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THE  
BRITISH AMERICAN JOURNAL.

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ORIGINAL COMMUNICATIONS.

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ART. LI.—*On the prospect of an Annuity Fund.* By ANTHONY VON IFFLAND, M.D., M.R.C.S.E., and late Vice President College of Physicians and Surgeons, Lower Canada, &c.

A fact, full of painful interest, presented itself at a last session of the College of Physicians and Surgeons, in the application of one of our professional brethren for pecuniary relief from his actual state of destitution. I regret that this application was so indelicately and prominently thrust upon the public, yet, I trust that it will have a tendency to unite the feelings and benevolence of every member of our noble and useful profession, and prove the means of originating an institution of a most important character, not only to the interests of those who may, from misfortune or adverse circumstances, become its objects, but as infusing a large social improvement throughout the whole body of the medical profession. Some fifteen years ago a medical gentleman, with great zeal and characteristic benevolence, brought before the members of the profession a project for the beneficent object of organizing an institution for the relief of superannuated members, who, from infirmity or age, had been rendered incapable of exercising their profession. The project, I believe also extended to their widows and orphans, and, although it excited the deepest interest at the time, it was shortly afterwards treated with apathy and neglect. The project of this gentleman has long since occupied my attention, and I have often regretted that his earnest appeal to the feelings and interests of our long neglected profession had not then been responded to, for the voice of the widow and the orphan would, many times, have invoked the blessing of Almighty God upon the authors of so beneficent an institution.

It has been my painful lot, during a long professional career, to see the dying moments of more than one generous and noble-minded professional brother who had sacrificed his life to the service of suffering humanity, embittered by the agonizing reflection that the wife of his bosom and a beloved and helpless family would be left to the neglect and pity of a cold, calculating world. I shall, among others, select one instance brought before the College of Physicians and

Surgeons, on the part of a heart-broken and destitute widow with seven children, for assistance, whose husband, a well-known, respectable member of the profession, had been cut off from their further support in 1847, while filling up the gap in a time of sudden and imminent danger, then rendered vacant by several medical attendants at the Marine Hospital, and who had been incapacitated of continuing their services upon the many hundreds, I should say thousands, then labouring under the most subtle of contagious diseases, commonly called ship-fever, from having contracted it themselves. This case of the poor widow and orphans should have become an object of legislative provision, the more so, as shortly after, the widow of a provincial aid-de-camp, who had probably, from an over-self indulgence in those luxurious habits, which were then prohibited by the highest medical authorities in times of a most perilous epidemic, lost his life, and when, perhaps the most common means of sustenance were sparingly distributed by the wife of the devoted physician to her helpless children, yes, the widow of the provincial aid-de-camp who had, from various public and private resources, been at the receipt of, at times, \$6800 per annum, was granted a pension of \$800, and her children otherwise provided for by those who had often appreciated the kind and gracious salutations of the provincial aid-de-camp, while the widow of our self-sacrificing brother in the cause of suffering humanity, with her numerous family, is, or was some few years ago, wandering about the rural districts dependent upon their daily labor, in the meanest capacities, for their existence. This is a poor return to a profession, the services of whose members, in times of the greatest peril and danger, by the invasion of decimating epidemics, are always available for the safety and protection of society at large, as well as intimately bound with the general welfare. We have not, unfortunately, the same opportunities, in the great contest for emolument, fame, and position, which belong to other professions or avocations. Instead of being permitted the advantages which these possess, advantages which we would gladly restrict to merit and usefulness, and to such only, we have no temptation held out to us, that is worth, for a moment, the consideration of a noble mind.

Every member of the profession should become a strenuous advocate and supporter of the institution now proposed, and thereby avert that mental agony, distress, and misery, generally consequent upon disappointed and fallen fortunes. I am, it is true, but a feeble advocate of a measure calculated to meet these contingencies, which, although common to every class of professions or business, is especially so to the medical practitioner of this province; yet, as one of forty years' experience, I would permit myself to ask the members of the profession in general, in nearly the same words of a philanthropic physician, "Whether, considering your acquirements, your position in society is as it ought to be, whether the amount of remuneration for your services equals the duties you have to perform, or whether these onerous and painful duties are estimated by the public in an equal ratio with the duties of other men, who neither experience your anxiety, nor are subjected to your privations, nor compelled to struggle with pecuniary difficulties, nor exposed to dangerous and malignant diseases, and to breathe putrid and poisonous atmosphere." I answer

no, there is no cessation to his toil, for his mind, his body, nay his very soul is exercised in the painful struggle. What then is the end of the contest? It may be, that he escapes the ordeal unscathed, and it may be that the poison of pestilence has infused its venom into his overwrought and excited system, he falls beneath the glance of the winged messenger of death, and crumbles, his earthly dust unheeded and unknown, except to those who were dependent on his exertions, the dear wife of his bosom and orphan children.

Again, I would ask, does the practice of your profession offer you the means of acquiring wealth equal to the merchant or tradesman? Does it enable you to speculate with capital, if you happen to possess it, like other avocations? you know that you are permanently fixed to the circle of your practice, and cannot absent yourself from your post, even to advantage yourself in matters unconnected with your profession, without endangering a business which may, perhaps, have cost you half a life to acquire. Again, are you paid for your services willingly as the tradesman or mechanic? your debts are generally the last upon the list for payment, and are usually liquidated grudgingly, but few are grateful for the vast and important services you have rendered; the majority accept them as matters of course, and think no more about it. To sum up in a few words, considering the inestimable services rendered by the members of our profession to society, the labor, hardships, and privations which they incur in the discharge of their important, harassing, and frequently perilous duties; it must be admitted that no class of men is, in general, so miserably and inadequately remunerated as the class of medical practitioners. Our present object ought, therefore, to secure the combined action of our professional brethren in the important project now mooted, a project capable in its effects of removing a most painful position, and to which many among us know not the day they may be exposed; as well as those most dear to them, their wives and children. Let us then, with combined energy and zeal, give evidence to the public, that while we are humane and considerate in the exercise of our duties to them, even in times of contagious or pestilential epidemics, we also are ready to assist in securing to our brethren a refuge in need.

Grosse Isle, 3rd Sep., 1861.

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ART. LII.—*The Medical Statistics of the City of Montreal.* By GEORGE E. FENWICK, M. D., Physician to the Montreal Dispensary and Infirmary for Diseases of Women and Children.

*Continued from page 394.*

It is unnecessary to follow out the details of each disease in their order of arrangement, as it would occupy more space than I have at command. A reference to a few diseases, allied to the above as to cause or origin, will suffice.

*Hooping Cough.*—This disease removed by death 83 individuals during the year. The month of March having the largest proportion; as to locality the St. Ann's and St. Antoine wards return the largest numbers.

*Croup.*—This disease which is also of zymotic origin, proved fatal in 79 cases. The months of March and November, appear to be most favourable to its develop-

ment. Deaths were most numerous in the St. Ann's, St. Louis and St. Mary's wards.

*Inflammation of the Lungs.*—Under this general heading are included all cases of acute disease of these organs, whether affecting the lining membrane, parenchyma, or enveloping covering of the lungs. 98 cases of death are recorded from this cause; of these 29 were children under 8 years of age, the months apparently most favourable to the development of this class of disease being March, April, November and December. The St. Antoine, St. Louis, and St. Ann's wards, hold the pre-eminence as to numbers of fatal cases.

*Consumption.*—Notwithstanding the severity and length of our Canadian winter, and the sudden alterations in temperature which occur at all seasons, the climate of Canada from its dry air is peculiarly favourable to patients suffering from this class of disease. Tuberculous Phthisis is comparatively rare, and is by no means a common disease of the native population.\* This statement may be deemed erroneous. So far as the proof of a single year will carry weight, I think I will be enabled to maintain my position. This malady is recorded to have removed by death 297 individuals during the year; of these 15 were children under 8 years of age; nearly one-half occurred between the ages of 15 and 30 years; 28 are registered as occurring between the ages of 50 and 60 years; and 7 between 60 and 70 years. Whatever may be said of the former, we may reasonably infer that the latter 35 cases, those recorded as having occurred between the ages of 50 and 70 years were not all true tuberculous phthisis. Speculation would lead to no useful end. Still we know that many cases of chronic catarrh terminate unfavourably from an acute attack superinduced on the old malady, or by gradually wearing out the sufferer from its intensity. That tuberculous phthisis is seldom seen after the age of 50 years, will be allowed on all sides.

The following table is taken from one prepared by Mr. Ansell, and which he made from the returns for 1847 of the Registrar General. In it are recorded the deaths by phthisis in England and Wales during that year.

Ages.—Years.	Males.	Females.	Total.
0 to 5	2636	2559	5195
5 to 15	1690	2308	3998
15 to 25	5815	7131	12946
25 to 35	5356	6777	12133
35 to 45	4059	4448	8507
45 to 55	2795	2515	5310
55 to 65	1774	1589	3363
65 to 75	768	751	1519
over 75	180	148	328
	25073	28226	53299

From the above table we find the ratio of deaths from phthisis, above 55 years, as compared with all deaths from this cause, to be as follows:—

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\* This I do not apply to the aborigines, but to the natives of Canada of French or British extraction.

55 to 65 years.....	6.31 per cent.
65 to 75 “ .....	2.85
75 and upwards.....	.615
Making a total of.....	9.775

Upon comparing this with our returns it will appear that the ratio of deaths above 50 years as compared to all deaths from phthisis is within a fraction of 12 per cent., a third more than in the returns for all England. Let us now take the ratio of deaths from consumption, as compared with the entire number of deaths in England and Wales. During the year 1847 the deaths from all causes, amounted to 420,977 individuals, which gives a ratio of 12.66 per cent from phthisis, whereas our own returns of deaths from this cause give 9.36 per cent. as compared with the number of deaths from all causes. We will now return to the consideration of the assumption that tuberculous phthisis is not a common disease of the native population. Of the 297 deaths recorded as having occurred from consumption during the year, 158 are among natives of Canada and 139 are natives of other countries. On reference to the census taken last February, it appears that there were at that period, in the city proper, of natives of Canada, of all origins, 65,862; natives of other countries 35,144. This will speak for itself. Were we to examine more minutely it would be found that the deaths by consumption would suffer a further reduction of 31 cases, 22 among Roman Catholics, and 9 from the Protestant returns, these as hailing from the country should have been omitted, but having overlooked the fact till my calculations were completed, I allow the figures to stand as they are, being sufficiently apparent to bear out the statement. I cannot do better than lay before the reader a comparative table of the death-ratio from this malady in the principal cities in Europe and America as compared with our own:—

Ratio of deaths from tuberculous phthisis, as compared with deaths from all causes, taken from Mr. Ancell's and Dr. Caspar's tables.

Leghorn, civil and military, 1 death in.....	10.75 deaths.
Florence, 1 “ .....	11.5 “
Rome, 1 “ .....	3.4 “
Naples, average of 3 hospitals, 1 death in.....	2.33 “
Naples, military, 1 “ .....	3.85 “
Paris, civil, 1 “ .....	3.25 “
Paris, military, 1 “ .....	12.2 “
Berlin, during 10 years, 1 “ .....	5.7 “
London, during 2 “ 1 “ .....	6.2 “
Hamburgh, during 3 years, 1 “ .....	4.6 “
New York, during 11 “ 1 “ .....	5.0 “
Philadelphia, during 7 years, 1 “ .....	7.7 “
Baltimore, during 8 “ 1 “ .....	6.7 “
Boston, during 7 “ 1 “ .....	5.9 “
Montreal, 1860, 1 “ .....	10.67 “

And for the State of Massachusetts, according to the report published in 1855, we find for the previous 14 years, the average death-rate for consumption com-

pared to deaths from all causes, to have been 22.16 per cent. or less than 1 in 4.

The influence of seasons on phthisis is undetermined. Very little can be said on this subject, as to arrive at correct data, we would have to consider the duration of each case. The deaths are no index of the season at which the attack was developed. As a matter of curiosity, however, I have prepared a table which will close this part of the subject under discussion.

December,...	18	March,...	22	June,...	20	Sept.,...	20
January, ...	37	April, ....	33	July,....	20	Oct.,....	20
February, ...	26	May,.....	25	Aug.,... 32		Nov.,... 24	
	—		—		—		—
	81		30		72		64

In the above table I have transposed the month of December, each column will correspond as nearly as can be with the different seasons of the year. What may be regarded as winter had the largest number of deaths. Spring is next in the order. Summer next, and in the Autumn the fewest number of deaths occur.

(To be continued.)

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#### LONDON CORRESPONDENCE No. 7.

Although I have been a member of the British Medical Association now for some years, never had I attended one of their annual meetings before the present year. As it was to be held at Canterbury, a city full of interest archæologically, and historically, the inducement was sufficiently strong to urge me to wend my steps thitherward. The Association has now been in existence for 29 years, and is no doubt familiar by name at any rate to your readers. What its real objects are, it is a difficult matter to declare, but the chief are the annual gathering of medical men from various parts of the country in pleasant social intercourse, with a discussion upon the excellence of its journal. It is universally acknowledged that the latter is printed upon good, thick, pure white, in fine first rate paper: in other respects my modesty, as a member, prevents my descanting upon its merits. The editor I have the pleasure of knowing personally. He is a man much respected and esteemed, but he has had no easy life of it, since he took the Journal under his wing at the commencement of the present year. It was a quiet journal before, too quiet perhaps; but the change has been quick and sudden to the opposite extreme, and as a quiet friend (an older member than the writer) remarked to me the other day, "hot water, railing, clamouring, fault-finding with various *pathies*, and scolding the other journals are now its prevailing characteristics." In fact as my friend said, the editor has got into a regular nest of hornets and is being stung so effectually, that a few months have made him look quite grey-haired and at least ten years older. However that is a matter that concerns his friends, and I must speak of Canterbury.

Upwards of a hundred medical men assembled from various parts of the country on the 23rd, 24th, and 25th of July, in this ancient city with its fine old Cathedral. Although I have roamed over various parts of the county of Kent, so well known for its supplying the material for making a large portion of the

Englishman's favourite beverage, yet I had not before visited Canterbury, and I was well repaid for my trip.

On my arrival I found that the business of the Association had commenced, and I lost no time in proceeding to St. George's Hall, where the retiring President, Dr. Radcliffe Hall of Torquay, took his leave in a few appropriate remarks, and introduced his successor, Dr. Alfred Lockée, a well known and very popular physician of Canterbury. He delivered a very good address upon medical matters generally; this was followed by routine business, and then a discussion upon Homœopathy. This latter I need hardly tell you was the old story, and is really becoming a sickening matter. No good is done by it; if anything it rather advances this miserable quackery by giving to it more importance than it deserves. It is entirely a personal matter between a few, and not the many. A large portion of the second day's proceedings was lost by a discussion on special Hospitals. There were several good papers to be read, which was just barely accomplished and with some amount of haste; and finally the meeting was brought to an end by a public dinner on the third day. There are some people who are great talkers, who have not advanced medical science one single iota, and who care more for a subject upon which they can publicly descant than all the original investigation under the sun. These persons are always to be met with at such meetings, and must be gratified in some way, to the regret of all sensible people.

Those members who did not care for long discussions upon bags of wind, sauntered about Canterbury and its neighbourhood, and were gratified with the inspection of many old relics of antiquity. The cathedral is one of the finest in the kingdom, and full of historic interest. By appointment on the afternoon of the 24th July, we met the Dean of Canterbury, who took us over the whole of the building, describing everything as we went along, the objects of interest, the antiquities, when the various parts were built, the scenes in the history of the cathedral, &c. The murder of Thomas à Becket, with a perfect account of its occurrence, the corridors and doors at which the knights who were the assassins entered, the spot where Becket was killed, were all most graphically described and pointed out by the Dean. Our antiquarian explorations concluded by a visit to the crypts, which form some of the oldest parts of the cathedral, thence we walked over the grounds attached to it. Many of the ancient stained glass windows still exist, and the Dean showed us the difference between the old and the modern. Edward the Black Prince is buried here, and his monument surmounted by his effigy, is as perfect as the day it was erected, excepting that the gilding is worn off the bronze. Some twenty feet above it are suspended the shield, helmet, scabbard and leather jerkin originally worn by him. And I learned from a clergyman who was with us, that the features of the effigy of the prince are presumed to be a good likeness of him; if so he must have been a fine looking man with an aquiline nose. We spent nearly two hours in the cathedral, and I never experienced such a treat as this before, the general interest was so much enhanced by the obliging courtesy of the Dean in describing everything.

In the evening of this day, a large party assembled at a soiree at the Dean's, in the precincts of the cathedral. All the *élite* and fashionable of both sexes of Canterbury had assembled to greet us, and we were most hospitably entertained.



Besides other things there was some very good singing, in a fine large room with Tudor windows, lined with oak pannelling, covered with paintings of various prelates, who have at one time held sway in Canterbury. The Dean is a virtuoso, and has a fine collection of objects of art scattered about.

Not the least important event connected with the association, was a public breakfast at the Corn Exchange, which was partaken of with keen appetites, sharpened by a previous hour's walk in the delightful morning air, which was quite cool from an overcast sky. A few of us strolled after it to St. Augustine's College for missionaries, and were shown all over the remains of the ancient monastery by the principal. He pointed out the remains of the churches, now earth covered mounds, but sufficiently distinct to allow of an idea of their form and extent. Here we saw also a portion of the old city wall, and all the striking incidents connected with the place were described to us. Amongst the pupils were several young native Kaffirs from the South of Africa, learning to be missionaries. There is a good library, and in it we were shown a plate in Dugdale's *Monasticum Anglicanum* (folio) of the monastery and its grounds, as it existed in old time, drawn from the tower of the cathedral in 1655.

What interested me very much was a visit to the ancient little church of St. Martin, in which are some curious old relics. It is situated on a rising ground near the monastery of St. Augustine, and is celebrated not only for its antiquity, but from its being the first place of worship used by the British after their conversion to christianity. Here I saw the sarcophagus in which it is said Queen Bertha lies; and also a stone font in which it is traditionally asserted that her husband King Ethelbert was baptized. This font is 3 feet high, curiously sculptured, and is a wonderfully preserved monument of the ancient Saxons. In the walls of this church a number of Roman bricks are seen here and there. Many other curious and ancient places were visited by myself and others, but perhaps your readers are not all antiquarians, so I must not tax their patience.

In common with every member of the association who attended the annual meeting, I left Canterbury with regret, and will long remember one of the most agreeable and entertaining visits it has been my lot to experience since residing in England.

Next year the annual meeting of the association is to be held in London under the presidency of Dr. Burrows, one of the physicians of St. Bartholomew's Hospital, and as it is expected that a large number of medical men will be flocking to the Metropolis to see the Great Exhibition, the meeting will be a very brilliant one. I shall be most happy to introduce all the Medical strangers coming from Canada. I must not omit to mention that the British Medical Association would like much to form a branch in Canada, if a sufficient number of gentlemen could be got together for the purpose. The subscription is a guinea annually; the Journal is sent free to members weekly.

In the beginning of September I hope to find my way to Manchester to attend the meeting of the British Association for the advancement of Science, and shall not fail in a future letter to communicate the chief events of importance.

It is not often that I venture to the Sick Hospital from its distance, but the

other day I was taken there by Mr. Henry Lee, one of the Surgeons. As usual in a special hospital many of the most remarkable examples of syphilis and its consequences are always to be seen here. The ravages of tertiary syphilis are positively frightful to behold, and as they are intractable to treatment elsewhere, I may mention what accomplishes their cure here. It consists of the mercurial vapour bath used three or four times only, at intervals of a few days. Now mercury given internally is generally found to be pernicious in tertiary syphilis, aggravating instead of relieving the disease. It is not so when used externally in the form described, and Mr. Lee assures me that very bad cases are cured by this simple plan of treatment.

It is also applied to the primary and secondary forms as well, wherein no mercury at all is given internally, a few vapour baths sufficing to bring about a cure in a reasonable time. From four to six vapour baths suffice to touch the gums, according to the quantity of the calomel or cinnabar submitted to fumigation, varying from ten to twenty grains.

I may observe that they do not give any mercury at all internally at the Lock Hospital, its employment being wholly confined to the vapour bath. By imbibition through the skin, it does away with all the irritation of the internal organs consequent upon its administration by the mouth. In sloughing ulceration of the penis from syphilis, local calomel fumigations are applied to the part with the best results. This does not answer for sloughing from other causes, it must be syphilitic. Mr. Lee showed me a case in point, where there was destruction of the prepuce and part of the glans; the sloughing was quickly arrested by the means employed. I noticed two boys not more than fifteen years of age affected with syphilis: one had a specific induration at the side of the penis itself, with an absence of chancre.

A visit to the Lock Hospital will well repay any Canadian visitor to London.

We are having a most delightful summer, and there is very little sickness anywhere, and whilst I write, London is out of Town.

I must acknowledge the receipt of Dr. David's large heart, and thank him for so kindly responding to the request made in a former letter. It shall be brought before the opening meeting of the Pathological Society, when I have no doubt it will excite some attention.

LONDON, 15th August, 1861.

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#### REVIEW DEPARTMENT.

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**AET. LIII.**—*The Pathology and Treatment of Venereal Diseases, including the results of recent investigations upon the subject.* By FREEMAN J. BUMSTEAD, M.D., Lecturer on Venereal Diseases at the College of Physicians and Surgeons, New York, &c., with illustrations on wood. Philadelphia: Blanchard & Lea. Montreal: Dawson & Son, 1861. 8vo. pp. 686.

The foregoing admirable volume comes to us, embracing the whole subject of syphilology, resolving many a doubt, correcting and confirming many an enter-

tained opinion, and in our estimation the best, completest, fullest monograph on this subject in our language.

Any observer, and doubtless there are many such in our noble profession, who has carefully watched the practice in syphilis during the last fifteen or twenty years must have been struck with the incongruity which it presented. Surgeons became divided into two sects, the mercurialists and the anti-mercurialists, the advocates of both systems indefatigable in their labours, both endeavouring to prove their opponents wrong. Our army medical authorities took the matter up, and the most strict injunctions were issued to its medical officers to have the non-mercurial treatment fully tested. And assuredly no better field could have been selected, none in which the comparative merits of the two systems could have been more fairly tested. These results have been placed before the medical world, and they go to prove that the treatment without mercury is in general the most salutary, and equally if not more beneficial to the patient than the mercurial treatment. In the early part of our own career, we would have considered ourselves as doing an injustice, nay a positive injury to our confiding patient, had we withheld the five grains of Blue pill from him night and morning. And we might mention many an unfortunate victim to this then indiscriminating practice, a practice however pursued with the best intentions in accordance with the then condition of our knowledge, a practice which we are sorry to say, has consigned to a premature grave, numberless individuals, the effects of whose mercurialization had been mistaken for the constitutional effects of syphilis, and which were daily, hourly, aggravated by persistence in the very treatment which evolved the symptoms under which the unfortunate sufferers laboured. Thanks to Carmichael who in 1814 uttered the first unimproved hint; thanks to Ricord who closely followed it up, but especially thanks to Bassereau, a pupil of Ricord's, who has established the fact, that there do exist two kinds of chancre, the hard and the soft, the former of which is invariably followed by constitutional symptoms, the latter never; and hence is explained the success attained by the anti-mercurialists, for as cases of the latter most fortunately enormously preponderate over the former, and as they are curable by the most simple means, so is the success which the advocates of that practice obtained, explained. The fact is now established beyond all question, that in practice we are apt to meet with two distinct varieties of this disease, both contagious, yet the one and severer form being characterized by an indurated base, and certain to be followed by constitutional symptoms, to which the mercurial treatment is alone applicable; the other without induration, attended by no consequences, except possibly a bubo, but curable by the application of the most simple means. On this important point we will make the following extract from the work, taken from Mr. Bassereau's "*Traité des Affections de la Peau Symptomatique de la Syphilis.*"

"There can be no question of the fact that there are chancres which may be treated by the most simple remedies without the employment of any mercury whatsoever, and yet never be followed by the symptoms of constitutional syphilis. Any one may convince himself of this truth by inquiring of old men, many of whom will state that they had chancres several times in their youth, which were treated with simple cerate,

lint, or other means destitute of specific action, and, though they have never taken mercurials, there has not been the slightest appearance of constitutional syphilis during the thirty or forty years which have since elapsed. Many persons will also repeatedly have chancres and escape infection, but will finally contract another which will be followed by a syphilitic eruption. Why this difference? What should limit the action of the chancre in the one case and in the other extend it to the whole system? This is an interesting problem, and I will proceed to give the results of my attempts to solve it. Let no one who is wont to pay respect to opinions which have received the stamp of authority take umbrage at the novelty of the propositions which I am about to present, or be hasty in rejecting them. The question at issue is so important that it deserves serious examination. It is not to be decided by an appeal to the vague impressions left on the mind by former experience, or by the doctrines of this school or that; it can only be settled by new investigations undertaken for the very purpose. I ask, therefore, of unbiassed men to devote the necessary time to verify the facts which I am about to present, and to give them their most scrupulous attention.

“ Among the causes which I have investigated, I have endeavoured to ascertain if age has any influence in the extension of syphilis to the general economy, and I have satisfied myself that it has none. From birth to the most advanced years, man may have chancres, which, at any age, may be followed by constitutional syphilis; and though infection is more common among the young, it is simply because they are more exposed. Sex is equally devoid of influence. Ricord states that chancres are less frequently indurated in women than in men, which is equivalent to saying that women are less liable to constitutional syphilis, since it can easily be shown that infection follows in most cases indurated chancres. I do not believe, however, that Ricord carries the induction thus far. For my own part, I think that the rarity of induration in women is only apparent. Indeed, in examination of the same number of chancres in the two sexes, I have found nearly the same proportion indurated in the one as in the other; with this difference, that the induration was generally poorly marked on the vulva, while it was very decided upon the penis. Just as the skin of various parts of the body is not equally susceptible of the development of induration, so this symptom is less frequent upon the genital organs in women than in men. But women are not on this account less exposed to constitutional syphilis. Though fewer persons of this sex are affected with this disease, it is because the number who are addicted to debauch is incomparably less than of men; whence venereal affections of all kinds, constitutional syphilis included, are less common among them, and the difference cannot be attributed to mere sex.

“ Again, idiosyncrasy will not explain the fact that a chancre produces only local effects in one person, while in another it infects the system at large. This is proved by the number of persons who, after having numerous simple chancres, contract another which becomes indurated, and is followed by constitutional manifestations.

“ Can such different results from two acts of contagion by a virus reputed the same be accounted for by the changes which frequently take place in the constitution, and by virtue of which a man is not affected in the same manner by the same agent at times very nearly approximated? Doubtless such dissimilar effects might depend upon the particular disposition existing at the time of contagion; but this explanation is admissible only in default of a better, especially as it is opposed to what we know of the action of specific causes, which always tend to produce the same results.

“ I have carefully studied the temperament and constitution of persons affected with syphilitic erythema, in order to discover if any one of those organic modifications of the system might not influence the development of constitutional syphilis, but such inquiry has led to no positive result. I have found all temperaments affected in nearly equal proportion; none can therefore be regarded as peculiarly conducive to the extension of syphilis throughout the economy; and the same may be said of difference of constitution.

" An insufficient amount or the bad quality of food, which is a powerful aggravating cause of syphilitic symptom, has been so rarely observed in the cases of erythema which have come under my notice, that it is impossible to ascribe to it the development of general syphilis. The abuse of alcoholic stimulants, changes of temperature, and intercurrent diseases appear to have had no more effect. I have merely noticed that chancres contracted during warm weather are more rapidly followed by syphilis than during cold.

" The above remarks clearly show that neither age, sex, idiosyncrasy, temperament, constitution, hygienic influences, nor coexisting diseases which might be supposed to have depressed the system at the time contagion took place, can, each by itself, be regarded as the determining cause of infection; and if we group them all together instead of considering each singly, my statistics will shew that they will not account for one-third of the cases of constitutional disease. The better to appreciate the etiological value of these influences, I have examined the condition of those persons whose chancres, in spite of the absence of all treatment capable of retarding or destroying a tendency to secondary symptoms, have not been followed by constitutional syphilis. I have compared one hundred such cases with an equal number of patients affected with syphilitic erythema, and have found in each nearly the same proportion of lymphatic temperaments, feeble constitutions, bad hygienic influences, etc., thus confirming my opinion of the necessity of searching for other than physiological and hygienic causes of generalization of syphilitic manifestations.

" I have also sought for the solution of this question in the chancre itself. I have endeavoured to ascertain if repeated acts of contagion might not favour the appearance of secondary symptoms. On examination of the cases cited, I found that in 112 cases the eruption appeared after several successive chancres, and in 86 after a single chancre. Notwithstanding the predominance of the former, it cannot, I think, be admitted that the repetition of primary symptoms is the cause of constitutional infection. The idea that the action of a virus must be accumulated to produce its utmost effect is but little in accordance with the medical knowledge we already possess. In a number of my cases, also, there was so long an interval between the chancres that it appears to me difficult to attribute to the first contagion any influence whatever in the production of the constitutional syphilis which followed the last exposure.

" Again, I have inquired if individuals affected with several chancres at one time, were not more exposed to constitutional infection than those having only one, and who consequently bore upon their persons a smaller surface secreting contagious matter; but I found this could not be the case, for of the 170 instances of syphilitic erythema, 141 had but one, and only 29 multiple chancres; whence I conclude that neither the plurality of primary sores nor the extent of the secreting surface can be regarded as the cause of the constitutional manifestations which sometimes appear. These results are analogous to those obtained by Kirkpatrick, Dimsdale, and Gatti in experiments with the virus of variola, from which it appears that there is no connection between the number of inoculated points and the copiousness of the consecutive eruption. Girot even observed that the eruption of variola was milder and more discrete after inoculating in six places than when only two punctures were made.

" An analysis of these cases of syphilitic erythema shows that the development of constitutional syphilis is not affected by the situation,\* degree of ulceration, or duration of the primary sores. General symptoms may supervene, on whatever part of the body a chancre is situated; and the intensity of the former is not increased when the primary ulcer is at a distance from the genital organs, as was once supposed by Boerhaave. A decided tendency to extend by ulceration is also innocent of the development of constitutional syphilis; for I have often seen the mildest and most superficial ero-

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\* At the time this was written, the fact that soft chancres are never met with upon the head or face was not known.

sions followed by infection, while phagedenic sores proved innocuous. Chancres which last for a long period are not more likely to terminate in secondary syphilis than those which cicatrize within a moderate or short space of time, as may also be seen from an examination of these 170 cases.

" On the other hand, induration is so frequent a symptom of these primary ulcers \* that it is impossible not to admit that it bears an intimate relation to the syphilitic erythema which ensued. But even if it could be shown that all infecting chancres are indurated, must we necessarily say that induration is the cause of infection? By no means; for this would only be avoiding the question instead of solving it, since the cause of the induration would still remain to be discovered.

" Finally, in my investigations I have endeavoured to ascertain if any relation existed between the symptoms presented by my patients and those of the persons from whom they contracted their disease. Such enquiry is often difficult, for men are frequently infected by women whom they never see but once and of whose name and address they are ignorant. Some have intercourse with several women within a short time preceding the appearance of the chancre, so that the source of the virus is doubtful; others refuse to give any information with regard to the persons with whom they have had connection. In some cases, however, we are able to compare the symptoms in the two sexes. Patients often bring to me the women who infected them, or else put me in the way of visiting them at their homes. Frequently, also, at the Hôpital des Vénériens, I have found two or three, or even a larger number of men who contracted their disease from the same woman, either on the same day or at a few days' interval. Finally, in several instances I have seen both a wife and husband, and even their children, all affected with syphilis which had been introduced into the family through one of its members.

" These repeated confrontations of persons infected by each other—undertaken at first to determine what syphilitic lesions are contagious and what are not; to show what symptoms may succeed others, and what modifications the same symptoms may undergo by transmission between individuals of different sex and temperament—have led to the discovery of that hitherto mysterious cause by virtue of which chancres sometimes limit their action to the part on which they are situated and the neighbouring ganglia, and at other times extend their effect to the system at large and are followed by constitutional syphilis. The following propositions embody the results obtained from the confrontation of patients affected not only with erythema, but also with other syphilitic eruptions and primary sores, with those persons from whom their disease was derived:—

" If we compare persons who have had chancres followed by constitutional symptoms with those persons who inoculated them, or with those whom they in turn have inoculated, we find that all, without exception, have had constitutional syphilis; never, in any case, has the action of the chancre been merely local.

" On the other hand, by the comparison of individuals who have had chancres which did not result in general manifestations with the individuals who infected them, or with those whom they have infected, we find without exception that the latter, equally with the former, have had chancres, the action of which was limited to the part first inoculated. Thus a chancre followed by constitutional syphilis never gives rise to a merely local chancre; and a purely local chancre cannot produce a chancre which will be followed by the general manifestations of syphilis. The uniformity of the facts which have come under my observation—none but apparent exceptions having ever been met with—fully justifies me in enunciating the following proposition as a law:—

*" Whenever a person has a chancre and afterwards constitutional syphilis, the generalization of the syphilitic phenomena is first of all due to the fact that the person from whom the contagion came had a chancre which was necessarily followed by constitutional symptoms.*

\* Of the 170 chancres, 157 were known to be indurated; in 13 induration was doubtful.

"Of thirty-four cases of syphilitic erythema, in which I have been able to confront the patients with those who infected them, and in some instances with those whom they had afterwards infected, in thirty-one, conformably to the law just enunciated, all the individuals thus confronted presented lesions of the same character; all without exception had chancres which were followed by constitutional syphilis. In only three, from the absence of the symptoms of general infection, did there seem to be any exception, but induration was found at the site of the primary sore, showing that the exception was only apparent; moreover, the mercury which had been administered for the latter fully accounted for the absence, or delay in the appearance, of constitutional manifestations."

With Bassereau's views thus so clearly expressed, we can have no hesitation whatever in admitting two distinct varieties of syphilis. But the question now materially arises whether these two varieties are convertible, or to use the language of our author, "one of two alternatives must be true: the virus of each must be the same, but of greater intensity in the one than in the other; or there must be two poisons totally and radically distinct." Our author proceeds to discuss this important point, and embodies the results of his reasoning in the following four aphorisms:

"The results thus far attained by comparison of the symptoms of those giving and those receiving primary ulcers may be summed up in the following propositions:—

"1. Among persons free from previous syphilitic taint, each of the two species of chancre is transmitted in its kind: the simple chancre as a simple chancre limited in its action to the neighbourhood of its site; the infecting chancre as an infecting chancre, followed by constitutional manifestations.

"2. A primary sore with a soft base, and unaccompanied by induration of the neighbouring lymphatic ganglia, in a subject already infected with syphilis, will, when communicated to a person free from syphilitic taint, give rise to a soft or hard chancre, according to the nature of the virus which occasioned the first mentioned ulcer.

"3. The virus of the non-infecting chancre is a poison distinct from that of the infecting chancre.

"4. Phagedænic ulceration of a chancre does not depend upon a specific difference in the virus."

The extracts which we have taken from this important volume, are amply sufficient in our estimation to afford an estimate of its value. The subject has been thoroughly exhausted with infinite credit to the author.

With regard to the mode in which the author has dealt with his subject, we ought to observe that he has divided his work into two parts, the first of which is devoted to gonorrhœa and its complications of every kind, to the description and discussion of which thirteen chapters have been devoted; and the second to chaneroid, its complications, and syphilis, the details of both which involve no less than eighteen additional chapters of the work.

As far as the author's labours themselves are concerned, we feel it a duty to say, that he has not only exhausted his subject, but he has presented to us without the slightest hyperbole, the best digested treatise on these diseases in our language. He has carried its literature down to the present moment, and has achieved his task in a manner which cannot but redound to his credit, while the volume itself is published in the best style of Messrs. Blanchard & Lea. To those who devote themselves to this especial branch of practice, we know no more valuable work, and when we remember that this volume embodies

all that is now known with reference to the theory and practice of these most important diseases, we cannot but consider that a copy of it should be in the possession of every surgeon who purposes to devote himself to the practice of these specialities, as they are rather erroneously called.

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ART. LIV.—*Etudes sur la Monorchidie et la Cryptorchidie chez l'homme.*  
Par ERNEST GODARD, 1857.

*Recherches Tératologiques sur l'Appareil Seminal de l'homme.* Par ERNEST GODARD, 1860.

If we examine the most recent editions of the works on surgery, usually employed by students, we shall not find much information upon the subject of the above treatises, and yet it is of the greatest importance to society, that medical men should have clear and well-defined notions concerning them.

As the terms used by Mons. Godard indicate, his work treats of the congenital defects in the genital organs of man: in the one case, the malformation consists in the presence of only one testicle, and the individual is called a monarch, from the greek words which mean one testicle; in the other case, both testicles are retained within the abdomen, and not being visible, the individual is termed a cryptorch, from the greek words which indicate concealed or hidden testicle.

Now though instances of the first malformation are frequent, the subject has been much neglected till lately by British surgeons, and this may be attributed in a great measure to the fact that the malformation has not been considered of much importance, as it has been supposed until lately, that it had but little effect upon the procreative powers of the patient, and that it did not either directly or indirectly render him more liable to any particular disease, or tend in any way to his discomfort. Recent investigations have dispelled these illusions, and we have in our own pages presented to our readers, cases illustrative of this opinion, to which we shall allude more fully further on.

Notwithstanding the silence of surgical writers on this subject, the young practitioner may be called upon at the very commencement of his career to pronounce an opinion upon the following questions:—

1st. Is non-descent, or arrest in transitu, of one or both testicles a bar to matrimony?

2nd. Is non-descent of the testicle a bar to admission into the public service, particularly the military department?

3rd. Is non-descent of the testicle a reason for refusing the insurance of the life of the individual on the part of a company; and could it, having been concealed by the individual, and not stated in the certificate of his private medical adviser, be urged by the company as a ground for refusing to pay the amount of the policy in the event of his death. Again, has a company a right to demand an additional premium from an individual in whom this malformation exists?

Without following Mons. Godard very closely, we shall present our readers with some of the most important of his observations. This branch of inquiry



has occupied the attention of our countrymen likewise. Some years ago Mr. Hamilton, of the Richmond Hospital, Dublin, published a case in which he removed a testicle, that having been arrested in the inguinal canal, had several times become attacked with inflammation, and had caused so much suffering that the patient cheerfully submitted to its removal. The organ was found on examination to be atrophied, and its ducts devoid of spermatozoa.\* At the meetings of some medical societies in London, the question of the procreative powers of monarchs and cryptorchs has been of late discussed, and much variety of opinion has been expressed. Some of the speakers declaring that they should hesitate before recommending matrimony to persons labouring under these defects, whilst others were equally positive that these persons are capable of fecundating. To us it appears, after a careful examination of the evidence upon which the latter speakers based their arguments, that the individuals to whom they alluded, though possessing sexual feeling, rested their claim to procreative power on very equivocal grounds. And though this matter has been brought up recently at one of these societies, it does not appear that the anatomical points, to which we are disposed to attach great importance in the settlement of this question, have received careful scrutiny.

It is time, however, that we should bring before our readers some of the results we have drawn from the treatise before us, and this we shall do as concisely as possible. M. Godard, like many of his countrymen, is fond of raking up all sorts of authorities, both ancient and modern, and quoting cases published in various journals and reviews. This research though laudable, taxes the reader's patience rather too severely. We shall avoid this error and shall present in the form of propositions the statements advanced at greater length by our author.

1st. The testicles are formed within the abdomen and thence descend to the scrotum. If one of the glands becomes arrested in its progress, a *monarch* is the result. If the arrest takes place on both sides, a *cryptorch* is the result. In both cases the arrested testicle may remain within the abdomen, in the inguinal canal, in the crural ring, or even in the cruro-scrotal fold, and the malformation may be confounded with congenital absence of the testicle.

Monarchy may be hereditary. Proofs are furnished of its having presented itself in grandfather, father, and son, and an instance is given where two sons inherited it from their father, but male children by their mother's second husband were not thus malformed.

Monarchy often exists with an arrest of development of the corresponding side of the body. It may be caused by inflammation attacking the organ in its progress, and thus binding it in its abnormal locality, and it may be the result of the testicle having presented itself in a transverse direction, at the opening of the inguinal canal.

2. In incomplete descent of the testicle, the organ is not fibrous, or greasy as in the foetal state, as some have asserted, but on the contrary, its canals are quite pervious, but the testicle is smaller than the one in the scrotum.

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\* Dr. R. L. MacDonnell of this city, has performed a similar operation for the same cause.

3. A testicle arrested in its passage does not secrete animalcula, but this refers only to cases in which the testicle is fixed in its situation, and where it is subject at every moment to the contractions of the cremaster.

4. The monarch in whom the descended testicle is healthy ejaculates a fluid containing spermatozoa, and is capable of procreating children of both sexes. Our author recommends us to use every effort to bring down the arrested testicle. We do not attach much importance to this suggestion, for we are quite certain that all efforts to produce that effect would prove useless.

5. The arrested testicle is more prone to disease than the descended one. This fact is confirmed by British observers also, and should not be lost sight of by those whose opinions may be demanded on this point. It has an evident bearing on the question of life insurance, though singular enough, not even alluded to in the minute instructions directed by some companies to their medical examiners. It has also a bearing upon the examination of recruits for the army, and since the recent reforms in the military department require officers to undergo examination as to their physical capacity for the service, the presence of this defect might be considered sufficient to reject the candidate. We know that this matter attracted the attention of the authorities some years ago in the case of a young gentlemen of this country. Besides inflammation, the non-descended testicle is very prone to tubercular and cancerous degeneration. The latter affection is very likely to attack the organ if the malformation exists on the *right* side.

Non-descent of the testicle has led to an error in diagnosis by which the organ in its transit through the inguinal canal being taken for a hernia, has been kept there by a truss or bandage so long that it had formed adhesions, and its complete descent prevented. The testicle may even be drawn up out of the scrotum and kept confined to the inguinal ring by spasm of the cremaster, the result of excessive coition.

If the descended testicle be unsound, and the one retained either in the abdomen or in the inguinal canal be healthy, nevertheless as it is incapable of secreting fluid containing spermatozoa, the individual, though not impotent, is yet incapable of procreating children. This condition, however, of the organs is not common.

The above are the conclusions to be drawn from M. Godard's researches upon the form of malformation where only one testicle has been retained, but what he has to say of cryptorchis is equally important, for it settles the question as to the absence of the procreative functions of these individuals, and in a social and moral point of view should be impressed on the mind of the medical practitioner.

Though the testicle remains within the abdomen in many of the lower animals, yet it is a congenital malformation in man, and due to pathological causes: we are not surprised then to find that such persons, though capable of coition, should be unproductive. Mons. Godard states that "*men in whom both testicles are well developed, yet if they be incompletely descended, are incapable of impregnating the female, though they are capable of coition,*" and this conclusion is drawn from the following facts: He had under his observation four persons

with this condition who were all married, yet without children. Two men with the same anomaly ejaculated fluid without spermatozoa. In two autopsies of cryptorchs he examined the fluid contained in the vasa deferentia and found no spermatozoa.

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ART. LV—*The Physicians' Pocket Dose and Symptom Book, containing the doses and uses of all the principal articles of the Materia Medica, and officinal preparations, &c.* By Joseph H. Wythes, A.M., M.D., Author of the "Microscopist," &c. 3rd edition. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson & Son. 1861. 12mo, pp. 244.

This is an excellent little work or compilation in its way, more serviceable to the young than to the old practitioner. It opens with a table of weights and measures, in which we wish it had taken notice of the French. It then gives secondly, the rules to proportion the doses of medicine according to the age of the patient; then thirdly, the common abbreviations used in prescriptions, a table much abbreviated; then follows a list of poisons and their antidotes; with finally a classification of the materia medica, which is of no use in a work professing the objects of the one before us. We then enter upon an alphabetical list of medicines with their uses and doses, emphatically the truly valuable part of the work. Having concluded this, the author favours us with dietetic preparations, some of which are very valuable, and he concludes the volume with tables of symptomatology, pathology, and therapeutics, the three last added we apprehend, to increase the number of pages.

We have already observed that we consider a work of this kind an excellent one in its way, and we certainly can conceive it as serving many most excellent ends, especially that of affording at a glance the doses of the more important medicines, which any one in the hurry of duty, may temporarily, while writing his prescription, forget, or rather omit to remember. It is a circumstance such as this, which renders a work of this kind valuable. But while we can find no fault with the doses in which the medicines should be administered, we cannot but confess that we have found most horrid liberties taken with their names, and this is the more inexcusable as the present volume is the *third* edition. Is proof wanted? We then quote the following instances in illustration of our remark: Iodinium is given as Iodidum; Aconitina is given as Aconitum; Aqua Acidi Carbonici, is mentioned as Aqua Acida Carbonici; Aqua Camphora instead of Aqua Camphoræ; Brominum is given for Brominium; Emplastrum for Emplastrum Assafætidiæ; Emplastrum Picis cum Cantharidæ for Cantharide.

We might multiply such instances of want of care, for they deserve no other name, for we feel assured that the errors are so palpable that they must have been due to carelessness. Still in a work, which, small though it be, professes now to have entered upon its *third* edition, we cannot but acknowledge some surprise that these errors exist.

On the whole, however, we consider the volume a valuable one to the young practitioner, as a direct ready remembrancer in emergencies.

The work is neatly and conveniently got up by the enterprising publishers.

ART. LVI.—*The New Sydenham Society's Year Book of Medicine, Surgery, and the Allied Sciences, for 1860.* London, 1861, 8vo. pp. 578.

We have to acknowledge from the Honorary Secretary of this Society, the foregoing volume, which is the first of its series for 1861. In one respect it differs most materially from its predecessor, and the difference consists in this, that no cause whatever for complaint can be taken in regard to translations from French or German authors, as the original texts in the present volume are studiously withheld. We question, however, if this is not an error of judgment on the part of the editors. Be this as it may, the volume is full of matter, and any one wanting to find the latest views of writers on particular points, has only to seek the volume before us, and his every wish will be gratified.

Much as the first "Year Book" of the Society was repudiated by the profession at large, we do not think that judgment entirely well founded. It is our opinion that the profession expected too much, that it anticipated a resumé of every paper on every subject, in every country under heaven. This was undoubtedly more than it had a reasonable right to expect. Although the first "Year Book" fell in respect to scholarship, on the part of some of its editors, far beneath what could have been imagined, the volume was a very valuable one, and we have frequently turned to it with every amount of satisfaction. Few objections can be entertained against the present one, except possibly on the ground indicated; and as a valuable *recueil* of the medical literature of the past year, we place it on our shelf, satisfied that when occasion demands, we can return to it with both pleasure and profit.

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## PERISCOPIC DEPARTMENT

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### SURGERY.

#### INGROWING TOE-NAIL.—TREATMENT BY PERCHLORURE DE FER.

"Surgical operations," some one has said, "are the reproach of surgery." And although this epigrammatic saying, literally interpreted, would do great injustice to a noble art, yet it would be well for humanity if it were possible in some instances to change the reproach which attaches, or should attach among the initiated, to bad science, to a popular stigma upon the surgeon. This, however, is rarely the case, for it is next to impossible for the public rightly to appreciate all the considerations which must enter into the question of justifiableness or the contrary of any given surgical operation. Not that we would for a moment cast a reflection upon the honourable, high-minded, judicious, surgeon, who conscientiously feels the great responsibility which he assumes in undertaking a capital operation. It is a responsibility which often raises the operator to the rank of a hero, albeit but a small number can properly estimate his claim to such a distinction. All honour to those, and they are not few, who have been and are willing, in desperate cases, to take on themselves the heavy charge of imperilling the life of the patient for the uncertain chance of removing what threatens it more distantly, or makes its present burden heavy. Nevertheless, few will deny that

every discovery which substitutes a comparatively mild and painless remedy for a painful, even if not positively dangerous surgical operation, confers a great blessing on mankind. Thoughts like these have come into our mind from time to time in connection with the seemingly small but exquisitely painful operation of extraction of an ingrowing toe-nail. We know it is regarded as one of the most trifling of operations, but under the circumstances for which it is performed it certainly is not to most patients a very formidable one. We have been glad, therefore, to see within a few years various methods of treatment recommended, by which the painful alternative of evulsion may, as we have reason to believe, be successfully avoided. In a recent number of the *Gazette des Hopitaux*, M. Wahu, Principal Physician of the Military Hospital at Nice, reports the successful treatment of this affection in his own person without an operation. He prefaces his account by some reflections on the nature of the operation by extraction. It has always been his theory, he says, and a theory based on personal experience, often repeated, of very severe pain, that every man has within himself the power of endurance to meet any amount of physical suffering which may fall to his lot. Satisfied of his own ability to justify this theory on many trying occasions, he yet confesses that it was not without horror that he contemplated the possibility of the necessity of a resort to this operation as the only cure for an *ongle encarné* from which he had suffered for a long time. He therefore tried many expedients, hoping to avert the dreaded operation. At last, after an ineffectual trial of alum and Vienna paste, M. Wahu says:—

“ Finally, one day, provoked at being so disabled by a trifle, which, in spite of all my force of will, prevented my walking, I examined again for the twentieth time the seat of the disease, and was struck with the idea that if I could dry up, or even *tan* the diseased surface, so that the ulcer might be converted into a firm surface, capable of resisting the cutting action of the edge of the nail, I might obtain a complete cicatrization, and consequently a cure. Running over in my mind the most energetic tanning substances, I decided on employing the *perchlorure de fer*. I obtained some in a powdered form, and insinuated it as deeply as possible between the free edge of the nail and the ulcer. I felt almost immediately a moderate sensation of pain, accompanied by a feeling of constriction and a strong burning sensation. A quarter of an hour after I attempted to walk, and, to my great satisfaction, I found I could bear my weight on my foot throughout its entire length without the least pain; a thing which I had not done before for many months. The following day I carefully examined the diseased parts, and found them mummified and as hard as wood. I applied a fresh quantity of perchlorure de fer, which I allowed to remain for a quarter of an hour. I have reason to believe this application was useless, as the mummification was complete by the first process. I continued to walk without the least thought of my *ongle encarné*, and about three weeks after was able, by means of a pediluvium, to remove the hardened layer of skin, under which I found a tissue of new formation which perfectly resisted the pressure of the edge of the nail. Shortly after the whole had returned to its normal condition, and since more than two years have passed without a return of the disorder.”

It may be thought we have taken up a great deal of space for a mere trifle. An ingrowing nail is certainly not so formidable an object to contemplate as many that come under the eye of the surgeon, but it certainly is no trifle. An old nursery rhyme, “ For want of a nail the shoe was lost, for want of a shoe the horse was lost,” &c., aptly illustrates its importance. This small affection, as it seems, is considered good ground for rejecting a recruit who offers for the army; and certainly in active service its occurrence might be as fatal to the unfortunate possessor as the loss of its iron representative in the doggerel above quoted was to the owner of the horse. If it can be cured so easily, without an operation, it at once becomes an unimportant malady and need not exclude many an otherwise able-bodied man from the service of his country; and should it occur while in service, the detention of several weeks in hospital, after the operation of evulsion, is avoided. There is another consideration of no trifling importance, urged

by M. Wahu, namely, that as no one now-a-days would think of doing the operation without using anæsthetics, the danger of employing these agents is averted. In Europe, where chloroform is almost the only anæsthetic used, this is by no means an unimportant consideration, and M. Wahu refers to a fatal case of its employment on the occasion of this very operation. A second case, which occurred in our immediate vicinity, must be fresh in the memory of many of our readers.

We would add, in conclusion, that we see no reason why the solution of the perchloride, in which condition this salt is best known here, may not be as effectual a remedy as the salt in a solid form.—*Boston Med. and Surg. Journal.*

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## RUPTURE OF THE TENDONS OF BOTH RECTI FEMORIS.

By Mr. ADAMS of the London Hospital.

Rupture of the tendon of the rectus femoris is by no means uncommon; it must have come under the notice of all surgeons of experience, and requires no special remark. But the rupture of the tendons of both recti is sufficiently rare to justify the narration of a case as illustrating some simple points of practice. The late Dr. Pereira, whilst descending the stairs from the library of the College of Surgeons, slipped, and ruptured the tendons of both recti. He was treated on strict anatomical and surgical principles, and was making a very good recovery, when he was suddenly seized with violent pain in his chest, and died in a few minutes in consequence, as it was presumed, of the rupture of some large bloodvessel or of the heart itself. The doctor was a large, fat, and bulky man, of great mental application; but he had neglected, by abstinence from exercise, the physical exertion necessary for the maintenance of the integrity of the muscular system. It is therefore probable that in his case the heart and bloodvessels had undergone some important deterioration by fatty degeneration, and that a similar condition had pervaded his muscular system generally; for the injury was more especially to the recti muscles at a part where muscular fibre and tendon are intermixed. In the case however that I now narrate, there was no evidence to lead to a suspicion that the muscular system had undergone the change alluded to; and the fact that the rupture occurred close to the insertion of the tendons into the patella, rather militates against this idea, for I believe that tendons are free from this important change, and do not undergo the fatty degeneration so common to the muscular system of animal life. My patient is a man of 63, remarkably strong and well built, and constantly habituated to a very fair amount of ordinary exercise. In appearance he might very reasonably have been thought to represent the age of 55 rather than that of 63. He had been subjected of late to no especial disease requiring any remark. On the 11th of May he was standing at a chemist's door, hailing a cab to take him home, when, without any slip or stumble, he felt as if a bar of iron had struck him across and above the knees, and he was brought to the ground at once, being under the impression that some one had mischievously injured him. He was immediately conveyed into the chemist's shop, and was assured by the bystanders that no one had struck him. I saw him a few minutes after this; and at once recognized through his trousers the nature of his injury. He was carefully conveyed in a cab to his house in Portland-place, and placed in bed. I raised the heels upon a pillow, and, finding a perfect coaptation of the ruptured tendons by this simple process, I used no other means for maintaining the divided parts in apposition during the remainder of the treatment. Everything succeeded admirably; there was scarcely a line indicating the original division of the tendons; and, at the end of six weeks, an apparatus for the securing the parts was adapted by Mr. Pratt, a surgical machinist in Oxford street, and my patient is now able to walk about his house, and to go up and down very steep stairs with the aid of crutches. When he first got down stairs, and whilst labouring under an attack of cold, we were somewhat alarmed by an attack of pain in his chest, attended with some hæmoptysis. Dr. Col-

land saw him with me, and assured him that it was a simple attack of bronchitis, attended with bleeding from the mucous surface of the bronchi. The result has quite justified the opinion and efficacy of the treatment adopted. Not a vestige of this condition now remains. I shall make no further remarks on the surgical part of the treatment of this case, except by directing attention to its extreme simplicity, and the consequent successful result. I may be permitted to express my most unqualified opinion that, in all cases analogous to the present, position alone will effect all that is desirable, and that bandages, so far from doing good, do an infinity of mischief.—*Lancet*.

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#### TREATMENT OF BURNS BY THE PERMANENT HOT BATH.

By Dr. PASSAVANT.

The observations on which this work is based were made on occasion of an explosion which deprived fourteen persons of their lives in a firework manufactory at Frankfort. Thirteen persons were brought to the hospital with burns of every kind and degree. Every one of them was treated by permanent hot baths, or where this means could not be applied by fomentations of hot water. The water, which was renewed twice per diem, and oftener when the suppuration was very abundant, was maintained at a temperature of 93° Fahr. The apparatus in use was analogous with that which M. Langenbeck uses for the treatment of amputations, and when, after some weeks, the patients got tired of it, hot fomentations are substituted. The first effect produced by the bath is one of considerable relief, and the pain, which is at first excessive, ceases completely. The hardened tissues are penetrated by the water, become soft, and the eschars are very easily detached. This way of treatment protects the suffering parts against all causes of irritation, and diminishes the chances of purulent absorption. The cicatrization progresses much quicker, thanks to the uniformity of temperature and to the light pressure of water on the suffering tissues.—*Presse Méd. Belge*.

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#### DISSECTION OF A CASE OF COLLES'S FRACTURE OF THE RADIUS.

R. J., aged 39, was admitted into the Northampton Infirmary in a state of considerable but not extreme collapse, having fallen to the ground from a height of about sixty feet. There was a large lacerated wound in the right foot, exposing the os calcis and calcaneo-astragaloid articulation, the bone being completely pulverised. The collapse speedily became more intense, and associated with pallor of the lips and an anæmic aspect, and the patient died five hours after admission, the cause of death being discovered in a fracture of the right os innominatum, with great effusion of blood into the pelvic cavity and sub-peritoneal tissues of the abdomen. The patient was, however, also the subject of a fracture of the base of the right radius, and thus afforded an opportunity of dissecting this injury while quite recent. The symptoms of an injury were, during life, quite unequivocal. The "silver-fork" deformity was very well marked, the patient, however, retaining the power of pronation and supination in a considerable extent. The head of the radius rotated distinctly in obedience to movements communicated to the hand. Forcible adduction of the hand formed a distinct angle salient along the outer border of the forearm about an inch above the wrist-joint. No crepitus was detectable until very forcible extension was employed, when this symptom also became plainly recognizable. A careful dissection of the forearm was made twenty hours after death, the rigor mortis being at the time extremely developed—so much so that the elbow could be extended only by the exertion of considerable force. There was much blood extravasated in the cellular tissue in the neighborhood of the injury, chiefly on the palmar aspect of the forearm, and a much smaller quantity was effused upon, and into the substance of, the flexor longus pollicis and pronator quadratus muscles. The other muscles were scarcely stained with blood. The long flexor of the thumb was prominent and

bulging among the more superficial tendons; the supinator longus tendon occupied its normal position, and was certainly not in the least degree tense; the extensors of the thumb were slightly elevated from the bone at the seat of fracture. The bone had given way a little more than an inch above the wrist joint—as nearly as possible one-half of the pronator quadratus remained attached to the upper fragment, the remaining half to the lower. The fracture was directly transverse; the upper fragment was pronated and projecting on the palmar aspect of the forearm, and the compact tissue of its dorsal and palmar surfaces was extended in the form of two spines about a quarter of an inch in length projecting below its cancellous tissue, the dorsal being a little the longer of the two projections. The lower fragment was twisted so that its articular surface looked outwards, downwards, and backwards, so as to bring the palmar and dorsal edge of the inferior articulating extremity of the radius into the same horizontal plane; and two thin plates of the compact tissue of its dorsal aspect were all but detached from the rest of the bone, being attached only close to the joint, which itself was uninjured. Until the fragments were forcibly separated they formed a retreating angle along the radial border of the forearm at the seat of fracture, and were impacted with moderate firmness; the posterior projecting spine of the upper fragment being thrust beneath the thin splintered plate of the lower fragment, and its anterior spine projecting beyond and overlapping slightly the lower fragment, forming the apex of the angle caused by the projection of both fragments towards the palmar aspect of the forearm.—*Med. Times.*

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#### A NEW CAUSTIC FOR TOOTHACHE.

The following treatment is recommended by Dr. Calvy, of Toulon, for the neuralgia proceeding from carious teeth. The carious cavity is first to be cleaned out, and then a piece of cotton, steeped in a solution of six grains of acetate of morphia in an ounce of nitric acid, is to be applied to its interior. As soon as the caustic penetrates into the carious tooth, the pain ceases, and the patient is cured. After the application of the caustic, the cavity should be filled with cotton steeped in the sedative solution of opium, and afterwards permanently plugged.—*Br. Med. Jour., from Gaz. des Hopitaux.*

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#### ADMISSION OF ATMOSPHERIC AIR INTO THE JOINTS, &c.

In the *San Francisco Medical Press* for July, the editor, Prof. E. S. Cooper, advances the following propositions in surgery, and invites criticism or proof against them:—

“1st. That the atmosphere, admitted into the joints or other tissues, is not a source of irritation or injury, except where it acts mechanically, as, when admitted into a vein, by producing asphyxia; into the thoracic cavity, by its pressure producing collapse of the lungs, or when, by the long-continued exposure of a large amount of surface of any of the internal organs, whose normal temperature is much above that of the atmosphere, it reduces it so as to produce morbid action.

“2d. That the division of entire ligaments about the joints is no impediment to their ultimate strength and mobility; but on the other hand, this operation will often greatly facilitate the cure, by enabling the surgeon to open the affected part fully, for the purpose of applying medicinal substances to the articular surfaces, when these are ulcerated or otherwise diseased.

“3d. That the only true method of treating ulcerations of bone, however slight, within the joint, is to lay it open freely, and apply remedial agents directly to the part affected.

“4th. That opening the joints early, in case of matter burrowing in them, is far more imperiously demanded than the opening of other parts thus affected, and the operation produces no further pain or inconvenience to the patient, in any respect, than when performed on parts remote from the joints.



" 5th. That after opening a large joint, the knee, for instance, by an incision several inches long, the wound should be kept open by the introduction of lint, or other similar substance, until the parts within the articulation become healthy, and, in all cases, it should be made to heal by granulation.

" 6th. That extensive wounds, opening freely the large joints, such as the knee (even when lacerated, as by a saw, which must necessarily heal by granulation), do not as often give rise to violent symptoms as very small wounds, such as are made by the corner of a hatchet, an adze, or a pen-knife, which heal on the outside by first intention.

" 7th. That there are no known limits beyond which a tendon will not or cannot be re-produced after division, provided the parts are made to heal by granulation, and that the present acknowledged rule of two inches being the maximum distance to which the divided ends of a ligament or tendon can safely be separated, has not the least foundation in fact."—*Boston, Med. & Sur. Jour.*

## MIDWIFERY.

### CÆSAREAN OPERATION.

*From Proceedings of Edinburgh Obstetrical Society.*

Professor SIMPSON showed the pelvis of a woman on whom the Cæsarean section had lately been performed by Dr. Ashton of Preston, who had been kind enough to send him the preparation, along with the following history of the case :—

" I may shortly state, that when I arrived at the house where my patient resided, I found that labour had commenced between one and two o'clock in the morning, accompanied with hæmorrhage; and on examining her, I found that her underclothing was saturated with blood, and small clots of blood lay about the thighs and in the vagina. On introducing the finger I felt what appeared to be the child's head, with the scalp tumefied in the cavity of the pelvis, and extending to a length of from two to three inches, between it and the left os pubis, a soft substance having the feel of the placenta. I thought it to be a case of placenta prævia, and I began to introduce my hand with the intention of turning, but I could not possibly get the knuckles to pass between the ischia. I may say, that I have had occasion to turn in several cases of placental presentation, and many times in mal-presentations. The partial introduction of the hand enabled me to see the true nature of the case, and that the hard substance which felt like the child's head was the promontory of the sacrum, and, as it afterwards proved, the last lumbar vertebra covered by the internal integument, greatly swollen from the pains pressing the child upon it above. The part which felt like the placenta was the posterior lip of the os uteri. I feel confident that any other practitioner would have formed the same opinion at a first examination, the resemblance being so like a vertex presentation, pressing the edge of the placenta and anterior lip of the os uteri against the pubis. The introduction of part of the hand brought on *very strong* expulsive pains; and I could just perceive, with the tips of the two fingers, the membranes through the os uteri. As the flooding continued between the pains, I made a strong effort to rupture the membranes; with some difficulty I succeeded, and the flooding ceased. I sent for Dr. Halden; and I have given at length, in my account to the *Lancet*, our reasons for deciding on the operation, which was performed, under chloroform, in from sixteen to seventeen hours after the commencement of labour. The os uteri was fully dilated, I believe, when I ruptured the membranes, six and a half hours before the operation was commenced, and I think it had been so for some time; but it could only be felt as a long narrow opening. Although the strongest pains I think I ever witnessed continued during that time, at intervals of from five to ten minutes, not the slightest portion of the presenting part entered the brim. I could, from my hand being smaller than Dr. Halden's, just reach

with the tip of the finger, but he could not feel it. She lived about twenty-five hours after the operation, and sank from internal hæmorrhage; there being a quantity of blood which half-filled a chamber utensil, lying in the lower part of the abdomen. We were obliged to have the lower part of the body and legs hanging off the foot of the bed for the convenience of making the examination, and the blood consequently gravitated to the lowest part.

"I enclose you a piece of card-board cut to the size of the brim, and a diagram of it, with the dimensions as I have measured them. The concavity of the card-board fits to the convexity of the last lumbar vertebra. The measurements I have sent to the *Lancet* are the following, which you will be able to verify by your own measurement:—'From the promontory of the sacrum to the brim of the pelvis, opposite the centre of the acetabulum on the left side, is one inch and five lines; on the right side from the same points, is one inch and ten lines; the transverse diameter opposite the centre of the acetabulum is three inches and three lines. The widest part between the tuberosities of the ischia is two inches and seven lines; and at a distance of nearly two inches from the under side of the symphysis pubis, the width is only one inch and two lines. From the point of the coccyx to the under side of the symphysis pubis is four inches; the depth of the symphysis pubis is less than an inch. The curve of the sacrum is so great, that the distance from the top of the sacrum to the tip of the coccyx is only two inches and a half. The promontory of the sacrum, instead of being half an inch above the level of the upper part of the symphysis pubis, is three-quarters of an inch below it, causing the upper part of the fifth lumbar vertebra to be nearly on a level with the symphysis. This vertebra and curve in the sacrum, covered with the swollen integument, had to the finger exactly the feel of the fœtal head. From the outer edge of the crista ilii there is a distance of nine and a half inches; and from one anterior spine to the other, eight and a half inches. These measurements are all exclusive of the soft parts, which would diminish the measurement of the superior aperture, at the smallest allowance, four lines. The junction of the fourth and fifth lumbar vertebræ is the most projecting part to the pubis on the left side; and from the spine being distorted to the left side, the presenting part would lie against the lower part of the fourth lumbar vertebra, and on the upper side of the left os pubis, which explains the reason why it was impossible to feel it on the right and wider part of the brim. If the outlet had been of the usual size, there would have been no difficulty, I think, in feeling the presenting part on the right side as well as the left; but owing to the distortion of the spine, it would be from one to two inches higher up than on the left. As far as I can judge, from the little time I had for observation, when I got hold of the right axilla to extract the child, the presenting part would be the left shoulder. The circumference of the child's head, which I measured very carefully, was fourteen inches and three-quarters. I had not the opportunity of weighing it, but it was above the average size. Now, the pelvis is dried, it is quite easy to bend the rims of the pubes and ischia; the sacrum is a thin shell of bone, the interior of it being converted into a species of fat; in cleaning it, I could not keep it whole. The vertebræ were in so softened a state, that in dividing the spine to separate the pelvis from the body, I cut through the centre of the third lumbar vertebra with the greatest ease; for, from the imperfect light of a candle, the joint was not easily distinguished.' Including a premature labour, this was her ninth child, and it lived a week. As she had a very easy labour of her eighth child, three years before, the disease must have made great progress during that time and her last pregnancy. She had complained of lameness for the last ten years, and during the latter months of her two last pregnancies she could not walk, and her husband was obliged to carry her to and from bed. Owing to the smallness of the pelvis, the bladder could not hold any quantity of urine, and she was obliged to pass it frequently, and immediately on feeling the necessity to do so."

Professor SIMMONS added, that in his opinion there could be no doubt as to the propriety of the operation in this particular case. The pelvic bones were deformed, and

the pelvic diameters diminished from the existence of mollities ossium; and although in some instances, where the bones of parturient females were in this condition, it had been found possible to distend the contracted cavity and to extract the child per vaginam, yet it did not appear possible that delivery could have been effected in such a manner in this particular case. The brim presented the degree of contraction usually said to demand the performance of the Cæsarean section, and in this instance the alternative operation of craniotomy would have been rendered impossible by the contraction existing at the pelvic outlet. He (Dr. S.) had in his museum the pelvis of a woman whom his predecessor, Dr. Young, had subjected to this operation, and through this pelvis he (Dr. S.) had lately succeeded in dragging the head of a child that had been delivered by means of cranioclasm. But in that, as in most of the cases in which he had recourse to embryulcia, the brim of the pelvis was alone or mainly deformed, while the diameters of the outlet were undiminished.—*Edinburgh Med. Jour.*

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#### INDUCTION OF PREMATURE LABOUR.

Dr. E. A. Kirby read a paper before the Royal Medical and Chirurgical Society, in which he gave the history of a case in which he had twice induced premature labour on a dwarf of singularly small stature and ill development. When first seen she was twenty-seven years of age, had been married twelve months, and completed her thirty weeks of uterine gestation. On examination, the spinal column and pelvis were found to be greatly distorted, and premature labour determined upon, the time chosen being the thirty-second week of gestation, but was delayed for a week owing to the patient suffering from bronchitis, and was only completed about the thirty-fourth. Induction of labour was commenced on January 30th, and she was delivered on February 7th. On rupture of the membranes, the elbow was found in the vagina, and the shoulder resting on the brim of the pelvis, the child lying transversely. Version was performed and the little patient delivered of a living child. In this case about two ounces and a quarter of ergot were employed with the most useful effect, and without occasioning the least bad symptoms to mother or child. A few months later she again became pregnant, but owing to the lateness of her application the child was lost. Her first child had by this time grown nearly as tall as herself. The author laid great stress on the superiority of this operation to craniotomy, in which one in five mothers dies, while in the induction of premature labour only one in fifty dies, and half the children are saved. The success, he thought, greatly depended on keeping the membranes entire until the os uteri was fully dilated.

Dr. Greenhalgh, having had considerable experience in connexion with deformity of the female pelvis, supported Dr. Kirby's opinion as to the value of ergot, as he had used it in five cases of premature labour with the best effects. He had never seen, and did not believe, that any injurious effects to the child were ever produced by the drug. In cases in which the child was born dead after the administration of large doses of ergot, it was reasonable to suppose that death was caused by the long and difficult labour, which had rendered the use of the ergot necessary for the accomplishment of delivery.—*Am. Med. Times.*

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#### MEDICINE.

##### CAUSE OF THE BRUIT DE DIABLE.

In a paper on Chlorosis by M. Aran, published since his death, in the *Gazette des Hôpitaux*, he discusses the question of the origin of this soufflé, about which there has been so much difference of opinion among medical men. He quotes Bouillaud, Beau,

Grisolle, Hardy, and Béhier as adopting the theory that it produced in the arteries, while he himself is of the number of those who ascribe it to the veins. In support of this view he adduces the fact of its continuity, and quotes an article of his own, formerly published in the *Archives de Médecine*, as follows :—

“ When the continued sound is superficial in the neck, it is sufficient to press lightly on the external jugular vein with the finger on the stethoscope to cause the murmur to cease immediately, and we can thus make it appear and disappear at will by relaxing or increasing the pressure. When, on the other hand, it is deeper, we have only to press lightly on the internal jugular at the middle of the neck, where it is sufficiently superficial, and immediately the continuous murmur ceases, and we hear only the intermittent sound which must be produced in the carotid. These experiments seem to me to be of a nature to convince the [most incredulous that the *bruit de souffle* is produced in the veins.”

As an argument in favour of his opinion, M. Aran adduces the recent observations of M. Sappey :—

“ In cirrhosis of the liver, as well as in all the affections which have for their result a great obstruction to the hepatic circulation, you will see raised on the surface of the abdomen about the umbilicus, great veins like a Medusa’s head, which maintain the connection between the portal and general circulation. If under these circumstances you apply your ear armed with a stethoscope to these vessels, you will hear a most marked *souffle*. I would inquire of my opponents, what are the arteries which the stethoscope, applied in this region, can press upon ?”—*Boston Med. and Surg. Journal*.

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#### UTILITY OF ALCOHOLIC FLUIDS IN THE TREATMENT OF INTERMITTENT FEVER.

M. Herard has employed, with success, rum, in the treatment of two cases of intermittent fever in the Hôtel Dieu, after the plan recommended by M. Jules Guyot. The first of these patients was a woman, æt. 28, who had long inhabited a notorious ague district and had experienced aguish symptoms, which, two or three months previous to her admission to the hospital, assumed the type of a genuine tertian intermittent. At the time that she entered the hospital she presented the cachectic aspect of ague; her spleen was hypertrophied, so as to extend three or four fingers’ breadth beyond the border of the false ribs. She suffered from great depression, loss of appetite, headache, &c. During the first week of her residence in the hospital nothing was done in the way of treatment beyond the administration of an emetic. The ague showed no signs of decreasing. The next time that the shivering commenced a *petit-verre* of rum was administered, the patient being kept in ignorance of the nature of the remedy; and although totally unaccustomed to the use of alcoholic drinks, she expressed herself as feeling greatly comforted, and the cold fit was very much shortened. On the following day the general sense of *malaise* seemed very much relieved, and the ague fits never returned. The cachectic complexion became soon exchanged for that of health, and the spleen resumed its natural size, though these effects latterly, were doubtless aided by the administration of steel, and a little quinine, to which remedies, however, it was evident that the amendment was not principally due. One single dose of the alcoholic drink, without any assistance from other remedies, seems to have stopped the ague fits once for all.

In the other case, that of a young man, æt. 25, the subject of the former repeated attacks of ague, which at the time of his admission to the Hôtel-Dieu had assumed the type of a very severe tertian. The cure was not quite accomplished by the first dose, but on the second use of the rum, the ague fits entirely ceased, and have not returned.

M. Herard, in some clinical remarks, expressed his reliance on the treatment recommended by M. Guyot, and carried out in the above cases. In justification of this confidence he cited not only the authority of M. Guyot, but the experience of the inhabitants

of Algeria and of certain parts of South America, where ague is endemic, as also of the *ouvriers* employed in making the central railway of France, which traverses a district perpetually haunted by the marsh poison. These latter have learned by experience that, during the state of partial vinous intoxication which they are apt to get into on *pay days*, they may commit with impunity obvious excesses which at other times would inevitably induce an attack of ague.—*Gazette des Hôpitaux* and *London Medical Review*.

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#### SWALLOWING FOREIGN BODIES.

*Proceedings of the Medical Society of Buffalo, Sept., 1st, 1857—from Buffalo Medical and Surgical Journal, October 1861.*

Dr. A. W. Nichols reported two instances in which the new nickel and copper cent, coinage of 1857, reputed poisonous, had been swallowed and evacuated by stool, the patients suffering no inconvenience. He thought the evacuants often employed to dislodge these and other foreign bodies from the alimentary canal, produced the serious results attributed to the object swallowed. Dr. Nichols had been informed by Prof. Hadley that although nickel, as an ore, was found in union with arsenic, that the latter was entirely removed when the nickel was made serviceable for coinage or other use, and was then as innocuous as the ferruginous metals. The only danger was from the copper; but the old copper cent rarely did any harm; and the copper in the new coinage, besides being much less in amount, was, from its alloy with nickel, less liable to oxidation than when in a pure state.

Prof. Hamilton confirmed Dr. Nichols' statement, giving several analagous instances, and then proceeded to read a report of cases of metallic substances taken into the stomach. Of these we select but a few. An English copper penny, swallowed by a young man 18 years of age. Active cathartics were given; the coin was not dislodged, but fatal hæmorrhage from the bowels ensued. A twenty dollar gold piece, swallowed by Mr. F. of Buffalo. No inconvenience followed: nor, after the lapse of several years, has it been discharged. A glass door knob, slightly broken; patient eight years old. Castor oil was given; the knob passed on the third day.

Prof. Hamilton gave a long list, selected from various sources, of strange bodies accidentally or intentionally swallowed. Those cases that were *let alone* did best.

Most of the members present contributed to the already large record cited, and the mass of evidence was in favor of the "let alone" treatment.

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#### CASE OF RATTLESNAKE BITE.

By L. S. HAM, of South Bend, Ind.

Dr. S. W. Mitchell has an article on the Bite of the Rattlesnake, in the March number of the *North American Medico-Chirurgical Review*.\* It appears that Dr. M. had experi-

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\* The gentleman alluded to is the author of an extremely valuable Monograph on the "Venom of the Rattlesnake," which was published by the Smithsonian Institution in the early part of this year. He has therein completely exhausted the subject, but among the various treatments recommended, he especially alludes to Bibron's antidote, and although he cites some cases in which its employment has proved serviceable in man, he concludes as follows: "My own experiments upon the use of this antidote were made on 16 dogs, and were conducted with scrupulous care. It does not suit my present purpose to enter into details; it will suffice to state that their results were nearly negative. Of 8 dogs bitten and treated with this antidote 2 died; while of 8 bitten and not so treated 3 died." We should regard such a result as favorable, instead of being as he calls it negative. The author is in favor of the treatment by narcotism with alcohol; brandy or alcohol given to the extent of profound drunkenness, and in cases where there seems a difficulty in rapidly inducing this condition, which would seem to be an effect of the poison, he recommended "inhalation of the fumes of warm alcohol, or even of ether,

mented very largely on the treatment of bites by the rattlesnake. He has kept snakes, dogs, cats, rabbits, pigeons, &c., for the purpose of experimenting on this important subject.

The doctor seems to have experimented very carefully, and judged very candidly on the result of his observations, with the different remedies, which he tested upon different animals. He dwelt rather lengthily on those remedies which seem to share the largest portion of confidence in the mind of the profession at the present time. He dwells very particularly on Prof. Brainard's treatment, on Bibron's Antidote. His opinions of Bibron's Antidote may be gleaned from the following extracts :

"The experiments here related, and the general results of the use of Prof. Bibron's Antidote are, on the whole, so discouraging as to render probable that it is in reality no more valuable than other agents which have once enjoyed an equal reputation. While expressing this opinion, founded chiefly on my own experience, I cannot help feeling that it is impossible to settle the question definitely without further and longer experience in the form of human cases of venom poisoning, which should be studied with care by the light which I have endeavoured to throw upon the subject—reference being had to the number of fang marks, the size of the snake," &c.

I write for the single purpose of giving the profession the result of a single case which came under my care about one year since. The case which I will now give, has reference to the *two points* which Dr. M. thinks should have "further and longer experience in the form of human cases," to wit: *the number of fang marks and the size of the snake.* I copy the following from my case book:

"September 16, 1860, Mr. David Lobdell came to my office at 1½ o'clock, P. M., in great alarm and agitation from having been bitten by a rattlesnake. At 10 o'clock, A. M., to-day, Mr. Lobdell with two young friends were hunting prairie chicken on the Kankekee marsh, five miles from town. Mr. Lobdell stopped to pluck a most beautiful flower, and at that moment received a full blow from a concealed rattlesnake which measured 3 feet 2½ inches. The blow was received on the right hand, in that triangular fleshy portion which lies between the thumb and the index finger. By drawing a line from the second joint of the thumb and the third joint of the index finger, and one-fourth of an inch above or back of that line, will give you the exact locality of the wound. Both fangs entered full length, and the snake had to be shaken from his hold. One of the friends killed the snake, and the other, as he thought and intended, excised the part, but he only cut skin deep. After having killed the snake they bound a portion of the flesh upon the wound and ligated the arm above the elbow; in which condition I saw the patient three and one-half hours after the infliction of the wound. Hand much swollen—swelling extends nearly to the elbow. Hand and lower part of the fore-arm dark and mottled. Has walked five miles to town since the bite; is very warm; pulse 116; has vomited several times by the way, and has quite an indistinctness of vision. Washed the hand, and passed a very fine silver probe to the bottom of the fang wounds, and find each of them a full half inch deeper than the incision of the parts. Gave four ounces of good brandy at a single dose; next injected tinc. iodine into the fang wounds, and gave valerinate morphine one-half grain, and wrapped the whole hand in a cloth saturated with tinc. iodine; continued brandy in ounce doses every half hour.

At three P. M., the swelling of the hand and of the fore-arm had increased very rapidly; now extends nearly to the shoulder. At precisely 3½ o'clock, P. M., commenced to give Bibron's Antidote in 10 drop doses every two hours. It is composed of:

R	Potassi Iodidi,.....	gr. iv.
	Hydr. Bichlor.....	gr. ii
	Bromine,.....	ʒ v

M

Medium dose, 10 gtt. in a little brandy.

if used with caution. We have been induced to publish Dr. Ham's case, because cases of bite by the Rattlesnake (*crotalus*) are occasionally met with in the Western parts of this Province, this reptile being met with there. (Ed. B. A. J.)

Six P. M. retains the antidote well on the stomach. 10½ P. M., swelling arrested for the time, since antidote was first administered; symptoms same; treatment same.

Monday, Sept. 17th, 5 A. M. Symptoms same; treatment continued. 10 A. M., rejects antidote in any and every quantity; give

℞ Val. Morph. . . . . gr. iv  
Pulv. Camph. . . . . gr. i  
Cal. . . . . gr. i

M

One to be taken every hour.

Twelve M. Vomiting continues; swelling of the hand and of the whole arm increases with fearful rapidity—extends to the chest and neck. 4 P. M. Not vomited since 1½ o'clock; commence to give antidote again in five drop doses every hour; swelling ceased to progress; hand and fore-arm enormously swollen; omit morphine; signs of gangrene about the hand; apply yeast poultice. 11 o'clock P. M. Same as at 4; continue treatment; bears antidote well.

Tuesday, 18th, 5 A. M. Vomit as soon as antidote is swallowed; rejects it at once; suspend antidote; give morphine again and milk punch.—1½ A. M. The whole trunk and neck enormously swollen; has had a free dejection by the bowels; treatment continued. 5 P. M. Swelling on the increase about the neck and head; comatose; pulse 140; feeble; great nervous prostration; continued low muttering; omit morphine; continue punch; add

℞ Strychnine. . . . . gr. i  
Nitric Acid. . . . . ʒ i  
Tinc. Opii. . . . . ʒ ii  
Syr. Simp. . . . . ʒ iii

M

Teaspoonful every four hours.

10½ P. M. Has not vomited since he took the above; commence antidote again in 5 drop doses, every hour; swelling has been on the increase since he omitted the antidote.

Wednesday, 19th, 4 A. M. Swelling ceased to increase since twelve last night; treatment continued. 12 M. Pulse 118; capillary circulation better; retains medicine well; takes nourishment and punch freely; swelling of head and neck begin to diminish. 9 P. M. Patient same; continue treatment.

Thursday, 20th, 6 A. M. Patient convalescent; continued the use of the antidote in 4 drop doses till the 23d; continued the punch and the following tonic mixture:

℞ Tinc. Cinchona, }  
Tinc. Columbo, } . . . . . a a ʒ i  
Tinc. Nuxvomica, . . . . . ʒ i

M

In teaspoonful doses, every eight hours, until the 9th day of October, when the patient was discharged cured.

By the way, I should here add that Dr. Higinbotham was united with myself in the treatment of the case, and that Drs. Humphreys and Myers were in consultation at different times during the first three days of the disease, and that we received valuable advice from each of these gentlemen.

The foregoing case shows several important facts in the reception, the progress and the treatment of this important class of maladies.

1.—The fang wounds were deep, and we have every reason to conclude that all was done that the animal was capable of doing by way of imparting poison to the system.

2.—The snake was one of the very largest of the *Massasaugus* variety.

3.—The poison had had its local and constitutional effects before treatment was commenced, as shown by the swelling of the hand, the vomiting, and the indistinctness of vision.

4.—The good effects of the antidote are shown by the suspension of the swelling as soon as it was administered—the increase of the swelling as soon as it was rejected—

and the suspension of the swelling again as soon as it could be retained on the stomach, in doses equal to from three to five drops per hour. This was very clearly evinced on two distinct occasions in our case.

5.—Its apparent good effects in my hands, and under all the circumstances are such as to give me great confidence in its therapeutic powers in this class of cases. Yet, I am aware that it would take many cases, and further tests, to fully establish its claim to full confidence in the mind of the profession.—*Buffalo Med. and Surg. Journal*.

#### IODINE IN TUBERCULAR MENINGITIS.

Dr. Bourrousse, at the conclusion of a long memoir laid before the Académie de Médecine, states: 1. All, or almost all, cases of tubercular meningitis, which have resisted hitherto all therapeutical procedures may now be deemed curable. 2. One or two hundred thousand infants will owe their lives each year to the employment of iodide of potassium in acute hydrocephalus. 3. This meningeal affection is the only tubercular disease which has been rendered curable, and this success will probably lead to amendment in the mode of treating other forms of tuberculization.—*Moniteur des Sciences Méd.* No. 73.

#### ARSENIATE OF SODA IN SCROFULA.

Of all the various agents employed in treating scrofula, M. Bouchut has found the arseniate of soda the most efficacious and energetic. Arsenic, in fact, is one of the best of our tonics, and it is a powerful succedaneum of iron, quinine, or cod-liver oil, and for this reason it is efficacious in most organic and nervous cachexiæ when the resulting disorders have not become too considerable or too inveterate. In scrofulous cachexia it is an excellent remedy, children under its influence generally recovering their strength, colour, and appetite. But this is only an amelioration, for in cases in which it effects a cure the cachectic state has not yet been attained, and the local manifestation is confined to the skin, mucous membranes, and the glands. Beyond these, in diseases of bone and in tuberculosis it is only a good palliative. In scrofulous coryza, ulceration of the skin, suppurative adenitis, otorrhœa, leucorrhœa, or perforations of the velum, the relief obtained is prompt. It may be given with quinine or in simple syrup, and M. Bouchut recommends doses of  $\frac{1}{60}$  grain of arsenic to commence with, gradually augmenting the quantity.—*Ibid.*, from *Bull. de Therap.*, vol. lix.

#### ARSENIC SMOKING IN ASTHMA.

The known alterative action of arsenic on the mucous membranes, as well as on the skin, would seem to account for its successful employment in asthma. A recent letter to the *London Lancet*, from Frederick G. Julius, M.D., which we re-publish entire, gives the following interesting case:—

“A French lady has been subject to spasmodic asthma for twenty-five years, during twenty-one of which she has been frequently bled, had issues and setons, smoked belladonna leaves and stramonium, taken every species and form of medicine, changed her residence to various places in Europe, and all without the slightest benefit.

“Four years ago, when at Marseilles, Dr. Cauvin read an account to her of the benefit derived by asthmatics in China from smoking arsenic. Her sufferings were so great that, although Dr. Cauvin fully pointed out to her the risk and danger she incurred, she insisted upon trying it.

She commenced by smoking a quarter of a grain of arsenic three or four times daily in a cigarette, and this she continued to do for about fourteen days, with the greatest benefit to her breathing and general health. She has subsequently much increased the dose, and when she feels an attack of asthma coming on, she does not weigh the arsenic,



but takes up what she considers a sufficient dose with a small paper knife. I asked her to-day to give me in a piece of paper the dose she intended smoking, which she did, and on weighing it carefully I found it a little over three grains. I analyzed it, and found it to be pure arsenious acid. I must also mention the important fact that she does not inhale the fumes and blow them out again, as in ordinary smoking, but when her mouth is full she swallows the smoke.

"The only ill effects she has ever experienced is swelling of the eyelids, and when she first commenced, slight pricking pains in the stomach, but never to any troublesome extent. She considers herself cured. From being in a state of constant breathlessness and suffering, unable to lie down or make the slightest exertion, she is now able to go about like other persons, and is rarely threatened with an attack oftener that once in three or four months, and that is at once checked by smoking arsenic, with a very small quantity of belladonna or stramonium in the dose I have mentioned. She now uses, instead of a cigarette, a small red pipe about five inches long.

"She tells me that Dr. Cauvin has used arsenic in the same way in many cases of confirmed consumption, and has rarely failed in giving great relief and retarding the disease."—*Boston Med. Surg. Journal.*

#### SLOWNESS OF THE PULSE WITHOUT ANY WELL-MARKED DISEASE TO ACCOUNT FOR IT.

Extreme depression, apoplexy, some organic affections of the heart, and the exhaustion preceding final dissolution, are known to produce slowness of the pulse. By the term *slowness* is meant the diminution of the heart's beat to 40 per minute, or even much lower, say to 30 or 25 beats per minute. Ordinarily the cause of the slow pulse may be made out. Thus, Dr. Watson states in his "Lectures on the Practice of Physic," vol. i. "The slowest pulse I ever felt was that of a man sixty-eight years old, who was for some time a patient of mine, with diseased heart and dropsy. His pulse was often no more than 25 in the minute. He died suddenly in his chair, and I was very desirous of examining his body, but his widow would not allow it." The same writer refers to a case in the 17th volume of "Duncan's Medical Commentaries," in which the pulse was as slow as 9 beats in a minute.

We have recently watched a case of some interest, in St. Bartholomew's Hospital, under Dr. Farre's care, in which the chief peculiarity was slowness of the pulse. The patient, Wm. C—, a painter by trade, is fifty-eight years of age, and was admitted on the 2nd May. Nearly six weeks before admission he was seized with giddiness, accompanied by pain and a sinking sensation in the stomach; he had shortness of breath, and could not walk a distance without stopping. For these he consulted the parochial surgeon, who told him of his slow pulse. Shortly before his admission he had a fainting fit. Whilst in the hospital the pulse was as low as 26 per minute when sitting or lying down, but increased to 30 or 34 when standing. On the 2nd June the pulse was 22 per minute; his general health was otherwise good. He remained in the hospital altogether about six weeks, and complained almost solely of debility at the commencement, which gradually disappeared under the influence of a regulated diet and mild tonic remedies. His pulse, though slow, was always regular; there was nothing abnormal about the heart in any way, and his general intelligence was good, although the mind did not appear to be active.

There is then no very decided cause for the slow pulse, unless the symptoms complained of some weeks before admission be interpreted as pointing to some insidious disease of the brain. Although a painter by trade, he has not suffered from the poisonous influences of his trade.—*Lancet.*

THE  
British American Journal.

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MONTREAL, OCTOBER, 1861.

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UNIVERSITY OF QUEEN'S COLLEGE.

On another page will be found an interesting account of the opening of Queen's College, and the proceedings thereat. We are, we confess, happy to perceive such evidence of prosperity, and that the medical class this year promises to be large. As far as our own University is concerned, if we can augur anything from the numerous and repeated demands for circulars which have reached us from all parts of the Province, and even from Guiana, S. A., we cannot but anticipate large classes in our Faculty of Medicine, while those of Law and Arts have also received a very marked increase of numbers. These facts speak well, indicating as they do an increased desire on the part of our people, to study in the higher walks of learning. We understand also that the French School of Medicine in this city, will have an increase to its usual number of students, although its professional staff has become diminished by the retirement of Dr. Beaubien from the chair of Medicine, which has been taken up by Dr. Bibaud, who consequently vacated that of Anatomy, the duties of which class are yet as unsupplied, or rather as we have understood it, the duties will be discharged by, or distributed between, three of the Lecturers. How far this arrangement meets the requirements of the charter of the school we are not in a position to say, although grave doubts have been expressed as to its probable violation. We presume that those in charge of the school will have attended to this difficulty. The Laval University at Quebec, has opened with its usual afflux of students, and so also have Victoria College, and the Toronto School of Medicine. With regard to the circular of this last, a very peculiar, significant, and extraordinary statement has been pointed out to us in it. Four of the Lecturers announce themselves as "Members of the Provincial Medical Board," and subsequently observe, *ipso facto*, "that the Toronto School of Medicine offers every facility to those gentlemen who contemplate obtaining the Provincial License, by undergoing the examination before the Provincial Board of Examiners." To say the least, an observation of this kind is both unusual and remarkable. What are the facilities alluded to? Is it that because four of the Lecturers are members

of the Board, their candidates would receive thereby such peculiar facilities that they would be sure to pass? The remark requires explanation, for we cannot conceive it possible that any gentleman would prostitute his position to so vile a purpose. Our attention, however, has been drawn to the subject by Upper Canadian medical gentlemen, who have denounced the insinuation, which the words imply, in the strongest terms, and we certainly think that some explanation should be afforded on the part of the Lecturers of the school. It is not a little singular fact, that we received no circular, the first omission of this kind that has, we believe, ever happened with this school. We have only an observation to make in conclusion, that we wish every school of medicine the fullest attendance of students that its most ardent well-wisher could hope for.

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PRELIMINARY EXAMINATION AT THE COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

Our readers are well aware that one of the provisions insisted on in the Act of Incorporation of the College, is the passing at the entrance of his studies, by the intending student of medicine, a preliminary examination in Latin, French, English, History, Mathematics, and Geography. For many years past we have been an attentive observer of the mode in which the candidates for study have acquitted themselves. In fact nearly the whole of these gentlemen of French Canadian origin, have prosecuted their studies in one of the several excellent Colleges which are scattered throughout the Lower Province, and of them we may especially notice the Colleges of Montreal, St. Hyacinthe, and L'Assomption. But it is a singular fact, that however well the students were conversant with the Geography of the Old World, they were all most remarkably ignorant of the Geography of North and South America, and especially of the British North American Provinces. So gross was their ignorance on this subject, that not one whom we examined knew on what Lake Toronto and Kingston were situated; which was the more distant town from Quebec; or between what lakes the Falls of Niagara had their location. A fact so important as this, demands investigation as to its cause, and it is only explicable on one hypothesis, that the works on Geography placed in the hands of these young men for study, however rich in information concerning the great countries of Europe, or Africa, or Asia, are signally deficient in all that relates to North America, and especially the part of it in which it is our happiness to dwell. Should such a condition of matters be permitted to continue longer? The fault emphatically does not lie with the estimable teachers of these youths. It exists in the system or rather in the want of the necessary works. Fortunately the remedy is at hand. When once Lovell's Geography is translated into French, as we heard some time ago that it was intended to be, and its use adopted in the French Colleges, the desideratum will be supplied, as the work is particularly rich in its details of the British American Provinces, and we certainly cannot but think that the teacher's first duty is to make his pupil acquainted with the geography of his own country, before learning him that of other and distant ones. The remarks which we have deemed it our duty to make, although relating to French Canadian

students, because those under examination belonged to this origin, are by no means intended to apply to them exclusively. From our experience at the Board, they are equally as justly applicable to those of English origin; but we do most sincerely trust that this serious fault in instruction will now cease, as it ought to do. The school or college which 'now forbears to give its quota of information on *Home Geography*, is, we think, highly culpable, and we could, if there were necessity for it, mention at least one English school which has as yet studiously ostracised Lovell's *Geography*. We look upon this work as so intrinsically good, especially as regards our own country, that it *must* make its way into all the schools, thus supplementing Ewing's, and the other geographies, and the sooner this is accomplished the better for the pupil, and the better for the reputation of the school.

### THE LATE JOSEPH MORRIN, M.D.

It was our painful, although by no means unexpected duty, to chronicle in our last number, the decease of a veteran in the person of Joseph Morrin, M.D., one whom it was our privilege to esteem as a friend, and whose friendship when once formed was immutable. Although he had retired from all the active duties of his profession for five or six years before his death, even with this omission a practice of forty-two years must have impressed itself, as regards the character of the individual, on the citizens of Quebec.

Joseph Morrin was born at Dumfries, Scotland, on the 19th October, 1794, and was brought to this country by his parents at a very early age. He received his early education at the Royal Grammar School of the late Rev. Dr. Wilkie of Quebec. At this early period of classical learning in this country, the Government endowed three Grammar Schools, one at Quebec, under the late Dr. Wilkie, one at Montreal under the late Dr. Skakel, and one at Cornwall, under Dr. Strachan, who subsequently became the Lord Bishop of Upper Canada, which within the last four or five years, in consequence of numerical increase, has become subdivided into the Dioceses of Huron, Ontario, and Toronto. No better Schools ever existed in these Provinces, and however much the modern system of instruction in the classics prevails, we question much if the scholars turned out are superior to those of the three schools mentioned in regard to their classical attainments, or their capability of remembering what they were taught. Such was the school at which our friend received his classical education, of the minutiae of which we well remember he had a distinct perception on a certain point not many years ago.

Having completed his elementary studies he entered upon the study of Medicine, for which he had a predilection, with the late Dr. Cockburn of Quebec, and having advanced somewhat in them, was deemed sufficiently competent to take charge of troops proceeding to London in the *Æolus* Frigate in the year 1812. On arrival in London he followed the Hospitals, as it is called, both in that city, and in Edinburgh.

In those days, when England was at war, both with France and the United States, it became a matter of moment to secure Medical or Surgical assistance, and consequently the subject of this sketch became employed in his nonage in most important situations, first in charge of troops in the *Æolus*, homewards

bound, and afterwards in the year 1814 as a Surgeon to one of the frigates on the Lakes. Dissatisfied with these duties, we find that he returned to Quebec in the year 1815, at which date he took out his Provincial License to practice, and in that city he continued to reside, first for a few years in partnership with his former patron Dr. Cockburn, and afterwards alone, until as stated about 4 or 5 years ago, he gave up entirely the active duties of his profession.

If there was one department of his profession in which Dr. Morrin shone more than another, it was that of Midwifery. In this branch he reigned in Quebec supreme. Quick and accurate in his judgment he was rarely at fault, and the brother practitioner, who confided in him met a friend indeed. As a physician, his opinion was always sought after, and valued for its worth. He made no pretensions to the character of a Surgeon. But in Medicine and Midwifery he certainly shone in Quebec, where he was regarded as the *primus inter pares*. He was indefatigable in attention to professional duties, and to his patients no one could be kinder. In fact he was eminently successful as an Accoucheur and Physician. Unfortunately his time was so occupied with the active duties of his profession that but little was left for recording the minutes of the cases which he attended, and hence a large mass of valuable observation is lost.

After the Incorporation of the College of Physicians and Surgeons of Lower Canada, Dr. Morrin was elected Vice-President for the District of Quebec, the late Dr. Arnoldi having been appointed by the Governor General the first President, and succeeding Dr. Arnoldi, he was unanimously elected the second President, a tribute due to his worth and merits. He shared with Drs. Douglas and Fremont the credit of establishing the Beauport Lunatic Asylum, an Institution which has done its duty, much to the credit of its progenitors. For many years, until the evidence of increasing infirmity became so great that it could not be overlooked, he enjoyed a consulting practice, and was called into every case of special difficulty and importance.

We extract the following from a Quebec contemporary :—

“ With all this constant and unwearied attention to the duties of his profession, Dr. Morrin was an active and efficient member of general society. He took an interest in all public matters. He was to be seen in every important meeting of the citizens, secular or religious. He was a Magistrate and a City Councillor, and more than is usual, earnest and assiduous in the discharge of the duties of either office. He twice presided over the city as Mayor, to the universal satisfaction of his constituents ; and he was employed by the Corporation to plead with the Imperial Government in London, the claims of Quebec to be the Capital of the Province. A pattern in this respect, not only to the members of his own but of other professions, neither the pressure of public nor professional business ever prevented his attendance on Divine Service. Morning and evening he was regularly to be found in St. Andrew's Church of which he was an attached and zealous member. Under the pressure of age and growing infirmities, his attention to religious duties is understood to have been warm and earnest, as long as his mind was capable of exertion, and to have afforded him the consolation which his circumstances required.”

It is needless for us to allude to the pain with which was perceived at the last Triennial meeting of the College, his evident mental and bodily decrepitude. The fact was a subject of general comment, and of equal general regret.

And so the bright and the best pass from amongst us. Just twelve months ago, we had to record the death of Dr. Holmes—and now that of Dr. Morrin—Before another twelve months was to be added to the important obituary.

## BLUNDERS IN PHARMACEUTICAL DIRECTIONS.

The museum of the Phar. Soc. of London affords some very extraordinary instances of misinterpretation of the prescriptions of physicians by druggists and their assistants, due in some cases, no doubt, to the careless writing of the Dr. but very often to ignorance or want of thought upon the part of the compounder. One of the most innocently amusing instances of this kind, of which we have heard, occurred in this city the other day; it has afforded us, in common with some professional brethren, a hearty laugh, and may not be unworthy of record in your journal. A prescription was written for a lady, and in the directions for taking the medicine it was stated that each dose was to be followed by a draught of "*species ad decoctum liquor.*" This latter puzzled the compounder, but, after profound reflection, he hit upon what he thought an agreeable and satisfactory translation, the carrying out of which might safely be left to the patient's liking. The medicine was accordingly sent bearing the following directions upon the label "xxx drops to be taken 3 times a day, and followed by a *glass of hot punch.*" Unfortunately (or perhaps fortunately for the joke it affords) the patient happened to be a lady of strict temperance habits and was quite shocked at the idea of sitting down to "a glass of hot punch," three times a day, of which course of dissipation she averred the Dr. had made no mention. A message was accordingly dispatched to the Dr. to inquire if a cup of good tea would not answer in place of the "punch. The physician was nonplussed at first, feeling doubtful of the sanity of his patient, but recollecting the character of her mind, contented himself with recommending that the *punch* should be dispensed with until he had seen his patient. Upon calling, his astonishment may be better imagined than described, when he found upon the label of the bottle the directions as given above. After quieting the anxiety of the lady he forthwith waited upon the druggist who confessed the difficulty under which he had laboured and submitted the copy he had made in his book, *the original recipe having been destroyed*, of what he thought the directions should have been. Judge of his amazement and amusement to find the following: "To be followed by a draught of "*spiritus ad decoct, liquor,*" or, as he had freely interpreted it, "hot punch." It was claimed on the part of the compounder that he was assisted in his translation and mystification by a son of *Æsculapius* who betimes looses his head at the shrine of *Bacchus* and in this way accounts for the *spirited* translation produced. We would, however, add, *Hæ nugæ in seria ducant mala.*

Toronto, Sep. 16th, 1861.

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 THE CLERK OF THE PEACE FOR THE COUNTY OF PERTH.

*To the Editor of the British American Journal.*

SIR,—It is easily to be believed that the notice contained in the last number of your valuable Journal, referring to J. J. E. Linton, Esq., Clerk of the Peace for the County of Perth, and his "lapstone and hammer strokes" upon the University of McGill College, and the Licentiates of the College of Physicians and Surgeons of Lower Canada, will please a great many of your readers, from the

tone in which it is written. For while it administered reproof in a vein of good humour, it unquestionably suggests friendly advice to meddlers in other people's business, to attend to their own.

I am much pleased with the "*Ecce iterum Crispinus*" at the head of the paper, but so far from entertaining a hope or a thought that our *amiable friend*, and in my case, *neighbour*, will be so wise as to abstain from writing more, that I fully expect to see in some pages, within less time than has elapsed between his first and second "*debut*," a similar notice to the one just received, which shall require not "*iterum*" only, but "*iterum, iterumque*" to follow the appropriate "*Ecce!*"

The kindness of hinting that you consider the man you so mildly chastize for not endeavouring to cure himself of the "*Cacoethes scribendi*," as touched in the head, is admirable, while his neighbours and friends cannot but be surprised that you arrived so readily at a conclusion, which necessitates their forbearance, while it excites pity in every generous mind.

But we must distinguish, in order to set ourselves right in determining in what cases we may find fault with a man, and in what *not*. For instance a man through unsoundness of mind may be simply eccentric in his actions, while his heart and affections may be compatible with generosity and goodness, and then we may not be required to take cognizance of him; or he may be so completely inconsistent in other respects, in his walk and conversation, that *silence* would be positively acquiescence. Thus, when a man takes apparent pleasure in finding out anything disadvantageous to be known of another, and proclaims the same with the intent of causing discomfort in the minds of those who hear, and pecuniary loss to the party assailed, he is so far from being entitled to our forbearance, that he justly provokes the highest censure, and should be stigmatized as a firebrand in society.

Such has been the conduct of our *pseudo* friend and neighbour, the Clerk of the Peace for the County of Perth. And therefore we do well to stigmatize him as injurious—a searcher after mischief—and a reporter of himself as a finder of a *mare's nest*. Foolish man! for he is writing beforehand his own epitaph, "*mala mens, malus animus!*" As if the diplomas and certificates which he asserts he has seen, were not sufficient of themselves as a guarantee to the good people of both the Canadas, that the practitioner who has *these* could not afford to wipe his nose with any license that the Governor could give, grant, or bestow.

In looking over the list of your licentiates of the College of Physicians and Surgeons of Lower Canada, who are now in actual practice in Upper Canada, (and they are numerous,) I cannot find or point to one who has unnecessarily (according to statute) obtained a Governor's license; and some of those men who are practising in this section of the country, can, I am happy to say, rank in acquirements and skill with any surgeon in the Province—men who have already distinguished themselves in difficult operations, as well as conducted the most critical cases to a satisfactory termination. And these are the class of men whom Mr. Linton in his *philanthropic* spirit would endeavour to persecute, by circulating his malevolent lucubrations throughout the country. The writer was

told by a party who received one of these manifestoes, that he would be much obliged to Mr. Linton, if he would hereafter pay the postage.

There is an old adage which says "answer not a fool according to his folly," but there is another which says "the bridle was made for the ass, and the rod for the fool's back." Enough for the present concerning this amusing, wrong-headed man, the Clerk of the Peace for the County of Perth.

Yours truly,

VERITAS.

Stratford, 23rd Sept., 1861.

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OPENING OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF  
QUEEN'S COLLEGE, KINGSTON.

The twentieth session of the University, and the eighth of the Medical Department, opened on Wednesday, 2nd October. An introductory lecture was delivered in the Convocation Hall, to the students of medicine by J. P. Litchfield, M.D., Professor of the Institutes of Medicine. In absence of Principal Leitch (who has not yet returned from Britain) the proceedings were conducted by the Rev. Professor Williamson, LL.D., Chairman of the Senate, who was accompanied to the platform by the Professors in the various Faculties, viz. Rev. Prof. Mowat, A.M.; Rev. Prof. George, D.D.; Rev. Prof. Weir, A.M., Secretary of the Senate; Prof. Dickson, M.D., Vice President of the Medical Faculty; Hon. Alex. Campbell, M.L.C., Dean of the Faculty of Law; Prof. H. Yates, M.D.; Prof. Lavell, M.D.; Prof. Litchfield, M.D., and Prof. Lawson, Ph.D., Secretary to the Medical Faculty. There were also present the usual number of Graduates in Arts and Medicine, and many of the leading citizens of Kingston as well as visitors from a distance, among whom were observed the Right Rev. Dr. Lewis, Bishop-elect of the Diocese; Dr. Wolfred Nelson, Chairman of the Board of Inspectors of Prisons and Asylums; Dr. Meadows, H. M. Service; E. A. Meredith, Esq., Assistant Provincial Secretary; Terence J. O'Neil, Esq., Prison Inspector; Rev. Hannibal Mulkins, Chaplain to the Provincial Penitentiary; the Rev. Mr. Short of Port Hope, Rev. Mr. Dobbs, Portsmouth; Rev. Mr. Rogers, St. James's; Rev. Mr. Gray, Rev. Mr. Muir, A.M., Rev. Mr. Wilson, Alderman Davidson, Andrew Drummond, Esq., Manager, Montreal Bank; J. Fraser, Esq., G. L. Mowat, Esq., Dr. Octavius Yates, J. Carruthers, Esq., John Paton, Esq., John May, Esq., B.A., Dr. Dupuis, Odessa; W. B. Simpson, Esq., Collector of Customs; W. Ferguson, Esq., and many gentlemen from a distance.

The attendance of students was unusually large and Prof. Litchfield's address was listened to with much interest. It is to be hoped that Dr. Litchfield will allow the whole, or selections from it, to appear in the *British American Journal*.

There is a considerable increase in the number of matriculants in the Faculty of Arts this session, and the prospects of the Medical Department are likewise highly satisfactory.



SEMI-ANNUAL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS  
OF LOWER CANADA.

At the semi-annual meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada, held this day, were present: Drs. Hall, Marsden, Frémont, Marmette, Weilbrenner, Von Iffland, Turcot, Boyer, Michaud, Jones, Wolff, Scott, Fraser, Peltier, Robitaille, Badeau, Munro, Boudreau, Bibaud, Russel, Jackson, Forest, and Landry.

Dr. Hall, president, in the chair.

Minutes of last meeting read and approved.

The president informed the Board of the death of Dr. Morrin, and it was proposed by Dr. Fraser, seconded by Dr. Jones, and unanimously resolved:

That the Board of Governors of the College of Physicians and Surgeons of Lower Canada, avails itself of its first meeting after the lamented death of Dr. Joseph Morrin, Governor and Ex-President of the College, to express its deep regret at the loss sustained by the profession in general, of which he was a distinguished member, and the College in particular, and that a committee of three be named to draft a biographical sketch of the deceased for the next semi-annual meeting, then to be placed on the record of the College, and that a copy of the above resolution be forwarded to Mrs. Morrin.

The following gentlemen were appointed a committee for the purpose: Drs. Von Iffland, Marsden, Frémont.

Dr. Robitaille was elected by ballot in place of the late Dr. Morrin.

Dr. Fraser spoke of the opportunity of abridging the term of medical studies to three years in favour of gentlemen holding the degree of B. A. After some discussion the subject was abandoned *sine die*.

Dr. McNiece, of the Faculty of Physicians and Surgeons of Glasgow, and from the Apothecaries' Hall of Dublin, solicited a license without examination. The request was not granted, the Board deciding that he must submit to be examined on Medicine.

The Board then formed in committees for the purpose of examination.

Admitted to practice:

J. M. Drake, M. D., A. Lachanie, L. D. McNiece, A. Taschereau, Moise Geoffroy, T. Desjardins, Maj. Rivard, L. J. B. Beauchemin.

Admitted to study:

Messrs. A. Morrisset, J. Lippé, J. Bourque, F. X. Girard, M. Perras, A. Hebert, N. Jacques, F. X. Duplessis, F. F. Bernice, Wm. Laroche, and Thos Gauchon.

The Board then adjourned.

J. E. J. LANDRY, M.D.,

Secretary.

Quebec, 8th Oct., 1861.

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 EDITORIAL SUMMARY.

*Quackery*.—A thorough faced charlatan has been rifling the pockets and turning the heads of the chronics and cripples of New York. He discards all remedies and relies entirely on the touch of his inspired finger. He is very devout, and is of course anxious to use his divine power for the good of his fellows. The *American Medical Times* says that his door is besieged by both poor and rich, and although he has been at work seve-

ral weeks there is no marked diminution in the number of incurables, and still the furor continues unabated, fanned by the daily papers. Such credulity and actual stupidity as are manifested by those who become his dupes, it is humiliating to witness. It is our firm belief that these impostors would not get much to do if they were not sustained by the daily papers. This is the engine which they well know how to work, and they do it to admiration. A few dollars—a puff—and presto, the dollars so expended are returned a hundred fold into their pockets.

*Wholesale Poisoning.*—Sixteen children, between the ages of 3 and 4 years, were recently poisoned at Bristol, England, by eating some nuts which were unloaded from a ship at the quay. The nuts were intended for the use of a glue manufacturer. Twelve of the children recovered, but four remained some time in a precarious state. It appears that several children lost their lives two years ago in the same city from the same cause, or in the same manner.—*Medical News*, Sept., 1861.

*Acéphalous Monster.*—A monster of this kind was born at the Paris Maternité, on the 19th April last. The peculiarity consisted in a small tumour, situated in the vertex which ended in a membranous band connected with the foetal aspect of placenta, and ending in a second band, which encircled and had partly amputated the left leg a little above the ankle joint. The child, a female, was born alive, and lived five hours. She had taken the breast, had expelled the meconium, and passed urine.—*Brit. Med. Jour.*

*Illegitimacy in Bavaria.*—It appears from Hermann's statistics of Bavaria that during the 9 years, from 1835-44, there were born 1,094,795 legitimate, and 288,441 illegitimate children that is 209 of the latter to every 1000 of the former; and that in the 7 years, from 1851-57 there were 210 illegitimate births to every 1000.—*Medical News*.

*Statistics of the Blind.*—There are upwards of 22,000 persons in England and Wales who are blind. Taking the whole population of Great Britain there is about 1 blind person in every 979; in England and Wales 1 in 979; in Scotland 1 in 960; and in the Channel Islands and the Isle of Man 1 in 830. It is thus seen that, in proportion, there is less blind men in England and Wales than in Scotland, and much less in Scotland than in the Channel Islands. In Ireland the proportion of blind is 1 in 864 inhabitants. In the level portions of Europe, comprising Bulgaria, Hanover, parts of Germany, and the plains of Lombardy and Denmark, the proportion is stated to be one blind in every 950 inhabitants, but slightly differing from the average of Great Britain. In elevated regions the proportion is considerably lower, but in Norway the proportion is 1 to every 423 inhabitants. In those localities where the largest number of old men and women are living, there will be found the largest proportion of blind, and an examination of the balls of the eye of the people, shows that this is the case up to a certain age. The blind to 100,000 of the living at 80 years of age and upward, in Hereford is 2019; Cornwall, 3120; Devon, 2942; Dorset, 2800; Somerset, 1887; Wilts, 1705; Yorkshire (West Riding), 2002.—*Medical News, from Lancet.*

*Longevity in France.*—The average number of persons who die annually in France at the age of 100 and upwards is 148. This longevity is mostly attained in the mountainous departments, but the department of the Seine furnishes a fair share. There does not appear to be any distinct relation between the number of cases of great longevity, and the average duration of life in the several departments.—*Medical News.*

*Revaccination of the Prussian Army in 1860.*—During the year 1860, 69,096 individuals were either vaccinated or revaccinated. Of this number 57,325 exhibited distinct cicatrices from former vaccinations, and 7420 indistinct cicatrices, while 4151 shewed no marks at all. The vaccination went through its regular course in 44,193 cases, was irregular in 8256, and was without result in 16,647. These last vaccinations again gave 5577 examples of success, and 11,650 failures. During the year there occurred among the above soldiers, who were successfully revaccinated, and others who had been so in former years, six cases of varicella, and one of varioloid, but no case of variola was met with. Thus during the year 1860, out of 69,096 vaccinations, 49,770 proved successful,

*i. e.*, 72 per cent. In the entire army there occurred 44 cases of pox during the year 1860, viz., 17 varicella, 23 varioloid, and 4 variola. Of these, 3 of the cases of varicella, 14 of varioloid, and 3 of variola, occurred in persons who had not been revaccinated; 8 of varicella, 8 of varioloid, and 1 of variola, occurred in those who had been revaccinated without effect; and the remaining 7, as stated above, occurred in those who had been revaccinated with success.—*Med. News from Med. Times and Gazette. from Preuss Med. Zeitung, 1861.*

*Wholesale Plagiarism.*—The August number of the *Journal de Medecine de Bordeaux*, contains a killing instance of plagiarism, perpetrated upon Dr. Costes, by a Mr. le Dr. Felix Adolph Voisin, (a by no means *neighbourly* trick we must admit,) but which, nevertheless, succeeded in obtaining for the latter the Doctorate of the University of Paris. It appears that in 1858, Dr. Costes published in the *Journal de Medecine de Bordeaux*, a paper entitled "Emphysematous Tumours of the Cranium," and the paper was extensively copied into other French Medical Journals. The irony of the following by Mr. Costes, leaves little to be added. He says "The subject pleased the senior interne of the Hotel Dieu of Rennes, the Laureate of the School of Medicine of Rennes, senior student of the Practical School of Paris, Mr Dr. Felix Adolphe Voisin, born at Autrain, and he made it the subject of a thesis sustained at Paris on the 28th August, 1860, under the title, "Pneumatocele of the Cranium," a title borrowed, says the author, from a paper of Mr. Garjavay, in the "Compendium de Chirurgie," &c. Dr. Costes gives page upon page of stolen matter, which furnished the subject of Mr. Voisin's thesis for his degree, without one word of acknowledgment on the part of the latter. Nevertheless Mr. Voisin gets his degree, while the thesis passed under the review of Velpeau, Axenfield, and Baillon, to whom Dr. Costes asserts in a note he sent a copy of his paper. It has evidently been an oversight on their part, but Dr. Costes in concluding his critical examination of the thesis, observes as follows, in which we cordially concur with him, "We hope that our brethren of the medical press in every country, will assist us in diffusing this ready and expeditious means of obtaining the degree of M.D. All that is required is to know how to read and write, and by the assistance of some other student a "wee bit" more studious, to make a selection among published memoirs or papers, and the object is accomplished at once." We have a strong suspicion that this practice obtains elsewhere than in Paris, but this powerful denunciation of the attempt, cannot but commend itself to the more serious thinking of the medical public, and prevent in these days, if possible, the realization of the celebrated fable of Phædrus, "Tandem pavonis plumis," &c.

In the *Boston Medical and Surgical Journal* for July 11, Prof. E. S. Cooper, of San Francisco, California, reports a case in which he removed "over five inches of the lower end of the femur," and the bone was entirely reproduced. Eight months after the removal of the portion of bone just referred to, from peculiar, unusual, and unforeseen circumstances, the limb had to be amputated. On examination, it was found that the "portion of bone taken away had been reproduced, and was well formed, notwithstanding the disease of the surrounding soft parts in which it had been developed. Well formed capsular, crucial, and lateral ligaments were found, attaching the newly-formed condyles of the femur to the upper end of the tibia. A tolerably well-developed synovial membrane was also present, and, in fact, a joint formed throughout, though somewhat weak from want of exercise, yet perfect in every particular."—*Medical and Surgical Reporter.*

*Prof. Pirogoff.*—This eminent Russian Surgeon has been dismissed from his chair in the University of Kiev, because he proposed the institution of a special tribunal to which the students of the University should be amenable, instead of the civil police. The University will suffer, we suspect, more than the professor.

## STATISTICS OF MORTALITY IN THE CITY OF MONTREAL.

From Returns of Interments in the Mount Royal Cemetery, September and October, 1860.

By G. E. FENWICK, M.D.

## SEPTEMBER.

Disease.	No.	Stillborn.	Age Groups								Not known.	Centre.	West.	East.	St. Antoine.	St. Anns.	St. Lawrence.	St. Louis.	St. James.	St. Mary.	Country.
			Under 2 Years.	2 to 8 Years.	8 to 15 Years.	15 to 20 Years.	20 to 30 Years.	30 to 40 Years.	40 to 50 Years.	50 to 60 Years.											
Small Pox.....	4	2	2											1					1	2	
Scarlet Fever.....	3		1	2											1					2	
Fever.....	1					1									1						
Convulsions.....	2	2																	1	1	
Hydrocephalus.....	3	3													1	1	1				
Apoplexy.....	3							2	1							2			1		
Paralysis.....	1										1										1
Hooping Cough.....	1	1																1			
Croup.....	2	1	1												1				1		
Inflammation of Lungs..	4	3					1								2		1			1	
Consumption.....	8	1	1			1	4	1							1	3	3	1			
Disease of Heart.....	1										1				1						
Hæmorrhage.....	1										1			1							
Diarrhœa.....	3	3													1	1	1				
Dropsy.....	2							1	1					1				1			
Disease of Bladder.....	1	1																		1	
Senile Debility.....	1									1							1				
Infantile Debility.....	1	1																			1
Erysipelas.....	1	1													1						
Accidental.....	2									1	1									1	1
<b>Total.....</b>	<b>45</b>	<b>19</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>7</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>10</b>	<b>7</b>	<b>7</b>	<b>4</b>	<b>4</b>	<b>7</b>	<b>3</b>	

Of the above 22 were Males and 23 Females.

## OCTOBER.

Stillborn.....	2	2															1	1			
Small Pox.....	3	2				1											1	1	1		
Fever.....	2		1	1													1	1			
Convulsions.....	1	1															1				
Hydrocephalus.....	5	2	3										1		2	2					
Apoplexy.....	1						1														1
Paralysis.....	1								1							1					
Disease of Spine.....	1						1								1						
Croup.....	2		2															1	1		
Inflammation of Lungs..	3					1	1	1				1						2			
Consumption.....	6				1	3	2								2	2			1	1	
Asthma.....	1							1											1		
Disease of Heart.....	1								1				1								
Inflammation of Bowels..	1					1									1						
Childbirth.....	1					1															1
Senile Debility.....	5								1	4					2	1			1	1	
Infantile Debility.....	1	1																			1
Accidental.....	2			1			1									1					1
Not known.....	4	1					1				2										4
<b>Total.....</b>	<b>43</b>	<b>2</b>	<b>7</b>	<b>5</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>7</b>	<b>10</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>8</b>	

Of the above 24 were Males and 19 Females.

STATISTICS OF MORTALITY IN THE CITY OF MONTREAL.

From Returns of Interments in the Mount Royal Cemetery, November and December, 1860.

NOVEMBER.

Disease.	No.	Stillborn.	Under 2 years.	2 to 8 years.	8 to 15 years.	15 to 20 years.	20 to 30 years.	30 to 40 years.	40 to 50 years.	50 to 60 years.	60 to 70 years.	Over 70 years.	Not known.	Centre.	West.	East.	St. Antoine.	St. Anns.	St. Lawrence.	St. Louis.	St. James.	St. Mary.	Country.
Stillborn.....	3	3																1	1				1
Small Pox.....	4		4													1		2				1	
Hydrocephalus.....	4		3	1													2				2		
Apoplexy.....	1							1									1						
Croup.....	2		2															1					
Inflammation of Lungs...	2							1				1						2					
Consumption.....	2							2						1									1
Disease of the Heart.....	4							1	1	1		1					2	1	1				
Anæmia.....	1								1														1
Dentition.....	1		1															1					
Marasmus.....	1		1														1						
Dropsy.....	1									1													1
Erysipelas.....	1		1																			1	
Accidental.....	1			1																			
Not known.....	1						1														1		
Total.....	29	3	12	2		1	5	2	2	2	2	2		1	1	9	6	2	4	1	1	4	

Of the above 11 were Males and 18 Females.

DECEMBER.

Stillborn.....	7	7															2	3			1	1	1
Small Pox.....	4		1	1				2										2			1	1	
Scarlet Fever.....	1		1																		1		
Fever.....	2							1	1								1				1		
Convulsions.....	1		1																				1
Hydrocephalus.....	2			2														1					
Apoplexy.....	1								1														1
Paralysis.....	2										2						1	1					
Dentition.....	1		1																		1		
Diphtheria.....	1			1														1					
Croup.....	2			2															1	1			
Inflammation of Lungs..	6		2	1				1	2								1		1	1	2		1
Consumption.....	6		2					1	2	1				1					3				1
Disease of Liver.....	1									1								1					
Senile Debility.....	2										2								1	1			
Infantile Debility.....	4		4															2			1		1
Total.....	43	7	12	7		1	5	4	3	2	2	2		1	1	10	8	7	5	6	2	3	

Of the above 22 were Males and 21 Females.

## STATISTICS OF MORTALITY IN THE CITY OF MONTREAL.

From Returns of Interments in the Roman Catholic Cemetery, September and October, 1860.

## SEPTEMBER.

Disease.	No.	Under 1 mon.	Under 2 years	2 to 8 years.	8 to 15 years.	15 to 20 years	20 to 30 years	30 to 40 years	40 to 50 years	50 to 60 years	60 to 70 years	Over 70 years	Not known.	Centre.	West.	East.	St. Antoine.	St. Anns.	St. Lawrence.	St. Louis.	St. James.	St. Mary.	Scours Grises.	Country.	
Small Pox.....	10	1	10														4	3	2		1				
Scarlet Fever.....	1		1																						
Fever.....	11	1	5			2	2		1					2			1	2		2	2	1		1	
Apoplexy.....	3			1					1		1						1	1						1	
Paralysis.....	1											1		1											
Delirium Tremens...	1					1																1			
Hooping Cough.....	3	1	2														1		1		1				
Croup.....	6		6															2			1	2		1	
Inflammation of Lungs	2							1		1								1	1		1				
Consumption.....	12					3	3	2	2	1	1			1		1	2	3	1		2	2			
Disease of the Heart.	2	1				1																1		1	
Dentition.....	10	10												1			2	1		2	1	3			
Diarrhoea.....	3		3																	2				1	
Strangulated Hernia.	1									1										1					
Dropsy.....	6		2			1	1			2				1			1	1	1	2					
Childbirth.....	4					2	2									1		1		1				1	
Cancer.....	2									1	1			1			1								
Inflammation.....	1					1																		1	
Rheumatism.....	1				1												1								
Sudden Death.....	1				1																			1	
Accidental.....	2		1						1								1							1	
Senile Debility.....	13										4	9					3			3	3	3		1	
Infantile Debility....	108	53	55														2	12	8	4	12	12	8	42	8
Total.....	204	53	68	30	1	4	11	8	5	6	8	10		7		4	30	22	11	24	24	22	42	18	

Of the above 100 were Males and 104 Females.

## OCTOBER.

Small Pox.....	9	2	5		1			1									2	2		1	1	3		
Scarlet Fever.....	1		1															1						
Fever.....	10	1	6		1	1			1					1				1	2		3	1		2
Hydrocephalus.....	3		3											1			1		1					
Apoplexy.....	1										1										1			
Paralysis.....	5								2	2	1			1			2	1						
Delirium Tremens...	1					1																		1
Croup.....	7		7														1		1	1	2		2	
Consumption.....	14					2	4	2	3	2	1			4			4		1	1	2	1		1
Asthma.....	1								1												1			
Disease of Heart.....	2					1	1										1	1						
Dentition.....	6	5	1														1	1	2					2
Diarrhoea.....	1		1															1						
Disease of Liver.....	1										1											1		
Dropsy.....	7								1	2	4			3						1	1	2		
Gravel.....	1						1															1		
Childbirth.....	4					2	1	1									2	1	1					
Inflammation.....	6					1	1	1	2	1				1		1		1	1	2				
Sudden Death.....	3										3									1		2		
Cancer.....	1							1						1										
Rheumatism.....	1										1						1							
Abscess.....	1									1											1			
Accidental.....	5		3			1	1											1	1	1				1
Senile Debility.....	3												3							3				
Infantile Debility....	80	49	31														9	10	4	9	5	6	34	3
Total.....	174	49	39	26	1	4	11	8	9	9	14	4		13	1	2	20	23	16	23	18	13	34	11

Of the above 80 were Males and 94 Females.

STATISTICS OF MORTALITY IN THE CITY OF MONTREAL.

From Returns of Interments in the Roman Catholic Cemetery, November and December, 1860.

NOVEMBER.

Disease.	No.	Under 1 mon.	Under 2 years	2 to 8 years.	8 to 16 years.	15 to 20 years	20 to 30 years	30 to 40 years	40 to 50 years	50 to 60 years	60 to 70 years	Over 70 years	Not known.	Centre.	West.	East.	St. Antoine.	St. Ann.	St. Lawrence.	St. Louis.	St. James.	St. Mary.	St. Grises.	Country.
Small Pox.....	16	..	1	12	2	1	..	..	..	..	..	..	..	2	..	2	2	1	..	2	3	4	..	..
Fever.....	6	..	..	2	1	2	1	..	..	..	..	..	..	2	..	..	1	1	..	1	1	..	..	..
Hydrocephalus.....	2	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
Paralysis.....	1	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	1	..	..	..	..
Croup.....	9	..	..	9	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2	3	2	..	..
Inflammation Lungs.....	3	..	..	..	1	1	1	..	..	..	..	..	..	1	..	..	..	..	..	1	..	1	..	..
Consumption.....	22	..	..	..	3	2	4	5	3	4	1	..	..	4	3	..	3	1	2	2	2	3	..	2
Asthma.....	3	..	..	..	..	1	..	..	1	..	2	..	..	1	..	..	1	..	..	..	1	..	..	..
Disease of Heart.....	2	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..
Dentition.....	5	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	1	..	..	1
Worms.....	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Dysentery.....	1	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
Disease of Liver.....	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
Dropsy.....	5	..	2	1	..	..	..	..	1	..	1	..	..	1	..	..	2	1	..	..	1	..	..	..
Childbirth.....	3	..	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	1	1	..	..	1	..	..
Inflammation.....	7	..	..	1	..	1	1	3	..	1	..	..	..	..	..	..	3	1	..	..	1	1	..	1
Sudden Death.....	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Cancer.....	2	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	1
Gangrene.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Suicide.....	1	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
Senile Debility.....	9	..	..	..	..	..	..	..	..	..	9	..	..	..	..	..	..	2	..	1	3	1	2	..
Infantile Debility.....	70	39	31	..	..	..	..	..	..	..	..	..	..	1	..	2	3	9	4	7	6	9	28	1
Total.....	171	39	37	29	8	8	8	12	5	10	4	11	..	15	3	5	17	19	10	18	23	23	31	7

Of the above 86 were Males and 85 Females.

DECEMBER.

Small Pox.....	31	..	7	22	1	1	..	..	..	..	..	..	..	2	..	4	2	5	1	1	6	9	..	1
Fever.....	5	..	..	1	3	..	..	..	..	1	..	..	..	..	..	..	2	1	..	..	..	1	..	1
Disease of the Nerves.....	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
Apoplexy.....	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Paralysis.....	4	..	..	..	..	2	..	2	..	..	..	..	..	3	..	..	..	..	1	..	..	..	..	..
Hooping Cough.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Croup.....	6	..	1	5	..	..	..	..	..	..	..	..	..	..	..	..	1	2	..	1	..	..	..	2
Inflammation Lungs.....	3	..	..	..	..	..	..	..	1	2	..	..	..	..	..	..	1	..	..	..	1	..	..	1
Consumption.....	12	..	..	..	3	5	3	..	1	..	..	..	..	1	..	..	2	1	1	1	1	1	..	4
Disease of Heart.....	3	..	..	..	..	1	1	..	1	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..
Dentition.....	4	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	..	1	..	..
Worms.....	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
Disease of Liver.....	2	..	..	..	..	2	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..
Dropsy.....	3	..	..	..	..	..	1	1	..	1	..	..	..	1	..	..	..	..	..	..	1	..	..	1
Gravel.....	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Childbirth.....	7	..	..	..	3	4	..	..	..	..	..	..	..	..	..	..	2	1	2	1	..	..	..	1
Cancer.....	1	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	2	1	2	1	..	1
Rheumatism.....	1	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
Hæmorrhage.....	2	..	..	..	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..
Inflammation.....	8	..	1	1	..	1	1	1	2	1	..	..	..	1	..	..	1	2	1	..	3	..	..	..
Erysipelas.....	1	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..
Abscess.....	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Senile Debility.....	8	..	..	..	..	..	..	..	..	3	5	..	..	3	..	..	1	..	..	..	3	..	1	..
Infantile Debility.....	69	34	35	..	..	..	..	..	..	..	..	..	..	..	..	..	1	5	8	4	4	6	9	24
Accidental.....	2	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..
Total.....	178	34	48	30	5	6	14	13	3	9	9	7	..	16	..	5	18	24	10	11	22	27	25	20

Of the above 91 were Males and 87 Females.

## BOOKS, &amp;c., RECEIVED.

TRANSACTIONS OF THE OBSTETRICAL SOCIETY OF LONDON. Vol. 2. for the year 1860, with a list of Officers, Fellows, &c., London, Longman: Green, Longman, and Roberts, 8vo., pp. 368, 1861.

PRACTICAL OBSERVATIONS ON THE DISEASES OF THE JOINTS, involving Anchylosis and on the treatment for the restoration of motion, by Bernard, E. Brodhurst, F.R.C.S. Assistant Surgeon to the Royal Orthopædic Hospital &c., 3rd Edition, London, John Churchill. 8vo., pp. 120. 1861.

## BIRTHS, MARRIAGES, AND DEATHS.

## BIRTHS.

At L'Assomption, on the 11th September, the wife of Dr. Forest of a son.

## MARRIAGES.

At Rivière du Loup, en haut, on the 26th September, by the Rev. Mr. Boucher, Rector of the Parish, Antoine L. Augé, Esq., to Maria A. Gauvreau, daughter of the late L. H. Gauvreau, M.D., of that place.

## DEATHS.

In Sarnia, on the 3rd instant, aged 37 years, Grace, the beloved wife of Dr. Thomas W. Johnston, Mayor of Sarnia, and youngest daughter of the late Thos. Sutherland, Esq., of Moore, formerly of Edinburgh, Scotland.

On the 10th instant, in the 27th year of her age, Isabella, wife of John DeEvelyn, M.D., of Burwick.

In Montreal, on the 7th instant, Dr. John Wilsam, aged 37 years.

On Saturday morning, the 28th ultimo, Gilbert Thomas, infant son of G. E. Fenwick, M.D.

In London, England on the 21st of August, Professor G. G. Queckett, F.R.S. Professor of Histology in the Royal College of Surgeons of England, and Curator of the Hunterian Museum.

In Dublin, suddenly, on the 19th of July, Francis Rynd, Esq., one of the Surgeons of the Meath Hospital, &c.

In London, on the 13th of June, of confluent Small Pox, Henry Gray, F.R.S., aged 36. Lecturer on Anatomy at St. George's Hospital.

In London, on the 11th of June, aged 56 years, Benjamin Phillips F.R.C.S., F.R.S. Surgeon and Lecturer on Surgery at Westminster Hospital.

At Weimar, of Apoplexy, Dr. Robert Frorief, well known as a Professor at Jena and Berlin.

Recently at Geneva, Dr. Rilliet, well known on account of his work on "Diseases of Children."



**ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT MONTREAL IN SEPTEMBER, 1861.**  
By Archibald Hall, M.D.

Day.	DAILY MEANS OF THE							THERMOMETER.		WIND.			RAIN AND SNOW.			GENERAL OBSERVATIONS.	
	Barometer reduced to 32° F.	Temperature of the Air.	Dew Point.	Relative Humidity.	Ozone.	CLOUDS.		Maximum read at 9 P.M.	Minimum read at 7 A.M.	Its general Direction and force from 10 to 10 o'clock.	No. of appearances.	Snow in 24 hrs read at 10 A.M.	Total rain and melted snow.				
						Amount.	General description.										
1	30.145	80.9	56.3	.90	0.10	0.10	0.3	Cu.	68.5	52.0	N.E.	0.10	Inch.	Inch.			
2	29.996	64.7	60.9	.89	7.5	10.0	4.3	Cu. St.	70.3	54.5	S.E.	1.3	Inap.				
3	29.769	69.4	66.0	.90	7.5	4.3	4.3	Cu. St.	77.6	64.6	W.	2.6	0.30			[with hail	
4	30.051	63.3	59.2	.91	5.5	1.3	3.0	Cu. St.	70.3	63.2	W.	2.3	0.08			[this morning	
5	30.004	61.0	56.8	.89	7.5	4.6	4.6	Cu. St.	70.3	50.9	W.S.W.	1.6				Thunderstorm from W.N.W.	
6	29.690	65.0	62.8	.88	8.5	7.0	4.0	Cu. St.	74.2	57.9	S.S.W.	2.3				Hoar frost at the Mountain	
7	30.014	61.0	51.7	.86	5.5	3.3	3.3	Cir. Cu.	66.2	54.4	W.	2.0	0.29			Thunderstorm W.S.W. Hall.	
8	30.293	56.8	46.9	.74	4.5	2.0	2.0	Cu.	62.9	49.6	W.N.W.	2.3					
9	30.307	57.4	49.8	.78	5.5	5.3	3.0	Cu.	62.8	50.2	S.W.	0.6					
10	30.199	61.0	55.2	.85	5.0	5.6	4.0	Cu. St.	68.8	53.4	S.S.W.	1.6				[dicularly.	
11	29.837	56.6	52.7	.91	9.5	10.0	10.0	Nimb.	59.5	53.8	E.	2.3	0.02			Meteor in S. falling perpen-	
12	29.795	61.6	57.7	.89	7.0	5.3	3.0	Cu. St.	66.0	53.8	W.S.W.	1.6	0.44			Faint Auroral light.	
13	29.949	64.7	59.3	.88	4.5	3.0	3.0	Cu. St.	72.4	53.5	S.W.	1.3					
14	30.000	68.5	64.3	.90	8.0	9.6	3.0	Cu.	77.0	59.2	S.S.W.	1.6					
15	29.920	66.6	62.3	.91	3.5	4.3	3.0	Cu.	75.2	57.5	W.N.W.	2.3	0.30			Aurora with streamers.	
16	30.102	55.3	50.6	.89	5.0	3.6	3.6	Cir. St.	75.2	47.0	E.N.E.	1.0					
17	29.941	61.7	56.9	.87	6.0	6.6	4.0	Cu. St.	65.0	51.5	W.S.W.	1.6					
18	29.880	63.6	59.3	.89	4.0	4.6	4.6	Cu. St.	72.1	51.0	S.W.	1.0					
19	29.697	70.5	67.3	.92	8.0	10.0	10.0	Cu. St.	77.5	58.5	S.S.W.	2.3				[with heavy rain.	
20	29.949	59.1	56.1	.93	7.2	7.0	7.0	Cu. St.	73.9	56.7	N.N.E.	2.6	Inap.			High wind during night	
21	29.788	47.7	45.6	.95	10.0	10.0	10.0	Nimb.	56.0	45.6	N.N.E.	5.3	1.83			Gale during day.	
22	29.880	47.9	47.0	.95	10.0	10.0	10.0	Nimb.	52.2	44.2	N.N.E.	1.6	0.07				
23	29.784	54.6	50.7	.91	10.0	10.0	10.0	Nimb.	59.0	46.0	W.S.W.	1.0	0.05				
24	30.005	52.4	52.4	.89	2.5	0.0	0.0		62.2	43.0	W.	1.0					
25	30.052	57.5	53.1	.87	3.0	0.3	0.3	Strat.	67.3	45.0	S.	1.6					
26	29.831	64.6	60.8	.91	2.5	2.6	2.6	Strat.	70.9	51.8	S.	1.6					
27	29.555	61.6	59.1	.95	10.0	10.0	10.0	Nimb.	66.2	56.7	S.	1.6	0.10			Heavy gale during night.	
28	29.690	60.2	56.5	.89	10.0	8.3	3.0	Cu. St.	70.2	55.0	W.	4.3	0.70				
29	30.238	47.2	42.3	.87	8.5	4.0	4.0	Cu.	54.7	40.5	W.	2.0	0.21				
30	30.435	46.5	40.0	.81	7.5	3.6	3.6	Strat.	50.8	41.6	S.	1.3	Inap.			[ing	
S's																	Hoar frost early this morn-
M's	29.951	60.57	55.40	.812					69.43	54.07				4.39			

**ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT TORONTO IN SEPTEMBER, 1861.**  
Compiled from the Records of the Magnetic Observatory.

Day.	DAILY MEANS OF THE					THERMOMETER.		Dew Point at 3 P.M.	WIND.		RAIN AND SNOW in 24 hours, ending at 6 A.M. next day.			GENERAL REMARKS.			
	Barometer reduced to 32° Fah.	Temperature of the Air.	Relative Humidity.	Amount of Cloudiness.	Max'm read at 6 A.M. of next day.	Min'm read at 2 P.M. of same day.	General Direction.		Mean Velocity in Miles per hour.	Rain.	Snow.	Total rain and melted Snow.	Ozone in 24 hours ending 6 A.M. of next day.				
1	Inches.	0-100	0-10	0	0	0	0										
2	29.5660	69.83	81	3	69.2	52.2	71.5	S. 88 E.	4.70	Inap.							
3	.6110	66.77	70	3	78.0	61.2	71.5	S. 88 E.	8.33	.002				{ Thunder during afternoon			
4	.8040	58.55	71	5	78.8	61.5	62.0	N. 30 W.	10.21	.070				{ Auroral light at night.			
5	.5885	61.28	77	6	65.8	52.2	50.0	N. 30 W.	4.47					Faint Auroral light at night.			
6	.4182	63.37	69	3	69.2	50.2	57.0	E. 18 E.	9.02					Faint Auroral light.			
7	.7878	55.47	75	7	75.0	56.0	55.0	N. 20 W.	7.20								
8		Sunday			64.8	47.2		S. 66 E.	9.88	Inap.							
9	.9483	57.63	77	8	64.4	54.8	56.0	N. 17 E.	2.58	Inap.							
10	.7825	59.58	81	10	64.0	53.2	55.5	N. 80 E.	1.98	Inap.							
11	.4075	61.17	90	8	63.4	58.0	58.0	N. 9 W.	4.17	.345							
12	.5602	60.73	74	5	70.4	56.8	50.0	N. 66 W.	3.55	.030							
13	.6833	63.33	75	4	73.0	49.0	63.0	S. 18 W.	3.12								
14	.6083	65.07	90	7	68.0	58.5	65.0	S. 41 W.	2.77					Lunar Halo.			
15		Sunday			75.0	58.2		N. 27 W.	2.95	.115							
16	.7470	56.33	73	8	63.0	50.0	51.0	N. 78 E.	2.98					Brilliant Auroral display.			
17	.5713	55.93	74	6	69.0	53.6	52.0	N. 15 E.	4.29								
18	.5665	60.43	81	0	68.0	49.5	59.5	S. 19 W.	5.85	Inap.							
19	.4862	66.93	69	8	74.8	53.0	68.0	S. 62 W.	7.23								
20	.4665	57.73	88	10	61.2	56.0	56.5	N. 44 E.	8.29	Inap.				Solar Halo at 7 a.m.			
21	.5287	52.03	84	8	55.2	50.6	49.0	N. 4 W.	8.44	.895				{ Thunder Storm during			
22		Sunday			62.2	39.0		N. 57 W.	6.74	.043				{ Greenoon.			
23	.5675	56.03	79	1	68.8	47.2	56.0	N. 67 W.	8.24					First hoar frost of season.			
24	.7252	55.00	76	2	64.8	45.5	48.0	S. 1 W.	1.94								
25	.6032	61.15	81	4	69.8	47.8	60.0	S. 25 E.	2.17					Faint Auroral light.			
26	.3783	62.72	82	8	72.0	59.8	62.0	S. 36 W.	5.13								
27	.2307	52.53	88	10	59.2	53.0	51.0	N. 44 W.	7.06	1.175				Very heavy rain storm.			
28	.4380	47.58	80	6	56.5	46.4	45.0	S. 85 W.	7.75	.020				Rainbow at 5 p.m.			
29		Sunday			54.5	37.1		S. 82 W.	3.29	.057				Thin ice at 6 a.m.			
30	30.0847	48.95	81	9	55.0	46.4	45.0	N. 46 E.	2.03								
S's																	
M's	29.684	59.04	79	6	66.38	51.80	55.90	N. 72 W.	4.81	3.607							