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ORIGINAL COMMUNICATIONS.

ART. XXX — *A Poisoning-case from Haschish*, with Notes. By WILLIAM WRIGHT, M.D., L.R.C.S.E., Professor of Materia Médica, McGill University, Physician to the Montreal General Hospital, &c.

From the rarity of similar occurrences, at least in Canada, I have been induced to record the following instance of poisoning by Haschish. It happened, during the last month (March), to a much-esteemed friend whose only fault was in the love he bore to science. He has increased its interest by having kindly favored me with the narrative in his own words.

“I was much interested some time since in the extraordinary tales related of the Cannabis Indica, and felt curious to experience some of its effects myself. With this intention I took at various times several doses of the Churrus or resin, and also of the extract or Haschish, commencing with one or two grains, and increasing the dose gradually to ten or more, without producing however the slightest perceptible result.

“As there could be little doubt of the purity of the preparation,—it being obtained from the well-known and highly respectable firm of Morson & Co., London,—I concluded that it must either have lost its virtues by keeping or that the power of the plant itself must be much exaggerated. Conversing with a physician, a few days ago, on the subject, who entertained a different opinion, I swallowed in his presence about 15 grains

of the extract to convince him of the sincerity of my belief.* About two hours and a half afterwards I was reminded of the almost forgotten circumstance by a strange and sudden sensation of warmth at the pit of the stomach, which quickly extended over the whole body. At the same time I became considerably excited and talkative, and with difficulty restrained a strong inclination to violence. These symptoms quickly and completely subsided. After the lapse of a few seconds, without any warning, the blood seemed to rush violently to my head, the heart beat rapidly, my mouth and throat became perfectly dry, and I entertained a painful sense of suffocation. In a few minutes, after a succession of such attacks, the interval of recovery growing shorter with each, I grew very faint; the power of moving my limbs seemed to be deserting me; I could scarcely speak, and felt certain that death would quickly terminate my rash experiment. Up to this time I had been able to control myself, and to resist the wild suggestions which thronged through my mind. But now, completely overpowered, I seemed like a cork floating up and down, now gently, now swiftly, through space. Then I was a balloon, gradually expanding as I filled with gas, till, becoming more and more buoyant, I suddenly, with a feeling of ecstasy, shot high up through the air. All at once I began to feel cold, and lo! I was an immense iceberg floating about on a calm sea. These illusions, however extravagant, were of a far more real and substantial character than is usual in ordinary dreams, and up to this period were rather of a pleasant nature than otherwise; there were short intervals of partial recovery, but the sense of buoyancy or floating prevailed throughout. These however were now replaced by others of a character so different, that for some days after my recovery I could not shake off the painful sense of dejection they left behind;—I was whirling through an ever-changing scene, sometimes along the course of rivers, sometimes through thick dark forests, sometimes in well-remembered houses. At first I struggled hard to resist the power which seemed hurrying me on; but at last became calmer, and began to enquire *where* and *what* I was. Was I dead? I had no body or form, and could touch nothing. I concluded I was dead, and vainly tried to remember how and when I died; and as I experienced a very distressing sense of isolation and unrest, with a burning pain which I could not refer to any part of my being (caused, I

* The same extract had been the subject of our talk from having appeared to evidence, in the person of another of my patients, a potent action in a single dose of two grains. To decide the improbability of this opinion, the *experimentum crucis* was voluntarily made.—W. W.

suppose, by a blister which was applied to the back of my neck), I was convinced that I was entering on a state of suffering, which, though at the time not insupportable, would be ever becoming more painful. Ages passed away, through which I was still rushing on with a feeling of helpless despair.

“At length I knew I was lying in bed ill. In vain I tried, again and again, to recollect the cause of my illness; my imagination suggested many explanations, but the true cause never once crossed my mind. At last the pain in my neck arrested my attention, and all at once I seemed to recollect that I had been shot in the back of my head, and thought I must be now in a state of delirium. It appeared to have happened a long while ago,—many years. I seemed to fall asleep occasionally, and was much puzzled that I always awoke in the day-time, apparently about the same hour. These intervals of sleep or complete unconsciousness could not in reality have lasted many minutes, but to me they seemed days. I cannot describe the painful earnestness with which I struggled to recover my recollection of what had really happened. About three hours from the time I first became affected, I began dimly and imperfectly to recognize objects around me; they became gradually more and more distinct, and at length I was myself again, but with bewildered feelings as if I had just risen from the dead.

“So far as my experience goes, the sensations arising from the use of *Cannabis Indica* are most frightful, and nothing should induce me to repeat the experiment.”

NOTES.—The length of time that intervened between the ingestion of the dose and the manifestation of the symptoms is important to observe. The circumstances were not such as to explain it. The substance was taken upon an empty stomach, four hours or more after breakfast, and the symptoms did not supervene till sitting down to dinner, two hours or more afterwards. In the meanwhile he had continued his usual avocation, and had engaged his mind with its pursuits. Indeed, he had, so to speak, forgotten his recent experiment till reminded of it by the dangerous consequences that suddenly, though remotely, appeared. Generally the symptoms are late in occurrence in poisoning by cannabis, seldom succeeding before an hour has elapsed from its administration. But the retardation here was unusually protracted. In consequence, when called upon to treat him, the ordinary indication of provoking emesis—which it is desirable to fulfil in most cases of toxication—did not suggest itself for practice. The substance I conceived had already been removed from the stomach, and was then more likely to be in process of excretion than of absorption. Accordingly an opposite line of treatment

was pursued. Effervescing sodaic draughts, with small doses of anti-monial wine, were exhibited from time to time, and appeared decidedly beneficial by promoting the restoration of secretion, and thus aiding in the depuration of the blood of the deadly narcotic which was circulating with its living elements. At first the mucous membrane of the tongue and mouth generally, as well as the skin, was dry; but both moistened as recovery progressed. The urinary fluid was also rather deficient. Another advantage which the medicinal combination, above mentioned, seemed to afford, was in keeping under a salutary level a tendency to inordinate vascular excitement of the arterial system generally, which was shewn not so much in the entailment of increased frequency in the rate of its circulation, as in the super-addition of an augmented degree of relative power; but of this I shall speak again. The only other remedial expedient had recourse to was the application of a sinapism to the nucha, and its subsequent repetition. No true antidote has yet been discovered for cannabis, and, admitting the possession of such an agent, its use was precluded in the present, and I believe would also be in the majority of cases, in consequence of the long time that passes away before the letheon brings out its effects; for whatever may be the utility of an antidote when opposed to its bane in the gastric cavity, it becomes powerless once absorption has been effected, and even though it might be supposed capable of overtaking the poison, while in transit through the system, its virtues would be rendered nugatory by the controlling influence of vital functions, which are directly averse to all chemical combinations or decompositions ensuing within the vessels, during life, between inorganic substances, introduced from without, that are not amenable to assimilation. Nevertheless the contrary has been vainly supposed by some writers.

Few facts are more remarkable than the astonishing influence which apparently indifferent substances, in trifling quantities, are capable of exercising over the intellect and feelings of man: like the creature of a passing fancy, his happiness may owe its existence to the most improbable sources. "It may be purchased for a penny and carried in the waistcoat pocket." The wretch, whose hopeless life is a burden, may procure from his deceptive stimulus, a joy that the dull realities of existence never could have afforded. Nor is the example of this kind of sustenance confined to a few,—the outcasts of despair,—as it might be supposed. Indian hemp forms but one of the five great narcotics which have become articles of national consumption, and it is far from being the most extensively used, yet on it alone depend between two and three hundred millions of human beings for their pleasure. The condition of mind it

produces is characterized by several peculiarities. As attentively studied from the present case, they seemed to be—

1. An exaltation of the impulsive propensities creating a preparation to perpetrate violence upon provocation; the excitation being vastly disproportionate to the act, so that under no circumstance could the latter be extenuated by the former. The will is to a certain extent, under the subjugation of impressions communicated from without, and, the reasoning also being impaired, true occurrences are distorted and falsely interpreted, with an invariable tendency to amplification, magnifying under increasing examination like pictures in the field of a stereoscope. The Haschish-eaters of the East betray this moral obliquity in a very decided manner. The shocking atrocities committed not many months ago by the Delhi rebels had probably a foundation in cannabis. Of the notorious Old Man of the Mountain it is thus recorded:—Taking the Count (Henry of Champagne) to the top of a high tower where were stationed guards in white robes. "I doubt," said he, "whether you have any subjects so obedient as mine," and, making a sign to two of the sentinels, they precipitated themselves from the height, and were dashed to pieces. Summoned at another time by an envoy from a powerful enemy to submit himself, the sheik called a soldier and ordered him to kill himself, which the man unquestioning did. "Tell your master," said the old man to the wondering envoy, "that I have sixty thousand men who will do the same." In fine, Haschish induces for a time a partial moral insanity, in which the impulses developed have a murderous tendency,—either homicidal or suicidal, though generally the former.

2. A loss of individuality. The free spirit is no longer confined or trammelled by its corporeal tenement. Body, for the time, has no personality, and the existence, solely experienced, is immaterial or ethereal. The nerve substance of the brain seems paralyzed, and does not contribute its accustomed support to the substantiation or rectification of objects received through the special senses; or when these are unexercised, as in dreaming, the false creations of the struggling mind are not corrected by an application of consciousness. There is a remarkable buoyancy of feeling, and an exemption from the perception of ordinary physical clogs, so that, as in the above case, the idea that takes strong hold of the individual is that he is a spirit. The same hallucination occasionally manifests itself under another form, in which still the predominant feature is a belief in the possession of capabilities inconsistent with material organization. A gentleman while under Haschish thought himself a locomotive, and of whom it is said, that he, for the space of

two or three hours, paced to and fro in his room with measured stride, exhaling his breath in violent jets, and when he spoke dividing his words into syllables, each of which he brought out with a jerk, at the same time turning his hands at his sides as though they were the cranks of imaginary wheels; and who, arising to taste water from a pitcher, set it down with a yell of laughter, crying out, "How can I take water into my boiler when I am letting off steam!"

3. Closely connected with the preceding illusion is another as regards the computation of time. The mind under Haschisch forms no correct estimate of time,—seconds may extend themselves into years, and minutes into centuries. While watching the progress of his case, my friend woke up after a short reverie of a few minutes duration, and, without any reference to antecedent associations, for they had probably rolled far away into an interminable vista of oblivion, he gravely assured me that since then, the period when he had taken up his last wondering tale, two thousand five hundred years had come and gone; while in verity his watch had scarcely sounded one tenth the number of ticks!

4. A proclivity to extreme hilarity or laughter is established, rendering the patient ridiculously susceptible of the least humor, and causing him to exhibit his unwarrantable appreciations in an outrageously absurd or silly manner. The desire for laughter is often irresistible, and, even when not incited, peal upon peal of baseless merriment may astound the ear of the astonished beholder; at other times the exhilaration may give itself vent in a jovial song, loud shouting, or energetic dancing, or some other equally extravagant action. About the time of the occurrence of the above case, I had prescribed ext. cannabis to two other patients. One, a gentleman, who took a pill containing two grains three times a day. A short time after the first he said he got into a sort of hysterical state ready to laugh at anything, and with a constant inclination to giggle and behave unsoemly. At the same time his eyes felt as if too large, and altogether strangely curious. He persevered in the use of them for over a week, as he derived great benefit from the symptoms for which they were ordered; but he assured me that although the effects first experienced never recurred, yet he had always, more or less, a feeling of slight intoxication till he discontinued taking the remedy. The second was a lady to whom it was prescribed in half-grain doses; and I considered that I could subsequently detect in the slight veil of unusual cheerfulness, over-spreading a naturally amiable countenance, the delusive power of Haschisch. In the original case, or that first narrated, this proclivity was not so marked as might have been expected. I

saw but slight traces, and these only occasionally : on the contrary, there was rather a painful character attached to the delusions, which is altogether unusual. As with other narcotics the exact effects will be dependent upon modifying causes as idiosyncrasies, national peculiarities, &c. Furthermore, his mind appeared to be in an alternating condition between excitement and sadness,—which states invariably followed each other. The first was of short duration, not lasting more than a few minutes, while the latter would persist for at least a quarter of an hour before being broken in upon by its less sombre successor. These two phases were accompanied by corresponding changes in the pulse,—it being always quicker and stronger under the first specified.

5. The other observations made upon his psychological disorder were, that for about the first three hours, after its setting in, he was in a dozing kind of state, easily awakened by any noise such as that of ordinary conversation. Frequently he woke himself up. It was upon being thus aroused he declared his phantasms. He rapidly after fell into a sort of sleep, and never continued insensible beyond 10 or 15 minutes. It appeared natural, and was not accompanied by any exertion of respiration nor turgescence of the features. The pupils were however dilated, and the retina had lost its natural susceptibility to the stimulus of light. After the end of these three hours, his sleep became more normal, and he gradually exhibited symptoms of decreasing disturbance. Afterwards I did not see him till about as many more hours had expired. He was then awake and rational, and had emerged from his Haschish-dream.

The dose had exercised a decided interference with common sensibility; ordinary perception was in a measure deadened, and there was a partial anæsthesia of the cutaneous surface, and yet sensation was positively acute, so much so as to be accompanied with feelings of actual pain. A slight pick or quick pinch gave no response; but a more extensive or prolonged irritation, as from continued pressure, was felt, and subsequently remembered. He told me afterwards that he experienced great pain from touches, &c., which at the time he did not complain of or, as might be imagined, he was incapacitated from objecting to. Pain existed, then, although it could not be resisted. Its endurance was borne by the patient, while the observer presumed he was unmindful of it.

The heart and arteries appeared to be specifically affected. The pulse possessed a strong full tense character, the vessel conveying to the finger a pseudo-cartilaginous feel, as if the tonicity of its organic contractile coat was powerfully stimulated. Upon recovery he complained much of a feeling of painful constriction about the heart, and of pain in his wrist which was brought on by slight compression of the pulse. There

was no capillary engorgement nor over-action,—no texture nor organ evinced symptoms of determination of blood; nor were there signs of venous congestion discerned in any part. The action of cannabis on the vascular system is, probably, one which, if better established, might be turned to great practical benefit. It is in conformity with the experience of Dr. O'Shaughnessy of India, to esteem this remedy as an arterial stimulant well adapted for reviving the failing energies of the circulation, and for conducting to the establishment of re-action in cases of collapse. In recording his investigations with it in Cholera, he states that "He has known the pulse and heat return, and the purging checked, by a single dose. In one case of Collapse, the patient revived immediately upon taking the remedy."

The above case is also interesting in a negative way. It was not marked by several phenomena that have been witnessed in others, such as catalepsy, aphrodisia, &c.

And lastly the reader is reminded that the word *Haschish* is employed in this communication to designate an extract of Indian hemp, prepared by Morson of London, and procurable in this city at Messrs. S. J. Lyman & Co., Place d'Armes. The distinction is the more necessary, for the same name is given in some places to an extract from Gunjah, obtained by boiling it in butter; and has likewise been applied to the tops and tender shoots and pistils of the flowers of the plant, in contrast to the larger leaves and capsules which are known, orientally, as bang, or in the language of Dr. Wood. (Pharmacology) *buny*. While a nearly identical term, *hushish*, is assigned, according to Avicenna, by the Arabians, to an inebriating substance prepared from the bruised leaves.

ART. XXXI.—*Cases in Surgery.* By D. C. MACCALLUM, M.D., M.R.C.S.L, Professor of Clinical Surgery, McGill College; Surgeon to the Montreal General Hospital, &c.

No. 4.—*Acute Tetanus from Frostbite ending fatally on the Seventh day.*

Tetanus is a disease rarely met with in Canada, being more unfrequent even than in Great Britain and Ireland. The number of deaths from this affection, as compared with the number of deaths from all diseases occurring in London during a period of four years, (1850-3-6) exhibits the ratio of 1 to 3075. There were 328 deaths from tetanus in Ireland during the twenty years intervening between 1831-51, whilst the total deaths for the same period numbered 1,187,374; the proportion being, therefore, 1 in 4987. In New York the proportion is as high as 1 in

578, whilst in Bombay it is 1 in 46. From the Census Returns of Canada we learn that two deaths out of 12,336, the causes of which were ascertained, were occasioned by tetanus; a proportion of 1 in 6168 only. In the following case, the notes of which were taken by my friend, Dr. Craik, the principal point of interest is the condition in which the posterior tibial nerve leading to the right foot was found; the foot that was most injured by the effects of cold, and from which the toes had to be removed. Were I to meet with another case traumatic in its origin, or one arising from frostbite, I would certainly have recourse to a method of procedure already recommended, viz, division of the principal nerves leading to the injured part.

Charles McKeon, aged 20, an Irish laborer, was admitted on the 11th of March, 1857, by Dr. MacCallum. Both his feet were badly frozen—especially the right one—from his having been exposed on the previous night while travelling. He was a healthy-looking man, about 5 feet 9 inches high, light complexioned, and somewhat muscular. He had been in the habit of using intoxicating liquors occasionally, “going now and then on a spree,” but did not use them habitually. His temperament seemed to be somewhat of the melancholic, and his manner reserved, almost approaching the morose. His general health had always been good.

The frostbitten parts followed the usual course. Three toes on the right foot were positively dead, and considerable ulceration occurred in the other toes of the same foot, as well as in two or three toes of the other.

The line of demarcation formed in the usual time, and it became sufficiently evident that the three first toes of the right foot should be removed. It was deemed, however, inadvisable to interfere for a few days, on account of the presence of erysipelas in the wards,—which had broken out about the time of his admission.

There being no apparent motive for hurry in the case, it was allowed to remain without any other treatment, except a poultice at first, and water dressing afterwards, until the 30th of March, when, the erysipelas having completely subsided, the three toes were removed at the metatarsophalangeal articulation.

Nothing unusual was observed at the time of the operation, excepting that the spasm which frequently precedes insensibility during the administration of chloroform, seemed more severe than usual. Very little attention was paid to this at the time, but it was afterwards discovered that the symptoms of tetanus had been present from the previous day.

On the morning after the operation (Tuesday, March 31st,) while Dr. Craik was making the usual round of the ward, his attention was arrested by the peculiar expression of the patient's countenance, so characteristic of tetanus; and on interrogating him it was found that he was unable to open his jaws more than about half an inch, and he complained of pain and stiffness at the root of the tongue, extending down the neck. These symptoms, that is, pain and stiffness at the root of the tongue, &c., he said had first showed themselves on Sunday, the 29th of March. The first thing he felt was a soreness and weight in the back and limbs, followed by the stiffness in the muscles of the jaw and throat. Towards the evening of the same day he felt pain in the epigastrium and in the back of the neck, but none of the symptoms were sufficiently severe to induce him to mention them to any one; even on Monday, when the toes were removed, he said nothing about them, thinking—as he afterwards said—that they proceeded from a slight cold, and would soon disappear. At the time when attention was first drawn to his condition, on Tuesday morning, he was suffering considerably, principally from the pain at the epigastrium. He was also beginning to experience some difficulty in swallowing, which he had not noticed before, although on strict enquiry he admitted that it had existed in a slight degree from the first day of the attack. There was very little febrile action, the skin was moist, the temperature a little higher than natural, the tongue slightly coated, the bowels costive, and the urine somewhat coloured. The pulse numbered 92 in the minute, and had no peculiarity of strength or fullness. He complained slightly of thirst.

At 12 o'clock, noon, he was seen by Dr. MacCallum, when the symptoms were nearly the same as above, excepting that they had become a little more severe. Directions were immediately given to have him removed to a darkened ward by himself, and to have him freely cupped over the spine, which was done to the extent of about 15 ounces. Bladders filled with pounded ice were then applied along the spine from the occiput to the sacrum, with directions to remove them if symptoms of great depression came on. 10 grains of calomel were given for the purpose of moving the bowels and acting upon the secretions. The following mixture was then prescribed; to be commenced as soon as a stool had been procured: ℞ Ext. Cannab. Indic., (Morsons) grs. xviii, Spt. Rect. ℥ j, Muc. G. A. ℥ vij, solve extractum in Spt. et adde. mucilag: Capiat ℥ s. quaque semihora. His diet to consist of strong beef tea.

8 o'clock, P. M.—The spasms became very severe after the removal into the other ward, so much so, that he was in danger of falling out of bed, and requested to have his bed on the floor. The muscles of the

back were strongly contracted, bending the body backwards-opisthotonos. After the cupping he was much better. His bowels were freely moved about 5 o'clock, and he has been able to swallow some beef tea. Complains a good deal of pain in the abdomen, which feels remarkably hard to the touch. By a great effort he can open the mouth to the extent of about half an inch. He had two paroxysms before the cupping, and one less severe since. He swallows with difficulty. Pulse 102.

Wednesday Morning, 9 A.M.—Passed a restless night with several severe paroxysms. Is now a little easier. He can open his mouth to a greater degree, and swallow, but with difficulty. Perspiring freely. Tongue cleaner than yesterday. Had a stool early this morning. Pulse 110 and weaker.

12 o'clock, noon.—Condition the same as above. The extract to be increased to four grains every hour, watching its effects. He asked for wine, which was allowed him.

Thursday, 9 A.M.—Had a good night. He slept between two and three hours. The paroxysms are much mitigated, and he swallows without much difficulty. He has taken two pints of beef tea since yesterday at noon. Pulse 102 and moderately full.

12 o'clock, noon.—Condition the same as above. No appearance of narcotism. The dose of the extract to be increased to 8 grains. Continue ice to spine.

8 o'clock, P.M.—Somewhat restless. He has had some severe paroxysms. Pulse 120. Perspiring freely.

Friday, 9 A.M.—Spent a tolerable night, slept 3 hours, swallows without difficulty. The paroxysms, though not very violent, affect the muscles of the trunk and inferior extremities more than formerly. Pulse 108 and rather weaker.

Noon.—Same as above. The foot was dressed and found to be healing kindly. The dose of the Cannabis to be increased to 12 grains every hour.

8 P.M.—Meaning a good deal. Paroxysms frequent, but not very severe. Swallowing more difficult. Pulse 120.

Saturday, 9 A.M.—Restless all night; slept none. Has great difficulty in swallowing. His jaws cannot be separated at all. His breath, and indeed his whole body, exhales a peculiar offensive odor. The tongue, as much of it as can be seen, is dry and brown, and sordes are beginning to collect about the teeth. The pulse has risen to 126 and is very weak.

Noon.—Condition similar to above. Pulse 130. Give Cannabis as much as can be swallowed, and let him have 10 grains of calomel immediately.

4 o'clock, P.M.—He was thought by the nurse to be dying, having taken a severe fit while trying to swallow his medicine. He was found laboring in a severe paroxysm with the whole body bent backwards, his face purple, and the breathing stopped; the pulse was barely perceptible. A towel with some chloroform was placed on his face, and artificial respiration performed as well as the spasm would allow, until the natural breathing was re-established. The chloroform was left with the nurse, with directions how to apply it in succeeding paroxysms. From this time the paroxysms continued to return at intervals of about half an hour, until 10 o'clock, when he died exhausted *after* a severe paroxysm.

Autopsy.—40 hours after death, during the last four of which the body had been lying with the face downwards.

The Spine.—The integuments and muscles of the back contained not more than the usual quantity of blood, allowing for the effects of gravitation. On cutting through the spinal meninges a considerable quantity of limpid serum was found in the cavity of the arachnoid. There was no congestion of the latter membrane. The cord itself was the natural consistence throughout, and the only observable abnormality about it was some slight arborescent redness at the roots of the nerves in the dorsal region.

The Head.—The dura mater was somewhat strongly adherent to the calvarium, but beyond this there was nothing abnormal.

The nerves near the frostbitten part.—The posterior tibial nerves were traced nearly to the toes on both feet and carefully removed and compared. That of the right foot (which had been most severely frozen, and from which the toes had been removed) was considerably larger than the left, and its structure was much softer. Upon a close examination, minute extravasations were found at different points in its substance. Portions of both were placed under the microscope, but no difference was noticed except that the fibrous structure was less apparent in the right than the left nerve.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

ART. XXV.—*The Principles and Practice of Obstetrics.* By HENRY MILLER, M.D., Professor of Obstetric Medicine in the Medical department of the University of Louisville. With illustrations on wood. Philadelphia: Blanchard & Lea. 1858.

The present work contains 16 chapters, which are devoted to the consideration of the ordinary subjects of midwifery, exclusively of the diseases

of women. A large portion is taken up with the important topic of labour, which is entered upon at the 7th chapter, and is carried through all the succeeding ones.

Under the title of "the determinative cause of labour," an inquiry is instituted into the proximate agency, which conduces to originate uterine action, or in other words an answer is put forth to the question, "What is it that excites the uterine contractions, when gestation arrives at its term?" Dr. M. adopts the opinions expressed about 35 years ago by Dr. Power, and believes it to be "irritation of the cervix, and especially of the os uteri arising from the contact of the ovum with it." This view it is considered derives support from several facts and arguments such as the following:—

1. "*The peculiar manner in which the uterine neck is unfolded during pregnancy.*"—This unfolding "is deferred to a very late period of pregnancy, until, in fact, a short time before labour sets in. What other use can be assigned for this singular deportment than that of guarding the neck from premature irritation, which might endanger the premature expulsion of the ovum?"

2. "*The rectum and bladder being excited to expel their contents by irritation of their orifices, affords strong presumption that the uterus is excited to action on the same principle.*"—"The reality of such irritation is certified to every individual by the internal or organic sensation that accompanies it; which like all other organic sensations, it is difficult to describe or accurately to locate. . . . When this irritation acquires a certain degree of intensity it irresistibly provokes expulsive contractions of the muscular fibres."

3 Again, "*the uterus can be excited to expulsive contractions, especially in the latter months of pregnancy, by artificial irritation of its orifice.*" Accordingly "not only may parturition be induced by orificial irritation artificially excited, but when labour has commenced naturally, if the uterine contractions be languid and inefficient, they may be made stronger and more effective in the same way."

Serious difficulties we must observe in comment exist to receiving this cause "orificial irritation" as the determinative agent of parturition. For instance in many cases of premature labour when the cervix has not been expanded till *after* their instigation, this condition, in its normal or ordinary bearing, cannot be esteemed influential. Parturition at the full time is upon the above explanation, an effect of the development or obliteration of the cervix allowing the uterine contents to come in opposition with the mucous surface of the os, and by touch induce or create the muscular contractility of

the uterus; but in cases of miscarriage or abortion the cervix does not open to receive the embryonic mass until some time after the event has been in progress, and therefore the initial approximation, considered essential as the starting influence, has not existed or not been active. And it by no means seems likely that a different modification of action has been present in both; both are marked or characterized by uterine contractions, cervical dilatation and orificial opening. Again, in all examples of ordinary labour before the period for delivery ensues, the cervix has been unfolded for some time, and the apposition contended for has actually occurred without being productive of any mark of commencing labour; and to suppose that a delay is necessary to allow of the maturation of the force which may be supposed to spring or arise from the contiguity of the presenting part with the unfolded cervix before that force is sufficiently powerful to be operative in evoking the customary pains is not consistent with our ideas of vital occurrence, or of the mutual relationship that subsists between organized structures and portions of the living economy. Dr. M. notices somewhat similar objections which have been urged against the notion of "orificial irritation," by Dr. Dewees, and has replied to them, but in our opinion his effort has neither been happy nor satisfactory. The periodicity of parturition and its final causes are mysteries, and at most, any interpretation we can offer with our present imperfect knowledge of the internal functions, and the intimate mechanism of the organs from which they emanate, can only shew forth the probable collateral or concurrent actions that are in process of accomplishment. We are confined to a consideration of the more obvious or secondary powers, while the springs which have set them a going are wholly beyond our comprehension. In truth, our knowledge at best is of a rough, coarse, materialistic kind or texture, and we are constrained to confess of this and similar occurrences in which the living body participates, that they are ultimate facts, follow determinate laws and take place as Avicenna said, some centuries ago, of delivery "by the grace of God;" an opinion which more recently Velpeau has adopted and promulgated, and which no amount of special pleading for the efficiency of physical causes, whether plausible or not, will be enabled to gainsay.

Dr. M's. work is illustrated by 98 figures, four of which refer to instruments constructed we believe by the author. One of the number is of a "fluid porte-caustique," and is thus described. "It is made of steel, and consists of two branches springing from a common stem, which diverge abruptly at their origin, and then run parallel with each other to their termination. The extremity of each branch is dentated, the

teeth of one fitting into those of the other, so that when they are closed by a sliding ring, they present a smooth and roundish point like that of the uterine sound. The whole instrument measures $9\frac{1}{4}$ inches in length, and the handle is made rough on the side corresponding to the concavity of the branches. A pellet of lint or cotton is placed between its branches so as to project slightly at its point, which being secured by a sliding ring is wet with the medicated solution, and introduced into the uterus through the speculum." In this way applications can be made with safety to the lining membrane of the uterus when that part is in a state of morbid action. The plan, once advised, of injection is generally understood to be fraught with too much risk to warrant trial.

ART. XXVI.—*Toothache and other affections of the teeth relieved by the Electric cautery.* By THOMAS H. HARDING, Surgeon Dentist. London: Walton & Maberly. 1858, p.p. 40.

This method of treating odontalgic affections is well reported of, and the perusal of the interesting little *brochure* by Mr. Harding will impress the reader favorably with its merits. The nature of the apparatus requiring to be employed is thus described by the author.

"The battery is a compound one of Smees, and consists of six pairs of plates of zinc and platinized silver, contained in six cells, which are set in action by one fluid, viz: dilute sulphuric acid. The battery may of course vary according to the choice and taste of the operator, but it is desirable to render it as elegant and as simple as possible. When I first employed the electric cautery, I used a battery of two pairs of plates in a single cell. I now prefer the larger battery of six cells, because a large battery with weak acid will last longer than a small one with strong acid; besides this, the action of the battery is more uniform and lasts much longer. . . . The cauterizer is thus constituted:—The terminal six inches of the poles which are of copper wire plated, are supported on an ebony or ivory handle, upon the side of which one of the poles is interrupted at a particular point. The extremities of the poles are connected by a piece of platinum wire, a hundredth of an inch thick, and three quarters of an inch long, which is bent into a loop. The sides of the loop are then brought parallel and nearly close to each other without touching, and it is thus introduced into the pulp cavity of the tooth to be operated on. By a slight pressure on one side of the handle the interrupted pole is temporarily joined, and the platinum wire immediately becomes brilliantly heated as it lies in contact with the tooth pulp. . . . In this way I have succeeded in rapidly destroying

the pulps of decayed and condemned teeth, and have proceeded sometimes after a few minutes to the operation of filling with gold, or with other suitable stoppings."

The remainder of the pamphlet is equally instructive, and is occupied with remarks upon the operation in general directions, for after treatment and a consideration of the suitable cases in which advantage is to be expected from the adoption of this particular kind of treatment. In our practice the subject is to a certain extent *extra limites*, and we leave its fuller examination to our friends of the dental art to whom we think it commends itself as affording a quick and simple means which will compare favorably with other expedients more commonly resorted to for relief from a very sore and much prevailing malady.

ART. XXVII.—*Transactions of the St. George's Hospital Medical Society.* Session 1856-57.

These transactions have been kindly forwarded us from London, through the politeness of Dr. Gibb of that city. They contain fourteen contributions in all, and upon matters of much interest to the profession. They appear to have been in the first instance read before the Medical Society of St. George's Hospital, and subsequently have been printed to give them a more durable form. We consider the practice followed in this instance is one which might be advantageously adopted by other societies of a similar character, for it is much to be lamented that communications, like these, of much worth, and the result of considerable personal exertions on the part of their authors should, after being read, unlike these, be laid aside in manuscript state, and afterwards be available to no one beyond those to whose sole possession they are confined.

CLINICAL LECTURE.

The present aspect of Conservative Surgery and the Chloroform Question,
By F. C. SKET, Esq., F.R.S., F.R.C.S., Surgeon to St. Bartholomew's Hospital.

GENTLEMEN.—I don't think I can better begin a Course of Clinical Lectures, which it is my duty to deliver in this theatre during the new year, than by making some few remarks in reference to what is called in the general parlance of the day, "Conservative Surgery." By conservative, or curative, surgery as applied, in the first place to injuries of joints or limbs, I wish to signify that practice in surgery, which, in the hands of some one surgeon, leads to a conservation or saving of a limb or

joint, as contra-distinguished from another practice, which, in an entirely similar case, sacrifices the same joint or limb by amputation. By "conservation," or some such term, we properly signify the recognition of the power of Nature to repair what may appear otherwise beyond repair, and it obviously implies on the part of the surgeon a deeper knowledge or experience of the subtle, yet marvellous, powers of Nature, engaged in such processes, as well as an instinctive recognition of these processes and the point where Nature is assisting us, and proving herself a true *medicatrix*; or where, overborne by sundry morbid agencies, Art, even at any cost of mutilation, must come to the rescue.

And this "conservative" surgery is no mean or little thing; it engages the moral feelings as well as an intellectual analysis of the surgical facts that have previously come under your notice—for I now take it that you will all and each of you be one day or another embarked in surgical practice—both, mind you, are indispensable, the moral feelings and the intellect, nay more, we must in a measure, make each case our own, and sympathise with our patients, if we wish to master each case presented to us.

A man properly imbued with the idea of curative or conservative surgery must calmly study Nature, he must forget self-interest. Oh! do not for mere *eclat* of operations, as do some, commit some crime—I was almost inclined to say, do not do anything to your patient, be he rich or poor, that you would not after the gravest study wish to be done to yourself in similar circumstances! That, indeed, must be your guiding rule in all your medical intercourse with the sick, but more particularly in this department. Remember if you save a man's arm to him it is almost equivalent to his life, as it is the means by which he lives.

But you are young, and you say, "Why all this, the surgical profession is surely an honourable profession?" and you read the journals, and "we are all honourable men!" Be it so—that is drawing it very mild at any rate. Mark! I make no imputation against the great operators, but while human strength is mixed up with human weakness, and while the line is not well defined in surgical operations where *esprit de corps* or more surgical *eclat* trespasses on thorough conscientiousness or honesty, while error is likely to prevail, then it is your duty to keep yourselves properly instructed in what the lessons of experience everywhere are teaching us, and to what principles of surgery the "finger-posts" of statistics are pointing.

You may depend on it that Nature has a disposition to effect singular cures if we only did not thwart her designs. Nature is usually at work building up healthy tissues. I believe this is evident in a large majority of

surgical cases. Look at a broken bone uniting. Sometimes, no doubt, there was side by side with such healthy physiological action a certain pathological or diseased action or element, but let us take care that we do not encourage the latter in place of the former; say that we bleed in a fever where we ought to give wine, then the disease gets a-head; or say that a patient dies of amputation or resection, where such operation was unnecessary.

If you believe with me that there is this tendency to mistake many things in Nature's work for something pathological; that from *esprit de corps* we take for granted Nature is going pathologically wrong as often or oftener than she goes physiologically right, yet if I can show you this is an error, surely there must be something in our conservative surgery that deserves more than a mere passing notice.

Let us take care that this so-called *esprit de corps* does not alienate the public too much from us. Bacon made this remark a very long time ago. It is as true now as it was then.

All very well! But what evidence can I bring that Nature, as we find in her hospitals, is not always going wrong? I now remember the wards of St. Bartholomew's Hospital for a period of about forty years, and if I look back at amputations, for instance, I find they are diminishing in number year by year. What is the secret of this? I'll tell you. Nature now cures hundreds of cases that were formerly mutilated and amputated. Do you think we have in this department yet reached the goal, that we have nothing like steel or cod-liver oil in strumous cases, for instance, totally unknown forty years ago, yet to be discovered? Is chloroform nothing?

But what a melancholy thing it is that some surgeons still adhere to old routine. You will be astonished, perhaps, that there is no standard practice in our sixteen or eighteen London hospitals. The public does not know that even with this *esprit de corps*—of which we make so much ado—that the leg which is saved in hospital A is cut off and few questions asked at hospital B, C, D; ay! we're "all honourable men," save perhaps at hospital E, or put in orthopædic training, but cut off at F, G, H, I, &c. Is it not our duty to society to save limbs, to cure aneurisms without cutting operations, to take advantage of chloroform, &c.? To society did I say? Here a man feels the blighting influence of this so-called *esprit de corps*; he is out voted in consultation, and by apparently wise heads; he must not infringe old routine or the stereotyped rules of years! But I tell you, and you may rely on what I say, our first duty is to society, though it may ill understand us; our next, ay, *longo intervallo*, our next duty is to our Profession!

I am sorry to say, too, that the more remote the distance from London the worse do things appear to become, so firmly rooted do old prejudices keep their hold where once they have been implanted. In our small provincial hospital, with forty surgical beds, I have recently known there to have been more mutilations or amputations in one year than there were in the same year (of twelve months) in all our 340 surgical beds in St. Bartholomew's. The fear of using chloroform, another error, adds to the horror of such old-world wisdom.

All professions, perhaps, even to the judges on the bench, are "infirm of purpose," if it comes to be a matter of common sense *versus* some old precedent or rule, in other words, a matter of *esprit de corps*. Still even this latter must occasionally yield to the public learning things themselves.

There is no large or capital operation in surgery that is not undergoing a change in the direction of greater simplicity. Where are our pullics in recent dislocations of the hip? What improvement ever equalled that of the introduction of chloroform of anæsthetics? Pain abolished at one glorious sweep; you know that even within your own memory, let cavillers say what they please, it has become the recognised practice of all good surgeons in America, Asia, Europe, to administer chloroform. Yet no silly errors persuade you to the contrary! Again, look at injuries of the skull and the use of the trephine, where formerly it was used on every occasion (realising the lines to Sidrophel,—

"He used trephining of the skull
As often as the moon's at full."

where formerly we were told to anticipate symptoms), now the trephine is scarcely used at all, in Germany it is entirely condemned.

Let us take lithotomy operations again, and compare them with lithotomy. Yet though the appliances and means of lithotomy are more brilliant or improved (I now speak of the lateral operation), the deaths are at least 30 per cent.; those of lithotomy, which is superseding it in private practice, are only 5 per cent.

Does the conscientious surgeon treat surgical aneurisms now in the same manner that surgeons of the last century did? No! We have been compelled by the fact brought forward by the Dublin surgeons to adopt the mode of cure by compression; it is not so brilliant or full of *eclat*, yet it is eminently conservative and saves many valuable lives. Some London men say they like a cut at their cases, but the short and best cut of a case of aneurism is to cure it, and that is effected by pressure; the amputations and deaths after ligature, even for popliteal aneurism, were something terrible and enormous a few years ago; now we hear of internal aneurisms cured by specific methods!

Old dislocations are now reduced in people of advanced years, even at sixty, though Sir A. Cooper advised the opposite, and in the manipulation of other cases under chloroform it is marvellous what may be done. These are the cases that will make or mar you in practice.

As to the special subject of saving limbs after surgical injury, such as compound fractures with and without injury of vessels, I wrote a paper in 1855. I am every day more and more convinced of the force of the truths I then enunciated; I will not go with much detail into it.

If a limb be cold or mortified and vessels impaired there can, of course, be no second opinion as to the propriety of amputation, but I take cases on the confines of this extreme condition, and I ask myself very often, shall I amputate or not? Fifteen years ago I had a great deal of night surgery at this hospital, I may say I lived next door, and I have had many a half hour's walk up and down the quadrangle—half-hours of agony, thinking shall I amputate or not amputate? A hand and fore-arm of a patient is sometimes fractured by machinery, by a printing press at night—the old rule, I now firmly believe, “more honoured in the breach” than in any, even at least slavish observance, was always to amputate, and mind, in doing that, you take away the working man's right hand perhaps; now that is a serious matter! We infringed the rule, and the infringements or errors of old rules taught us a great deal. I was every year more and more fortified in my opinion, now fully established, that you are not called on to amputate in almost any injury of fore-arm and hand. Nature will repair the mischief herself!

Take again diseases of joints, and what do we find? What has the last ten years taught us? That you cannot have ankylosis without removal of the encrusting cartilage of such parts as the head of the femur or humerus, &c. This is not disease, it is Nature's own curative surgery; yet how are we every other day frightened at the words “ulceration of cartilages.” Have you never seen this part finely injected with size and vermilion? If you have, you would see a beautiful ring of granulations marking out the process of absorption, and thus, *pari passu*, marking out Nature's conservative surgery. Yet how many dozens of knees do we see amputated, or ankles removed, because we mistake a healthy reparative process, tedious it may be, for a diseased state.

But I come back to the subject of compound comminuted fractures. I do not like to lead the advanced guard of ultra-conservatism. I see a good deal of small surgery, but though heterodox in a ‘clinical,’ I wish to teach you leading clinical principles, not small surgery. But I will give you a case; there is nothing like a case—it is a sort of diagram. A man was brought in, Nov. 5, with a very bad and formidable laceration

of fore-arm, the radius comminuted, the extensor muscles scooped away, the interosseous ligament and so-called interosseous artery (it's not an inter-osseous artery at all, by the way,) all injured, he had a Guy Fawkes explosion, burning and destroying his arm. What was to be done? The students came crowding down for an operation: he had some amount of extension and flexion in the fore-arm. Well, I simply cut away all the jagged parts, I placed a splint over the front of the fore-arm; he has now a useful arm, but mind, if he had not had extension and flexion it would be useless to try to save the parts. Here "antagonism," whatever it be in the moral or Guy Fawkes world, is every thing to be desired. He had his supinators, else I would have amputated: it would never do to leave him a hand all flexors, bent like a bird's claw.

You have heard also, no doubt (any of you industriously reading up for the college, at least), of "primary" and "secondary" amputations. Well, there has been a great deal written on this subject, and, as it is made to bear on conservative surgery, it is good in its essence, but it is impracticable. I have often explained why I don't believe in it. It may answer on the field of battle, where the surgeon is here in a trench to-day and ten miles off to-morrow. I believe it is ridiculous in civil hospitals, for I say if a man is not operated on till the termination of six hours why not give him 24, ay and 48 hours. In such cases I would say, in one word—Do not take off limbs too soon, watch the case, watch it, that's the secret. I fought a case here the other day, I said give him 24 hours, and then three days: I will not tell you the result—but that is the principle. I want you now to observe for yourselves, and take this with you, that in the last ten years there is happily growing up more tenderness and sympathy for patients; there is more humanity amongst the true and great surgeons.

If we felt for patients more it would be no harm. I had a joke with Sir B. Brodie a little while ago. He went out of town somewhere and happening to meet with an injury, he dislocated his humerus. "I am so glad, Sir Benjamin," I said to him, "as the Fates would have it so, that it occurred to such a good observer; you can now sympathise with patients and tell us all about it; I am glad at any rate, it was no worse." He laughed. "I agree with you," he said, "we do not sympathise enough with our patients. I don't exactly see the force of your congratulation, at least in your way, for I assure you it was horribly painful."

I would say to you, in conclusion, it is your duty, it is our mission and there is no more noble one to save limbs and to save life in every possible manner you can: the sooner you forget mere personal *eccl'at*

the better. Take care that much of the *esprit de corps* I speak of is not pride and self-esteem.

You may rely on it, considering our increasing knowledge of therapeutics, that we have not yet tested Nature's own conservative surgery enough, and that we deprive Nature of much of the credit that is justly her due.

THERAPEUTICAL RECORD.

Ill Effects of Ferruginous Mineral Waters upon Lactation—M. Stanislas Martin observed at Chateaufort in Auvergne, that gallinaceous and ruminant animals were exceedingly fond of the ferruginous waters, but that these exerted the mischievous effect of drying up the milk of the cows. Wishing to see whether this effect extended to the human subject, he induced a young mother to make use of some of the strongest of those waters during several days; and the result was that if she had continued to drink them, all her milk would have disappeared. From this fact, among others, he cautions practitioners against prescribing ferruginous substances for nursing women, and when their employment seems clearly indicated.—*Bull. de Thérap.* Dec. p. 554.

Oxide of Zinc in Profuse Sweating.—Dr. Jackson has had repeated opportunity of confirming the utility of this substance in the nocturnal sweats of phthisis. He freely gave it whenever there was sweating enough to call for treatment without regard to the stage of the disease. Seven grains were generally (sometimes ten) given at bed time, and if necessary, the dose was repeated every few hours. He has also tried it with success in violent nocturnal sweating in intermittent fever, and in the sweating of acute rheumatism.—*Boston Journal*, vol. lvi. p. 294.

Tartrate of Antimony in Colic.—Dr. Puffer states, that having employed enemata of tartar emetic with good effect in several cases of rigid os uteri, he was induced to extend the same practice to a case of obstinate colic. About three grains were administered in eight ounces of sweetened water; and in about 40 minutes the obstruction yielded without any apparent additional nausea or prostration, the patient rapidly recovering.—*Ibid.* vol. lvi. p. 326.

Ergot of Rye in Phthisis.—The Italian practitioners continue to publish from time to time instances in which this substance has been used with great advantage, employed as recommended by Dr. Parola. Dr. Rossi now relates four cases in which, after subduing inflammatory complications by antiphlogistics, he gave with success from 10 to 20 centigrammes per diem of the ethereal resinous extract of the ergot.—*Omodei's Anali*, vol. clxii. p. 216.

Glycerine in Dysentery.—Dr. J. Daude, of Marvejols, in France, praises the effect of glycerine in dysentery. He has employed it with success in several cases during a severe epidemic of that disease, giving it in enemata or by the mouth. As an enema Dr. Daude recommends a fluid ounce of a decoction of linseed or of bran, which should be given twice daily. For a potion, one fluid

ounce and a half may be mixed with three and a half fluid ounces of water and orange-flower water, equal parts, and of which a large spoonful is to be given every two hours.—*Union Médicale*.

Florogene, the active principle of the apple-tree bark, has been used by some of the physicians of Cincinnati, and they report flattering success. Dr. March, of that city, has been very enthusiastic in its support, as a substitute for quinine; also Dr. James bears like testimony. They say if any of their friends desire to test it, it can be found at Dr. Chapman's, and that it is desirable as a matter of economy. The doctor also prepares a fluid extract of florogene, which he regards as a preferable remedy, given in teaspoonful doses.—*Transactions of the Belmont (Ohio) Med. Society*.

Cocconut Oil Ointments.—The cocconut oil is a more eligible body for the formation of ointments than lard, keeping much better, not staining the linen, and admitting of more complete absorption. To render the oil of commerce fit for pharmaceutical employment, it is in general sufficient to liquify it at a moderate temperature, and strain it through linen. But if it retains its peculiar odor too strongly, and is of two yellow a color, it may be purified by digesting it for some hours in a water-bath, with some coarsely powdered vegetable charcoal, and filtering it while warm through paper. The following are some of the formulæ that have been tried with success:—℞ Iod. pot. ℥j, ol. cocoa, ℥j, ℞ Ext. bellad. ℥j, ol. coc. ℥ij; ℞ Veratrini, gr. liij, ol. coc. ℥ij; ℞ Sulph. quin. ℥j, ol. coc. ℥j, ol. rosar. gr. x. (very useful in pityriasis capitis); ℞ Chlorof., ol. coc. aa ℥j. (of great service in neuralgic and rheumatic pains, rendering the chloroform more fixed, and its action more durable); ℞ Ol. terebinth, ol. coc. aa ℥j; ℞ Hydr. ox. rub. gr. iv., ol. coc. ℥ij.—*Omodei's Annali*.

PERISCOPE.

Effect of the Continued Application of Cold Water Externally upon the Circulation. By Dr. H. BENCK JONES, and W. H. DICKINSON, Esq.

Opportunities of making use of some douche and shower baths of more than ordinary potency having presented themselves, the following experiments were undertaken, with a view of removing some of the uncertainty which now prevails regarding the effects of the outward application of cold water. These experiments are divided into three sections: 1st, on the general effect of the douche or shower bath; 2nd, on the effects of the shower bath at different temperatures; 3rd, on the effects of the shower bath in different circumstances.

SEC. 1.—The first experiment was made by a douche bath, by which 225 gallons of water were allowed to fall upon the head for a quarter of an hour. By this the pulse was greatly relaxed in frequency and power, and it became irregular; at one period of the experiment the reduction

amounted to 30 beats in the minute. The second experiment was made with a shower bath delivering about 20 gallons of water a minute—upwards of 300 gallons in fifteen minutes. The results were similar to those obtained with the douche bath, but were more marked. During the second minute the pulse was found to be less frequent by 40 beats than it had been previous to the fall of water; and from the fifth minute to the fifteenth, when the experiment terminated, it was observed to be frequently intermitting and very weak. The third experiment was made with a still more powerful shower bath, at Vienna. This delivered nearly 38 gallons of water a minute—upwards of 550 gallons in fifteen minutes—but the openings in the rose were very fine, and the shower was much spread. In the fourth minute the pulse was found to be imperceptible, and during the remainder of the quarter of an hour for which the bath was continued it was feeble and irregular. Afterwards the pulse was observed to be smaller and rather slower than it had been previously, but it was immediately restored by a warm bath. Thus it seems that a strong douche or shower bath produces an excessive immediate effect upon the pulse. By the first shock it may be reduced in rate even 50 beats in a minute; it then recovers a little, but after four or five minutes, when the shivering commences, it again becomes reduced, and often is rendered quite imperceptible.

SEC. 2.—The experiments in this section were made for the purpose of showing whether the effect varied with the temperature of the water. The most interesting are two which were made with the powerful shower bath alluded to in section 1, second experiment. In the first, the water was at 79 deg. Fahrenheit. The pulse did not fall in rate for three minutes, although it lost much in strength and volume. When shivering commenced, at the end of the fourth minute, the pulse was imperceptible, and it was scarcely to be felt until the end of the sixth, and it remained weak and irregular until the termination of the experiment at the end of the tenth minute. In the second experiment the water was iced down to 50 deg. F. The effect was much more rapid. During the first fifteen seconds the pulse was reduced at the rate of 38 beats per minute; this was followed by a reaction better marked than before, and the annihilation of the pulse, which followed the commencement of shivering, was much more complete and of longer duration.

SEC. 3.—Some of the effects observed to follow the use of the shower-bath, taken under varying circumstances, are here stated. Two experiments were made: one at the baths at Ischel, in Austria, and one at the Prussian bath, at Vienna, where cold shower-baths were alternated with very hot vapor-baths. It was found that the increased action of

the pulse produced by exposure of the body to hot steam prevented that depression which would otherwise have resulted from the cold water. A converse experiment is quoted from Dr. Currie's "Medical Reports." An ague patient, who had derived advantage from the cold effusion during the hot stage of the fit, nearly died from the alarming depression which resulted from the same application while he was in the cold stage.

The general conclusions are—

1. The useful effect of a strong douche or shower-bath is the immediate depression of the pulse. By the first shock of water between 64 deg. and 68 deg. F. the pulse becomes weak and irregular, and may be reduced in rate even fifty beats in the minute. After the first shock the pulse recovers a little, but remains weak until the secondary effect or shivering comes on, when it becomes weaker and intermitting, and may be quite imperceptible. After ten to fifteen minutes the pulse remains very small and weak, and shivering continues while the experiment lasts.

2. If the shower-bath is a small one, (eight gallons,) and the person taking it in good health, no great difference is perceived in the pulse whether the water is hot (110 deg.) or warm (74 deg. F.) If the water is very cold, (47 deg. F.) the pulse becomes smaller, but the rate is not affected.

With a shower-bath giving twenty gallons per minute a difference of twenty degrees (from 70 deg. to 50 deg. F.) causes a great difference in the shock. The difference in the after-effect or shivering, is not so marked. The depression of the pulse when the shivering comes on is more continuous with the colder water, and is manifest up to the end of the experiment.

3. When the pulse is raised above, or depressed below, its healthy standard, the shower-bath or douche produces very much less or a much greater effect than would be produced by the bath under ordinary circumstances.

As it seemed possible that a part of the reduction of the pulse might be due to the action of the cold water upon the capillaries and the radial artery in which the pulse was felt, a set of experiments were made in which the forearm and hand were exposed to temperatures varying from 25 to deg. to 124 deg. F. The results of these experiments may be thus stated:—

1st. When one arm is in water at 50 deg. and the other in air at 46 deg., no difference in the pulse is observed in fifteen minutes.

2nd. When one arm is in the water at 110 deg. and the other in air at 46 deg. F., little if any difference could be felt in the same time.

3rd. When one arm is in water at 44 deg. and the other in water at 107 deg. F. there was the same result in the same time.

4th. Even one arm at 33 deg. and the other at 112 deg. give no result.

5th. Still lower and higher temperatures, 25 deg. and 115 deg. F., did not give any decided results in fifteen minutes.

6th. The douche-bath on the arm and hand, at 42 deg., produced no greater effect on the pulse than still water at 44 deg. F.

Hence, generally, it follows, that no part of the effect produced by the shower-bath on the pulse, depends on the action of the water on the hand and forearm in which the pulse is felt.—*Proceedings of Royal Medical and Chirurgical Society*, April 14th, 1857.

The Non-Mercurial Plan of Treatment in Syphilis. Read before the Western Medical and Surgical Society. By Dr. CARILL.

He commenced by narrating a number of cases in which the constitutional effects of syphilis had been very severe, and had extended, in spite of treatment, through many years, in all of which the early stage of the disease had not been attacked by mercury. After detailing these very carefully, he entered into the history of this plan of treatment, remarking that most of the Irish surgeons who had adopted it have since changed their opinions respecting it. He maintained that the severest and worst forms of constitutional syphilis occur when no mercury whatever has been given for the primary disease, and that the notion that the severe cases of secondary disease are mainly due to the mercury administered is not founded in fact. Mercury, to be of use, must be persevered in for at least six weeks, and to produce its good effects need not to be given lavishly or recklessly. If attention be not paid to this fact, no permanent effect is produced, and other forms of the disease, as secondary or tertiary, are apt to follow immediately after. He recommended the use of the bichloride in doses of one-twelfth to a quarter of a grain, together with the inunction of the strong mercurial ointment, until the gums showed that the system was affected by the mercury, and can be continued with safety longer than any other mercurial preparation, not only in these cases, but even in scrofulous diseases, in which its use is advisable; hence its peculiar value. Iodide of potassium, given with iodine, is the next remedy to be relied upon, though it is chiefly valuable in secondary and tertiary affections of the periosteum. In tertiary symptoms, the iodide is our sheet-anchor, and mercury should never be given in such cases to the extent of producing its specific effects;

should a mercurial be required, the hyd. c. creta is to be recommended in conjunction with the iodide of potassium. Iron, arsenic, and mineral acids, under certain circumstances, are useful, especially after mercury has been fairly tried: with the ordinary means of restoring health, as good food, pure air, and rest, will generally promote a cure. He then alluded to the difficulty of distinguishing primary chancre, and the means employed by inoculation, and the peculiar hardness, of the true Hunterian chancre, and to the chance there was of a chancre in the urethra being overlooked, and to other sources of error as to the curability of syphilis without mercury. He concluded with the following observations:—

1st. That the severest and most prolonged forms of the disease have arisen where no mercury has been given for the primary or early secondary affection.

2ndly. That as no symptoms identical with those of constitutional syphilis are produced by mercury, the notion that mercury is a cause of constitutional syphilis is founded in error.

3rdly. That the administration of mercury may be so regulated as to preclude any of its severe effects; and supposing any are produced, it is manifest that they would be less severe than those caused by constitutional syphilis.

4thly. That the constitutional effects of mercury should be avoided in tertiary syphilis.

5thly. That the supposed successful treatment of syphilis without mercury is founded on erroneous diagnosis, or the causes have occurred in individuals already protected, or the subjects have been of that class who seem to enjoy immunity from the worst part of the complaint.—*London Lancet.*

On the Administration of Cod-Liver Oil, and Substances Soluble in it, in Capsules. By T. SPENCER WELLS, F.R.C.S.

I have very frequently found after ordering cod-liver oil, that the patients have objected very much to its unpleasant flavor. In many cases they have been quite unable to overcome their repugnance to it. In other cases the nausea it has produced has led me to discontinue it. This has been still more often the case when giving quinine, or iodide of iron dissolved in the oil. Yet the effects of these solutions, when borne, have been so very beneficial, that I was most anxious to overcome the objections to their use on the score of flavor. Some months ago it struck me that there was no reason why the oil should not be taken in capsules like copaiba. I accordingly asked Mr. Bastick, the druggist in Brook-

street to whom we are indebted for our knowledge of the solubility of so many substances in cod-liver oil, to have some of the oil with quinia put up by Messrs. Evans and Lescher in their membrane capsules, as I had found their copaiba capsules preferable to any others I ever tried. This was done at once, and Mr. Bastick has for some time past supplied many of my patients with membranous capsules containing cod liver oil only or holding in solution quinia, the iodide of iron, and the biniodide of mercury. Each capsule contains twenty minims of the oil, and the dose of the quinia, or iodide, may be varied. Patients who object very much to the oil, think nothing of taking three, or even half a dozen capsules three times a day.

The combination of biniodide of mercury with cod-liver oil is particularly useful in some of the chronic syphilitic superficial diseases of the skin and mucous membranes. A tenth or twelfth of a grain with a drachm of the oil in three capsules three times a day, I have found to answer admirably in cases of chronic pityriasis and psoriasis, with superficial ulceration of the fauces. In some of the chronic joint affections of scrofulous subjects, the iodide of iron given in the same way, but in larger doses, is also very efficacious. When it is desired to give iron in the oil without iodine, and to give larger quantities, the wafer-paper so much used for taking the cubeb and copaiba pastes answers extremely well. A paste may be made of the sesquioxide of iron—the so called carbonate—by mixing up with it a sufficient quantity of the oil. A tea-spoonful of this paste, enveloped in wetted wafer-paper, is swallowed without the least difficulty or unpleasantness by any one who can take a pill.

In many cases of secondary syphilis in persons of broken down constitution, it is desirable to combine the iodides of mercury and iron. In this combination the iodide of mercury becomes soluble, and may be given either in the oil in capsules, or in the form of very elegant syrup which Mr. Bastick prepares. In prescribing this, however, the ordinary dose of the iodide of mercury must be considerably lowered, as the action becomes much more powerful when the salt is made soluble. The syrup is prepared of various strengths; but in the proportion of a quarter of a grain of the iodide of mercury to two grains of the iodide of iron in a drachm of syrup, it will be found extremely useful, and not very disagreeable.

I offer no apology for endeavouring to make these preparations and capsules better known, as I am sure they are very useful additions to our present means of treating disease successfully.

3 Upper Grosvenor-street.

—*Medical Times and Gazette.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

ENCOURAGEMENT OF THE UNLICENSED.—Since our last issue we have received four communications in reply to the letter of “A Veritable M.D.,” which appeared in the February number of this Journal. Three are of a personal character, and from the gentlemen referred to in the district of Bedford. Against them it had been charged that they had quietly encouraged quackery in their neighbourhood; and, furthermore, had each in their employ, a hired assistant, who was an illegitimate practitioner. The accusation, it will be observed, is rather vague, and admits of different constructions;—the most suggestive, probably, being that in the respective localities wherein they practised, were quacks whom they did not prosecute nor interfere with,—and that each of the parties implicated, benefited by the services of an illegitimate practitioner, to whom, in return, he gave his daily bread. Our correspondent subsequently proceeded in his letter to disclose who he meant by “quacks” and “illegitimate practitioners”; and this was the more necessary for being titles admitting of very wide meanings, some misapprehension might otherwise have been fallen into. His references appeared, then, to be not altogether to uneducated medical men,—but to such as had no right nor authority to practice medicine, or surgery, or midwifery in Lower Canada, from not having complied with the requirements of the College of Physicians and Surgeons, C.E., and not having obtained the provincial license. The heinousness of the offence was, in his sight, the more conspicuous, from the three gentlemen of Bedford, whom he said were guilty of it, being Governors of the aforesaid College. The only matter left to determine is the truth or falsity of the allegation. A direct contradiction exists between the incriminator and the accused. It is not for us to hold jurisdiction in the case. We leave that entirely to the College whose honor is impeached. And if she be not wholly indifferent to professional approbation or contempt, she will not allow the affair to remain unsifted. The questions to be decided arising from the above considerations are simple:—Are there unlicensed practitioners practising in the same parts with these three gentlemen? Do the former enjoy a protection from the latter? Are they there with their consent, or upon their invitation? Do they act in consort with them as assistants, or consultants, or deputies?

In the same number of the *Chronicle* we gave our opinion upon the position of the College towards unlicensed practitioners, and of the duty which its members expected her to do, now we need no more than renew it. Of three letters we have selected one for publication—that from Dr. Chamberlin of Fredrichsburg,—from the others we excerpt their answers to the charges, which are their only portions relevant to the subject under discussion. We shall, however, retain them, and if desired, print them *in extenso*. We have been called upon to furnish the true name and address of “a Veritable M.D.” In reply we have to say that he desires us not to divulge them for the present.

Dr. C.'s letter will be found under the heading of Correspondence. It will be observed he stigmatizes the charge of encouraging quackery as “a falsehood and a slander,” and in reply to the second accusation enters upon certain explanations of an interesting kind.

The second of the three gentlemen is Dr. Stephen Sewell Foster of Knowlton, Brome. He says:—“As relates to my having an unlicensed medical man in my employ, I have not, nor never had. I have had students only.”

The third is Dr. Brigham of Philipsburg; he answers, referring to his calumniator:—“I also wish him to give my assistant's name, for those who know me, know the affording my countenance to quacks and quackery, is about the last charge to which I am really obnoxious.”

To the charge of not putting down quackery, both Drs. F. and B. retort upon us the disgraceful example which Montreal, with all her vaunted superiority, is setting other parts of Canada over which, in medicine, she usurps pre-eminence. We admit the force of the observation, but with qualification; Montreal is at present, from her imbecility in the Tumblety affair, an object of pity, or scorn as you please; but who makes her so? It is not the individual members of the profession,—they have nothing to do with taking out actions against unlicensed practitioners, they have neither the ability nor the business to do so; these lay entirely with the College of Physicians and Surgeons, C.E.; for these she was mainly incorporated, and in these she is sustained by the Legislative powers with which she is vested. She can prosecute, and with prospect of her suit not only being entertained, but becoming successful if her officers, who are the proper parties to interfere, choose to bestir themselves and appeal in her behalf, as her representatives. The comparison, then, is not just, for the parallelism cannot be carried out; you in Bedford are officers of this body,—we who write are not. And here again, for further elucidation of this point, we refer to the editorial before quoted, the expressions in which we reiterate.

The fourth letter is from Dr. Von Iffland of Quebec, one of the Vice-Presidents. It will be observed he holds a different view to ours of the responsibilities of practitioners generally, in putting down quackery. As far as we know, the only mode in which the profession collectively or individually can assist, in what should be a general act or rather desire, is by giving the College—the engine legalized for that purpose—the support necessary for carrying on the warfare, and this we believe they are prepared to do if she in turn will shake off her lethargy. We fear, however, if the present state of things persists, the few members she now numbers, exclusively of the Governors, will gradually drop off, feeling they derive no protection, nor advantage, nor honor from connexion with her, and that their yearly contributions may easily find a more profitable disbursement.

THE APOTHECARY'S BILL.—We publish the following sketch of a proposed Bill for the regulation of the studies of Apothecaries and sale of poisons. It was submitted in accordance with a resolution of the Board of Governors of the College of Physicians and Surgeons of Lower Canada, at their last semi-Annual Meeting held in Quebec, for consideration, by the members of the said College.

The Bill to clause VI. we consider very desirable, because it will provide for the education of druggists, and secure the services of competent assistants, while it will endow licensed members with certain privileges in which, others not similarly qualified, cannot participate. The portion, however, from clause VI. to clause X. we look upon as open to many amendments and extensive excisions; and invites much discussion, which no doubt those whom it most concerns will render in justice to themselves before any decided action is entered upon. We would here briefly observe that clause VI. appears to us to have been constructed thoughtlessly. Many remedies are purchased adulterated, and are not known to the dealer to be impure, is he therefore, when the discovery is made by a more expert analyst, to be subjected to incarceration or the payment of a heavy fine? In fairness he can only be held responsible for the sale of drugs that either he wilfully sophisticates or disposes of knowing to be impure. Clause VII. is open to the objection which we made, about this time last year, against a similar provision in a bill of Mr. Alleyn's; it is this, that no provisions are made in favor of prescriptions. If it were legalized, in strict compliance with its obligations, every time a physician ordered a dose of any of the substances named or understood, he would be compelled to send with his receipt a certificate drawn up according to the form described. Again, we would remark the production of a similar certificate is no guarantee that the substances obtained may

not be put to an improper use. He who desires to poison himself or kill another is not likely to publish his intention, he would rather be disposed to conceal his real purpose and assign some wrong reason for wishing to obtain the fraudulent agent. He will give a pretext, and as such authorized orders for the sale of poisons may be got from any justice of the peace or clergyman who may not care much to trouble himself about the designs of his supplicant, the latter will not be likely to meet with a refusal. The Act does not define any particular use for which the poison alone shall be used, and therefore might be demanded, but permits a certificate to be given to any one who desires poison to kill wolves, exterminate rats, or destroy vermin, or to accomplish some other equally unsuspecting motive the purchaser chooses to allege. Clause VIII. we consider to be simply unnecessary, for the rare accident it is intended to avert may be obviated in a much less troublesome manner. Therefore the inquisitorial system of Clause IX. must also be repealed for.

"I. And be it enacted, that from and after the passing of this Act, no person shall practice as an Apothecary, Chemist, Druggist, or vendor or retailer of Medicines, in the Province of Lower Canada, unless he shall have attained the age of twenty-one years, and shall have served a regular and continued apprenticeship with some regularly licensed Apothecary, Chemist and Druggist in the said Province, for at least three years, and have obtained a Diploma from the College of Physicians and Surgeons after examination before the Board of Governors, and having been found in every respect a fit and proper person to receive the said Diploma.

"II. And be it further enacted, that from and after the passing of this Act, no person shall practice as Apothecary, Chemist, Druggist, or vendor or retailer of Medicines in the Province aforesaid, without, previous to his examination before the Board of Governors of the College of Physicians and Surgeons, affording evidence of a sound elementary education; producing certificates of good moral character; of having regularly attended a course of Medical Jurisprudence, each at least of three months' duration; two courses of Materia Medica, and two courses of Chemistry, which courses shall be of six months' duration, at some recognised Medical College, or Public Medical School.

"III. And be it further enacted that every person practising for gain or profit, as Apothecary, Chemist, Druggist, vendor or retailer of Medicines, in the said Province, without a Diploma to that effect, shall for the first offence incur a penalty of five pounds currency; for the second, a penalty of ten pounds currency; and for the third, and every subsequent offence, a penalty of twenty pounds currency; and on conviction of any of the said offences, before any Court of competent Jurisdiction, shall stand committed to the common Gaol of the District in which the offence shall have been committed.

"IV. And be it further enacted, that the Board of Governors of the College of Physicians and Surgeons of Lower Canada shall regulate the fees to be paid by all candidates for license to practice as Apothecaries, Chemists, and Druggists,

or vendor or retailers of Drugs, provided the amount of such fees shall not exceed the sum of fifteen dollars; which fees the said Board of Governors shall have power to dispose of in such manner as they shall deem most proper for the interests of the College.

“ V. And be it further enacted, that it shall be the duty of every person who shall after the passing of this Act, receive a Diploma to practice as an Apothecary, Chemist, Druggist, vendor or retailer of Medicines, before practising as such, to cause his Diploma to be entered in the Register of the Registrar of the College of Physicians and Surgeons, under the penalty of five pounds currency in case of neglect or disobedience.

“ VI. And be it further enacted, that every person exercising the profession of Apothecary, Chemist, Druggist, and every vendor or retailer of Medicines in the Province aforesaid, who shall vend or retail any Medicinæ which shall be adulterated or which shall not be genuine, shall incur a penalty of five pounds currency for the first offence, ten pounds currency for the third and every subsequent offence: and, being convicted of any such offence, shall be imprisoned until such fine shall have been paid. Provided always, and under the penalties aforesaid, that no Apothecary, Druggist, vendor or retailer of Medicines, shall visit any such persons, or prescribe for them; the right of such Apothecaries, Chemists, vendors or retailers of Medicines, extending only to the vending of the articles required of them, without giving any direction whatever for the use thereof; but nothing herein contained shall prevent such Apothecaries, &c., from vending Patent Medicines with printed directions for the use thereof.

“ VII. And be it further enacted, that no Apothecary, Chemist, Druggist, vendor or retailer of Medicines, in the Province aforesaid, shall sell any Arsenic, Corrosive Sublimate, or other article of mineral or vegetable, simple or compound Medicine, generally known under the denomination of rank poison, and which, incautiously or secretly administered, might cause death,—unless the person requiring the same shall produce from some Justice of the Peace, or from any duly qualified Physician or Clergyman of the place where he resides, a certificate, note, or paper-writing, specifying the name, residence, and trade or profession of such person requiring such Arsenic, Strychnine, Corrosive Sublimate, or other article of poison as aforesaid, as well as the purposes for which they are intended to be used,—addressed to such Apothecary, Chemist, Druggist, vendor or retailer of Medicines; and any Apothecary, Chemist and Druggist, vendor or retailer of Medicines, herein offending, shall for the first offence incur a penalty of ten pounds currency, and, on being convicted, stand committed until payment of the said penalty; and, for the second offence, be disqualified by the Board of Governors of the College of Physicians and Surgeons, of ever practising as an Apothecary, Chemist and Druggist, or vendor or retailer of Medicines. And such Apothecary, Chemist, Druggist, and vendor or retailer of Medicines, shall keep and preserve, for his own justification in case of need every such certificate as aforesaid.

“ VIII. And be it further enacted, that every Apothecary, Chemist and Druggist, vendor or retailer of Medicines, in the Province aforesaid, shall be bound carefully to keep in some private and safe place in his Shop or Dispensary

sary, and in yellow bottles, so as to be clearly and easily distinguished, with proper and legible labels in large letters upon each bottle or vessel, in order to prevent mistake either by himself, his apprentice, or other person entrusted with his Shop or Dispensary—all Arsenic, Strychnine, Corrosive Sublimate or such other article of poison aforesaid, generally known under the denomination of rank poison, under the penalty of five pounds currency, in case of disobedience, and shall be committed until payment of the same.

“IX. And be it further enacted, that the Board of Governors of the College of Physicians and Surgeons shall, by virtue of this Act, have authority to depute any three Governors of the said College to enter the Shop or Dispensary of any Apothecary, Chemist, Druggist, vendor and retailer of Medicines, in order to ascertain if the requirements herein above-mentioned, with respect to Arsenic, Strychnine, Corrosive Sublimate, or other such article of poison as aforesaid, be complied with; and such Apothecary, Chemist and Druggist, vendor and retailer of Medicines, who shall refuse admittance at any hour of the day, between ten in the forenoon and four in the afternoon, to his Shop or Dispensary, to the persons authorized to the intent aforesaid—such persons producing and exhibiting a written authority to the intent aforesaid—shall for every such offence incur a penalty of five pounds currency, and, on conviction, shall be committed to the common Gaol until payment of the same.

“X. And be it further enacted, that the penalties imposed by this Act shall be recoverable on the oath of any two credible witnesses, before any Justice of the Peace for the District in which the offence has been committed; and in default of the payment of such penalty on conviction, the offender may be committed to the common Gaol of the District until the same be paid.”

CORRESPONDENCE.

A STUDENT'S LETTERS.

No. VI.

Perhaps it would not be out of place were I to give you my opinion regarding the Medical Schools of the three Capitals of the United Kingdom.

London, the great school of Surgery, is to be preferred before any other, if that be the branch to which most attention is to be paid; but as a school of Medicine, I do not think it is by any means equal to that of Edinburgh. In London the very large hospitals are very numerous, and their days of operation are so arranged that you may be present at one on each of the six days of the week—and some days even at two separately. As operations at each are numerous, you can here see almost every operation performed on the living body in a comparatively short space of time; you can also see the different methods practised by the great surgeons of the day. This is, I think, the only great superiority of London. Another advantage there is also, viz.: the Lectures on

Practical Physiology, or experiments on living animals—the very great benefit of which, to the student, I need not mention—and Histology, or the use of the microscope in examining the arrangement of the ultimate fibres in the different tissues—the student having to prepare his own objects. These lectures are only delivered at the University College, and cannot be attended at any other, except the Continental Schools.

In the London hospitals the medical wards are, generally, but very poorly attended—the surgical division receiving the most attention. This, I think, is due to the very erroneous arrangements of the London College of Surgeons, requiring the examination to consist merely in testing the knowledge of the candidates on the three subjects of Surgery, Anatomy and Physiology; and hence there is less attention paid to the other branches. I am not able to form such a definite conclusion regarding the Dublin School, because being there in the months of September and October, when no lectures are delivered, the medical world was at a stand-still. The great superiority which Dublin undoubtedly possesses is the Lying-in Hospital. The number of students from different parts of Britain, as well as from the United States, is very great, which shows how much the advantages of this institution is appreciated. The General Hospitals in Dublin are numerous, compared with the size of the city, and hence are small.

I can say more about Edinburgh, because I have been here during the winter session. The advantages to be obtained in this city are, I think, greater than in any other; and I think any person who will calmly consider, cannot but come to the same conclusion. As a medical school it is decidedly superior, not only in having as teachers the first medical men of the age, but also in the better method of instructing, and likewise the greater advantages derived from the Infirmary. This is the centre for all the difficult cases in the eastern part of Scotland and the north of England, as well as many from America, who come here for surgical advice. And as there is only one Infirmary in Edinburgh, there is not the same division as exists in both London and Dublin.

Clinical medicine, as taught by Dr. Bennett—and we should say first introduced into this country, from the continent, by him—is decidedly superior to any of the others. All the conveniences required for clinical examination, as the microscope and the different tests for the urine, etc. are in every ward. The great attention which is given by the professors in teaching the students individually, and the autopsy room where each of the fatal cases are examined by the pathologist to the Infirmary, present advantages not to be found in every school. If there be a superiority in medicine, I think there is even more so in surgery. This

branch, I think, is even better taught here than in London, because there are more cases of importance to be seen here than in any single hospital in the last mentioned city. I do not value this so highly as the clinical lectures which are delivered by Mr. Syme and Mr. Spence. These are not like those of clinical medicine given on the patients at present in the ward, and which the students are supposed to have seen, but on the patients at present examined. During the hour of lecture each important case is brought into the theatre, examined and described, and, if required, the operation performed; at each lecture there will be from five to eight examined. Perhaps this way of conducting a clinic may not appear to possess any great advantages; but I think if one be attended which is carried on in this style, and then one given in the usual manner, the difference will be at once evident. I cannot leave this part of my subject without expressing my conviction of the very comprehensive and explanatory course of lectures delivered by Dr. Simpson on Midwifery. These, with the Surgical Clinique, are the two superior courses in Edinburgh.

In finishing, I must state that my opinion of Montreal as a medical school is very much greater than it was when I left, because, after having visited several of what are by all considered to be first in consequence, their superiority over Montreal is but little indeed; and if a course of lectures on Pathological Anatomy and the practical use of the microscope, with lectures on Practical Chemistry, were instituted, I should say on this point it is inferior to none as regards the teaching department. I think these extra lectures could be easily delivered in the summer season, as in this country, and would be well worth the establishing. The sole defect which Montreal would then have is the want of a sufficient number of surgical cases; and this will every day grow less as the city and its manufactures increase. As a medical school it is now as good as any other for general cases, with the advantage of the dispensary practice of the out-door patients.

There is nothing in Edinburgh of late which is worth mentioning. Dr. Bennett's work, the "Clinical Lectures on the Principles and Practice of Medicine," has just issued from the press. There are 930 octavo pages in it, and of course his latest views on medicine are fully explained.

A. R.

Edinburgh, March, 1858.

To the Editors of the MEDICAL CHRONICLE.

GENTLEMEN,—I notice an anonymous communication in the *Chronicle* for February, in which a grave charge is preferred against the three Governors of the College of Physicians and Surgeons for Lower Canada, resident in the District of Bedford. As one of the Governors so attacked, I deem it my duty to notice it. It is asserted by your correspondent, that, in place of any effort to put down the operations of practitioners without license, "quacks" are found "running at loose-ends over the whole country, and the three Governors themselves quietly encouraging it in every instance." Now, this is simply a falsehood, and slander, so far as regards myself, (my colleagues, I doubt not, will answer satisfactorily for themselves,) one which should not be preferred in the columns of a medical journal—the *quasi* organ of the profession in Lower Canada—except upon the very best testimony. It is a charge which your correspondent should have made personally before the College itself, where, the accusation being open, the defence would have been not only in the light of day, but, I am sure, successful. Your correspondent goes farther, and avers that these Governors "have each an illegitimate practitioner in their employment, to whom they are giving their daily bread for their services as hired assistants in their practice, and not as students." Now, Messrs. Editors, previously to the incorporation of the College, the practitioners on the border were compelled, generally, to look to the United States for their assistants,—most of those thus employed being, I believe, "veritable M. D.'s," graduates of American colleges ere coming to Canada, and usually settling here with a view of taking out licenses as soon as their means and opportunity would serve. One of my fellow-Governors began practice in Canada in that manner, but subsequently graduated at McGill College, taking a high position in his class; and so obtained his license, and, not long after, his Governorship. No real evil has arisen from this state of things,—no more wrong to the public and profession resulting than from the manner in which almost every medical man employs the more advanced students indentured to him. Was your correspondent (so charmed with the dignity of his degree as to thrust it forward with a "veritable" attached to it) never employed in this way during the time he was a student and under graduate?

Such a complaint against the employment of these American M. D.'s can only tend to one end, that under-graduates of the University should be privileged to practice under their patrons' supervision; while men who are not in a position to enter at our Universities, but who are pre-

paring to become licentiates of the College under the liberal provisions of the Act of Parliament,—men with a diploma already in their pocket, and therefore already one of that magnificent class of features, “a veritable M. D.”—should be strictly debarred from any such opportunity of usefulness or improvement.

Doubtless some men are of opinion that it would be well for the profession that all its members should be compelled to take degrees from our Provincial Universities. Certainly I desire to see them well filled with students, and feel a peculiar interest in the prosperity of McGill College; but Parliament, and the majority of the profession, have not entertained this opinion. Hence the establishment of a Licensing Board, open to other men; and so long as that avenue is open to the young medical man, so long should the student, or foreign graduate preparing for a license, be looked on with no less favor than the University undergraduate.

I cannot suppose you desirous of discussing the medical politics of the Province in any narrow or exclusive spirit, or that you desire to be understood to be the organ of McGill College—not of the profession at large, since the display of such a spirit of partizanship must tend to lessen the sphere of usefulness and influence of the *Chronicle* as a scientific journal, by rousing the prejudice and hostility of a large, if not the largest, portion of the profession against it. I therefore trust to your love of fair play to allow this contradiction, in express terms, of the really grave part of the accusation against the three Governors to be laid before the public, together with the explanation of the grounds for the minor attack. His letter, viewed in a spirit of even-handed justice, and not as one of University men against licentiates, will, I am sure, be deemed as uncalled for as the other. The one charge is a fabricated calumny; the other a perversion of the truth, to suit some personal or party purpose.

The whole communication, you will see, is a most unreliable basis for your suggestion of a formal accusation and expulsion of the Governors; but if the “veritable M. D.” has the moral courage to take the matter before the College, he need not doubt that the three Governors will be quite ready to meet him there.

I am convinced that I have taken more notice of this communication than it deserves; much more than I should have done, but for the species of apparent approval and dignity given it by you. It may suit the purpose of some youngster, vastly proud of his newly-won dignity, to parade it in print, accompanied by such natural zeal for University privileges; but it can hardly serve the purpose of the *Chronicle* to give currency to anonymous slander, or become the vehicle of flippant tirades.

The dignity and privileges of the profession, when invaded, will not lack. I hope, earnest and able defenders in the Colleges and the Universities, In this instance,

"Parturiunt montes, nascitur ridiculus mus."

The mountain of professional dignity in labour has brought forth a "veritable M. D."

In conclusion, I have to request that you will furnish me with the name of my anonymous assailant, that the public and the parties attacked may know what additional weight is due to the accusation derivable from his personal standing and repute. I wish also that the faculty of his alma mater may be enabled to judge how far he has forgotten—how far fulfilled the obligations solemnly undertaken by him at his graduation with respect to his conduct towards his professional brethren.

I have the honor to be,

Gentlemen,

Your very obedient servt.,

J. CHAMBERLIN, M. D.,

Governor College P. and S., L. C.

Frelighsburg, March, 1858.

GENTLEMEN,—It was with pain and regret that I read in your last issue, an article bearing the anonyne of a *Veritable M. D.*, implicating three Governors in the Eastern Townships, as aids and abettors of those who practice without a diploma or license, &c. The charge, as you justly observe, is most grave, and should be made the subject of inquiry at the next meeting of the College of Physicians and Surgeons.

Your anonymous Correspondent's memory is correct, (it is to be regretted, however, that his intentions are not more so) that the Act passed by the Legislature incorporating the profession into a body politic, gave certain rights and privileges, &c., and which among other things "*allowed to different parts of the Province their share of representation at their Sessions*, and a voice in the affairs pertaining to the regulating and confining of licenses, as well as overlooking the best interests of the profession generally."

It would also appear by your Correspondent that three Governors have been elected in the district of Bedford, since 1847, the year of the organization of the College of Physicians and Surgeons, and that it is worthy of note, the same number has ever since been elected from the same district. To which I may add, that had he been a member of the College, he might also have been equally eligible to the honor, provided

his personal respectability and professional acquirements were unobjectionable to the electors. Without entering further into the self-culpatory allegations of a *Veritable M.D.*, I shall merely observe, that it is truly unfortunate that he should have retarded, so long in arriving at the conviction that "every one who has sought and obtained an honorable admission to the profession should discountenance every individual who savors in the least degree of quackery and humbug."

Now, to whom, I would fain enquire, should be attributed "the state of things" which this *Veritable M.D.* assumes in his Correspondence, to exist, and moreover, censures the Board of Governors for its laxity and indifference to protect all medical practitioners from the encroachments which are made on those rights and privileges assured to them by the law of the country on their admission to the profession. But is this all? Are these medical practitioners no longer to contribute their exertions and influence, and otherwise evince some interest in preventing these encroachments on their rights and privileges? Are these medical practitioners merely to attend to their patients, and when thwarted by empirics and quacks in their gains, to turn round upon the Board of Governors of the College of Physicians and Surgeons and attack them for not doing that which is also in their power, and even privilege, to arrest, by connecting themselves more closely with that body? Is the Board of Governors to seek out infractors of the law, and thereby expend the small pecuniary means which it has obtained through more zealous members of the profession than *Veritable M.D.'s.*, to bring these delinquents, in their unhallowed pursuits, to justice? Certainly not. The College has already done so in several instances, at very considerable expense; but from the apathy and indifference of members of the profession in supporting the Board of Governors, by becoming members of the College on the payment of the pithy annual subscription of ten shillings; it will, however, reluctantly, for a short period, be under the necessity of abandoning the initiation of proceedings against delinquents.

It is true, as has been already observed, that the highest interests of society are implicated in all that relates to raising the standard of professional education; and it is this consideration more especially, which ought to induce the Government of the country to free us from the obnoxious task of prosecuting for infractions, and to take this important subject under its own immediate and earnest notice.

I am also anxious to impress on the minds of the members of the profession that at no time more than the present, do we require a combined and strenuous effort to be made, in order that the exertions of so many years to advance their interests may not be rendered nugatory.

In conclusion, I trust that at the next Session of the Board of Governors, "a Veritable M.D." will make his personal appearance, and manfully substantiate the disgraceful charge he has preferred against three members of that Board, if not, it is to be hoped, for the strict integrity of their own character, as well as for the distinguished position in which they have been placed as representatives of the medical profession by their Peers, that no means will be left to bring "a Veritable M.D." before a Court of justice, and there receive the condign punishment which is incurred by the calumniator and libeller.

A. VON-IFFLAND, M.D., &c.
Vice-Pres. Col. Phys. & Sur.

Quebec, 1st March, 1858.

HOSPITAL REPORTS.

Anchylosis of right Knee Joint with immovable patella, and partial dislocation backward of bones of leg. Reported by Mr. W. P. O. Whitwell.

John Donlavy, aged 38, of apparently healthy constitution, was admitted into the Montreal General Hospital on August 19th, 1857, with an affection of the right knee joint. No written description was then taken of his case, but he now states that six months previously to admission he received an incised wound of three inches in width and of less than half an inch in depth, from a carpenter's shave, across his right knee, just above the patella. Inflammation of the wound and swelling of the joint to a slight extent ensued. About a week after this accident, on going out of the house, probably through a wish to save injured limb, he made a false step and slipped, and his leg was wrenched backwards. A crackling sound was at the same time heard, and the patella seemed displaced outwards. Intense pain was felt when he attempted to bear his weight on the limb. The pain in the joint and leg, together with his inability to walk, confined him to bed for a period of four months, during which time no attempt was made to straighten the limb, which remained constantly in a flexed position. The wound, which had discharged slightly, shortly afterwards healed, and caused him no more trouble. A blister was applied to alleviate pain in joint, but the enlargement continued and extended now down to the ankle. On admission into Hospital the joint was twice or thrice larger than its fellow; there was also inability to extend or bear upon the leg. Great pain was complained of in the joint and down the inside of leg and thigh. Dr. Wright, the attending physi-

cian, ordered the extensor to be applied, but becoming unserviceable its use was not continued. Iodine paint was employed with advantage in dissipating the enlargement, and a mixture of Iod. Potass. and Vin. Colchici was used internally. (Iod. Potass. \mathfrak{z} i., Vin. Colch. \mathfrak{z} i., Aqua \mathfrak{z} viii. Cup. \mathfrak{z} ss. ter. in die.)

His present condition, on Feb. 5th, 1858, is as follows:—All the soft parts composing the stiff joint of leg seem thickened and hardened, and the motion is limited. Perfect extension cannot be reached by within six inches, owing to rigidity of flexor muscles, and the stiffening caused by the plastic material thrown out. The foot is everted considerably, and a depression at the superior extremities of tibia and fibula, and consequent protrusion of lower portion of femur are very marked. The patella is immovable and is displaced outwards. The affected joint is now only about an inch greater in circumference than its fellow. A slight shortening of leg is also visible. Only an occasional pain, and that of no great intensity, is complained of.

The injured joint is at present of very little service, on account of partial dislocation and eversion of foot, very little pressure can be made on the heel, and he cannot move about without the use of crutches.

Feb. 10th.—Dr. MacCallum directs gradual extension by manual power to be employed daily, in hopes of relaxing the muscles and breaking up some of the morbid adhesions about the joint. Liniment to be applied to relieve slight pain complained of inside of joint.

15th.—Great improvement in motion of limb. No bad effects result from stretching the joint, except a slight pain. Extension limited to every alternate day.

25th.—Extension continued. The limb is gradually acquiring a straighter condition, and the manipulation has had the effect of greatly diminishing the stiffness and also pain in joint.

March 1st.—Benefit of extension not so marked of late, but there is no retrogression.

9th.—As farther extension seems prevented by rigid condition of tendon of biceps muscle, Dr. MacCallum performed operation of tenotomy, and the limb was directed to be extended as far as possible, and put up in that position, in a retentive apparatus.

14th.—The operation has considerably diminished the ankylosis. When the leg is placed as near as possible in the horizontal position, the popliteal space is only about two and a-half inches above the level of the rest of the leg. The joint is less stiff and can be extended with less pain. He can bear, tho' only for a moment, the whole of his weight on the limb; but on account of eversion of foot and non-opposition of bones of

joint, its strength is materially diminished. He can move about the ward, tho' slowly, without the aid of crutch or cane.

Case of Molluscum. Reported by Mr. Bowman.

William Atkins, a single and a temperate man, aged 32 years, was admitted into the Montreal General Hospital by Dr. MacCallum, 20th February, 1858. Was born in Litchfield, Staffordshire, England, of phthisical parents, his mother dying of disease of the lungs when he was 6 years of age; his father at a later period, of a like disease, after the debility caused by three months' confinement from dislocation of the ankle joint. He has a brother (35 years old) living, who has been troubled many years with a running sore on one of his legs.

William Atkins was nursed by his own mother, after whose death he was sent to the poor-house, where he remained for six years, at which time he was bound to a harness furniture coverer. Here he received much hard treatment, being compelled to lie on the bare floor and to live on hard, irregular and scanty fare for a period of 14 years. The long-continued stooping posture, from 6 o'clock in the morning until 8 o'clock at night, endured by him during this period, he thinks has ruined his constitution.

After six months spent in assisting a gas-utter who kept very irregular hours, he has since worked in machine shops, being employed in drilling bolt-nuts, &c., at which trade he has been engaged in the workshops of the Grand Trunk Railway Co. at Longueuil for the last seventeen months. The work is not laborious, but the situation is close and confined, and during the winter is situated near a very large and hot stove, which could not be prevented on account of the drilling machine at which he worked. He has very frequently caught colds from throwing off his coat when very warm. On exertion he does not sweat like other persons; it never breaks out on the face and but slightly on the body, but a burning heat is felt which greatly distresses him: this has been the case since as long ago as he can recollect. The heat of summer, he thinks, enfeebles him much more than other persons, and the cold of winter renders him more chilly. The colour and temperature of skin is normal. He is short-winded on running, and when much excited is subject to palpitation of the heart, but this has been hitherto but seldom.

His appetite has always been very good, but from his childhood up to the present a small quantity of food has satisfied him, which he has ever preferred to be of a salt nature. Fats or fatty food do not agree with him.

He has been subject to a bowel complaint more or less for his whole lifetime, but the passages have generally been of a natural colour.

He has never been troubled with piles, bleeding at the nose or pain in his right side. His sleep has always been natural.

It is now nearly two years since he first observed two or three tumours on his back and abdomen, from which he suffered no inconvenience. Their number have been gradually increasing since that period up to the present time, and none of them have ever receded or been removed. They seemed to increase much faster last summer, which increase continued through this winter, rendering, he thinks, his skin more tender than usual, especially on rubbing. He consulted a physician of Longueuil concerning them, who, without examination, gave him a powder which produced no effect but to purge him actively.

About a week ago he felt an itching all over his body, which left him after a bath.

The enlargements of the sebaceous glands are irregular in shape and size, with no similarity of situation between those on opposite sides of the body. Their orifices are closed, and on about a third or a quarter of them black points may be observed. The skin is not hypertrophied either over or around them. Some of the tumours have the appearance of warts, being somewhat pedunculated; others of small soft tumours, with broad bases; none of them seem to have necks. They are very numerous, and many are not larger than a pin's head; the greatest of them are from $\frac{3}{8}$ to $\frac{1}{2}$ inch in diameter, and many are the size of a large pea.

Dr. MacCallum prescribed 3 grs. iodide of potash three times a-day, with cod liver oil. Nitrate of silver to be applied daily to the tumours.

March 20th.—Left Hospital to day. The tumours have been benefitted by the treatment adopted, many of them having reduced much in size. He is to continue the internal treatment for some time yet, and to apply the nitrate of silver occasionally.

Internal Hemorrhoids, removed by ligature. Reported by Mr. John Pickup.

James Brown, aged 56, native of England, was admitted into the Montreal General Hospital, on the 15th of March, 1858, under Dr. MacCallum, for the purpose of undergoing an operation for piles.

He states that they first attracted his attention about twenty years ago; but not knowing what they were, and as they did not then occasion any inconvenience, he did not consult any physician for a year. About eight or 10 months after he first noticed them, he mentioned the fact to a neighbour, who told him they were piles, and gave him an oint-

ment which he said would do him good. He states that he used it, with some benefit; but as they still continued to trouble him, he thought it best to consult a physician. Upon doing so, he received a lotion of acetate of lead, which he used with much benefit. It failed, however, to cure them. They were protruded about once every two or three months, and he states that his efforts in defæcation were attended with a great deal of pain. Before his admission into the hospital they were protruded every day, causing him intense pain. About 12 or 13 years ago, their protrusion was attended by slight hæmorrhage, from which he obtained so much relief, as to lead him to believe that the attack of piles had subsided. The relief, however, was of short duration, for the vessels filling again, produced a return of all the symptoms. Latterly, they even protruded through the anus every day, from their obstruction to the passage of the feces, and the protrusion was at times attended with slight prolapsus of the anus. But generally after defæcation, both the hæmorrhoids and the prolapsed bowel, returned spontaneously into the anus. The hæmorrhage too was considerable, the blood being forced in streams from the piles, but giving him a great deal of relief. He states that he has had a great many quack remedies, and sometime with temporary benefit. He also informs me that for some time past, he has been unable to keep his linen clean, from the constant discharge of a pale slimy matter from the bowels, and the frequent hæmorrhage from the piles. He has been troubled for a number of years with asthma, for which he has used large quantities of opium.

He had an attack of fever and ague about 25 years ago; but has had no other sickness. His mother died about 10 years ago, and for 20 years before her death was troubled with asthma. His father died about 25 years ago, from injuries inflicted by a bull. The rest of the family—2 brothers and 4 sisters are all living.

Two large hæmorrhoidal tumours, on examination, are found protruding from the anus, and including the greater portion of the circumference of the gut. They are not at all pedunculated; but connected with the rectum by broad bases. Their surfaces exhibit the usual livid blue appearance, having a number of bright red vessels ramifying over them. Dr. MacCallum ordered him to receive a dose of castor oil to-night, and a copious enema of warm water to-morrow forenoon, one half hour before the time appointed for the operation.

16th.—The castor oil and enema have cleared the bowels well. The patient was now placed on his left side with his buttocks protruding well over the side of the bed, and desired to force the piles out as much as possible. The smaller of the two tumours was then seized with a volsellum, drawn

well out from the gut, and a ligature tied tight around its base. The larger of the two was transfixed with a needle carrying a double ligature, and the base firmly ligated in two separate portions. They were then returned into the rectum and the patient placed in bed.

The hemorrhoids were thrown off in eleven days and he left the hospital on the 30th March, completely cured.

Hemiplegia, probably from Softening of the Brain, with disruption of its fibres. Reported by Mr. Wm. Harkin.

Robert Douglas, æt. 28, a store-man, was admitted into the Montreal General Hospital, March 16th, 1858, under Dr MacCallum. Has no family history of apoplexy or any other hereditary disease; his own health was always very good. Four years ago he had an attack of deafness in his left ear, caused by exposure of that side of his head to a cold wind for several hours. It was attended with dizziness, severe headache, and some confusion of thought, but got well of its own accord in a few weeks. There was no paralysis then of that side of the face. Has been of intemperate habits, and has had syphilis. For the last month he felt drowsy and stupid, but had no pain in his head sometimes feeling dizzy and slightly confused. On the 13th inst. he was at work as usual, and about 3 o'clock p.m. felt a sudden pain in his left eye, with a tingling numb sensation of that side of his face; got very weak and would have fallen, only that he was supported by another person present; did not lose consciousness. After a short time he felt able to go home in a sleigh, where he remained till the 16th inst., and then entered the Hospital, when his symptoms and condition were as follows:—

Is a somewhat plethoric man, of sanguine temperament, face flushed, tongue moist but coated, skin moist and warm, pulse nearly 100 per min., but of natural strength. When he walks he drags his left leg and staggers, but says he does not feel it any weaker than the other. Its sensation is also perfect. The left side of his face is paralyzed, and its sensation very much blunted, feeling numb and tingling, his mouth is drawn to the opposite side, and lips on the left side swollen, and the left eye slightly inflamed. When he puts out his tongue it projects to the left side, but he can turn it to the other side at will. His sense of taste is not affected, but his voice is somewhat husky, and his articulation imperfect. The pain in his eye is much diminished, but there is still some confusion, and a tendency to doze a great part of the day, although he thinks he sleeps very little. His bowels have been habitually costive.

March 17th.—℞ Calomel grs. ʒ., to be followed by Haust. Nig., and also 2 grs. of Calomel every 6th hour.

18th.—Cups to the nape of neck. Nurse says he is at times incoherent.

19th.—Emplas' Lyttæ to nape of neck.

22nd.—Pulse 88 and natural; pupils of equal size and similarly affected by light; less staggering of mouth to affected side, face feels numb, lips less swollen, walks with a staggering gait, but feels both legs equally strong. Electricity showed no difference in the irritability of the muscles of the arms; micturates freely; bowels costive.

23d.—Is salivated. Omit mercurial; pulse 86; feels much better, and slept better last night, and has no pains or dizziness in his head.

24th.—Slept pretty well last night; pulse 88. White fur on centre of his tongue; sensation returning to paralyzed cheek; pupils natural.

25th.—Pulse 84; sensation almost as perfect as in opposite side. ℞ Haust. Nig.

27th.—Condition as yesterday; pulse soft and 80.

28th.—Still drags his left foot slightly, and also staggers somewhat; complains of no pain or unnatural feeling in his head; sleeps well during the night and less during the day. Articulation much improved.

29th.—Left Ho-pital this morning against advice, as he was anxious to return home, and considers himself cured.

MEDICAL APPOINTMENTS.

SECRETARY'S OFFICE,
Toronto, March 19, 1858.

His Excellency the Governor General has been pleased to make the following appointments, viz. :—

Robert Aberdeen and George McMicking, of Chippawa, and John Cronyn, of Fort Erie, Esquires, Surgeons, to be a Board for examining Applicants for Militia Pensions in the County of Welland.

MILITARY DISTRICT NUMBER THREE, LOWER CANADA.

First Battalion, Beauce.—To be Surgeon: Dr. Louis LaBrecque.

MEDICAL NEWS.

Two very eminent men have just had conferred upon them, the honorable distinction of Associate to the Academy of Medicine of Paris; E. Lettiré and M. Isidore Geoffroy St. Hilaire. The former has obtained great reputation by his medico-philological works, especially by his translation of "Hippocrates," a perfect model of erudition and research. The latter is son to the great naturalist of the same name.—The Students of King's College, London, are exerting themselves to procure an amendment of the Anatomy Act, so as to effect a better supply of subjects. For this purpose they memorialised the four examining boards to use their influence with the government.—A curious case has lately been tried in Paris to secure damages for the infection of a young woman, a nurse, by an infant which she had received to suckle. The infant had an eruption on the face, which the medical attendant considered to be harmless; however, in about a fortnight, an eruption appeared about the nurse's nipple, which proved to be syphilitic, and the child subsequently died of the disease. The case having been clearly proved, the tribunal awarded to the nurse 8,000 francs in damages with the costs of the suit.—Influenza is very prevalent in St. Petersburg, Paris, Vienna and Berlin. In Berlin certain trials were obliged to be postponed, from the circumstance that out of twenty-four jury-men summoned more than twelve were prevented being empannelled by being confined to their beds.—The weather in Italy is reported to be unusually severe. The cold in Turin is so great, that a sentry is said to have been frozen to death at his post.—Sir Charles Mansfield Clarke, died at Brighton after a lingering illness, on the 7th September, in the 78th year of his age.—The Academy of Medicine, Paris, have elected M. Lavres as President, M. Cruvelhier, Vice-President, and M. Devergie, annual Secretary for the ensuing year. Mr. H. Dubois (d'Armiens) retains his post as Perpetual Secretary.—Several of the members of the London Pathological Society have presented Dr. Quain with a handsome silver salver as a testimonial in recognition of his able and courteous services as Honorary Secretary to the Society for the period of five years.—A peasant consulted a celebrated oculist about his eyes, and asked him (whom he found eating and drinking freely) "What shall I do for my eyes?" "Abstain from wine," said the Doctor. "But it seems to me," said the peasant, walking up to him, "that your eyes are worse than mine, and yet you drink!" "True," said the oculist, that is because I love to drink better than to get well.—Punch's counter-blast for Puffing:—

"My son, each rogue eschew
Of the advertising pack,
He's generally a Jew,
Invariably a quack."

It appears from statements made by the "Medical Gazette" of Russia, that 382 medical officers attached to the Russian Army, died during the Crimean War. The actual number of such officers employed is not mentioned. In the French Army 550 surgeons went to the East, and 83 of these perished, viz. 1 in 6.