external injury as its exciting cause.
2. Stands with the affected limb somewhat advanced, & leans but lightly on it; foot is generally everted.
3. Apparent lengthening of the affected limb in the early stage.
4. Knee of affected limb generally sound.
5. Nates of affected hip broader than its fellow.
6. The diseased limb cannot be as much flexed on the pelvis, as the other.

the angle. The tenseness of the hamstrings, and consequent flexion of the legs, was doubtless owing to the irritation seated at the origin of the biceps, semi-membranosus and semi-tendinosus muscles having been propagated to them, and exciting a spastic state of these; hence the difficulty and pain caused by complete extension and flexion of the limb. The breadth of the left buttock, and its fulness, was owing to the inflammation which extended towards the mesian line.

One word respecting the treatment of the abscess, in which I did not follow the rule laid down in our handbooks, "an early and free opening." I acted thus in conformity with the views of my former patron, Dr. R. L. Macdonnell, and as this gentleman is, I believe, preparing an article on the subject, I forbear any remarks on the merit of the respective rules of practice, but await the publication of the author's own views and experience.

Montreal, 20th June, 1848.

(To the Editor of the B. A. Journal of Medical Science.)

DEAR SIR,—At the commencement of the course of Medical Lectures, of the past session, in the McGill College, with the view of encouraging the study of forensic medicine, a branch of medical education but recently introduced into that Institution, an inducement was offered by me for the best essay on any medico-legal subject. The accompanying paper on the "Fatal doses of Prussic Acid," by Dr. William Wright, of this city, has been judged the most meritorious; and believing its perusal may prove both *interesting* and *instructive* to many of your readers, I send it for publication in your Journal.—I remain, &c.,

W. FRASER, M. D.,

Lecturer on Forensic Medicine, McGill College.

8, Little St. James Street, July, 1848.

ART. XXXI.—A MEDICO-LEGAL ESSAY ON FATAL DOSES OF PRUSSIC ACID.

By WM. WRIGHT, M. D.,

Curator of the Museum, McGill College.

That a patient has swallowed poison, is suspected when he becomes suddenly and dangerously unwell, though previously in perfect health, when the illness supervenes after the taking of ingesta, and when it rapidly passes to a fatal termination. Further evidences of the fact, as well as a knowledge of the particular agent employed, are to be sought for, from 1st, The symptoms; 2nd, The post-mortem appearances; 3rd, Experiments on animals; 4th, Chemical analysis; and, 5th, Circumstantial evidence. These generalities have been introduced, in order that some of them may be appropriated as topics for the discussion of the subject of this Essay; and of these, the one that will now be considered embraces the *Indications by which a fatal dose of prussic acid warns us of its operation on the human frame.* These may be derived from the states of the eye, face,

respiration, pulse, heart, consciousness, volition, sensation, and motion; the presence of its characteristic odour; the hearing of a peculiar shriek, and the evacuation of the contents of the intestines and bladder. The detail of each of these will now be portrayed *serialim*; from which, on its conclusion, I will draw such inferences as I conceive to be warrantable.

The state of the Eyes.—In general they have a glassy or shining appearance, are prominent and staring, or protrude through their partly closed lids, rendering the cornea particularly projecting. These marks did not exist in seven epileptic patients, poisoned by prussic acid in Paris; and in many recorded cases no allusion has been made to them, either from their absence, which is most probable, or from their being overlooked, which is less likely. "The pupils," writes Pereira, "are usually dilated, though sometimes contracted;" in some late cases they are described as "half fully dilated." In one-third of the instances of poisoning by carbonic acid gas, the pupils were dilated, and the eyes prominent and shining, while many diseases and other poisons produce like effects.

Inferences.—1. That there is no constant state of the eyes produced by prussic acid.

2. That the eyeballs most usually are prominent, and particularly glistening or bright, and the pupils more than normally dilated, and more or less insensible.

3. That when these are present they alone are insufficient to declare the nature of the poison that had been taken.

The state of the Face.—As in nearly half the cases of poisoning by carbonic acid gas, so from prussic acid the countenance is pallid and placid, expressive of composure and tranquillity. "The cheeks," in a case of Dr. Flemming's, in 1846, "retained their natural ruddiness." In one instance, the face was at first of a "black red," but subsequently became pale and covered with large drops of sweat; in others, it has been so greatly congested as to be almost purple. The features, especially in these latter, may be very much altered from muscular contractions, the teeth clenched and much foam, from increased salivation, collected about the lips, which are generally retracted and livid. The fallacies that might be urged against the above are numerous, and so obvious, as to require no recital here.

Inferences.—1. The countenance may retain its natural appearance, and the "cheeks their ruddiness."

2. The countenance may be pale, calm and composed, as during sleep.

3. The face may be in a state of livid turgescence, the features distorted, and foam expelled from the mouth.

4. That the state described in No. 3, bears an analogy to the state of the face in epilepsy, and that in No. 2, to that of half the cases of poisoning by carbonic acid gas. Hence the state of the face is an equivocal index of poisoning by prussic acid.

5. That the condition delineated in No. 3, is due to convulsive, irregular or inordinate contraction of the facial muscles, and that in No.'s 2 and 1, to an opposite action.

The state of the Respiration.—"Breathing not ob-

vious, or there may be two or three deep hurried inspirations." Hufeland gives a case where, for some time, it was imperceptible, when suddenly a single expiration was made, and with such power, that "the ribs seemed drawn almost to the spine." Dr. Flemming's patient, above alluded to, "breathed as if asleep." Dr. Sewell (*B. A. Journal of Medical and Physical Science*), states, that the subject of a case to which he was called, was found on his back "snoring." Mr. Nunnally reports the case of a man who "breathed slowly, convulsively, something like violent sobbing;" by the employment of restoratives, deep inspirations were caused. The respiration, moreover, may be slow, laborious, and at intervals, or "deep and catching." In animals, before entirely ceasing, it has been "hurried and panting," after a large dose; "rapid and weak," or "slow and sighing," after a less one, and frequently "spasmodic," when recovery has occurred.

Inferences.—1. That the respiration is variously affected, after a fatal dose of prussic acid has been swallowed, and that it may be

A. Noiseless, *a.* just appreciable, as during a tranquil sleep, or *b.* altogether imperceptible, in which case there may be two or three deep inspirations or gasps, and one or more violent expirations before death.

B. Noisy from paralysis, as snoring.
C. Noisy from convulsions, as *a.* violent sobs, or deep and catching. *b.* slow, prolonged, and laborious.

2. That the effects of restoratives are to cause deep inspirations.

3. That these varieties are due to their being witnessed at different periods after the poison had been taken, to dissimilar amounts and strengths of the latter, and to idiosyncrasies of its victims.

4. That, owing to these discrepancies, we cannot predict, with certainty, that any specific change will be produced upon the respiration by prussic acid.

5. Nevertheless, it is not unlikely, coupling the effects described in the different reported cases, with those on animals, that a fatal dose of prussic acid, at first, accelerates the respiration, next diminishes if not stops it, and towards the end, causes momentarily, some exaggerated form of it. That when convulsions or paralysis are present in other parts, its machinery may be a participator of them, by which its own character will be materially altered. That should recovery occur, the breathing may become spasmodic.

The state of the Pulse.—Authors and case takers significantly declare that it is "imperceptible." In a case of Mr. Hicks', it was "imperceptible," though the "breathing was slow, laborious, and at long intervals."

Inferences.—1. That our knowledge of the effects of a fatal dose of prussic acid on the pulse is very barren, arising, it may be, from practitioners seeing their patients just before or any time after death.

2. In consequence, all that can be said is, that it renders the pulse imperceptible; and that this occurs before the entire stoppage of the respiration.

The state of the Heart.—Its action is rendered indistinct during life, and it continues to beat feebly for some time, after all the evidences of death have set in. From experiments on animals it appears that when the dose is

large, there is a simultaneous cessation of its action with the respirations; but when it is less it continues to beat feebly for two or three minutes, after all indications of sensation and motion have ceased.

Inferences.—1. That a fatal dose of prussic acid renders the action of the heart less perceptible than what it normally is; and that by a superfluous one, or, possibly, in other cases, without this stipulation, its action may cease with the extinction of respiration.

2. That most usually the heart beats feebly for two, three, or more minutes after the other evidences of death have been developed.

Of Consciousness.—Persons after taking a fatal dose of prussic acid, usually, are capable of making rational and expressive declarations, as well as of performing different voluntary actions. Entire loss of intellect shortly, however, sets in, and in contradistinction to most cerebro-spinants there is no delirium, mental hallucination, or aberration of the mind. Dr. Sewell's patient, after swallowing the liquid, cried out, "come to me quick, I am dying." A man, after undressing himself, at bed time, swallowed 40m of prussic acid, (strength 3¼ per cent.,) set down the glass that had held it, threw down the bed clothes, got into bed and covered himself up. He now said to his wife, "Well, Bessy, I have taken something, and it will be all over with me in a few minutes." She left the bed, ran to the door, and screamed for aid. The child being frightened, crept to its father and said to him, "don't leave me," to which he replied, "no, my dear, I won't leave you." He now perceived his jaws becoming stiff, and crammed the sheet between his teeth, thinking that he would like something to hold by, he felt his jaw becoming gradually tighter, and this was all he was conscious of, until water was dashed in his face, (10 minutes after drinking the poison,) when he raised himself up, and, to his surprise, found several persons round his bed.

Inferences.—1. After swallowing a fatal dose, its victim retains his consciousness, reason and intelligence, for an interval of variable duration.

2. That this interval is usually short, and is succeeded by entire insensibility and unconsciousness.

3. That these effects are those which belong to it, in common with other cerebro-spinants.

4. That the absence of delirium and mental hallucination are its negative characteristics.

Of acts of Volition.—As this is a topic that requires illustrations, I will introduce the following. According to a servant, his master, after swallowing about ʒss of prussic acid, (Scheele's,) corked the bottle, let it fall, extended his arms to save himself, and then fell to the ground. In Dr. Flemming's case, the bottle was found loosely corked in the man's right trowsers' pocket, and it was proved that he had swallowed ʒss. of prussic acid from that bottle. A young girl, after swallowing ʒi. of Scheele's acid, put the bottle into the front of her dress, threw her hands over her head, and then fell to the ground. Dr. Sewell's patient swallowed ʒvij. of acid, (Scheele's,) then unlocked the door, cried out for aid, went back to a sofa, and stretched himself upon it. A dog, after taking a fatal dose, went down, came up, and then re-descended the whole flight of a steep winding

staircase. Mr. Lowe mentions an instance of a man who, after taking a quantity of dilute prussic acid (Ph. Lond.) containing upwards of 2¼ grains of Anhydrous acid, descended a flight of 30 stairs, walked 20 paces, as well as corked the bottle, and placed it in the pocket of his undercoat. A lad after swallowing the poison, got out of bed, walked round the foot of the bed to a chest of drawers, walked back to bed, sat on the side of it, and then, for the first time, lost all consciousness. A case noted in the last section, is applicable here, as it exemplifies the enjoyment of the use of speech, and the performance of voluntary actions, after drinking the poison. The ensuing is recorded by Mr. Godfrey, in the London *Medical Gazette*, (1847); "a man aged 44, took ʒss. of Scheele's acid, walked 10 paces to the head of the stairs, descended the steps, 17 in number, and then proceeded rather quickly to a druggist's shop, 45 paces distant, where he had procured the poison, he entered the shop in his usual slow and easy manner, and asked "for more of that prussic acid," before he became evidently affected by the original dose. Mr. Nunnelly, in the *Provincial Medical and Surgical Journal*, for July, 1846, reports the following remarkable case. A man swallowed ʒvss. of Scheele's acid, (1.5 per cent. on analysis,) from a tumbler which he found on the table of a room on the ground floor, then rinsed the glass out, threw the water used for this purpose, into and about a spittoon, replaced the stopper in the bottle, put the bottle into his pocket, ran up stairs with the tumbler to a room on the floor above, placed the tumbler on a table, and finally threw himself on the sofa, at the end most remote from the part of the table on which he had set the glass. This man answered correctly a question three minutes after he had taken the poison. In Mr. Newman's case, (Guy's Hospital Reports, 1845,) "the bed clothes were smoothly drawn up to the deceased's shoulders, and there was no appearance whatever, of disorder about them. There had evidently been no struggling before death, and on a chair close to the back of the bed, was found a phial with the cork in it." "An apothecary's assistant in Germany, took ʒiv. of prussic acid, of the Bavarian Pharmacopeia, and was found dead in bed, with an empty ʒij. phial on each side of the bed, the mattress (used in Germany as a covering,) was pulled up as high as the breast, the right arm extended beneath it, and the left arm bent at the elbow." Judith Burvell, pregnant by Freeman, an apothecary's apprentice, was found one morning dead in her bed, at her right side was a ʒj. phial, containing ʒij. of prussic acid, corked and wrapped in paper. The body lay in a composed posture, with the arms crossed over the trunk, and mostly covered up to the chin by the bed clothes. I have brought this forward as an example of the capability of the performance of voluntary acts after the swallowing of a fatal dose of prussic acid; notwithstanding the opinion of the majority of the medical witnesses examined at Freeman's trial, for, with the weight of testimony that has been advanced, the case does not become one of "impossibility," but one of exceedingly great probability.

Inferences.—1. That a person, after taking a fatal dose of prussic acid, may retain for a period sufficient

command over the voluntary muscles, as to be able to accomplish various diversified and complicated actions.

2. That the duration of this period cannot, from the absence of well timed facts, be correctly fixed, but that a direct ratio exists between its length, and the possession of consciousness.

3. That the powers of speech may not immediately be annihilated by a fatal dose, and, it is not unlikely, that they may be enjoyed as long as power and command over the voluntary muscles, generally, are maintained.

4. That, as in one instance, a rational answer was spoken by the victim, to a question three minutes after he had swallowed the fatal dose, so *a fortiori* the period, during which consciousness, volition, and motion are exercisable, might be, possibly, of three minutes duration.

5. That, with this knowledge, we should be prepared to make allowance for the fulfilment of different intricate performances, in the interval of consciousness and muscular control, which follows the taking of the poison.

6. Convulsions occurred in none of the cases cited above, it is therefore erroneôus to connect them exclusively with those of slow death, or with those whose subjects enjoyed more or less muscular control prior to death.

7. That the foregoing is the very reverse of the opinions that were generally believed in 1829, when Freeman was tried.

Of Sensation.—Like the last, its description may be best gleaned from illustrations. The man whose case was inserted under the head of consciousness, lost all "his feeling," until water was dashed in his face, when the sensations that he felt were most awful, and could not be described by him. It is probable that the sensations may not be unpleasurable prior to their abolition. Thus, in an instance which occurred at Worcester, the person in reply to the interrogation, had he been taking poison, replied, smiling, "no—it is all right, take no notice, give me your hand old fellow." Dr. Geoghegan's patient, (*Dublin Medical Journal*, Nov. 1835,) after taking ʒij. prussic acid, (P. D.) experienced a sensation of extreme bitterness in the mouth, and loud ringing in the ears; he afterwards became insensible, and convulsed, but by restoratives he became speedily sensible, then vomited, half an hour after which, he was quite well, with the exception of pain and a feeling of distention in the head, which continued for the remainder of the day. As regards animals, all indications of sensation rapidly cease, but return should they survive the effects of the poison.

Inferences.—1. That, with loss of consciousness, there is also loss of sensation.

2. Prior to the occurrence of which, it is not unlikely that the feelings are not of a disagreeable nature.

3. That prussic acid produces some particular effects on the special senses, as great bitterness of taste, and loud ringing in the ears.

4. That, should restoratives be successful, sensation returns, accompanied with feelings more or less perverted, and varying from those of slight uneasiness, to those of great agony.

5. That the property which prussic acid possesses of

obliterating sensation, classes it among the anæsthetic agents.

Of Motion.—Motion may be either, 1st, Voluntary, or 2d, Involuntary, either of which may be present or absent. As sufficient has been written of the first, under the section of volition, the subject of involuntary motion, will now, alone, engross attention. Dr. Geoghegan's patient, after swallowing ʒij. prussic acid, (P. D.) walked a few paces, with difficulty, retraced his steps, leant on a table, became insensible, and fell backwards. In this state, he remained for three or four minutes, during which time he was violently convulsed, his teeth were clenched, and swallowing was prevented; after he became insensible, and while leaning on the table, his thighs got rigid and were drawn upon the abdomen. As he was falling, he was caught and placed on the ground, when the upper extremities were seen to be also rigid, and on drawing them from the side they forcibly reverted to their former position. The eyelids were closed, and the facial muscles violently convulsed. A patient of Mr. Hick's, after swallowing a quantity of hydrous acid, which contained 9-10 grains of pure anhydrous acid, "started up, threw her hands over her head, stood for a second, and then running forward for a short distance, with great violence fell, with her head first, to the ground, after which she never moved. The teeth were clenched, the eyelids partly closed, the body so strongly convulsed that the head seemed buried between the shoulders, and the arms nearly turned round, by the action of the pronator muscles." The frequent absence of convulsions in poisoning by prussic acid, is proved by the numerous cases, with remarks thereon, that have been advanced under the head of volition, and it is sufficient, here, merely to add that Surgeon Norbland, in 1845, reported one; H. Letheby, M. B., in 1844, two instances where no evidences of any struggling existed. As the latter are interesting and peculiar, I shall quote the following, from the account of Dr. Letheby, who says, "I found them," (C. W. Duckett and Elizabeth Williams,) "lying on the bed, with their clothes on and in such a natural position that, at first sight, any one would have supposed they were merely sleeping." "Their features wore the calm, smiling expressions of persons who had died without the least agony or convulsion." "The clothes were not any where disarranged or tossed." "The deceased gentleman had purchased ʒij. of prussic acid, and no doubt they drank it simultaneously, while they sat upon the bed, for two tea cups were found close by them." From experiments with fatal doses of prussic acid, on animals, by Mr. Nunnally, it appears that after the capability of voluntary motion ceases, strong convulsions may precede death; that there are spasms, tonic or clonic, according to the amount of poison administered, and their susceptibility to its operation; that if the dose or susceptibility be less, rigidity of the muscles soon diminishes or ceases, and is followed by paralysis, more or less complete, which, with increasing weakness, may continue alone, up to death, or alternate with convulsions. Dr. Letheby, writes, "of the great number of experiments which I have made on animals, I do not remember ever to have seen death produced, even by the most potent dose of

prussic acid, without some convulsions, "and generally they are very violent."

Inferences.—1. That the most important varieties of involuntary motion, observable after fatal doses of prussic acid have been swallowed, are 1, tonic spasm or tetanic rigidity, and 2, clonic spasms or convulsions, (epilepsy.)

2. That probably the tonic result from a major dose and greater susceptibility; and the clonic from a minor dose and less susceptibility.

3. That both, more especially from a maximum dose, may be absent.

4. That death is least rapid in cases of convulsions.

5. That convulsions may be succeeded by rigidity.

6. That rigidity can occur without convulsions, and that it usually appears on the departure of consciousness.

7. That the absence of convulsions is denoted by placidity of the countenance, non-clenching of the hands, natural posture, want of derangement of the clothes and other marks of struggling.

8. That the results from experiments on animals, as regards convulsions, are not to be expected in the human subject, in whom convulsions are not constant, but occasional symptoms.

Of the Odour.—Much value has been attached to the detection of it in the breath; but this is not always attainable, as is shown in some late cases that have been published. When present, it is not always equally powerful, varying remarkably in different instances. Thus, in one instance of Mr. Nunnally's, "it was so strong that I had an effect from it for some hours afterwards, that is, constriction about the pharynx." On the other hand, its existence has been rendered questionable by the conflicting statements of witnesses, some declaring it was remarkably evident, and others strenuously contradicting such assertions. Further remarks on this subject are deferred to another section.

Inferences.—1. That the odour is not always present in the breath in cases of poisoning by prussic acid.

2. That, therefore, the presence of the odour is a proof of the presence of the acid; but the absence of the odour is no proof of the absence of the acid.

3. That if present, it may be questionable from 1st, its weakness, which may be due to many causes. 2d, its being masked by other odours; and 3d, from discords in the opinions of those testing it.

Of the Shriek.—Its occurrence has had a great deal of importance attached to it, and has been viewed by many as pathognomonic of poisoning by prussic acid. In this, however, all do not concur; for Mr. Hicks, in 1845, said, "although I have read over every case published in the different works on poisons and medical jurisprudence. I have not found a single instance where a shriek has been mentioned as occurring prior to death." Since then, Mr. Nunnally performed 80 experiments on dogs, and a still greater number on other creatures, and informs us that it occurs in only one-half the victims, and that it is a peculiar cry, indicative of severe distress, different from anything heard in any other state, and, as he thinks, "characteristic of the poison." In a late case of Dr. Guy's, the only

approximation to a shriek were loud gasping inspirations, which we have before noted as not uncommon precedents of death from a fatal dose of prussic acid. One case in which a shriek was stated to have been heard, was that of Mrs. Belaney, and it was immediately uttered "when told she had swallowed some of that hot drink with whose properties she was acquainted."

Inferences.—1. That in man the absence of the shriek is the rule, its presence the exception.

2. It is not improbable that loud gasping inspirations have been mistaken for it.

3. That when it does occur, it is most likely a simple expression of terror, wherefore it might be present only in accidental and homicidal cases, and might possibly aid in distinguishing such from those which were suicidal.

4. That it would most likely occur in cases of convulsions or epilepsy.

5. That, therefore, it is most common in brutes, as in them these are most common.

Evacuation of the contents of the Bladder and Rectum.—This has been laid down as a symptom of poisoning by prussic acid, but upon what grounds it is difficult to say, for in nearly every reported case, its mention has been omitted, possibly from oversight, but more than likely from its non-occurrence. In Mr. Nunnally's experiments, the fæces were passed alone in one-tenth of the cases; in another, one-tenth, both fæces and urine; in a far larger number the urine alone, and in about two-fifths neither fæces nor urine were voided.

Inferences.—1. If the evacuation of the bladder and rectum be an indication of poisoning by prussic acid, it is an accidental rather than an essential one.

2. If an analogy is to be drawn from experiments on animals, it is probable that in the human subject the urine would be most frequently voided alone; and next, often the fæces with the urine, or the former alone.

Poisoning by prussic acid might be confounded with that from oxalic acid, and the narcotics the most probable of which would be opium, alcohol, and carbonic acid gas.

Some diseases bear some points of similarity to it. Thus apoplexy, like it, occasionally comes on immediately after a meal, causes dilated pupils now and then—convulsions and death within an hour; the symptoms of epilepsy, like it, almost always begin abruptly, and are occasionally somewhat similar. From cerebral, spinal, and cardiac diseases, as from it, death may occur suddenly; and in syncopal asphyxia, as after the maximum fatal doses of prussic acid, the person immediately seems to swoon, and dies without a struggle. As lengthened discussions on the comparative peculiarities of each would not eventually render the diagnosis clearer, it is quite sufficient for all practical purposes, to assert, on the one side; that there are certain circumstances, which, if present, are fully competent to testify to the operation of Prussic acid; and, on the other, laconically, to mention a few of the most prominent features of the fallacies, the presence

of which would negative its existence. Thus epilepsy is preceded by certain warnings; it generally lasts longer than a day, and its first paroxysm rarely, if ever, causes death. Poisoning by carbonic acid gas could not occur without the presence of conditions necessary for its production. In drunkenness the alcoholic odour is imparted to the breath, muscular power is in a great measure retained, and delirium with various mental affections differing with the individual character, are present. The history of the case, if attainable, would throw great light upon the obscurity of each and every state, that might otherwise lead to confusion, with the exception, probably, of that of syncopal asphyxia, which very seldom occurs in any but women, at the end of, or just after pregnancy. The circumstances which are sufficient to testify to the operation of prussic acid, are the detection of its peculiar odour, and the rapid occurrence, with short duration, after swallowing some substance, of epileptic, tetanic, or paralytic symptoms, loss of sensation, consciousness, and power of voluntary motion, without delirium or mental hallucination. If the case be one of suicide or accident, much knowledge may be expected to be derived from parties connected with the victim, as to the poison taken, and if any of it be attainable, chemical analysis will put the matter beyond doubt.

The following is a contrast of the symptoms produced by fatal doses of Prussic acid and Opium:—

Prussic Acid.	Opium.
The Symptoms begin immediately, or they may be delayed only a few minutes.	The symptoms do not begin immediately, there being an interval of 10, 15, or 30 min.
Hence coma is speedily induced, and is seldom delayed beyond two minutes.	Hence coma comes on gradually, and is seldom seen until after the lapse of a quarter of an hour.
Convulsions occasionally.	Convulsions rarely.
Pupil usually dilated.	Pupil most frequently contracted.
Respiration various, (<i>vide</i> former page.)	Breathes slowly and almost imperceptibly.
Pulse imperceptible.	Pulse full, slow, rarely frequent.
Little, if any, tendency to vomiting.	Greater tendency to vomiting.
Terminates within an hour.	Terminates within six or twelve hours.

(To be continued.)

PRACTICE OF MEDICINE AND PATHOLOGY.

Primary Action of Chloroform: Its Effect on the Iris.—During the primary action of chloroform on the system, different sensations seem to be experienced. In the great majority of persons, and especially among females, they are undoubtedly of a highly pleasurable description. In some cases even, where the effects to those looking on are somewhat distressing—when, for example, sobs, tears, and crying accompany the unconsciousness—on recovery they seem anxious to have it again, and state their feelings to have been delightful, as if they were enjoying pleasant dreams. Small doses, in men, often cause the most extravagant gaiety, bursts of laughter, humorous gesticulations, and a similar series of phenomena to that produced on inhaling nitrous oxide gas. The special senses of hearing and sight are also in some cases more or less perverted. Humming, buzzing, roaring, and musical noises, are heard in some; whilst in others a mistiness of view, or green or yellow colouration, are given to surrounding objects.

The effects on the contractions of the iris are, of course, in connection with the changes produced in the brain. In many cases it underwent no alteration. In a few, especially in those who breathed stertorously, the pupil was somewhat dilated. It was never observed contracted, as in some cases of inflammation of the brain.—*Dr. H. Bennett's Report: Edinburgh Monthly Journal, January, 1848.*

Detection of Human Skin by the Microscope.—At the last meeting, Mr. John Quekett, the microscopic demonstrator to the Royal College of Surgeons, read a very interesting paper on the importance of the microscope in the determination of minute structures of a doubtful nature. The author stated that his object in bringing this communication before the society, was to point out how minute portions of skin, which had been exposed to the air for centuries, could be recognised as human. There existed in this country certain traditions, that persons who had committed sacrilege were flayed, and their skins nailed to the doors of the churches they had robbed, as a terror to the sacrilegists; and three portions of such skin had been forwarded to the author, for examination, by Albert Ray, Esq., the secretary of the Archæological Society. The first was taken from one of the doors of Worcester Cathedral, where now only portions remain underneath the ornamental clamps and hinges. The second specimen was taken from the church-door of Hadstock, in Essex, where it had been protected, for many centuries, by an iron-grating; this portion of skin was said to have been that of a Danish pirate, and is supposed to be nearly 900 years old. The third specimen was taken from the church-door of Copford, also in Essex. On all the specimens, Mr. Quekett succeeded in finding two or three hairs, which the microscope clearly proved to be human. Thus this valuable instrument is able to confirm a tradition, and prove the former prevalence of a practice which had been doubted by many archæologists.—*Dublin Medical Press.*

On the Treatment of Phthisis Pulmonalis by Cod Liver Oil; by DR. HUGHES BENNETT.—The effect of the oil in many cases of phthisis is very striking, and is well seen in hospital and dispensary practice. Individuals presenting emaciation, profuse sweats, constant cough and expectoration, as most prominent symptoms, with a degree of weakness that prevents their standing alone, after a few weeks' use of it are enabled to get up with ease and walk about, with a visible improvement in their general health, and an increased amount of flesh. The physical signs of the disease may continue unaffected for some time; but if the treatment be continued, the moist gurgling rales are exchanged for dry blowing sounds, which become more and more persistent, pectoriloquy is merged into bronchophony, the respiration is easier, and a check is evidently given to the ulcerative process, and the formation of purulent matter in the air passages. In this state, patients often feel themselves so well that they insist on leaving the hospital, or give up their attendance on the dispensary. Dr. Bennett has frequently found it impossible to prevail on such persons to continue the treatment, and the consequence is, that, again returning to their often unhealthy employment and bad diet, and exposed to the other causes favorable to the production of the disease, the distressing symptoms again recur. Several cases, with one or more caverns in the lungs, have in this manner returned to the infirmary from four to seven or eight times during the last six years, and on each occasion have gone out in their own opinion perfectly cured.

Notwithstanding the difficulties which have presented themselves in bringing about a complete cure of the disease, Dr. Bennett has succeeded, in several cases, in ascertaining that caverns have completely healed up, every symptom and physical sign indicating their presence having disappeared, and only slight dulness on percussion, and increased vocal resonance remaining as a proof of the puckering and induration of the pulmonary parenchyma attendant on the cicatrix. He gives two unequivocal cases where this occurred,

and alludes to others which he purposes publishing at some future time.

Most cases of phthisis pulmonalis, especially in the advanced stage, are affected with more or less dyspepsia, which renders the stomach irritable, causes total loss of appetite, and is often the cause that prevents nourishment from being taken. In many instances there is no difficulty in employing the oil under these circumstances, but in others it cannot be retained on the stomach. It will then be necessary to calm the irritability of the organ, and the best remedy for this purpose, according to Dr. B.'s experience, is naphtha. It is to the power of this substance checking vomiting, and thereby allowing nourishment to be retained, that he attributes the advantages which have attended its use in the practice of Dr. J. Hastings, and others. The diet should always be nutritive, without being stimulating; and counter-irritation to the chest is an excellent auxiliary. This treatment should be perseveringly persisted in; whilst, to prevent fresh exudations of tubercular matter, an equable temperature is of the highest importance. To equable temperature must be ascribed the advantages of favoured localities for phthisis, and with proper precautions it can be very well maintained in this climate.—*Monthly Journal of Medical Sciences.*

SURGERY.

Surgical cases treated by Moynard's Ethelial Solution of Gun Cotton.—In the following instance the utility of this new dressing is shown by the fact of its being unaffected by cold water applications, and not loosened by suppurative discharges. We quote the following cases:—

Case VII.—Last September a young man had his hand caught by a circular saw, and dreadfully lacerated. The index finger was entirely separated near the middle of the third phalanx. The third phalanx of the second finger had received a lacerated wound, extending to the bone. The third finger was also removed at the joint of the second with the third phalanx. There was, besides, a lacerated wound on the palmar surface of the fourth finger. The bone of the third finger protruding nearly an inch beyond the integuments, it was necessary to amputate it through the middle of the first phalanx. The index finger being greatly mutilated, a new flap was required to form a proper stump. This being done, the flaps of the amputated extremities were brought into their proper position, and there retained by narrow straps of cotton cloth made adherent with the adhesive solution. The severity and nature of the accident causing great pain, sedative lotions and cold irrigations were repeatedly applied. The constant moisture from these sources had no effect in loosening the attachment of the straps. The exfoliation of a portion of the bone of one finger occasioned for some days a considerable discharge of pus, which did not, however, lessen the adherence of the solution.

This case certainly efficiently tested these invaluable qualities of the adhesive solution, showing its superiority over all other species of plasters.

Another advantage to be derived from this new method of dressing, and of which I have frequently availed myself, is in its peculiar adaptation to those cases, where, though the process of cicatrization is completed, yet the newly-united flaps are painfully tender to external impressions. In such cases I have pursued the following method. Having prepared several very thin layers of raw cotton, the surface of the recently-healed stump should be freely moistened with the adhesive solution, and a layer of the cotton instantly applied and made smoothly adherent. Proceed in this manner until the whole surface is thinly covered. When this first layer is perfectly dry, apply the solution over it immediately, adding a second thin layer. Repeat this process two or three times, and a solid encasement will be obtained, of such firmness as to effectually shield the delicate cuticle from any ordinary violence. In the case alluded to, this method was adopted after the stumps had become cicatrized, as the sensitiveness of their extremities precluded the patient from performing any manual

labour. Perfect protection being afforded by the above dressing, he was at once enabled to resume his work.

Besides the advantages proffered by this new "adhesive solution," as shown in the cases already adduced, I have found its utility could be judiciously extended to various others within the domain of surgery.

Among these may be instanced indolent ulcers, in the treatment of which it has proved a valuable auxiliary. The principle of its agency is the same as in "Baynton's method," of which, in its application, it is only a slight modification. The advantages, however, which I conceive this new method to possess over that of "Baynton's," are these, viz.—1st. The irritation of the healthy integuments from the resinous composition of the common plasters, is entirely obviated. 2nd. The tenacity of adhesion is such as rarely to require renewal of the dressing in consequence of displacement. 3d. Being insoluble in water, the frequent ablution of the limb will not detach the dressing.

Case VIII.—Mr. I, *et.* 56, had been troubled, between six and seven years, with several indolent ulcers on the left leg. The largest of these was situated on the anterior and external surface of the tibia, at the junction of the middle with the lower third. It measured three and three quarter inches in its long diameter, by two and a half inches in its transverse one. The excavation from loss of substance was near a third of an inch in depth. The cachectic condition of the patient requiring a tonic treatment, the ferruginous preparations were administered, and stimulant applications to the pale, flabby granulations.

Under this treatment, of some months continuance, his health was greatly improved. The surface of the largest ulcer had diminished about an inch. The size of the smaller ones was proportionally decreased. They then seemed to remain stationary, possibly because the patient, residing at a distance and constant supervision being, therefore, impossible, he was deprived in a measure of the beneficial effects of compression from "Baynton's method." The common adhesive straps being constantly displaced, and the irritation arising from their resinous nature producing a painful erythema of the skin, the adhesive solution was substituted in place of the usual dressings, in the following manner:—Straps of cotton cloth, about an inch in width, were prepared, and attached, by means of the solution, at a point two inches from the circumference of the ulcer, commencing at the lower border. Drawing the opposite margins of the ulcer in closer proximity, the free extremity of the strap was then attached as before. Proceeding thus, the surface of the ulcer with the surrounding tissues was equally compressed and firmly supported. The smaller ulcers were likewise similarly treated.

The patient intending to be absent for a month, he was directed to shower the limb daily with cold water, and to puncture the dressing with a penknife over the lower border of the ulcer, whenever an accumulation of fluid occurred, requiring egress.

At the expiration of the month, he again presented himself. The superiority of this species of dressing was now plainly obvious. Even after this lapse of time, in spite of the prolonged friction and frequent ablutions to which the strips had been subjected, they were still perfectly adherent. Upon their removal, the smaller ulcers were found entirely covered with a firm healthy cicatrix. The large ulcer had decreased from its former size to less than an inch in diameter. The granulations were nearly even with the adjoining skin, and were of a healthy appearance. The patient expressed great satisfaction at the relief and comfort afforded by this new dressing.

There is yet another purpose to which I have found the adhesive solution applicable, which its peculiar qualities suggested to me, viz., as an artificial skin in the treatment of some cases of burns and scalds. Judging from the instances in which it has been thus used, it would seem to merit more extensive trial. Aware how difficult it is to fix a proper estimate upon the value of any remedial agent, I am unable to state to what extent this mode may be preferable to existing ones. This point could only be satisfactorily decided in case of two distinct burns, of equal extent and severity, occurring to the same individual, the one being dressed exclusively with the solution, and the other being subjected to former modes of treatment. In such a case, the result would determine its actual value. As no opportunity has as yet presented the requisite conditions for such a test, I will only premise, that in the few cases in which it has thus far been relied upon, it has apparently justified the favourable opinion in which

theory is warranted in indulging. Its nature is such that it forms, immediately after application, a firm transparent coating, perfectly protecting the denuded surface from all contact with the air. The injured part, thus exempt from this source of irritation through the medium of an artificial skin, the most favourable condition is afforded nature to repair the lost tissues and effect rapid cicatrization. Should pus or serum collect beneath, a minute puncture allows it to exude, after which it should be re-sealed with a drop of the solution. I will only allude to two of the cases in which it has thus been employed.

Case IX.—Mr. ———, about 25, an operative in a factory, was scalded by the bursting of a steam pipe while at work. The injury extended over the side of the right cheek, temple, a portion of the forehead, and across the nose. He was seen within half an hour after the accident. An immediate application of the adhesive solution was made to the scalded surface, it being gently painted over with a large camel's hair pencil. Waiting a few seconds for the first coating to become dry, a second and third were added. After the momentary smarting from the ether holding the gummy principle in solution, the previous intense pain was greatly relieved, and, shortly after, ceasing entirely, he returned to his work. The patient experienced no further trouble.

Case X.—Is that of a man who received a burn from a camphine lamp which accidentally exploded. The burn was extremely painful, involving the face, hands, and parts of the body. The immediate application of the adhesive solution was resorted to. For an instant the pain was increased, but quickly subsided, leaving the patient much relieved from his previous suffering. Occasional re-applications were made, to ensure occlusion from the atmosphere. Rapid cicatrization took place, and after the dressing gradually wore off, the features were free from all scars.

The immediate application of the solution is preferable in burns of the first three degrees. In those of the fourth degree, it may be advantageous to extend wide straps of cotton cloth across the surface of the burn (where large sloughs are likely to occur), and attach them to the adjoining healthy skin. This would permit of their ready removal for the purpose of inspection of the parts beneath—the external surface of the cloth being saturated with the solution, thereby effectually excluding the air.

Before closing this abstract of cases, demonstrating the varied adaptation of this novel addition to surgery, I will add a case in illustration of a mode of dressing lacerated wounds of the scalp, which has been followed by beneficial results. By this simple plan, the erysipelatous inflammation so frequently supervening on the employment of sutures, is necessarily impossible, while the requisite juxtaposition of the injured scalp is permanently maintained.

It consists in attaching to the shaved scalp a strap of sheep skin or cotton cloth, of an inch or more in width, cutting one margin of the cloth to correspond in shape with the edge of the wounded scalp. A narrow line of the strap on the side nearest the wound should be left unmoistened with the solution, and consequently unattached to that point of the scalp; the object of this free margin being to leave space for the ready passage of the needle. The other side of the wound having a strap attached in the same manner, nothing remains but to pass a needful of strong thread through the corresponding free margins of the straps, and thus bring the separated scalp into proper position. The pressure by this means equally diffused, all painful tension obviated, the aid of sutures rendered unnecessary, and the danger of erysipelas from their use consequently escaped.

Case XI.—Was an instance in which I availed myself of this mode of dressing. An Irishman, a labourer on the railroad, was severely injured in a drunken affray, his body being bruised, and his scalp torn, from blows inflicted with a rough stone. The most serious wound was a laceration of the scalp, about three inches in length, over the temporal ridge of the left parietal bone. As the sides of the wound were separated to some extent, my object was to ensure their coaptation, without resorting to the objectionable employment of sutures in the scalp. It was therefore dressed in the manner above described. The result was, ready union, without erysipelatous inflammation ensuing.

The introduction of this mode of dressing wounds of the scalp will undoubtedly prove serviceable to both surgeon and patient.

I now conclude this surgical report of cases in which I have used the "adhesive solution," they being a summary abstract from more than a hundred cases, but are sufficient to exemplify the

singular qualities of the solution, as well as the varied capability of its application.

I cannot here refrain from expressing my thanks to Dr. Whitney for the ample opportunity he has afforded me, from among his surgical patients, for the thorough and extensive trial of the adhesive solution, by which I was enabled to demonstrate more fully and completely the success which had, in a minor degree, been obtained from my earlier experiments.

The "*experimentum crucis*" to which it has been subjected warrants my belief in the intrinsic merit of this new addition to surgery. Confident that the experience of the profession will corroborate my opinion of it, I take pleasure in submitting it to their consideration.

JOHN PARKER MAYNARD.

MIDWIFERY.

Duration of Natural Labour.—Out of 5832 cases of natural labour (1752 primiparæ), occurring in three years at the Dublin Lying-in Institution, the following was the duration of labour divided into four periods, according to Drs. McClintock, and Hardy:

3382 were delivered under 6 hours, and of these 716 were primiparæ; 1398 between 6 and 12 hours, and of these 640 were primiparæ.

426 were delivered between 12 and 18 hours, and of these, 283 were primiparæ; 146 between 18 and 24 hours, and of these, 113 were primiparæ.—*McClintock and Hardy's Practical Observations.*

Treatment of Placenta Prævia.—[Dr. West's Report on Midwifery.]—Seventeen instances have been recorded in the English journals during the past fifteen months, of detachment of the placenta before the birth of the child in cases of placenta prævia. In the case recorded by Dr. Simpson, to whom it had been communicated by Mr. Cripps, the placenta was removed by an ignorant midwife, and ten hours elapsed before the child was born, during which time, however no hemorrhage took place. In 16 out of the 17 cases the bleeding is said to have ceased immediately on the detachment of the placenta; but Dr. Everitt mentions that, although the flooding abated on the separation of the placenta, it did not entirely cease until after the application of cold externally; and he insists on the fact as proving that in cases of this kind the hemorrhage comes from the uterine as well as the placental ends of the lacerated veins. The life of the mother was preserved in every case but one, and then the previous hemorrhage had been so profuse as almost to exhaust the patient, who died three hours after delivery. All the children were still born, except in the case related by Mr. Stickings. [As far as the well-doing of the mother is concerned, the results of these cases must be regarded as favourable; but, on the other hand, the lives of 17 out of 18 children were sacrificed, at least half of whom would probably have been saved by the ordinary practice. In many instances, too, there appears to have been no reason why the child was not turned and extracted first, the os uteri having been well dilated or yielding and dilatable. In such cases it seems not unfair to assert that the child's life was sacrificed to the desire of performing a new operation. Several of the cases are so loosely worded that little can be gathered from them, while some have either been so carelessly observed, or so incorrectly related, as to render them quite untrustworthy.]—*Lond. Med. Gaz., Mar., 1847.*

MATERIA MEDICA AND CHEMISTRY.

Formula for the Preparation of the Persesquintrate of Iron.—By Mr. Ker.—In making the solution of the persesquintrate of iron, I now employ the following formula, which differs in a few respects from the original in the *Ed. Med. & Surg. Journal*.

Take of Iron Wire (that sold under the name of No. 17.) one ounce.

Nitric Acid, three ounces by measure.

Water, fifty-seven ounces.

Muriatic Acid, one drachm.

Mix the nitric acid with fifteen ounces of water (in very warm weather the quantity of water may be somewhat greater, and in cold weather somewhat less) in an earthenware vessel capable of holding three or four times this quantity. Put into this dilute acid the iron wire broken into a number of pieces, and so twisted as to extend into every portion of the liquid. Cover the vessel lightly, and set it aside. In eight to twelve hours the process is completed, when the solution is to be poured off the undissolved wire, and the remainder of the water, together with the muriatic acid, added, to make up the whole of sixty ounces (thirty in the original formula.)

In this process there must be a slight excess of wire (say thirty grains) to ensure the combination of the whole of the acid. A great excess, if allowed to remain long in the liquid, would convert it into protonitrate. When properly prepared, the solution of the persesquioxide of iron has a dark red colour, like that of dark brandy; and carbonate of soda produces a red precipitate, unmixed with any tinge of green. The taste is very astringent. The large quantity of water, and the free muriatic acid, are for the purpose of keeping the solution long transparent. In cold weather, two or three months will elapse before it becomes muddy.—*Jour. and Retrospect of Med. Science, May, 1848.*

Means of detecting Carbonate of Potash in Iodide of Potassium.—On account of the great use made of iodide of potassium, and its consequent high price, it is a drug much adulterated, and, among other things, very frequently so by carbonate of potash. The presence of the latter salt is, however, detected by a very simple process. Several grains of the suspected iodide are triturated in a mortar with an equal quantity of hydrochlorate of ammonia (sal ammoniac); if the iodide of potassium contain the smallest portion of the carbonate of potash, the mixture immediately exhales a very ardent odour of ammoniacal gas.—*London Lancet.*

Impurities of Chloroform.—By H. Letheby, M.B., Lecturer on Chemistry at the London Hospital.—A little attention bestowed on the reports of the effects of chloroform, and of the opinions of medical writers in this and other countries respecting the propriety and safety of its use, will show that, irrespective of a want of tact in the administration of this body, there must be some latent cause for the irregularities which are constantly observed in its mode of action.

And, upon considering, in the first place, that the preparation of chloroform requires a great deal of care and management, and, in the next place, that it is manufactured and sold at several houses whose laboratories are not at all celebrated for their good order or government, it will be readily surmised that the cause of its irregular action may lie in the impurity of the drug.

To test the truth of this suspicion, I have taken a little trouble to procure samples of chloroform the effects from which have been found to be irregular; and, upon submitting them to analysis, it was discovered that they invariably contained some principle foreign to its true composition.

Among these principles I have met with alcohol, aldehyde, free hydrochloric and hypochlorous acids, hydrochloric ether, and some of the compounds of methyle. The latter, as far as my experience goes, are exceedingly poisonous in their action, and I regret that we have not a ready means of discovering their presence, or of freeing chloroform from them. The others are not of themselves very hurtful to the animal system, and it might be thought that the existence of them in the very small quantities in which they usually occur in chloroform, would not be of much moment. I have, however, found that this supposition is not correct, but that chloroform containing even a small amount of alcohol, hypochlorous or hydrochloric acid, will create a good deal of irritation, and a subsequent depression and languor, which are altogether foreign to the action of pure chloroform. This is the result of my investigations; but I am not at all prepared to say that the ill effects arise out of

the direct influence of these bodies: it may be that they accompany, and thereby indicate the presence of some other body upon which the injurious action depends.

The mode which I have adopted for the detection of these impurities is the following:—

1. *Alcohol* is often recognised at once by the milkiness of the liquid. If it exists to the extent of from 30 to 50 per cent. (and I have often detected as much as this), the specific gravity of the sample falls much below 1.496; and when a drop of it is let fall into a little water, instead of sinking as a clear pellucid bead, it falls through the water as an opaquepearly drop. On shaking it in the water, the mixture becomes milky, and it requires a long time for the chloroform to subside perfectly. After it has done so, it may be observed that the original bulk of the chloroform has diminished; in fact, the alcohol has been dissolved out of it, and it has shrunk accordingly. In this way we can often determine the amount of the alcohol present:—Take, for example, about 30 drops of the suspected chloroform, put it into a narrow test tube, mark the level at which the liquid stands, then add about two drachms of distilled water, and shake them well together. On allowing them to rest for an hour or so, the chloroform will collect at the bottom of the liquid, and we can then discover, from the diminution in its bulk, the amount of alcohol dissolved.

I have great reason to think that much of the chloroform now used in America is contaminated with alcohol; for, according to the report of Professor Meigs, it has the low sp. gr. of 1.450; and I put it whether this may not be one of the reasons for the unsatisfactory accounts which have come from that country.

2. *Aldehyde* is another substance which may be occasionally met with in chloroform. It is recognised by its reducing action on the hydrated oxide of silver, and by its rendering a little liquor potassæ of a brown colour when it is heated with it. I am not sure that it occasions any injurious influence when it is inhaled with the chloroform, but it is likely to be converted into acetic acid, and this is somewhat of an irritant.

3. *Hydrochloric acid* is a very common impurity of chloroform, and it often exists in it to a very considerable extent. A sample which was furnished to the London Hospital a short time since contained as much as 53 per cent. of free muriatic acid—a quantity which, in its gaseous state, amounts to 500 per cent. of the bulk of the liquid chloroform. This sample, on attempting to use it, gave rise to the most distressing symptoms; occasioning cough, difficulty of breathing, a highly congested countenance, followed by rapid prostration of the vital powers with almost complete collapse. If it had fallen into the hands of an inexperienced operator, it would, without doubt, have produced fatal effects. Chloroform containing this acid, has often an irritating odour. It reddens litmus paper, and gives rise to a white precipitate when it is shaken with a solution of nitrate of silver.

4. *Hypochlorous acid* may be detected by its odour, by its reddening and then partially bleaching a piece of litmus paper, and by its giving a white precipitate with the solution of nitrate of silver.

5. *Hydrochloric ether* may very often be recognised in chloroform. It is discovered by shaking the chloroform with water, then decanting the latter and distilling it from a water-bath. The odour of the muriatic ether is very evident in the portions which first come over.

6. *Compounds of methyle.*—It is to be regretted that these dangerous compounds are not to be detected very easily. One of the best signs of their presence is the effect which they produce upon the animal system. They occasion a peculiar throbbing headache, and a rapid prostration of the vital powers. These effects may often be ob-

served when the chloroform is only smelled for a little while: and I have no doubt that they are very frequently the cause of the discomfort which so often follows upon the use of certain samples of chloroform.

It is foreign to the object of this communication to point out the sources of these impurities; but it may not be out of place to make a brief reference to a mode whereby they may be got rid of. Wash the chloroform three or four times with its own bulk of water, decant the water carefully after each operation, then introduce it into a retort with about four or five times its bulk of powdered quicklime, and carefully distil it by means of a water or steam bath. The chloroform thus obtained will be generally quite pure; and it should have the following properties:—

1. It should be perfectly free from opacity.
2. Its specific gravity should be near 1.496.
3. It should neither redden nor bleach litmus paper.
4. It should not become opaque when it is dropped into water.
5. It should not occasion any whitening with a solution of nitrate of silver.
6. It should not whiten or coagulate the white of egg.

The last two are very important tests, and they are easily applied. The white of egg should be used as it is obtained from the raw egg; and a little of it, say as much in bulk as a pea, is to be dropped into the chloroform and allowed to remain there for an hour. If any alcohol is present it will whiten it.

MISCELLANEOUS.

GENERAL AND MEDICAL INTELLIGENCE.

The consumption of opium, as apparent from the reports of the Board of Trade, is on the increase in Great Britain and Ireland. During the month ending May 5, it was 7029 pounds, while, during the same period of 1847, it was only 3083 pounds. In 1847, the total quantity imported throughout the year, amounted to 24,929 pounds.—It is proposed by our English dentists to employ the Gutta Percha for forming artificial palates. The cases in which it has been used, have proved successful; and one great advantage of it resides in its cheapness—permitting its use by poorer persons who are unable to pay for the gold or platinum ones formerly used. It has been employed by several American dentists for filling teeth; and its solution in chloroform is said to be equal to that of the ethereal solution of gun cotton for holding the edges of wounds together.—Dr. Trowbridge, of Watertown, N. Y., recently performed lithotomy on a child aged three years and three months. The stone was three inches in circumference, and had tormented the little fellow for two years.—Abram Williams, of Kentucky, a soldier of the American Revolutionary Army, died lately, aged 106 years.—Mr. Ledoyen has established an agency for the sale of his Disinfecting Fluid in Boston.—Dr. Morton has been presented with a silver box containing \$1000; the following inscription was engraved on the lid:—"This box, containing one thousand dollars, is presented to Mr. Thos. Green Morton, by the members of the Board of Trustees of the Massachusetts General Hospital, and other citizens of Boston, May 8, 1848. He has become poor in a cause which has made the world his debtor. Testimonial in honor of the ether discovery of Sept. 30, 1846."—The clerk of an apothecary shop in New York has been found guilty of manslaughter in the fourth degree, in causing the death of an old lady named Ann Hart, by putting up for her use laudanum instead of tincture of rhubarb, of which she partook in sufficient quantity to cause her death.—An extensive fissure, penetrating deeply into the rock, and threatening an early fall of a considerable portion, has been lately discovered at the Cape at Quebec. The fissure is about two feet wide. The Board of Royal Engineers has been examining into the circumstances connected with it, and have reported. The fissure is at the King's Bastion; and the rock likely to fall, threatens destruction to a large amount of property in Champlain street, below it. It is asserted that the cause will be found to exist in the freezing, in winter,

of the water percolating through the rock. Query? What will be the ultimate effect upon the rock, if the steady but irresistible influence of the expansive force of freezing water continue its operation for years to come?—*Successful Treatment of Cholera in Circassia.*—At a late meeting of the Medico-Botanical Society, Mr. Guthrie read three letters which had been received from Prince Woronzow, the commander-in-chief of the Russian forces in Circassia, and from Dr. Androsky, his physician, detailing a new and successful plan of treating cholera. Dr. A., finding that naphtha constituted the chief ingredient in a quack medicine used by a Cossack troop which had suffered but slightly from the disease, determined to try naphtha by itself; he first used it in mild cases of cholera and of choleraic diarrhoea; proving successful with these, he administered it in the more severe cases with equal advantage, and finally found it effect a cure, even during the most extreme collapses. The dose which he gave was from 10 to 15 and 20 drops in a glassful of wine, repeated if the first dose did not remain on the stomach, or if the symptoms required it, which was not often the case. The naphtha used in the Russian army, is the mineral naphtha, obtained from Bekler on the shores of the Caspian. It should be used without previously undergoing the process of distillation. Mr. Guthrie stated, in conclusion, that he had sent to Circassia to procure a bottle of this naphtha, of a white or rose colour, and when he had received it, he would place it in the hands of the secretary, that the members might be able to ascertain precisely what are its properties.—*Globe.*—The British Navy have completely adopted Burnett's solution of chloride of zinc for the preservation of timber for ship-building, &c., and it is ordered to be brought into full use in all the dockyards where they have large iron cylinders, 85 feet long and 6 diameter, worked by appropriate steam engines for injecting the timber. Such a process would make Canadian pine superior to the best Baltic.—By a late change in the construction of the French Cabinet, Dr. Recart has been appointed Minister of Public Works. It is an odd coincidence, that Dr. Taché occupies an analogous situation in this country, he being Commissioner of Public Works. Trigonometry should henceforth constitute an essential element of medical education here and in France.—*Cholera.*—Letters from St. Petersburg, dated June 6, announce the frightful ravages of cholera in Russia. Of 464 attacked between 23d and 29th May, 205 died. The number of new cases on the 29th, amounted to 89, and deaths, 42. It has broken out with great intensity at Jeroslaw, Robinsky, and Ralanga, and thus appears to be gradually advancing westward.—A letter from St. Petersburg, of July 1st, gives the following report of the cholera in that city:—On the morning of the 29th ult., there existed 1029 cases. In the course of the same day, 109 new cases were declared. The number of cured was 400; and the number of deaths, 356. On the morning of the 30th, the total number of cases reported was 1451.—The Spanish Medical Journals announce the increase of cases of poisoning by phosphorus.—Prof. Brande has resigned his office as lecturer to the Royal Institute. It is reported that a son of Sir B. Brodie will succeed him.—The small pox has been introduced into Philadelphia by passengers of a ship, and the Board of Health has commenced proceedings against the captain and owners. *Baths of Corrosive Sublimate in Chronic Affections of the Skin.*—Mr. Duclos has found these baths of value in syphilitic diseases of the skin, chron. eczema and generally in all non-febrile cutaneous affections of children. For each bath for an adult, he prescribes, C. S. ʒij. gr. 45; alcohol, ʒij. For a child, C. S. gr. 15; alcohol, ʒij., water gall, iiss. Duration of bath, from half an hour to one hour, repeated daily, or less frequently: from ten to twenty baths effect a cure; although lichenoid eruptions are apt to supervene.—A monument is to be erected to Harvey in his native town of Folkestone. Better late than never.—The subscriptions in favor of the Liston testimonial, proposed to be a statue, amounted to the sum (according to the London Gazette, May 12) of £650.—*Substitute for Cod Liver Oil.*—M. Marshal de Calvi in the *Memoires de Med. Militaires*, proposes a solution of five centigrammes of iodine in a gramme of oil of almonds, as a substitute for cod-liver oil. Of this iodated oil a portion (a gramme for instance) is taken and incorporated by means of gum tragacanth to form an emulsion. The dose is easily regulated, and is agreeable. It has been used with success in all the glandular affections for which iodine has been employed, both by the proposer and other surgeons.—The Colonial Land and Emigration Office, London, has advertised for surgeons to take charge of the emigrant ships to Australia, remuneration to consist of a free

cabin passage out, but not home; and 10s. a head for all passengers landed alive. The *Lancet*, and Dublin medical papers, have judicious remarks on this important step.—The *Dublin Medical Press*, July 5, contains the report of the conviction of a surgeon for misdemeanour, for having, contrary to the Act of Parliament, given a certificate of lunacy to an insane woman on a certain day, he not having seen the patient for three months previously; the Act distinctly specifying that the certificate must be given on the day of visit. There was not the slightest evidence of any corruption or bribery on the occasion. The surgeon's name was John Arthur, M.R.C.S.—Dr. Chambers, of London, who occupied for many years a distinguished position among the physicians of the metropolis, has retired from practice in consequence of ill health.—Prof. Symes has been permitted by the Crown to withdraw his resignation of the chair of Clinical Surgery in the University of Edinburgh, and he will resume his duties in this Institution next Session.—*The wounded in Paris*.—The number of wounded admitted into the civic hospitals of Paris during the 23rd, 24th, 25th, 26th, 27th, and 28th days of June, amounted to 1619, viz., 773 civilians, 813 military, and 33 women. The dead carried to three hospitals during the same period, were 162 in number, viz., 127 civilians, 33 military, and 2 women; 195 died in the hospitals within the same period, viz., 115 civilians, 77 military, and 3 women.—*Montreal General Hospital*.—From the annual report to the Board of Governors, we are enabled to furnish the profession with the following meagre information as to its operations during the past year, reckoned from May 1, 1847, to May 1, 1848:—In-door patients treated, 2061; out-door do., 3009—total, 5070; discharged of the in-door patients cured, 1717; for irregular conduct, 9; died, 263; remaining, 72—total, 2061. Of the total number treated, there were emigrants, 425 in-door, and 738 out-door; and the heavy mortality is due to the ship-fever, with which a large number of the emigrants admitted were affected. The total annual expense of the Institution, amounted to £3703 9s., affording an average rate of expense of 31s. 5d. for each in-door patient. The expenses exceeded those of the preceding year by £1330 2s. 2d. We have no data as to the character of the diseases treated; and it is very doubtful whether we ever will have, until this Journal has attained sufficient affluence to pay for them.

British American Journal.

MONTREAL, AUGUST 1, 1848.

PAST PROCEEDINGS OF THE GOVERNORS OF THE COLLEGE OF PHYSICIANS AND SURGEONS.

As a matter of justice to the Repeal Association, of which Dr. Coderre either constitutes himself, or is constituted, the mouthpiece and the champion, and with the object of setting before our readers the views of that party, we now fulfill our promise by publishing the letter addressed to us by Dr. C., and the reception of which we acknowledged in our last. If not remarkable for its beauty of style, or for its good taste in stigmatizing, in terms more forcible than classical or chaste, the course pursued by the Governors of the College, it is at least so for its verbosity, its length, and its personality towards ourselves. All these may be pardoned in one who hesitates not to violate the conventionalities of private intercourse, thus placing himself, *sua sponte*, on the horns of an awkward dilemma, where, before we finish, it will be our rather unpleasant duty to leave him; and if, under these lat-

ter circumstances, we should perchance violate the maxim, "that the merciful man is merciful to his beast," Dr. Coderre will have only himself to thank for it. Dr. Coderre is now the embodiment of "Plusieurs Médecins," whose occasional lucubrations during last winter kept warm the ardour of his allies: he is the synthesis of the opposition to the College; a very Hydra with three heads less than his prototype, and, for aught we know or care, may assume the responsibility of a trashy letter which appeared under a harlequinic title some months ago in the *Minerve* newspaper, affording at the time matter for our merriment and mirth. We now rejoice that we have the embodiment of the Association in tangible form before us. We have him, and, "by our Lady, he shall not escape." No trout by dexterous angler shall be more delicately played. We only regret that our space, so fully occupied, precludes this most congenial and animating amusement for the present. The matter, however, will keep for a season, albeit it has to undergo the ordeal of the hottest of our calendar months. Nay, it shall keep, if there is any virtue to be found in Burnett's Disinfecting Fluid, which shall be most liberally applied, and which, high authority says, is admirably adapted for the preservation of subjects for dissection.

In one thing, we are certain, our readers will concur with us—an expression of gratitude that the pent-up steam of so many young doctors has been so safely discharged through Dr. Coderre. Those who are, even in the slightest degree, acquainted with the laws which govern the expansive force of steam, know its dilatibility when acted upon by caloric pressure, and when in connexion with the fluid from which it originates. As Dr. Coderre has not burst (we have not yet heard of the Coroner having held an inquest on him), no generative agent for fresh steam now remains; and while we cannot but congratulate him on the safe delivery which he has experienced, the interminable length of his production, coupled with the fact just noticed, would point to this conclusion, that all that the Association has to say on the college question has now been said.

A. M. Archibald Hall, M.D., L.R.C.S.E., *Editeur du "British American Journal of Medical and Physical Science."*

MONSIEUR,

Dans le dernier numéro de votre journal, j'y vois un compte rendu de l'assemblée des membres du "Collège des Médecins et Chirurgiens," tenue à Québec le 9 du mois dernier. Le rapport des procédés de cette assemblée a du être fait dans l'intérêt de la profession; mais je vois qu'on n'a pas strictement suivi les moyens pour

donner, et faire connaître tous les procédés de cette assemblée. Pour être juste envers tous, et surtout pour ceux qui tiennent à être véridiques, on aurait du sans déguiser la conduite de ceux qui veulent en imposer à la profession, commencer par nous dire que les gouverneurs avaient fait préparer des listes, sur lesquelles étaient imprimés les noms des membres du "Collège," et qu'on y avait inclus les noms de ceux qui pouvaient aider à mettre en opération l'acte actuel, mais qui n'étaient pas membres de la corporation, et que sur la demande de plusieurs des membres du "Collège, de faire l'appel des noms d'après l'acte d'incorporation même, et non d'après des listes préparées pour l'occasion, qu'il y eût de l'agitation. Et n'est ce pas sur la demande de faire l'appel des noms d'après l'acte, que les chefs de la ligue à laquelle nous nous opposons, ont commencé à témoigner leur mécontentement, et d'où sont parties les *clameurs* que l'on veut attribuer aux Drs. Rousseau, Roy, et Coderre.

Quant au nom de *A. Hunt*, qui ne peut être pris pour celui de *A. Hall*, que par ceux qui ont des moyens qui leur sont propres pour arriver à leur but, vous pourriez peut être substituer celui-ci à celui-là, mais il n'y avait qu'un corps compétent qui pouvait autoriser cette substitution, sur des preuves bien établies, mais non pas les quelques membres du "collège," qui se trouvaient réunis lorsqu'il n'y avait pas de collège d'établi. Alors les Drs. Rousseau, Roy, et Coderre insistaient sur l'absence de Hunt, et c'est sur cette déclaration, que Hunt est absent qu'on les accuse de *clameurs*; c'est sans doute plutôt pour n'avoir pas été assez souples pour condescendre à la décision *virile de leurs aînés* qu'on les accuse de *clameurs*. Je vous demanderai quels sont ceux qui auraient pris la responsabilité de faire reconnaître le Dr. Hall pour Hunt, lorsqu'il s'agissait de mettre en opération une loi aussi vexatoire que celle qui régit une partie de la profession dans ce moment-ci; il n'y avait que ceux qui veulent que leur âge leur donne le droit d'ainesse, et que rien ne soit fait que de leur consentement.

Mais quant à mon nom, je dois dire, qu'il n'y avait de la part des vôtres, que des courtisans qui pouvaient persister à appeler le nom du Dr. Emery-Coderrey pour celui de Emery-Coderre: procurez vous le *statut provincial*, et vous y trouverez le nom de Emery-Coderre, et non pas celui de Emery-Coderrey, à moins que l'exécutif n'ait ordonné une impression *spéciale de l'acte d'incorporation* pour les assemblées du collège, et selon les goûts des *gouverneurs*, et pour en faire usage suivant les circonstances. Je dois donc vous avouer qu'en entendant toutes les *picoteries* que l'on faisait contre mon droit de membre, et en voyant qu'on insistait à dire que ce n'était pas mon nom: Je dois, dis-je, avouer qu'il y avait chez moi, non pas comme on s'est plu à le dire, un sentiment d'humeur, mais bien un sentiment de pitié pour ceux qui semblaient prendre une part si active contre le droit de celui qui n'était pas disposé à s'unir aux chefs de la cabale faite, contre les intérêts de la profession en général.

En faisant allusion à la conduite du président, le secrétaire nous dit: "qu'il a répondu avec dignité aux chefs d'accusation faits contre les procédés du 'collège,'

et que comme officier dûment nommé par l'exécutif, il avait pris toute la responsabilité de la charge qu'on lui avait confiée, et en avait rempli tous les devoirs avec conscience et impartialité envers tous; qu'il avait consulté le premier officier en loi (le proc.-gén. d'alors), sur les clauses de la loi qui pouvaient être appliquées contrairement aux intérêts de la corporation." Il est vrai que l'on a donné à la loi, une interprétation pour favoriser les dispositions de certains partisans du pouvoir, et qu'en conséquence la conduite du président ne pouvait être sans reproche, et qu'il a prouvé dans les différentes assemblées qu'il manquait de qualification pour remplir cette charge: je ne suis pas le seul qui ose l'avancer, vous le savez, et plusieurs en sont convenus avec moi.

Quant aux chefs d'accusation que le président a repoussés et auxquels vous faites allusion, mais que vous ne pouvez réfuter parcequ'ils sont fondés, vous n'y avez pas répondu. Le secrétaire dit ensuite que les Drs. Fortier, Rousseau, Roy, et Coderre, firent entrer M. Childs, Notaire Public, pour protester, et que pendant la lecture du protêt les Drs. Robitaille, Dubé, et Badeau, ont réclamé personnellement contre leur nom; et qu'ensuite on a donné lecture d'une lettre du Dr. Godfrey qui déclarait que son nom avait été obtenu sur la pétition du Dr. Coderre, sous de fausses impressions, et désirait qu'il fut ôté. Ce qui est dit par rapport à la pétition du Dr. Coderre est littéralement faux, elle est la propriété de tous ceux qui se sont réunis pour demander le rappel de l'acte actuel, et appartient à tous ceux qui l'ont signée. Pour ce qui regarde les fausses impressions sous lesquelles le nom du Dr. Godfrey a été obtenu, je ne vois pas comment il peut faire une telle assertion, lorsqu'il signait une pétition écrite dans sa langue (langue Anglaise), et dans des termes à ne pas s'y méprendre; car nous ne voulions surprendre personne, et nous voudrions qu'il en eût été ainsi pour l'acte actuel. Serait-il judicieux de penser que le Dr. Godfrey n'ait pas compris ce qu'il lisait, non, je ne le crois pas; la pétition est écrite d'une manière très lisible, et je puis affirmer qu'il a pris le temps nécessaire pour la lire.

Revenons, M. le Dr. Hall, à vos remarques éditoriales, à l'égard des Drs. Robitaille, Badeau, Dubé, et du Dr. Tassé. Comment pouvez-vous nous dire que le Dr. Robitaille a réclamé contre son nom, lorsqu'en votre présence je demandai à celui qui réclamait s'il n'y avait que lui de Dr. Robitaille dans le Bas-Canada, et sur la réponse affirmative qu'il fit, je lui répliquai, en lui demandant; etes-vous le Dr. James Robitaille de St. Roch. P'achigan, District de Montréal, et sur sa négation, je lui dis que c'était le nom de ce dernier que nous avions; vous pourrez-vous en convaincre par la "copie de la lettre" qui se trouve ci-dessous, si toutefois vous doutez encore de la vérité, ou que votre mémoire soit en défaut.

Montréal, 13 juin, 1848.

MONSIEUR,—Je vous prie de croire que je n'ai jamais réclamé contre l'emploi que vous avez fait de mon nom, tel que le prétend M. le Dr. Hall, dans le dernier numéro de son journal, et de plus, je déclare comme fausses toutes les versions que l'on pourrait donner à ma conduite au sujet des dernières mesures que vous avez adoptées pour démontrer que l'acte actuel, qui régit l'étude et la pratique de la médecine est vicieux et inapplicable au besoin de la profession, surtout pour les médecins de la campagne.

Je vous ai autorisé de vous servir de mon nom, comme je vous

autorise encore par les présentes à en faire usage dans cette occasion, et je partage vos mesures relativement à ce qui a été et pourrait être fait pour obtenir un bill de médecine pour la profession entière, et non pour une partie seulement.

Je suis, etc.,

(Signé) J. ROBITAILLE.

Monsieur le Dr. E. Coderre.

Quand au Dr. Badeau, on a dit qu'il n'était pas présent lors de la lecture du protêt, néanmoins j'admets qu'il y fût, et qu'il ait réclamé contre son nom, quoique personne ne sût mieux que vous qu'il partage nos démarches, qu'il s'est joint à nous pour demander un bill de médecine, et par là même engagé envers la profession d'appuyer les mesures pour l'obtenir. En demandant un bill de médecine pour la profession, nous prenons l'engagement de nous opposer à toutes les mesures qui tendraient à détruire l'ordre et l'harmonie qui doivent exister parmi les médecins, et surtout à nuire aux intérêts généraux de la profession. Depuis la mise en opération de l'acte actuel, il n'y avait plus de protection pour ceux qui sont en dehors de la corporation, et plus des deux tiers des médecins de cette province s'y trouvent, et aucun d'eux ne peut devenir membre de cette corporation qu'après quatre ans de probation, c'est-à-dire, quatre ans après avoir fait application pour demander à en devenir membre. Le Dr. Badeau est donc tenu, comme nous, à combattre les effets monstrueux qui sont résultats de cet acte, depuis l'assemblée du 15 septembre dernier, jusqu'à ce que nous ayons obtenu un bill de médecine pour tous les médecins. Le Dr. Badeau ne peut avoir manqué à l'engagement qu'il a contracté envers la profession, comme vous pouvez le voir par l'annonce, mise sous forme d'avis, signée par lui dans le Journal des Trois Rivières, No. 25, 12 février, 1848, et s'il en était autrement il serait le seul qui en fût responsable, et non pas le comité de l'association des médecins, qui pourrait encore vous fournir d'autres preuves pour votre satisfaction.

Pour ce qui regarde le nom du Dr. Dubé, il pourrait y avoir, erreur comme il est arrivé pour celui du Dr. Robitaille, le nom mentionné au protêt est celui du Dr. Chs. T. Dubé des Trois-Pistoles, et celui inséré dans l'acte est C. P. Dubé. Comme le Dr. Dubé auquel vous faites allusion dans votre journal pourrait être tout autre que celui désigné ci-dessus, je n'en dirai pas d'avantage pour aujourd'hui, soyez convaincu que j'ai de quoi justifier à cet égard notre comité.

M. le Dr. Hall, ne soyez pas surpris si je vous apprends que le comité avait pleine autorité de faire usage des noms mentionnés dans le protêt, comme faisant partie des requérants contre ce que vous aussi avez qualifié d'irrégulier, et d'illégal. Le comité de l'association des médecins, en demandant aux médecins leur adhésion, s'est engagé vis-à-vis de ceux qui se sont rendus à cette demande, et qui devenaient membres de l'association, à travailler pour obtenir un bill de médecine pour la profession, et non pas favoriser par leur silence les procédés iniques d'une corporation qui se déclare maîtresse d'une loi que la législature donnait à la profession, sans en bien approfondir les dispositions, et qui est trompée aussi elle-même, par la loi que les quelques médecins, veulent faire recevoir comme étant propre à l'avancement des intérêts de la médecine. Revenons

à la question, nous disions donc que nous étions autorisés de nous servir des noms de ceux qui nous donnaient leur appui pour combattre les effets de l'acte d'incorporation, et pour obtenir un bill tel que déjà mentionné. Tous les membres nous ont promis cet appui en nous autorisant de nous servir de leurs noms pour les fins mentionnées plus haut. Pour arriver à ce but, il fallait démontrer les résultats mauvais et vexatoires de l'acte actuel, qui en sont des conséquences inévitables, et une preuve qu'il est inapplicable aux besoins de la profession; et c'est à cet effet que nous avons été autorisés par des lettres, ou directement par la signature des médecins sur des documents que le comité a par devers lui, sauf deux ou trois médecins qui chargèrent leurs amis de signer pour eux.

Les procédés que nous avons attaqués sont précisément les mêmes, que vous avez déclaré être irréguliers, et comme devant rendre illégal ce qui a été fait; ce sont les procédés des premières assemblées du "collège," et contre lesquels nous avons réclamé devant l'exécutif, et la même réclamation devait être renouvelée; tout ceux qui avaient donné leur adhésion alors, étaient encore signataires des documents qui sont restés depuis en la possession du comité, qui ne pouvait les priver du droit de réclamer de nouveau contre ce qui avait été et devait être fait, d'après les mêmes procédés sans être injuste envers eux.

Vous apprendrez encore, M. le Dr. Hall, ainsi que ceux de vos amis qui se sont trouvés scandalisés du grand nombre de noms qui se trouvaient dans le protêt, que personne ne l'avait signé, mais qu'il avait été fait à la réquisition de ceux dont les noms et prénoms sont mentionnés en tête du protêt, et qui avaient droit de se plaindre des procédés que vous aviez adoptés, et ont protesté en leurs noms, et pour et aux noms, de ceux qui les avaient chargés de leurs intérêts, et d'agir pour eux, et en leurs noms, comme vous pourrez vous en convaincre, en vous adressant au comité qui se fera un devoir de vous donner communication des documents qui sont en sa possession, comme il le fait dans cette circonstance en vous donnant "copie de la lettre du Dr. Tassé," qui se trouve ci-dessous, et par laquelle vous verrez que nous étions autorisés de nous servir de son nom, malgré l'avancé que vous faites contre nous dans votre journal, mais que nous repoussons avec tout le mépris dû au sentiment qui a pu vous porter à le faire.

St. Laurent, 12 juin, 1848.

Monsieur,—Je vois avec surprise dans le journal du Dr. Hall, qu'on me fait réclamer contre l'emploi que vous avez fait de mon nom à l'égard du protêt, qui a été signifié, à la dernière assemblée du "collège" des médecins, entre les procédés de ce dit collège.

Je déclare donc ici, que je n'ai jamais autorisé personne à faire une telle réclamation; au contraire, j'ai protesté contre tout ce qui a été fait depuis la première assemblée; qu'on était autorisé à se servir de mon nom, comme on est encore aujourd'hui autorisé à en faire usage pour les mêmes fins. J'approuve donc tout ce qui a été fait, et vous pouvez vous servir de la présente pour cette occasion.—Je demeure, etc.,

(Signé) F. Z. TASSÉ.

M. le Dr. J. E. Coderre, Montréal.

Encore, M. le Dr. Hall, vous venez nous dire dans vos remarques éditoriales que la pétition demandant un "acte d'incorporation," était signée par 181 médecins licenciés; de ce nombre 36 protestaient, moins trois qui

réclamaient contre l'usage qu'on avait fait de leurs noms, d'après le rapport qui a été rendu. Suivant vous, 148 seraient en faveur de votre "collège," du moins c'est là la conclusion que nous devons en déduire. Voyons quel était le nombre de ceux des membres du collège qui prenaient sur eux la responsabilité de mettre en opération la loi qui fait aujourd'hui votre admiration. D'après le même rapport, 46 étaient présents pour l'adoption des règlements qui doivent constituer en définitive l'organisation du "collège des médecins et chirurgiens;" 4 de ce nombre n'étant pas légalement membres du collège, nous ne devons pas en faire mention ici: 42 en faveur de l'organisation actuelle étaient donc présents, ce qui nous ferait voir qu'il reste encore 106 membres signataires de la pétition qui n'ont pas voulu se joindre au 42 pour partager la part de l'iniquité qu'il y a de mettre en opération une loi partielle lorsqu'elle devait être générale, et cela au détriment de plus des deux tiers de la profession; ensuite que nous pouvons donc dire que 139 reconnaissant le système frauduleux introduit dans la profession, par le privilège accordé à un certain nombre de médecins contre les intérêts du corps médical, se sont déclarés opposés à un tel système, les uns par leurs démonstrations directes et les autres en s'abstenant de se rendre à l'assemblée des 42 pour y traiter sur les intérêts futurs de la profession.

M. le Dr. Hall, que vous avez peu de libéralité, lorsque vous reprochez à ceux qui n'étaient pas signataires de la pétition, d'avoir pris part à nos démarches! Vos dispositions sont tellement anti-libérales que vous ne pouvez vous empêcher de les laisser percer. Quel est celui, je vous le demande, qui se trouve exclu, par la loi, du droit de réclamer, et à qui soit interdit le privilège de se prononcer lorsqu'il s'agit de ses droits? Je vous répondrai que quand il s'agit des intérêts de tout un corps, et surtout dans une profession libérale, il n'y a pas de distinction de position, ni de distinction d'âge comme vous voudriez le prétendre lorsque vous faites allusion à l'âge qui doit avoir sa part d'influence dans les affaires de la profession.

Non, M. le Dr. Hall, vous n'avez pas apporté de raisons valables jusqu'à présent à l'appui de la cause dont vous vous êtes constitué le défenseur. Voyons et examinons les réponses que vous faites aux chefs d'accusation contenus dans le protêt contre les procédés du "collège;" elles ne sont faites que d'une manière embarrassée. Votre réponse aux *premier et deuxième chefs d'accusation*, contre l'admission de nouveaux membres, contrairement aux dispositions de l'acte, et contre la nomination de quelques gouverneurs, pris parmi ces derniers, n'est point une réponse justificative; vous vous contentez de nous dire que ces nominations n'ont été faites, qu'après avoir consulté une opinion légale (celle du Proc. Gén. d'alors), et le Dr. Coderre et son parti ont voté pour ces admissions. Vous ajoutez, "nous croyons qu'une opinion d'un caractère opposé à la nôtre a été obtenue;" et vous en venez à la conclusion, que le bureau des gouverneurs est préparé à défendre la marche adoptée par la corporation dans cette occasion. Il paraîtrait que ce sont bien là les seules défenses et réponses que vous puissiez donner pour réfuter les *chefs d'accusation*, dont vous ne pouvez vous disculper, puis-

que vous en avez pris la responsabilité en agissant comme gouverneur, malgré que vous ne soyez pas membre du collège, et que votre nomination soit anormale. Je citerai vos propres paroles à l'appui de cet avancé, n'avez-vous pas dit, dans votre journal, de septembre, 1847, "our own name has been, by a most unfortunate blunder, metamorphosed into Hunt," et que par là même, *vous n'étiez pas membre de la corporation*, que vous le regrettiez d'autant plus que vous vous trouviez exclu de tous les procédés du 15 septembre. "We regret this the more at present as, in consequence of not being a member of the corporation, although a signer to the petition, we are necessarily excluded from any participation in the proceedings of the 15th inst." Néanmoins vous avez pris part à tous les procédés, et vous vous en constituiez le défenseur, et au lieu de répondre aux chefs d'accusation, vous éludez la question, et vous dites que le Dr. Coderre et son parti ont aussi voté pour l'admission de nouveaux membres, &c. &c.

Je vous dirai que le Dr. Coderre et son parti (pour me servir de votre expression), ont été francs et honnêtes dans ce qu'ils ont fait, et dans ce qu'ils voulaient, et que leur conduite a prouvé qu'ils ne voulaient pas de distinction entre les médecins, et c'est ce qu'ils veulent encore aujourd'hui. Car ils étaient sous l'impression que tous les médecins étaient de fait membres de la corporation; mais quand ils ont vu qu'il n'en était pas ainsi, ils ont voté pour faire admettre les médecins, au nombre de 9 (et non pas de 6 ou 7), que votre parti présentait, et cela dans l'espoir de faire admettre tous les médecins présents. Quelle a été votre conduite à cet égard; il fallait de nouveau consulter votre opinion légale, d'après laquelle vous ne pouviez plus en admettre d'autres après avoir admis les premiers. C'est alors que nous nous sommes dits que l'acte devait être vicieux dans ses effets ou qu'il y avait de la mauvaise foi de la part de ceux qui donnaient, et de ceux qui suivaient, une telle interprétation. Les résultats des procédés, un examen attentif de l'acte même, et l'opinion d'hommes en loi que nous avons consultés, tout nous a démontré que l'acte est mauvais dans ses effets, et inapplicable à la profession dans les circonstances actuelles; et alors étant confirmés dans nos opinions, nous avons résolu d'en demander le rappel pour y substituer un bill dont le projet serait soumis à la profession; c'est ce que nous avons fait, et c'est ce que nous voulons encore, afin qu'elle ait la loi qu'elle a droit d'avoir, et dites nous, M. le Dr. Hall, s'il y a la contradiction avec nous mêmes?

Au troisième chef d'accusation, qu'y avez-vous répondu? rien, absolument rien qui puisse disculper le bureau des gouverneurs. Le Dr. Charlebois avait été élu par la corporation, et voilà qu'environ six semaines après, le bureau substitue le Dr. Campbell à sa place, et vous répondez à cela, qu'à l'assemblée du 15 septembre, quatre médecins ayant eu un nombre égal de voix, 36, et ayant été proclamés élus à cette assemblée; quelque temps après, ceux qui avaient été chargés du scrutin s'étant aperçus que le Dr. Campbell avait aussi 36 voix, et vu que le Dr. Charlebois avait répété qu'il n'avait pas intention de servir comme gouverneur, le président lui écrivit une lettre pour lui demander si c'était bien là sa détermination, de lui répondre au plus vite, et

que le Dr. Charlebois ne répondit au secrétaire que le deuxième jour du bureau, après avoir consulté ses amis, qu'il ne pouvait pas résigner, et que pendant tout ce temps il s'était bien donné garde de se montrer au bureau pour faire son devoir comme gouverneur, *pour seule excuse de cet acte de "placé,"* vous dites le bureau des gouverneurs doit être composé de *travailleurs* (must be working men.)

En supposant que les gardiens du scrutin auraient reconnu qu'il y avait eu erreur, est ce après que les gouverneurs avaient été proclamés élus, que le Bureau pouvait prendre sur lui de permettre au président de donner sa voix prépondérante, lorsqu'elle avait déjà été donnée, en proclamant élus gouverneurs, les 36 médecins lors de la première Assemblée. Avez vous répondu pour vous disculper de cette accusation? Non. A présent, comment pouvait-on dire qu'il y a eu erreur de la part de ceux qui avaient été chargés du scrutin, lorsque nous savons tous qu'il n'y a jamais eu de livre tenu pour l'entrée du scrutin, le secrétaire n'en fait pas mention dans les minutes de l'Assemblée, ni même du nombre des voteurs, ni de ceux qui avaient reçu des voix; néanmoins l'on vient nous dire, sans aucune preuve, que l'on a découvert une erreur, et l'on prononce de suite qu'elle existe. En supposant qu'elle aurait existé, il n'y aurait qu'un règlement qui aurait autorisé le Bureau en pareille circonstance d'y pourvoir; et aviez vous ce règlement? Répondez!

Voyons maintenant la demande que le Dr. Arnoldi a faite au Dr. Charlebois, et quelle est la réponse de ce dernier.

Copie de la lettre du Dr. Arnoldi.
Montréal, Oct 23, 1847.

Mon cher Monsieur,

Il paraît par une liste authentique que nous avons reçue dernièrement, qu'il se trouve une erreur de la part de ceux qui ont tenu le scrutin à l'élection générale des gouverneurs du Collège. Cinq candidats s'y trouvent, ayant trente-six voix chaque, de sorte qu'il faudrait faire une autre élection parmi ces cinq pour savoir lequel des cinq doit se retirer, car il y en aurait un de trop. Mais comme je ne suis laissé dire que vous aviez dessein de vous en retirer, ayez la bonté de me faire savoir, si c'est le cas. Cela étant, toute difficulté disparaîtra.

Je suis monsieur,
Votre, &c.,
(Signé) DANIEL ARNOLDI,
Prés. C. M. & C., C. E.

M. Charlebois, M. D.

Copie de la lettre du Dr. Charlebois.
Montréal, 27 Oct. 1847.

Monsieur le Président,

J'ai l'honneur d'accuser réception de la vôtre, en date du 23 du courant, dans laquelle vous me demandez si ma résignation est arrêtée. Je vous fais savoir que je ne suis nullement disposé à résigner ma fonction de gouverneur et examinateur du bureau du collège des médecins et chirurgiens du Bas Canada, et qu'en conséquence ma place n'est pas vacante.

J'ai l'honneur d'être,
Votre très dévoué, &c., &c.
(Signé) B. H. CHARLEBOIS.

M. D. Arnoldi, M.D., Prés., C. M. et C., C. E.

Passons maintenant au quatrième chef d'accusation, que le Bureau avait nommé des gouverneurs sans en avoir le droit. Qu'avez vous répondu à celui-ci? Vous répondez, le Bureau devra se composer de 36 Gouverneurs, et pour être constitué légalement, il faut que toutes les places soient remplies; le Bureau des

Gouverneurs à sa première assemblée a rempli des places qui étaient devenues vacantes, et cela pour se constituer légalement. Il nomma pour cette fin ceux qui réunissaient le plus de voix après ceux qui avaient été proclamés élus. Et n'est ce pas encore là le sens de la défense que vous apportez à ce chef d'accusation?

Je vous le demanderai, M. le Dr. Hall, de quel droit pouviez vous faire de tels remplacements? Y étiez vous autorisés par un règlement approuvé pour cette fin? Répondez, si vous le pouvez, et dites nous où se trouvaient les minutes des dépouilles du scrutin? vous savez que rien de tout cela n'existait, à moins que ce ne fût dans la *Liste Authentique* à laquelle il est fait allusion dans la lettre du président, vous n'avez donc pas répondu pour vous justifier.

Le cinquième chef d'accusation a rapport au nombre des gouverneurs, qui ne doivent être que trente six, d'après l'acte, et non pas de trente sept, vous répondez à cela, il n'est pas démontré que le président devra être un des gouverneurs, de plus, vous regardez le président du collège comme étant "*a mere ex-officio governor*," et non pas un des 36 tel que requis d'après l'acte; que d'après votre manière de lire et d'interpréter l'acte, dites vous, il est le président du collège: voilà bien votre réponse. Voyons si c'est bien le sens de la loi: l'acte est encore précis sur le nombre des officiers, à l'article IV, il est dit: "And be it enacted that the affairs of the said College shall be conducted by a board of governors, thirty-six in number." trouvez-vous ici qu'il soit fait mention que le président soit "*a mere ex-officio governor*," comme vous le dites, non, c'est une de vos découvertes, comme celle de *Secrétaire de district*.

En définitive, nous terminons notre protêt en concluant que les diverses irrégularités y mentionnées tendent à détruire l'ordre, l'harmonie et les pouvoirs que le dit acte d'incorporation avait en vue d'établir pour le corps social des médecins, et demandons de procéder de nouveau etc., etc. Quelle est votre réponse à cette conclusion? que le seul empêchement au bien social origine des procédés obstruteurs d'un parti dont la conduite particulière et étrange a porté le désordre, etc., etc.; vous auriez dû ajouter, dans un camp qui voulait se constituer en un tribunal d'inquisition et prononcer sans qu'il fût permis à personne de répliquer. Soyez aussi juste dans vos écrits, M. le Dr. Hall que vous l'êtes dans vos entretiens, vous n'avez pas écrit ce que vous pensez, ou du moins ce que vous m'avez dit en différentes circonstances. *Ne m'avez vous pas dit que tout ce qui avait été fait était illégal et que vous le considérez comme tel?* n'avez vous pas encore dit que vous n'aviez pas voulu ajouter à vos titres celui de *Gouverneur* du collège des Médecins et Chirurgiens du Bas Canada, parce que vous pensiez que vous n'étiez pas nommé légalement?

Nous devons donc repousser l'accusation portée contre nous, et déclarer que nous ne voulions pas faire une opposition systématique contre l'acte actuel, puisque nous demandions en terminant notre protêt, de procéder de nouveau aux règlements et à la nomination des gouverneurs du dit collège, et pour cela il fallait annuler ce qui avait été fait, et si l'on s'y opposait, nous serions convaincus que l'on voulait imposer à la profession une loi mauvaise dans ses résultats, et inapplicable à ses besoins.

Si l'on persiste à dire que cette loi convient, je ne crains pas d'avancer qu'on a voulu tromper la profession, et qu'on la trompe encore dans cette loi; et c'est pour lui avoir signalé toutes les intrigues mises en usage pour faire fonctionner une loi mauvaise et la lui faire adopter qu'on nous accuse de faire de l'opposition.

Nous ne nous opposons pas à la loi puisqu'elle existe, mais en attendant qu'elle soit rappelée ou modifiée, nous voulons qu'elle ne soit mise en opération que d'après des moyens honnêtes et des procédés réguliers, et non pas d'après ceux qui ont été adoptés jusqu'à présent, et qui rendent illégal ce qui a été fait, de l'aveu même de vos *grands médecins*. C'est donc aux procédés que nous nous opposons, et non pas à la loi, tout en travaillant pour en obtenir le rappel, puisqu'elle n'atteint pas le but pour lequel elle a été demandée. Nous avons concouru à faire donner à la profession une loi en la demandant avec vous, mais nous ne nous sommes pas engagés à la faire fonctionner mal, et à en partager avec vous toute la responsabilité de ses effets, si nous travaillons aujourd'hui dans un sens contraire, c'est afin de détourner les mauvais effets de cette loi, en tête de laquelle nos noms se trouvent apposés d'après une pétition qui la sollicitait; reconnaissant que cette loi n'atteint point son but, du moins celui pour lequel nous la demandions, nous serions méprisables si pour des considérations personnelles nous nous en trouvions satisfaits. Voilà en résumé les motifs qui nous ont fait, et qui nous font agir, et pour lesquels nous résisterons à toutes vos démonstrations, tant qu'elles ne seront point appuyées sur des raisonnements qui puissent nous faire voir que c'est l'intérêt de la profession qui les dirige.

J. EMERY CODERRE.

Montréal, 26 juin 1848.

SHEETS FROM MY PORTFOLIO.

By A. VON IFFLAND, Esq., M. D.

(Continued from page 26.)

In the country parishes, where the absence of education precludes the inhabitants from all means of appreciating the superior claims of the well qualified practitioner over the grossly ignorant charlatan, it not infrequently follows that the latter, master of all the arts and cunning of arrant impostors, allures the credulous into a security of such implicit confidence in his capacity and wisdom, as to leave no very enviable share of duty to the former.

I may now refer to within a few years of the present time, when, in addition to better opportunities of education at home (Canada), the medical institutions of some parts of the United States had also been greatly improved; and to which a great number of the students, whose pecuniary circumstances admitted it, resorted, for the purposes of further prosecuting their professional studies, and obtaining degrees of no less a grade than Doctors in Medicine, (none other, seemingly, being conferred to medical candidates in the United States.) We are not, however, always to

infer, that these marks of collegiate or university distinction are intended as public testimonials of the success with which these studies have been prosecuted; but we may content ourselves in believing, that they follow as a mere matter of course. With some slight variations, the form adopted at Leyden of taking a medical degree, is followed at Edinburgh, and none can be promoted to the honorable one of M. D., without having studied medicine at least four years at this or some other university. These honorable acknowledgements of professional celebrity have, of late years, been very prodigally bestowed; and it need not now perplex the inquisitor, when he sees "M. D." added to the name of an acquaintance, about the manner he has been so readily inaugurated!

Nevertheless, I ought not to omit bearing evidence to the just claims of a few members of the profession to this honorary degree; for, independent of their elevated and distinguished position, the many important and valuable services they have rendered to the cause of science and humanity entitle them, not only to the most honorable marks of distinction within the power of any foreign university ("*La cause des sciences est la cause des peuples*,"*) or other learned institutions, to confer, but to rewards of a more substantial nature. Need we even look back to those appalling times of 1832 and '34,* times when the greater the personal dangers appeared served only to incite the more—several members of the profession were stimulated to exertions almost surpassing human—to stay the general destruction of human life! Yet, where, I would fain inquire, even to this day, is to be found any public record of acknowledgement, for services truly patriotic, and far transcending any other in importance and consideration to human society?

From the great number of persons then admitted as practitioners in all the various branches of medicine, no other avenues were offered for their establishment than the rural districts, already more than sufficiently provided, both for the interests of the practitioners, and (perhaps) political tranquility of the passive inhabitants. The consequence has been, mortification, and disappointment to all their dreams of wealth and prosperity, and the wasting away their very existence in exertions to maintain the appearance of respectability, without scarcely the means of enjoying the common comforts of the yeoman or mechanic.

If we occasionally see, in some of the country parishes, the dwelling house and offices of a medical practitioner offering the appearance of grandeur and

* And, we may add, 1847.

respectability, and his family possessing all the enjoyments of superior society, you may be fully convinced that all these have been acquired in times of old, when, from the paucity of practitioners, he had probably the attendance of three or four parishes, then yielding abundant crops and high prices. But, for many years successively, the parishes have become greatly impoverished, through the entire failure of the crops, and the means of the inhabitants consequently so contracted, that they seldom seek for the immediate aid of science or art to relieve "the ills which flesh is heir to," except in very extreme cases; and in these, it not unfrequently happens, that, as the charlatan is less expensive in his charges than the licensed practitioner, he is preferred to the latter.

The institutions which the province now possesses, offer to the student all the advantages of that professional education he was formerly compelled, at very considerable expense and inconvenience, to seek at a distance. We have now the Montreal General Hospital and the University of McGill College, the medical departments of which are entrusted to professors, not only of distinguished talents in the practical operations of their various branches, but also of eminent acquirements in general medical literature.

We have also, in the same city, a school of medicine, of recent organisation, and incorporated by an act of the Provincial Legislature. Some of the professors of this school, also, deservedly rank high in the profession; and, from their acknowledged attainments, it cannot fail of proving an important auxiliary to the University of McGill College, and, consequently, eminently serviceable to the interests and advancement of medical education in this country.

But, notwithstanding the respectability which these schools may bear in the eyes of the public, and the advantages they may also offer to the cultivation of almost every department of medical science, candour compels me to observe, that, unless a strict regard to the preliminary education of students be had, the reputation and consideration which the professors aim at, can never be attained.* It is not now my intention to write an essay upon the preparatory educational requirements of those intended for the study of medicine, but it must be obvious to every one, that, in a science so complicated and so abstruse, a student without a classical education cannot be prepared to receive all the important benefits of lectures, or even

comprehend thoroughly a treatise upon the most common elementary principles of any of its branches.

No further back than the year 1706, we find, in the History of the University of Edinburgh, that no student in medicine could be admitted to lectures *without a perfect knowledge of Latin and Greek!* and, as the advertisement may appear interesting, even in these, our times of intellectual speed, I have deemed it not unworthy of a place in my portfolio.

"Quod Patriæ charissimæ, et in ea Phillatris, felix faustum que sit.

"Robertus Sibbaldus, M. D., eques auratus, Deo auspice historiam naturalem, et artem medicam, quam Dei Gratia per annos quadraginta tres feliciter exercuit, docere in privatas Collegias incipiet, mensibus vernalibus hejus anni 1706.

"Monendos autem censet juvenes harum rerum curias, se non alios in album suum conscripturum quam qui calent linnuam Latinam et Græcas, omnem philosophiam et matheos fundamenta quod chirographis perceptorum testatum vult."—*Edinburgh Courant*, 14th February, 1706.

It is, moreover, seriously to be regretted, that party spirit, exclusive feeling, and an assumption of superiority of one school over the other, should sometimes operate divisions, highly prejudicial to the dignity of professional character in the eyes of the world, and destructive to the promotion of that harmony which should ever subsist in the mutual intercourse of men of liberal minds and education. It can only be in proportion to the benefits accruing to science, and the manner in which it is taught to others, that rival institutions may be honorably and justly estimated; and surely not to that blind preference, fraught with so much evil, which arises from a rapid celerity in running in one or two years through a course of studies requiring three or four years at least, both for the after ease of mind of the industrious pupil, and the interests of society.

The Marine and Emigrant Hospital,* established in the city of Quebec (the immediate port from sea) is constituted by legislative enactments, as the legitimate and only receptacle for all diseases occurring among seamen and emigrants. The number of patients introduced into its surgical and medical wards through-

*Some changes have lately taken place in this hospital by the increase of six more visiting physicians and surgeons to the staff. These are appointments upon which the profession at large must sooner or later express their opinions. Now that we possess a representative system of medical government, in the College of Physicians and Surgeons, it is to be hoped that that body will move to be put in possession of the circumstances attending these appointments, some are far from satisfactory. It would, however, have been advisable, and much more to the advantage and well-being of this institution, had the authorities of the time held out some honorable inducements for retaining the valuable services of Dr. Fremont, a gentleman whose professional acquirements are placed in high estimation by his brethren. He has, I believe, acceded to the solicitations of the nuns of the Hotel Dieu, and become one of the attending physicians of that hospital.

*The late act of incorporation has happily prescribed the requisite preliminary education, through, doubtless, the professors themselves.

out the opening of the navigation, cannot but prove very considerable; and, in consequence, affords to the student, as a public institution, very superior advantages to his acquisition of a practical education; and, under systematic arrangements and proper discipline, cannot fail of also becoming the best clinical school of surgery and medicine in this province. As it is, every facility is at all times offered to the students to a full participation in all the benefits to be derived from this extensive and valuable institution, by the principal commissioner, Dr. Joseph Morrin, a gentleman of acknowledged eminence in his profession, and one of the most zealous advocates for its advancement and general interests. The surgical department has been confided for several years to Dr. James Douglas, justly considered one of the most distinguished surgeons on this continent. The medical department, to Dr. Joseph Painchaud, long favorably known to the professional public; and, I may add, that, in the advancement of the general interests of the profession, both with regard to its emancipation from defective laws, and the substitution of others more commensurate

to its wants and elevation of character, none have been more zealous and indefatigable.

To be continued.

NOTICES TO CORRESPONDENTS.

Several letters have been received—from Col. Lefroy, Dr. Hunter (Hamilton), Dr. Ford (Simcoe).

Communications have been received from Dr. Hill (Bytown), Dr. Chamberlain (Freilighsburgh), and Homo (Quebec.) The admission of any of them into this number was an impossibility, more especially when considering the late periods of their reception. They will be attended to next month.

BOOKS, &c., RECEIVED.

Description of an Apparatus for the Magnetic Registration of Magnetometers and other Meteorological Instruments by Photography. By Charles Brooke, M. B., F. R. C. S. E. London, 1847.

We have also received our customary exchanges, but the fullness of our columns precludes a minute notice for the present.

Messrs. Wood & Co.'s parcel has been received, and its enclosures posted according to direction.

From want of space, we have been compelled to omit a number of bibliographical notices, some of which have been placed in the printer's hands.

ERRATUM.—In the article headed "Case of severe Concussion from a Fall," in our last number, in page 61, line 29, column 2d, for "adipose," read "a considerable quantity of adipose." This latter is the proper quotation, which it was intended to be. This error was not observed until immediately after the sheets had been printed.

MONTHLY METEOROLOGICAL REGISTER AT MONTREAL FOR JUNE. 1848.

DATE.	THERMOMETER.				BAROMETER.				WINDS.			WEATHER.		
	7 A.M.	3 P.M.	10 P.M.	Mean.	7 A.M.	3 P.M.	10 P.M.	Mean.	7 A.M.	Noon.	6 P.M.	7 A.M.	3 P.M.	10 P.M.
1,	+46	+63	+50	+52.	29.58	29.54	29.59	29.57				Fair	Fair	Fair
2,	" 55	" 66	" 51	" 60.5	29.62	29.57	29.48	29.56				Fair	Fair	Fair
3,	" 61	" 82	" 65	" 71.5	29.47	29.42	29.45	29.45				th.&rn	Fair	Fair
4,	" 61	" 81	" 71	" 74.	29.51	29.46	29.40	29.46				Fair	Fair	Rain
5,	" 69	" 82	" 61	" 75.5	29.38	29.45	29.46	29.43				Rain	Cloudy	Cloudy
6,	" 57	" 72	" 51	" 61.5	29.48	29.51	29.60	29.63				Fair	Fair	Rain
7,	" 52	" 59	" 36	" 55.5	29.61	29.66	29.70	29.67				Rain	Rain	Rain
8,	" 59	" 72	" 62	" 65.	29.71	29.74	29.71	29.72				Fair	Fair	Fair
9,	" 63	" 74	" 63	" 68.5	29.72	29.67	29.65	29.68				Fair	Fair	Fair
10,	" 61	" 76	" 62	" 70.	29.54	29.48	29.46	29.49				Fair	Shwrs	Rain
11,	" 62	" 64	" 47	" 63.	29.47	29.54	29.67	29.56				Rain	Shwrs	Fair
12,	" 43	" 56	" 48	" 49.	29.72	29.67	29.60	29.66				Fair	Fair	Fair
13,	" 46	" 55	" 60	" 55.5	29.57	29.53	29.50	29.53				Fair	Fair	Fair
14,	" 54	" 74	" 61	" 64.	29.53	29.45	29.49	29.49				Fair	Fair	Fair
15,	" 60	" 80	" 65	" 70.	29.52	29.50	29.50	29.51				Fair	Fair	th.&rn
16,	" 73	" 90	" 64	" 81.5	29.44	29.40	29.51	29.45				Fair	Fair	th.&rn
17,	" 47	" 87	" 76	" 80.5	29.57	29.48	29.49	29.51				Fair	Fair	Fair
18,	" 75	" 92	" 75	" 83.5	29.51	29.41	29.42	29.45				Rain	Fair	m.&th
19,	" 77	" 88	" 77	" 82.5	29.48	29.51	29.48	29.49				Fair	Fair	Cloudy
20,	" 78	" 87	" 71	" 82.5	29.47	29.38	29.35	29.40				Fair	Rain	perc'st
21,	" 67	" 81	" 62	" 74.	29.34	29.32	29.43	29.36				Rain	Fair	Rain
22,	" 62	" 76	" 64	" 69.	29.57	29.55	29.54	29.55				Fair	Fair	Fair
23,	" 73	" 68	" 69	" 70.5	29.56	29.30	29.20	29.35				Fair	Rain	Cloudy
24,	" 61	" 74	" 57	" 67.5	29.35	29.49	29.59	29.48				Fair	Shwrs	Fair
25,	" 60	" 70	" 61	" 65.	29.61	29.61	29.61	29.62				Cloudy	Shwrs	Fair
26,	" 68	" 72	" 69	" 70.	29.72	29.73	29.71	29.72				Fair	Fair	Fair
27,	" 71	" 89	" 73	" 80.	29.70	29.59	29.52	29.60				Rain	o'erc'st	Rain
28,	" 72	" 83	" 72	" 80.	29.52	29.55	29.60	29.56				Rain	Cloudy	Cloudy
29,	" 69	" 84	" 70	" 76.5	29.66	29.64	29.65	29.65				Fair	Fair	Fair
30,	" 70	" 87	" 73	" 78.5	29.67	29.55	29.52	29.58				Fair	Fair	Fair

THERM. } Max. Temp., +92° on the 18th
 } Min. " 43° " 12th
 Mean of the Month, +70°.

BAROMETER, } Maximum, 29.74 In. on the 1st.
 } Minimum, 29.20 " 30th.
 Mean of Month, 29.539 Inches.

MONTHLY METEOROLOGICAL REGISTER AT H. M. MAGNETICAL OBSERVATORY, TORONTO, C. W.,—JUNE, 1848.
 Latitude 43°. 39' 4. N. Longitude 79°. 21' 5. W. Elevation above Lake Ontario, 108 Feet.—(For the Brit. Amer. Jour. of Med. and Phys. Science)

DAY.	Barometer at Temp. of 32°.			Temperature of the Air.			Tension of Vapour.			Humidity of the Air.			Wind.			Rain in. on surf.	WEATHER.				
	7 A.M.	3 P.M.	10 P.M.	Mean of 24 h.	7 A.M.	3 P.M.	10 P.M.	Mean of 24 h.	7 A.M.	3 P.M.	10 P.M.	Mean of 24 h.	7 A.M.	3 P.M.	10 P.M.						
1,	29.705	29.645	29.633	29.659	50.8°	51.0°	47.0°	52.3	1.91	.268	.239	2.23	.52	.51	.75	.61	N.N.W.	S. by W.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
2,	29.628	29.424	29.371	29.446	54.7	69.0	60.5	62.5	3.14	.386	.418	4.02	.75	.56	.81	.73	N.N.W.	S. by W.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
3,	29.404	29.388	29.419	29.404	65.2	71.0	59.2	63.9	5.34	.552	.453	4.88	.88	.75	.92	.84	E.S.E.	S.W.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
4,	29.358	29.219	29.413	29.404	63.7	65.8	59.2	63.9	4.70	.573	.475	4.88	.81	.75	.92	.84	E.S.E.	S.W.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
5,	29.464	29.413	29.468	29.468	58.6	63.7	51.2	56.3	3.76	.475	.393	3.65	.77	.83	.86	.81	N.W. by W.	N.W.	Calm.	0.760	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
6,	29.580	29.659	29.737	29.658	50.3	56.4	46.6	49.6	2.86	.256	.200	2.42	.80	.58	.61	.70	N.W. by W.	N.W.	Calm.	0.300	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
7,	29.788	29.736	29.732	29.760	49.3	52.6	52.6	51.7	2.17	.265	.200	2.30	.63	.44	.51	.55	N.N.W.	N.W.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
8,	29.806	29.710	29.714	29.732	56.1	65.4	55.9	57.9	2.92	.438	.379	3.68	.66	.72	.86	.78	N.	S.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
9,	29.663	29.521	29.95	29.540	60.8	73.0	65.0	65.3	3.80	.469	.315	4.08	.73	.59	.54	.66	Calm.	S. by W.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
10,	29.611	29.435	29.474	29.564	60.4	69.8	57.6	61.3	4.57	.501	.371	3.83	.88	.71	.74	.70	Calm.	S.S.W.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
11,	29.663	29.667	29.677	29.667	61.6	63.8	43.2	49.2	3.82	.484	.382	4.84	.52	.81	.66	.52	N.W.	N. by W.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
12,	29.917	29.820	29.793	29.826	48.4	56.6	50.4	52.1	1.85	.185	.181	1.74	.53	.41	.52	.52	N.	N.W. by N.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
13,	29.804	29.697	29.667	29.698	46.6	62.7	50.4	52.1	1.41	1.26	.192	1.65	.41	.42	.53	.47	N. by W.	N.W. by N.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
14,	29.640	29.535	29.436	29.539	44.8	65.2	53.6	55.5	2.21	.346	.338	3.29	.75	.57	.84	.76	Calm.	S.S.E.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
15,	29.530	29.461	29.490	29.499	61.8	82.0	70.0	77.4	5.09	.464	.511	5.29	.79	.32	.85	.62	Calm.	S.W.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
16,	29.557	29.461	29.506	29.497	78.2	95.2	68.6	75.1	5.95	.655	.580	5.95	.70	.55	.85	.71	W.	S. by S.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
17,	29.494	29.423	29.386	29.442	72.2	81.4	66.0	71.3	6.20	.608	.532	5.97	.80	.64	.85	.80	Calm.	S.W. by S.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
18,	29.371	29.326	29.448	29.326	75.0	76.0	66.0	67.9	6.57	.647	.572	6.29	.78	.74	.87	.85	S.E. by S.	S.E.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
19,	29.313	29.448	29.430	29.453	66.2	72.9	64.8	67.9	5.47	.629	.522	5.67	.91	.82	.87	.85	S.E.	S.E.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
20,	29.403	29.253	29.255	29.259	65.2	70.8	60.0	63.5	5.77	.656	.468	5.05	.91	.76	.92	.86	Calm.	E.S.E.	Calm.	not ap	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
21,	29.313	29.396	29.463	29.407	62.4	69.4	57.0	61.6	4.77	.414	.366	4.00	.87	.59	.80	.75	Calm.	N.W. by W.	Calm.	0.380	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
22,	29.498	29.474	29.461	29.460	59.4	67.8	61.0	63.6	4.08	.495	.407	4.59	.82	.70	.78	.81	Calm.	E.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
23,	29.527	29.226	29.344	29.344	61.9	73.2	57.8	63.7	5.20	.452	.383	4.55	.97	.56	.83	.79	Calm.	W by S.W.	Calm.	0.13	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
24,	29.576	29.614	29.689	29.634	61.6	73.6	53.6	63.7	3.86	.388	.298	3.13	.72	.30	.53	.55	W.	W.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
25,	29.662	29.608	29.612	29.625	68.0	76.2	62.5	69.4	3.93	.483	.455	3.99	.55	.55	.55	.55	S.S.W.	S.S.W.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
26,	29.679	29.634	29.612	29.625	68.0	76.2	62.5	69.4	3.93	.483	.455	3.99	.55	.55	.55	.55	S.S.W.	S.S.W.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
27,	29.563	29.444	29.492	29.433	66.1	76.3	66.4	70.0	5.07	.614	.589	5.86	.84	.69	.93	.83	Calm.	S.S.W.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
28,	29.553	29.654	29.616	29.617	71.8	71.8	62.6	65.4	6.40	.528	.419	4.88	.97	.70	.91	.79	N.N.W.	S.S.E.	Calm.	0.340	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
29,	29.650	29.598	29.571	29.596	64.5	74.5	56.7	64.2	4.23	.564	.403	4.64	.72	.67	.75	.79	N.N.W.	S.S.E.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
30,	29.572	29.465	29.414	29.472	62.0	77.3	68.4	68.4	4.26	.527	.574	5.01	.78	.57	.85	.75	Calm.	S.E.	Calm.	—	Clear till 6 am; day generally clouded. A few pass clouds; very fine; 12:10 pm. Overcast; light haze.
Mean	29.579	29.518	29.532	29.535	60.3	71.0	58.4	62.54	4.13	.447	.386	4.13	.76	.59	.77	.72	0.15 lb.	0.66 lb.	0.10 lb.	1.810	very heavy storm of thunder Cir-11 to 10 am; th'r., lit & str. shrs fr 8 pm

Barometer at Temp. of 32°. Mean of 24 h. Temperature of the Air. Tension of Vapour. Humidity of the Air. Wind. Rain in. on surf. WEATHER.

Highest Barometer, 29.917 on 13th, at 7 a. m. Monthly Range 0.719
 Lowest do. 29.103 on 23d, at 1 p. m. Range 0.816
 Highest Temperature, 92° 0' on 15th, at 3 p. m. Monthly Range 64.6
 Lowest do. 37° 4' on 13th, at 1 a. m. Range 54.6
 Mean Daily Therm., 71.44—Mean Min. Therm., 61.41.
 Mean Daily Range, .. 20° .02
 Extreme Daily Range, 44° 0' from 3 am to 3 pm on 15th
 Warmest Hour, 3 pm, Mean temp., 71.06; Differ., 17.74
 Coldest do. 1 am, do. 63.31; Differ., 17.74
 Explanatory Notes will be found at the Registers of 1845, 1846, or 1847.

Proportion of Wind from each Quarter—
 N.W. 168 Total. 339
 N.W. 112 Winds, 339
 S.W. 49 Calms, 235
 N.E. 49 Calms, 235
 N.E. 10 Calms, 235
 Observ., 632
 Maximum force of the Wind, 0.23 lb. per sq. foot, on 20th
 Maximum force, 1.01 lbs. at 4th 23rd pm, on 20th
 Greatest Days' Wind, 23rd.—Mean Press., 10.05 lbs.
 Least do. 23th.

Temperature for June.
 Max. Min. Range No. Days. Inches. Winds. Wind.
 84.0 60.5 23.5 11 1.860 118 force, Mean
 83.0 59.5 23.5 9 1.680 118 force, Mean
 82.0 58.5 23.5 12 1.500 116 force, Mean
 81.0 57.5 23.5 15 1.320 114 force, Mean
 80.0 56.5 23.5 18 1.140 112 force, Mean
 79.0 55.5 23.5 21 930 110 force, Mean
 78.0 54.5 23.5 24 750 108 force, Mean
 77.0 53.5 23.5 27 570 106 force, Mean
 76.0 52.5 23.5 30 390 104 force, Mean
 75.0 51.5 23.5 33 210 102 force, Mean
 74.0 50.5 23.5 36 30 100 force, Mean
 73.0 49.5 23.5 39 10 50 force, Mean
 72.0 48.5 23.5 42 10 50 force, Mean
 71.0 47.5 23.5 45 10 50 force, Mean
 70.0 46.5 23.5 48 10 50 force, Mean
 69.0 45.5 23.5 51 10 50 force, Mean
 68.0 44.5 23.5 54 10 50 force, Mean
 67.0 43.5 23.5 57 10 50 force, Mean
 66.0 42.5 23.5 60 10 50 force, Mean
 65.0 41.5 23.5 63 10 50 force, Mean
 64.0 40.5 23.5 66 10 50 force, Mean
 63.0 39.5 23.5 69 10 50 force, Mean
 62.0 38.5 23.5 72 10 50 force, Mean
 61.0 37.5 23.5 75 10 50 force, Mean
 60.0 36.5 23.5 78 10 50 force, Mean
 59.0 35.5 23.5 81 10 50 force, Mean
 58.0 34.5 23.5 84 10 50 force, Mean
 57.0 33.5 23.5 87 10 50 force, Mean
 56.0 32.5 23.5 90 10 50 force, Mean
 55.0 31.5 23.5 93 10 50 force, Mean
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 52.0 28.5 23.5 102 10 50 force, Mean
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 39.0 15.5 23.5 141 10 50 force, Mean
 38.0 14.5 23.5 144 10 50 force, Mean
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 31.0 7.5 23.5 165 10 50 force, Mean
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 29.0 5.5 23.5 171 10 50 force, Mean
 28.0 4.5 23.5 174 10 50 force, Mean
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UNIVERSITY OF M'GILL COLLEGE.

FACULTY OF MEDICINE.

THE ENSUING WINTER COURSE, OF LECTURES, in the Faculty of Medicine, will commence on Monday, November 6th, and will be continued, uninterruptedly, with the exception of the Christmas vacation, till the last week in April, forming a Session of Six Months.

Theory and Practice of Medicine,	by A. F. Holmes, M.D.
Principles and Practice of Surgery,	" G. W. Campbell, M.D.
Chemistry,	" A. Hall, M.D.
Midwifery and Diseases of Women and Children,	" M. McCulloch, M.D.
Anatomy (General and Descriptive),	" O. T. Bruneau, M. D.
Materia Medica and Pharmacy,	" S. C. Sewell, M.D.
Clinical Medicine and Surgery,	" J. Crawford, M.D.
Institutes of Medicine, (Physiology, &c.),	" R. L. Macdonnell, M.D.
Forensic Medicine,	" Wm. Fraser, M.D.
Practical Anatomy,	" W. E. Scott, M.D.
Curator of Museum,	Wm. Wright, M.D.

Montreal General Hospital, visited daily at Noon.

University Lying-in Hospital open to the Students of the Midwifery Class.

In each of the Courses above specified, five lectures per week are given, except in the Courses of Clinical Medicine, and of Medical Jurisprudence, in the former of which two, and in the latter three only, during the week, are given. The Lecturers in the different departments, will illustrate their respective subjects, by the aid of preparations, plates, apparatus, specimens, etc. etc.

The Medical Library, which is furnished not only with books of reference, but the usual elementary works, will be open to matriculated students, without charge, under the necessary regulations. Access to the Museum will be allowed at certain hours. The Demonstrator of Anatomy will be daily in the Dissecting Rooms to oversee and Direct the students.

N. B.—The tickets of this University being recognized by the Universities and Colleges of Great Britain, students who purpose completing their professional education in the mother country, will obtain an important advantage by having attended its Courses.

SUMMER SESSION.

The Summer Courses will commence on the second Monday of May, 1849.

Medical Jurisprudence,	by Dr. Fraser.
Botany,	" Dr. Papineau.
	A. F. HOLMES, MD. & P.
	Secretary Med. Fac.

SURGICAL INSTRUMENTS.

THE Subscribers have constantly on hand a large Assortment of superior Surgical Instruments of the best Sheffield manufacture, consisting of:—

- Complete Pocket Cases, of various sizes
- Eye Instruments in Cases
- Midwifery do do
- Cupping do do
- Amputating do do
- Lithotomy do do
- Dentist's do do
- Dissecting do do
- Postmortem do do

With every variety of Instruments usually required.

An additional supply received per vessels this season.

—AND—

Genuine Drugs, Chemicals and Apothecaries Ware. Orders from the country will receive particular attention.

S. JONES LYMAN & Co.,
Chemists and Druggists,
Place D'Armes.

Montreal, May, 1848.

MEDICO-CHIRURGICAL SOCIETY.

THE next Monthly Meeting of this Society will be held at the Rooms of the Mechanics' Institute, on Saturday Evening, August 5, at 8 o'clock P.M.

HECTOR PELTIER, M.D.,

Montreal, August 1, 1848.

Secretary.

NATURAL HISTORY SOCIETY.

IN conformity with a Resolution passed at a General Meeting of the Society, on MONDAY, the 28th ult., notice is hereby given, that THREE MEDALS will be awarded for the Best ESSAYS on the following subjects:—

FIRST CLASS—TWO MEDALS.

Subject; Any Branch of the Natural History of Canada

SECOND CLASS—ONE MEDAL.

Subject: Any Branch of General Natural History not comprehended in the first class.

The Essays to be forwarded to the Secretary, on or before the 1st of July next, under an anonymous signature, and accompanied with a sealed note, containing the name and address of the writer, which notes shall only be opened in the cases of the successful Essays.

Competitors are requested to note the class to which they desire their Essays to belong.

The successful Essays to remain the property of the Society. The others to be returned to their authors if so required.

The Essays to be in either French or English.

CHAS. HENRY PAYN, M.D.,

Rec. Sec. of N. H. S.,

21, Great St. James Street, Montreal, C. E.

March 4, 1848.

C H L O R O F O R M .

THE SUBSCRIBERS have prepared, for Sale, Chloroform, or Terchloride of Formyle, the new Anæsthetic Agent, as a substitute for Ether, recently proposed by Dr. Simpson, of Edinburgh. This Agent has received the recommendation of the highest Medical Authorities in Great Britain, and has been used with increased success in this vicinity.

S. J. LYMAN & Co.,
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Jan. 31, 1848.

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U R Q U H A R T ' S

FLUID EXTRACT OF JAMAICA SARSAPARILLA.

THE Subscriber begs leave to submit to the Medical Profession and to the public, his preparation of Sarsaparilla which has been extensively used in their practice, by many of the most eminent Medical Gentlemen in the City, and with the most beneficial results, as the following testimonials, with which he has been very politely favored, will satisfactorily show.

For sale only at the Medical Hall, Great St. James-Street.

ALEX. URQUHART.

August 2.

ALEXANDER URQUHART, ESQ.—DEAR SIR,—I have much pleasure in bearing testimony to the faithful manner in which you prepare your Fluid Extract of the Compound decoction of Sarsaparilla. This I am enabled to do on account of several of my patients having derived the greatest benefit from its use.

For Constitutional Syphilis and Chronic Rheumatism, I have prescribed it with the most marked effects; I can therefore, without the least hesitation, recommend your preparation as one possessing all the Medicinal qualities of the Compound Decoction of Sarsaparilla, while it is, at the same time, more palatable, and less apt to derange the stomach.

I remain, Dear Sir,
Your most obed't serv't,

W. FRASER, M. D.
Lecturer on Medical Jurisprudence,
McGill College.

Montreal, 9th February. 1847.

Montreal, February 10th, 1847.

I beg to certify, that I have employed very extensively, the "Fluid Extract of Sarsaparilla," made by Mr. Urquhart, in all those diseases in which that Medicine is usually prescribed, and that I have found it a most valuable preparation. I can, moreover, state from personal investigation, that the proprietor employs none

but the purest ingredients, and bestows the greatest care and attention upon the mode of preparing the remedy.

ROBERT L. MACDONELL, M. D.,
Lecturer Institutes of Medicine,
McGill College,

Physician to the Montreal General Hospital.

Mr. Urquhart's Sarsaparilla is the only preparation of this valuable Medicine that I can, with entire confidence, recommend to my patients.

M. M'CUCCLOCH, M. D.

Montreal, 10th February, 1847.

DEAR SIR,—I have frequently prescribed your Fluid Extract of Sarsaparilla, and I have no hesitation in recommending it as a very elegant and convenient form for administering that Medicine.

Yours very truly,

GEO. W. CAMPBELL.

To Alex. Urquhart, Esq.

Montreal, 10th February, 1847.

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Aconitine	Ioduret of Lead
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Elaterium	Rhubarbarine
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Extracts of Every Kind, &c. &c.

The gentlemen of the Profession are particularly invited to inspect a Set of **TEN MODELS** of **SURGICAL ANATOMY**, of Natural Size, made with Leather, the most perfect imitation ever seen in this country.

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