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THE
BRITISH AMERICAN JOURNAL.

ORIGINAL COMMUNICATIONS.

ART. LVIII.—*On Chronic Ophthalmia.* By STEPHEN F. SMITH, Licentiate in medicine, U. C.

Every surgeon having anything to do with the eye will have frequently remarked, in cases of chronic ophthalmia with opacity of the cornea, how much greater and more rapid was the improvement in the lower margin of the cornea than in the upper; and this observation is borne out by the operation for artificial pupil, which in nine cases out of ten is performed in the lower half of the cornea more by reason of the opacity of the upper half than on account of the obstacle presented by the presence of the upper eyelid. This great difference in the clearing up of the cornea was particularly marked in a case which came under my notice in February last.

The patient, a girl of eighteen, had been suffering from inflamed eyes for two years, during the last eighteen months of which her sight had almost entirely failed her, she being but able to distinguish light from darkness. Large blood-vessels traversed the conjunctiva in all directions, completely hiding the pupils; and the whole membrane presented an appearance not unlike that of red flannel. The eyelids were very much swollen, somewhat inverted and strongly granular, the upper one particularly so. The Epiphora was so great that the eyelids were everted with some difficulty. She was of a very bilious temperament, and her general health was not good.

The usual treatment was adopted:—lids everted and touched with sulphate of copper—conjunctiva scarified, followed by application of nit. argenti—blisters perseveringly applied behind the ears, and the Bichloride Hydrarg. exhibited in the dose of one-sixth of a grain three times a day. To quiet the circum-orbital pain, a weak solution of Extract of Belladonna was applied daily around the eyes, and a pill administered every night, composed of Extracts of Taraxacum and Podophyllum.

Under this treatment there was marked improvement, the inflammation rapidly succumbing and the cornea gradually clearing up. By the month of May the lower margin of the cornea was quite clear and the pupil plainly visible by directing the patient's eyes upwards. The aqueous humor was unclouded and the iris free and obedient to the action of Belladonna, quite contrary to my expecta-

tions. The upper margin of the cornea was still heavily clouded. In the month of June there was a further improvement in the lower part but not sufficiently to admit of sight. The upper part remained obstinately unaltered; and there were no indications which led me to hope for a change for the better. To continue the treatment until the inflammation had completely subsided, as there were no fears of a reaccession, and then to make an artificial pupil seemed to be the only course left. On reflecting upon the great difference in the improvement of the upper and lower parts of the cornea, the question suggested itself what is the cause of this difference, what reason is there for such an improvement in the one and such a want of it in the other? There was certainly greater opacity—but what had produced it and what was continuing it? In both eyes it was the same, both lower margins clear, both upper ones clouded—there was therefore the same cause at work in both eyes, and that cause appeared to be the irritation produced by the continual application and friction of the roughened edge of the upper eyelid. Although the palpebral lining membrane appeared perfectly healthy and the tarsal margin equally so, yet from the facts of the case and from the force of exclusion this could be the only cause of the difference. To obviate this irritation seemed the one thing needful. Accordingly after every application of the nitrate of silver, I applied pure fresh cod liver oil to the under surface of the eyelids. It is not strong language if I say that the effect was almost magical, and if it surprised the patient, who had long before given up the hope of ever seeing again, it no less surprised me, for it exceeded more than I dared to hope for. The cornea began to improve at once; and in the month of August was quite clear, and the patient in possession of tolerable sight. She is now at home doing the ordinary work of a country farm house, enjoying good serviceable sight; and has been spared the operation for artificial pupil, which, to enable her to see at all, at one time appeared inevitable.

Perhaps the improvement was owing to two things—both to the lubricating properties of the oil, and to a power which from its composition we may safely say it had over the deposit, viz., that of hastening its absorption. In a subsequent case the oil proved equally efficacious, and fully realized the expectations the former case had led me to form of it.

Knowing the almost invariable unequal improvement of the cornea in these cases, and attributing this to the only cause which a careful examination can discover, we may safely come to the conclusion, assisted by the case related, that a lubricating agent possessing medicinal power like cod liver oil would prove a most valuable auxiliary in the treatment of chronic ophthalmia, and would go far towards obviating the necessity for, and diminishing the number of operations for artificial pupil. It is worthy a trial at the hands of all medical men; and I feel confident that at no distant day it will be esteemed as one of the indispensable agents necessary for the successful treatment of chronic ophthalmia.

Exeter, County of Huron, Nov. 18, 1862.

ART. LIX.—*Frost-bite and its Treatment.* By WILLIAM BERLIN, M.D.,
&c. &c. &c.

As we are in the season to meet with frozen limbs, especially frost-bitten fingers and toes, it may be well to make known a method of treatment which I adopted many years ago, and which I have found to be very successful. It is the usual practice, so soon as it is discovered that any portion of the body has been frozen, to apply cold water or soft snow to the same, and continue the application until the circulation is restored, or until the hope of restoring vitality is gone. If only a small piece of skin be frozen, snow rubbing will generally succeed; but if both skin and deeper parts are frozen, snow rubbing will seldom restore vitality: indeed the long continued application of cold water or snow is generally injurious. I have no doubt that many fingers and toes are thus lost which might have been saved by better treatment.

After applying cold water or snow of a proper temperature for a few minutes to extract the frost as speedily as possible, my plan is to immerse the frozen part in warm water containing a sufficient quantity of ground pepper or mustard: as one or the other of these articles is to be found in almost every house, it is consequently always available. If portions of the face or ears are affected, pieces of flannel coming out of the hot liquid are to be applied, and frequently repeated till circulation is restored. In a few minutes a tingling sensation will be felt; and, in a short time, vitality will be fully restored, unless the frost has penetrated too deeply. If the whole thickness of a member be frozen, including the principal blood vessels and bone, no treatment can restore vitality; loss of substance and disfigurement will be the inevitable consequence; but, even in these cases, my treatment is of service by extending the living parts as far as possible, and thus diminishing the extent of the mischief.

It is probable that some medical men employ means similar to mine; but there are many who confine their operations to the application of cold water or snow, with sometimes the use internally of anodynes or stimulants, and if these means fail, they regard the restoration of vitality as hopeless. To such I would earnestly recommend a trial of my plan; and, if proper cases be selected, I have no doubt that the result will prove satisfactory.

L'Assomption, 12th Dec., 1862.

ART. LX.—*On Chlorodyne.* By W. E. BOWMAN, M.D., &c. &c. &c.

Having employed this agent for upwards of two years, and, being much pleased with its effects as an anodyne and antispasmodic, I subjoin my mode of preparing the perchloric acid, and mixing the remedy, that those who do not now prescribe it from a determination not to countenance a patent medicine, or who are debarred from its use by the high price of the imported article, may be induced like myself to manufacture and give it a fair trial.

PERCHLORIC ACID.

Pour four ounces by weight of commercial sulphuric acid into an ordinary quart bowl, and add gradually one ounce of finely sifted Chlorate of Potash.

This operation should be performed in the open air, and the acid be kept lukewarm by placing the bowl in a vessel of hot water. It should not be stirred during the addition of the chlorate, which must be sprinkled in very carefully, and by small portions at a time, taking about an hour to add the whole of it; after which, half a teacupful of hot water is to be mixed with it, and the whole be allowed to rest for twelve hours, by which time the perchlorate of potash will be precipitated as a creamlike sediment, and the supernatant solution of the persulphate may be poured off. To this sediment, previously introduced into a retort or Florence flask, add an equal measure of sulphuric acid and half as much water, and, having attached a receiver, distil off the perchloric acid with a gentle heat. When the vapour of chlorine begins to rise, withdraw the lamp, add more hot water slowly and continue the distillation. This vapour shows the decomposition of the perchlorate from want of water. On emptying the receiver it will be found that what free chlorine may have passed over, lies on the top of the acid and does not contaminate it. Perchloric acid as thus prepared is a volatile liquid of a peculiar pungent odour and rather agreeable but extremely sour taste.

CHLORODYNE.

℞ Acetate Morphia grs. xvj.
 Chloroform fl. ʒ iss.
 Oil Peppermint m. vj.
 Tinct. Cannab. Ind. ʒ ii.
 Perchloric Acid ʒ ii., and add
 Tinct. Capsici ʒ j.
 Scheele's Hydrocyanic Acid m. xxiv.
 Treacle ʒ ii.

Strong Alcohol q. s. to make 4 fl.oz. in all.

Shake well until the morphine is dissolved.

The Perchloric Acid forms with the Morphine a jelly like mass which adheres firmly to the bottom of the vessel, not dissolving until the Tincture of Indian Hemp and alcohol have been added, when it speedily disappears.

The ordinary dose of this preparation is half a drachm, containing $\frac{1}{2}$ gr. Morphine, $11\frac{1}{4}$ M. Chloroform, $\frac{2}{3}$ M. Hydrocyan. Acid, and 2 drops each of Perchloric Acid and Tinct. Cannab. Ind., with a taste of Peppermint and Capsicum. It should be poured into a little cold water when the patient is about to take it, as the Chloroform and Indian Hemp settle as a little head at the bottom of the glass on standing a short time, and are thereby apt to escape being swallowed. When prescribed it is usually put up with syrup and directed to be well shaken.

Montreal, 1st December, 1862.

ART. LXI.—*Appendix to Ophthalmic Diseases, treated at Hamilton, C. W.*

By A. M. ROSEBRUGH, M.D., &c.

I furnish you, as requested in a private letter, the particulars of some of the more interesting cases which have fallen under my observation, in connection

with the general report detailed in the last number of the British American Journal.

I. ENTROPION.

CASE I. A boy aged 16, who had also *vascular corneæ*, and *strabismus convergens alternans*. The vascularity of the corneæ, and consequent photophobia were probably the original cause of the inversion of the lids; but the contact of the cileæ now with the corneæ (both eyes being similarly affected), increased the vascularity, and made the entropion more persistent. The treatment consisted in extending the external commissure horizontally outwards, about 3 lines, (to weaken the orbicularis palpebrarum muscle) and removing a strip of integument and tarsal cartilage parallel to, and about $1\frac{1}{2}$ lines from its free border.

The entropion being relieved the corneæ soon after resumed their natural transparency. The strabismus was afterwards successfully treated by a *partial* tenotomy of *both* internal Recti.

II. MUCOCELE.

These cases were treated as follows:—Both the upper and lower canaliculi (after Bowman's method) were slit-up, and the two incisions united at their junction with the sac. With a glass syringe bent at the nozzle for the purpose, the sac was now injected with Nitric Acid sp. gr. 1.25. This plan was adopted with success in two of the cases; the third was so much benefitted by the slitting-up of the canaliculi, and subsequent pressure kept up for some time over the sac, that she declined further treatment.

III. STRABISMUS.

Of these 4 cases reported, 3 were Strabismus convergens concomitans, the other (and the ectropion case), being Strabismus convergens alternans. When the squint alternates, it is found to be much better to divide the operation between the two organs, as an operation upon one eye sufficient to bring the two parallel, is sure to interfere with their mobility, and usually causes the caruncle to drop, and produces more or less exophthalmus which are bad deformities.

In one of these cases of convergens concomitans there was a deviation of not 2 lines, in that case the division of the tendon close to its insertion and bringing the conjunctival incision together with sutures, (to prevent too great a sliding back of the tendon and sinking of the caruncle) was successful in relieving the squint, and was attended by no deformity or want of mobility. In the remaining cases the deviation was more than 2 lines, for which the bilateral operation was performed. I have always found the affected eye amblyopic, in cases of Strabismus concomitans; but in young patients, if the operation be successful in restoring the parallism of the eyes, I believe the vision in time becomes as strong in the eye affected as in the other.

IV. NYSTAGMUS.

This case was complicated with Strabismus convergens concomitans, (divergence 2 lines) which was cured, and the Nystagmus very much benefitted by a tenotomy of the squint eye.

V. PARALYSIS OF THE EXTERNAL RECTUS.

Right eye. This was the result of a heavy blow upon the right side of the head, causing a paralysis of the pathetic nerve. The eye was immoveably fixed, nearly half of the cornea being buried behind the canthus. In this case I performed Von Graefe's operation of "layering forward," through the paralysed muscle, (*Archiv für Ophthalmologie*, Vol. III. part I.), which consists in dividing the insertion of the tendon and securing its attachment further forward. I succeeded in bringing the cornea to a central position, but there it remained as immoveable as before, as the paralyzed muscle was quite destitute of contractibility, having probably undergone fatty degeneration. What was somewhat remarkable, although that eye had not been used for 25 years, its visual power was greater than the left; and on account of its inability to move in concert with the opposite eye, he was obliged to keep it covered, to avoid the annoying diplopia.

VI. DIPLOPIA.

This was the result of a partial paralysis of the Inferior Rectus of the left eye, the cornea of which stood higher than the right, and was slightly divergent. Upon placing a colored glass over the eye affected, the colored image was found to be 10° below, and 2° to the patient's right of the true image. The divergence of the images increased if he looked below, and diminished if he looked above the horizontal medial line. Taking advantage of this fact he could (as he did) by a strong effort, approximate the images by flexing his head and looking from under his brows, which gave him an awkward appearance.

As he was a gentleman well advanced in years, I did not suggest an operation, but prescribed for him prism spectacles with the base downwards and (9° from the perpendicular) inwards in the left, and upwards and outwards in the right, so as to unite the two images.

To be Continued.

REVIEW DEPARTMENT.

ART. LXII.—*A practical Treatise on Dental Medicine, being a compendium of medical science as connected with the study of Dental Surgery.* By THOMAS E. BOND, A. M., M.D., Professor of Special Pathology and Therapeutics in the Baltimore College of Dental Surgery. Third Edition, revised, corrected and enlarged. Philadelphia: Lindsay and Blakiston. Montreal: Dawson, Brothers. 1863, 8vo. pp. 411.

We do not think ourselves wrong in stating it as our opinion, that the Americans have done more in elevating Dentistry from the position of a mere art to that almost of a science, than any other nation. From what was but a rude empiricism a very few years ago, dentistry has been snatched, as it were from the hands of ignorant pretenders; and we now see in the United States a bright example, which England has followed,—schools and colleges in which this special department of surgery is vigorously taught, and followed out with every means

which science can be made to bring upon it. Works upon dental surgery are numerous enough; but those which exhibit the intimate connection which subsists between imperfect mastication, due to an imperfect dental conformation, and the consequent induction of diseases of a more purely medical character, are comparatively rare; and the volume now before us fulfils all that is desirable with this object in view.

The author modestly states, that "after ten years' experience as a teacher of these subjects in the Baltimore College of Dental Surgery, he has found it absolutely necessary that a Compendium of Medicine should be furnished, in which should be brought together in a small compass such selected information as should meet the wants of the Dental Surgeon, and as none had been prepared by another he had reluctantly undertaken the task." "The difficulty of performing it," continues the author in his Preface, "will be readily conceived, when it is observed how much was proper and how much was irrelevant; how cautious it was necessary to be that no needless matter should be introduced, and how careful that nothing pertinent should be omitted."

We need scarcely say that the author has executed his task with great judgment, and has handled it with skill. We hail with great pleasure every effort which can be made to elevate the practice of dentistry above that of a mere routine, and to place this special branch of surgery in the position which we think it is rightfully entitled to possess. The Baltimore College of Dental Surgeons has done more in this respect than any other Institution of a like nature elsewhere situated; and the work before us, while it not only tends to enhance the value of that Institution, further proves that every properly qualified dentist should be a physician at least to a certain extent, even if the full qualifications of that important position be denied him. One fact, however, cannot be disputed, that the more deeply versed the practitioner in dentistry is in a knowledge of the principles both of Medicine and Surgery, the more enlightened must become his practice.

This practical treatise on Dental Medicine should be in the hands of every dentist. It is short, clear, yet concise in regard to the matters of which it treats, and should constitute a most valuable adjunct to the library of every dentist, and to them as well as to the profession generally we cordially commend it.

ART. LXIII.—*The Institutes of Medicine.* By Martyn Payne, A.M., M.D. & LL.D., Professor of the Institutes of Medicine and Materia Medica in the University of the City of New York &c., &c. Seventh Edition. New York: Harper and Brothers. London: Sampson, Low, Son and Co. Montreal: Dawson, Brothers, 1862, 8 vo. pp. 1130.

We defy any one to rise from the perusal of this eminently valuable work, without the profoundest conviction of the high erudition, persevering energy and determined will with which the author has labored to support the doctrines of Stahl and Hunter, in opposition to those more prevalent at the present day; those of humouralism as advocated by Andral and Louis, together with those of what may be termed the school of vital chemicophysiologicalists as lead by Liebig and

Thompson. The doctrine of Solidism as advocated by Stahl is conspicuous throughout the entire work, and it speaks very much indeed in Dr. Payne's favour, that he has had the boldness to sustain the doctrine in opposition to what is certainly now the prevailing opinion of nearly all the thinking minds of the world.

The conception of the work is excellent. The first proposition with which the author starts out is one which stamps truly the character of the whole volume. "Solidism and Vitalism will form the basis of these Institutes. If consistent in all their parts without a violation of facts, it is *prima facie*, a proof of their foundation in nature. To show this consistency, and to develop the great principles and laws of organic beings, and erect a substantial fabric of Institutes which shall guide the hand of Art, we must ascend progressively along the fundamental facts in Physiology, Pathology and Therapeutics; till at last we proceed to convert the great system to practical uses in the preservation of health, and a great intelligible and philosophical application of the *Materia Medica* to morbid states of the body." He then proposes, in prosecution of this plan, to adopt the analytical method and to arrange the topics in their natural order. The student therefore to understand the last must know every step in the process of reasoning which has led to it, and in the prosecution of this scheme the author invites the most rigid scrutiny. Merely to say that the author has executed his task well or with fidelity is but to express an extremely meagre opinion of the volume; but to say that there are few men of our age who would undertake the task of reviving the almost exploded doctrine of Solidism, and to execute it with the cleverness, dexterity, and accomplished learning, which the author exhibits on every page of this ponderous volume, is but bestowing upon him the very least compliment in our power.

In a periodical like the present, to undertake a review of such a work in the true sense of it, is utterly out of the question; want of space forbids it, as its review would necessarily occupy a whole number. We cannot forbear observing however that the work is succeeded by two indexes, the second one of which is most elaborately filled up, and furnishes a most complete clue to the contents of the volume itself.

We think that a more truly scientific work has scarcely ever appeared on the continent of America than the one before us,—certainly not one in which subjects of a more abstruse character have been more faithfully or more learnedly elaborated. There are numerous subjects in the Pathological and Therapeutic portions of the volume which are worthy of most serious study by the advanced medical student, and by the medical practitioner, to both of whom we cannot but most cordially commend it. It is refreshing to see a work of so purely an original character, sustaining with profound ability one of the doctrines of the older days, and setting itself up against what might be almost deemed the innovations of the present.

The volume is illustrated with a neat vignette of the author, severe but thoughtful, and eminently suggestive of pugnacity.

GENEVA CORRESPONDENCE.

The Cantonal Hospital of Geneva is a fine and spacious edifice capable of accommodating from 450 to 500 patients. The building is provided with an apparatus for ventilation constructed on the most approved plan. It consists of a rotatory machine very much the same as that employed for blast furnaces which is put in motion by means of two steam engines placed under the soil in front of the building. Fresh air is continually propelled along a series of tubes which communicate with the wards, whilst another set of tubes carries off the vitiated atmosphere. The engine boilers are used also for providing every part of the building with warm water, and the kitchen with all the heat necessary for culinary purposes. Cold water is provided by pumps communicating with the engines. Everything throughout the establishment seems to have been arranged in conformity with hygienic laws and with the object of giving to the patients as much comfort as possible. The result is that the mortality in this Hospital is only from 6 to 9 per cent. whilst that of the Hospital in Paris is no less than 17 per cent. a difference worthy of remark.

I have before me the report of this Hospital for 1861. The following is a list of the diseases which are most common in this part of Europe.

Acute affections of the organs of respiration.....	84 cases.
Chronic " " " ".....	73
Acute " " " digestion.....	72
Acute Rheumatism.....	64
Affections of the Heart.....	38
Typhoid fever.....	37
Acute affections of the cephalo-rachidian system.....	29
Chronic " " " ".....	22
Diseases of the nervous system in general (hysteria, chorea, epilepsy, hypochondria, etc.,).....	19
Chronic affections of the digestive organs.....	18
" Rheumatism.....	16
Intermittent affections.....	12
Alteration of the blood.....	12
Cutaneous diseases.....	11
Affections of the genito-urinary organs.....	11
Delirium tremens.....	5
Eruptive fevers.....	2

You see by this list that the diseases of the respiratory organs predominate. The climate of Switzerland is considered to be a most trying one for consumptive patients. This is owing to the elevation of the soil, which causes the climate of this country, although two degrees south of Paris, to be much colder than that of those parts of France which are situated on the same latitude.

Dr. Santa lately published an article on the influence of the air of the Pyrenees on chronic affections of the chest, in which he established that the air of the Pyrenees, at an altitude of 2400 feet above the level of the sea, is peculiarly constituted, being lighter, containing less oxygen; but a much larger proportion than usual of ozone, and lastly being impregnated with more than an average quantity of water in a vaporous state. The atmosphere thus constituted, he

represents as exercising the most beneficent influence over chronic affections of the respiratory organs, and aiding, in particular cases, the curative powers of the sulphurous thermal springs with which the country abounds.

Ozone, as your readers know, is a peculiar modification of oxygen produced by electricity. While oxygen in its natural state, has no smell, no action upon organic matter suspended in the atmosphere, and none upon the precious metals except by indirect means, this same fluid, when in the state of ozone, possesses a strong sulphureous, or rather nitrous odour,* modifies putrescent organic matter suspended in the atmosphere, and will, by the aid of water, combine with silver and most other metals. It is on account of its antiseptic qualities that some physicians have ascribed cholera to the absence of ozone in the atmosphere—and it has been remarked that when cholera is epidemic, there is a marked diminution in the quantity of ozone in the air. In this respect a paper, just presented to the Academie des Sciences at Paris, by M. Kossmann, of Strasbourg, offers some interest, inasmuch as he shows that at a distance from great centres of population, the atmosphere possesses more vivifying properties than in large cities, both because in the country the air contains a larger proportion of ozone; and because plants emit a larger quantity of that agent there than in the midst of towns. M. Kossmann's experiments were conducted as follows:—strips of Professor Shoenbein's ozonoscopic paper were introduced into the thickest of the leaves of trees and shrubs, or grapes, &c. In the heart of the city of Strasbourg, the daily average, from the 29th July to the 31st August last, was 3·818 units of ozone emitted during the day-time, and 4·88 during the night, or 1·062 more than when the sun is above the horizon. In the Botanical Garden of Strasbourg, the averages were 3·82 by day, and 4·20 by night. At a distance of 240 miles from Strasbourg, in the midst of fields and forests, the averages were 6·83 by day, and 6·54 by night. Hence in the country there is a larger proportion of ozone than in the cities, but more is generated during the day than by night, the contrary of what was observed at Strasbourg. M. Kossmann has also ascertained that bed-rooms contain no ozone whatever, and cellars very little—whence the importance of keeping apartments sufficiently aired is manifest. The other results obtained by our author may be summed up as follows: Plants emit ozone from their leaves and green parts. 2. The corollæ of flowers emit none;—and, 3. The accumulation of trees and plants promotes the emission of ozone.

You are aware, no doubt, of the opinion formed by Dr. Nélaton as to the wound of Gen. Garibaldi, and as to the treatment to be followed. The ball, "says he," is fixed in the wound at about $2\frac{1}{2}$ centimetres (very nearly an inch) from the orifice. "I recommend that for some days, the orifice of the wound be gradually enlarged by the repeated introduction of dilating bodies. After five or six days, the mouth of the wound would be large enough to allow the ball to be laid hold of by a pair of ordinary forceps, and extracted. The extraction effected in that manner, is preferable to an immediate one which would certainly not be impossible but would be very difficult and painful; and which moreover is not imperiously called for by the present state of the wound, since the condition of the limb is every day improving." The report from which these passages are taken

* Go its odour not rather allied to that of Phosphorus. Note by Ed. B. A. J.

is addressed to the medical men who were to assemble on the consultation on the 29th October, which to his great regret Dr. Nélaton found it impossible to attend, being summoned in all haste to Paris by telegram. A document, signed by Drs. Partridge and Pirogoff of London and Hidelsberg, gives an account of a fresh consultation the day following that of the seventeen medical men. The result of their examination is that the general health of the patient is excellent, that the treatment followed thus far was the best that could be devised, and that the manner of dressing the wound leaves nothing to be desired. They also confirm the views expressed by Dr. Nélaton, and declare that an expectant treatment was the best that could be followed, until such time as the ball can be extracted, and add that it is indispensable that Garibaldi should pass the winter in a warm and dry climate, and that his chamber should be spacious and airy. Garibaldi has, in accordance with their desires, been removed to Pisa.

The *Moniteur* publishes two ordinances of the Minister of Public Instruction. The first directs that for the future, in the three medical faculties of the French Empire, the composition for the degree of Doctor shall be written in French; theses in Latin having the advantages which they originally possessed. The second enjoins that in order to encourage pupils who have been made *internes* to prolong their time in that position, the period of service so performed shall be counted to them in compensation for an equal time passed at the faculty. Any one performing two years' uninterrupted services as *interne* in an hospital, shall be dispensed from going through any fresh course in the faculty, where he may go to complete his studies.

The Imperial decree, doing away with the necessity which existed for medical students of presenting a thesis in Latin when a candidate for the degree of Doctor, is explained as follows. According to the University regulations in force till 1852, no candidate could present himself to be examined for the degree of Bachelor of Sciences without having first obtained the diploma of Bachelor of Letters. As all candidates for the degree of Doctor in Medicine were at that time required to produce the diploma of Bachelor of Sciences, they were, of course, Bachelors of Letters also. But in 1852 a bifurcation was introduced; and the students who intended to study medicine or science were, according to the new regulations, required to take only the degree of Bachelor of Sciences. The diploma of Bachelor of Letters was, therefore, no longer necessary for medical students. In order, however, to secure a certain degree of classical instruction, the candidates for a Doctor's degree were required, on their fifth examination, to write a composition in Latin, but this new test was never applied with much strictness. Experience has proved that it is possible to translate a dead language readily, and to be familiar with its literature, without being able to write the language with any degree of elegance. The style of the future Doctors was, therefore, more likely to resemble Molière's Latin than that of Cicero. It has, consequently, been deemed expedient to restore the old rule of making the diploma of Bachelor of Letters a preliminary to all other degrees—and as this change renders unnecessary the Latin composition in the examination for the Doctor's degree, it has now been suppressed.

At the fourth general meeting of the physicians of France, which took place

at Paris on the 26th ult., the following facts were elicited: The number of mutual benefit societies that have joined the central one at Paris is 79, comprised in 65 departments. The total number of members is 4,987, the capital at the disposal of the society is 21,258 fr. The amount of donations and legacies received last year by the society was 7,586 fr. A sum of 6,232 fr. has been voted this year for the relief of "noble unfortunates" of the Medical profession.

Dr. Maisonneuve of Paris has published an article on dislocation of the lower jaw, an accident which is sometimes produced by inordinate yawning. It is singular that it has not hitherto been found possible to reproduce the accident on a dead subject, while on the contrary it is not unfrequent in the living man. Dr. Maisonneuve, however, has not only succeeded in finding the secret of the motion by which the condyles may get out of their cavities, but also the means of bringing them back again into their normal position. This consists in gently pressing the chin downwards, and simultaneously exercising a pressure on the tops of the coronoid processes by introducing the thumbs into the mouth.

The *Bulletin de Thérapeutique* proposes the following easy way of administering castor oil to children, who often display an invincible repugnance to the medicine. The quantity of oil prescribed is poured into a small earthen pan over a moderate fire, an egg broken into it, and stirred up so as to form something like what cooks call buttered eggs. When done, a little salt or sugar and a few drops of orange flower water are added. This dish will be taken even with relish by the little patient who will not discover the fraud. Castor oil, you are aware, is extensively used in China for culinary purposes, which habit neutralizes its medicinal energy. But European officers, when invited to dinner by mandarins, have frequently been inconvenienced by this peculiarity of the Chinese *cuisine*.

Dr. Remak, Professor of Medicine at the University of Berlin, in a note lately published, describes a portable galvanic pile, which he uses for medicinal purposes: It consists of discs of zinc and copper, alternately arranged and separated by discs of clay and two layers of wood, moistened with weak sulphuric acid on the side of the zinc, and a solution of sulphate of copper on the copper side.

The curious effects of Haschish on the human frame form the subject of a letter recently addressed by M. de Luca to the Académie des Sciences. Haschish, as you know is extracted from a kind of hemp, *Cannabis Indica*, and sold in India in the shape of thin cylinders of various lengths, or else in small cakes, sweetened with sugar. It may be taken in this state, or dissolved in coffee, tea, and other drinks, or it may be smoked with tobacco. M. de Luca took about two or three grammes of it, in a solid form at nine o'clock in the morning, with very little faith in its virtues. I then went, "he says," to the Collège de France, and set to work as usual in the laboratory. About a quarter of an hour after, I began to feel a strange sensation, as if something were creeping from my fingers' ends to the brain. I was aware that I was in an abnormal state, and felt happy at it. I wanted to continue my operations, but my hands were in such a particular state of nervousness that I could not command their services. I resolved to

retire home; but no sooner had I opened the door leading to the principal court of the Collège de France than I perceived that all the buildings were receding from me: the voices I heard seemed to proceed from a great distance. I felt as if I was raised from the ground and walking in the air. I remarked, however, that other people in the streets touched the ground with their feet, and I accordingly considered them to be my inferiors. While on my way home, I wondered at the immense distance, I had to go, and thought I should never get home. Yet, all the while, I reasoned within myself on the curious effects haschish had produced on me. My porter's wife who saw me return sooner than usual, said to her husband, 'M. de Luca's room has not been made.' On hearing this, I said to myself, 'Her voice is changed!' but added immediately afterwards, 'The effect of haschish!' I received two letters addressed to me, went up into my room and shut the door leaving the key outside. I attempted to open the letters; but after trying ineffectually for two or three minutes, I threw them on the floor with supreme contempt. My ideas became exceedingly clear, but followed each other with great rapidity. I resolved to undress and go to bed; I was no sooner in than the bed clothes seemed to keep at a certain distance from me out of respect. I felt myself immersed in an atmosphere of satisfaction and pleasure. All the events of my past life flitted before me, and gave me great delight. I said to myself, 'If this state could last eternally, we should all be happy, and the dreams of poets would be realized!' While in this state a doubt came over me. Was I really at home or was I at the laboratory, continuing my labours? but a thousand reasons immediately presented themselves to convince me that I was really at home, for I could get up and walk, and I did so. I could return to bed, and did so after examining my clothes, the two letters and the door. As soon as I got into bed again, the bed clothes kept at a distance as before. After the lapse of four hours, my ideas became more stable, distances diminished, the bed clothes respectfully approached nearer to my body, and when I returned to my natural state, I only found that my lips were parched." Hence it appears that haschish makes one see objects at a greater distance than they really are, and hear sounds as if they also came from a distance. It gives one a sensation of being raised in the air, inspires one with contempt for all sublunary things, and with a feeling of dignity and superiority. It recalls to mind forgotten events, renders ideas clearer, and makes one feel extremely happy.

Dr. Boudin expresses his belief that surdo-mutism may henceforth be considered as one of the probable consequences of marriages between near relations. He decidedly opposes the view adopted by some, who consider the infirmity in question to be hereditary. The parents of deaf and dumb children, according to his opinion, are generally in perfect health; and, moreover, deaf and dumb parents, not connected with each other by ties of consanguinity, very rarely beget surdo-mute children. He quotes an observation made by Dr Parron of Besançon, of two brothers of the name of Valler, splendidly constituted, and enjoying the most perfect health, who married two sisters, their cousins. The oldest has had several children only one of whom, now aged 20, is deaf and dumb. The younger brother has had six children, the first, third, and fifth of whom could hear and speak, while the second and fourth were deaf and dumb; the sixth,

still in its cradle, does not seem sensible of any noise they may happen to make in the room. Those cases are utterly in contradiction with the doctrine of inheritance.

Dr. Hoering, district physician at Heilbronn, in Germany, in a letter to the *Revue de Thérapeutique* confirms Dr. Bellermont's views regarding the efficacy of ether in deafness. Since the observations of these two physicians, residing at such a distance from each other, have been made at different periods, it is reasonable to conclude that ether may be useful in cases of deafness accompanied with singing in the ears or pain, resulting from a rheumatic cause, as also in cases arising from a derangement of the nervous system. In cases of chronic otorrhea, weak injections of sublimate, iodide of Potassium, or tannin, should be previously resorted to, in order to prepare the way for ether.

The following instance of a wound in the heart, which did not prove mortal, is reported by Professor Brugnoli of Bologna, in the *Bulletino delle Svizzera Mediche*. In 1835 a shoemaker of Boulogne, named Pietro de Luca, received a stab two inches below the left nipple, and not far from the sternum, the weapon penetrating the heart. He was brought to the hospital, where he remained under treatment for the space of 78 days, at the end of which time his wound was completely healed, and he asked for permission to leave the hospital. At that period he was still subject to violent palpitations; and by auscultation under the collar bone and the armpit, an unmistakeable wheezing might be distinguished, which masked the sounds of the heart. There was, moreover, a double cardiacal pulsation, viz., between the fifth and seventh, and between the third and fourth ribs. A few months later this man was enabled to return to his trade; a tumor then appeared under the left collar bone, but disappeared through the agency of a pulmonary hæmorrhage. A long time after he was subjected to a new medical examination on account of another disorder; and on that occasion evident signs of hypertrophia of the heart, with a wheezing which covered the natural sound of the organ, were detected. He subsequently became subject to various bilious affections, and ultimately died in the clinical hospital on the 12th of April, 1855, that is, nineteen years and seven months after the infliction of the wound. Upon dissection, the heart, which has been preserved in the museum of the Faculty, presented the aspect of an excentric hypertrophy a thickened pericardium adhering to the external surface by numerous ligaments, some of which were incrustated with osseous concretions. The right ventricle presented a scar with a whitish color; the weapon had not only perforated the pericardium, but also the anterior face of the right ventricle, and traversed the *septum ventriculorum*, wounding the *valvula mitralis*, and the endocardium on the posterior and opposite face of the left ventricle behind the valvula, so that the heart had very nearly been pierced through and through.

A singular occurrence has lately taken place at Oued-el-alleng, in Algeria, revealing the poisonous qualities of one of the most beautiful plants which adorn our gradens, viz., the *melia azedarauca*, or bead tree, or Japan lilac, class decandria, order monogynia, producing magnificent bunches of yellow berries, the pulp of which, however, is decidedly poisonous. The occurrence I allude to is this:—

On the 8th inst., a drove of pigs belonging to Mr. Lescanne, of Oued-el-alleng, was taken out into a field of clover to feed. Shortly afterwards many of them were seized with a sudden tremor, and then fell down as if struck with lightning. Upwards of fifty died on the first day, and twenty-five more on the second and third. Upon inquiry it appeared that the swine-herds themselves had administered a large quantity of the noxious berries of the *melia* to their animals, being quite ignorant of their deadly quality. In order to leave no doubt as to the cause of the disease, four hundred grammes of the berries were administered to three hogs, one of which died immediately afterwards, another in the course of an hour and a half, and the third, being much stronger, died in the course of the night. The effects produced were those of a narcotic poison. It is singular enough that the hog, which is insensible to many other poisons, and will devour rattlesnakes without feeling any inconvenience even from their deadly bite, should be so easily affected by the berries of the *melia*, and it is still more remarkable that the bark of this same plant is used as a substitute for Peruvian bark in intermittent fevers, while the leaves are vulnerary, vermifuge and diuretic. The bead-tree also yields gum, and a kind of toddy, obtained by cutting off the tip of the flowering bud, collecting the sap, and letting it stand a few hours to ferment. It then becomes a very palatable drink, provided it be drunk before it turns to vinegar, which, in hot weather, it does by evening-tide, if drawn in the morning.

An interesting communication on the subject of Pepsine was received a few days ago by the *Academie de Medecine* from Mr. Hogg. "When the stomach, from debility or illness, does *not* produce pepsine in sufficient quantity, the digestion is imperfect and painful." Hence pepsine, according to Mr. Hogg, in the hands of the physician, resolves one of the most difficult problems of human physiology. By mixing pure pepsine in a vessel with meal or other food the act of digestion is produced in precisely the same manner that takes place in the stomach of a person in good health. Pepsine, you know, is prepared from rennet-bags carefully washed, and the mucous membrane removed by scraping, then digested during twenty-four hours in distilled water and filtered; a solution of acetate of lead is then passed through the solution, and the precipitate washed with sulphuretted hydrogen, filtered and dried at a temperature of + 40° of centigrade. The dose of pepsine thus prepared, is a few grains taken before and after meals. In the administration of pepsine, medical men, you are aware, have experienced great difficulty, inasmuch as this substance, valuable as it is when freshly prepared, becomes entirely inert by exposure to the air. This is due to a kind of fermentation which takes place spontaneously, and which, in a short time, entirely destroys all the active principles. Powders, syrups, lozenges, wine, &c., have all been employed; but these forms of taking pepsine are open to many objections, for in all the pepsine is continually exposed to the air. Another and decidedly the best form in which to administer this valuable remedy, is in pills, formed, as Mr. Hogg recommends, of a nucleus of pepsine immediately enclosed in a coating of sugar and balsam of tolu, which prevents any contact with the air. Pepsine will thus retain its virtues unaltered during a long period. Mr. Hogg, in conclusion, expresses his conviction that pepsine is destined to play a

most important part among the newer remedies for the relief and cure of those numerous disorders, generally classed under the heads of indigestion and stomach complaints.

I must not close this letter without paying a tribute of respect and gratitude to Dr. Appia, one of the most eminent medical men of this city, to whose kindness I am indebted for the valuable information he has given respecting the medical institutions in this country. Dr. Appia is the author of numerous important works, amongst others one entitled "*Le Chirurgien à L'ambulance*," in which he offers a series of practical observations on the wounds by fire-arms in the campaign in Italy. He has invented an apparatus for fractures, of which I intend to give a description in my next letter.

W. H. C.

Geneva, Nov. 28, 1862.

PERISCOPIC DEPARTMENT.

MEDICINE.

ABSCESS OF THE BRAIN FROM EAR-DISEASE.

M. Richet related in the Society of Surgery the case of a youth, aged 18, who applied as an out-patient at the St. Louis, on account of a purulent discharge from the ear. So little inconvenience did he feel from his ailment, that he was with difficulty persuaded to enter the hospital for treatment. With every appearance of excellent general health, he died suddenly next day, immediately after the occurrence of a convulsive paroxysm. At the autopsy, the petrous bone was found diseased, but the dura mater covering it had not undergone any change. The cavity of the tympanum was filled with pus, which obtained its discharge both by the meatus and Eustachian tube. All the convolutions of the left hemisphere had become effaced, and a collection of pus occupied the whole of the sphenoidal and occipital lobes, the parietal lobe remaining alone intact. Very small abscesses were scattered throughout the parietal lobe. This patient had never manifested the slightest intellectual disturbance, and no symptom indicated the existence of cerebral lesion, when the pus, bursting into the lateral ventricle, caused instant death.—*Gaz. Hebdom. & Med. Times.*

VERATRUM VIRIDE IN TOOTH-ACHE.

It is stated that a saturated solution of veratrum viride affords relief in tooth-ache from caries when all other narcotics fail. In one case a small portion was accidentally swallowed. Great muscular prostration ensued with slow pulse, nausea, and in half an hour vomiting. Recovery then rapidly followed with complete relief of the tooth-ache. It should be put into the tooth or rubbed on the gum.—*Dublin Med. Press.*

IRON IN TUBERCULOSIS.

M. Trousseau believes that in those cases of chlorosis in which there exists a strong tendency to the development of tubercles, the administration of the preparations of iron hastens the development of the tubercles. He therefore considers it a matter of extreme importance to discriminate between true chlorosis and what he calls pseudo-chlorosis.—*Dublin Med. Press.*

THE
British American Journal.

MONTREAL, DECEMBER, 1862.

THE PROPOSED NEW LUNATIC ASYLUM.

In consequence of the deficient accommodation at the Beauport Lunatic Asylum, and the still greater want of it at the new one lately established at St. Johns, the Government, as far as we understand, contemplate the establishment of one which will absorb these two, and be of sufficient magnitude for the entire necessity of Lower Canada in this respect. For this purpose, it is alleged, that they were in treaty for the purchase of the Nicolet College, situated nearly opposite the town of Three Rivers, and a great deal of objection has been raised against this site for the object contemplated. Several circumstances force themselves strongly on the mind in the selection of a new site, or a new suite of buildings for such an important object. The place of a Lunatic Asylum for Provincial purposes, should be as central as possible in the Province, for the purpose of ready access. If possible it should be situated near one of the principal cities, that a competent Board of Supervision should be accessible to it at all times. Thirdly, the building for the accommodation of lunatics should be built with every modern appliance of art, as well to secure the most thorough system of ventilation, as to ensure the most perfect cleanliness; while ample ground should surround it, as well for out-door exercise on the part of the patients, as to enable them, if so disposed, to engage in horticultural or agricultural pursuits, in accordance with their inclinations; while, to crown the whole, there should be placed in charge a Medical Superintendent, whose whole professional life has been devoted to this specialty of medical practice, under whose disposition only should all the arrangements be perfected; we say one whose life has been devoted to this specialty of practice in hospitals of the kind elsewhere; because, however judicious a physician may be in his daily practice, we venture to say that there is not one in ten thousand who could successfully take up, on an emergency, the treatment of the insane and successfully carry it out. He may for a time successfully blunder through the management of cases intrusted to him, but to do it with the enlightened skill and knowledge of human nature, but especially the consummately intricate workings of a mind in a tottering state the only

point in cases of insanity in which the physician's care and knowledge are most unequivocally exemplified, is so foreign to the duties of the ordinary physician, that we think there are few who will be bold enough to deny our premises, at least if he possesses any amount of conscientiousness. And in nothing are these remarks more unequivocally exemplified in their truthfulness than in the admirable manner in which Dr. Litchfield has managed the insane division of the Provincial Penitentiary. We have ourselves seen patients there, who, from past knowledge of them, and what we have observed, we could not but deem utterly incurable, so far recovered as to have become useful members of that Institution, their almost drivelling idiotcy having totally disappeared. Such a result could only be the effect of an experienced knowledge in the treatment of the insane; and if it be the intention of the Government to establish a Provincial asylum in the Lower Province, we sincerely trust that so important a charge as its medical superintendency will be placed in the most competent hands which it is possible for them to secure.

With regard to the building at Nicolet which it is said the Government propose to purchase. Knowing well all such buildings with regard to ventilation and the other absolute necessities to a properly conducted Institution of the kind, none of which could be secured without taking the present college down and erecting a new one with every suitable appliance, the expense would be so great, as in our opinion, to forbid the entertainment of the idea. Land was purchased in the neighbourhood of this City, some thirty years ago, comprising about twenty acres, but it is too small in superficies to carry out effectually such an object. A sufficient amount of land, say 100 acres could be easily obtained in the neighbourhood of this City at a cheap rate. The building materials are easily accessible, and we have little hesitation in saying, that land could be bought, and a suitable building erected for a less sum of money than almost any where else in the Province. The advantages afforded to an Institution of the kind from its proximity to a large and populous city, have not been overlooked in the erection of the Somerville and McLean Institutes, or Asylums, and we hope they will not be overlooked in the present instance.

In conclusion of these observations we cannot do better than copy the following remarks of the *Montreal Gazette*, which has forestalled us in its quotation from the American Journal of Insanity, as it affords a true idea of what the requirements of a Lunatic Asylum of the present day demand, as it also tends to exhibit Dr Litchfield's eminent qualifications for his position.

As the question of providing a Provincial Asylum for Lower Canada is under discussion, it may not be inopportune to show the pains taken in other parts of the Province to provide buildings with all the modern appliances for the treatment of the insane. An old building cannot be adapted to this special purpose, as a new one could be constructed and carefully designed by the advanced skill at our command in Canada. The American Journal of Insanity for December contains the following notice of the new Asylum at Kingston, which we copy entire to show the progress of the work:—

“*Rockwood Asylum, Kingston, C. W.*—Not long since, in passing through Kingston, we took occasion to visit the Institution now in course of erection at Rockwood, in the suburbs of Kingston, and were shown over the portion completed, and also the plans of the edifice, which, if carried out, will furnish in an

architectural point of view, one of the most complete Institutions for the insane on this Continent. The following memoranda were politely furnished us by Dr. Litchfield, the Superintendent. We hope to notice the full completion of the admirable design shown us at no distant time: "The asylum now in course of construction at Rockwood, near Kingston, Canada West, is intended for three classes of the insane, 1. Convict lunatics, who become insane in the Provincial Penitentiary, after their conviction and committal there. 2. Lunatic criminals who commit offences at the time that they are insane, and are not convicted of the offence, but on the ground of insanity are sent to the Asylum. 3. Lunatics dangerous to be at large who are sent to jail because it is dangerous to the public to leave them at liberty. The last class furnishes the largest proportion of the insane in the Asylum at Kingston. The Asylum is so far advanced in its construction in 1862, that the centre building is erected, four stories above the basement, and arranged with Superintendent's office, apartments for assistant medical officer and matron, six dining-rooms for patients, 35 by 14, separated by short corridors from the long corridors of the wings; a chapel, 51 by 33; vestibule, 23 by 13½; three halls, to be adapted as recreation-rooms and reading-rooms, one on each floor, 51 by 20; bursar's-office and store-room, 35 by 14; and servants' dining hall, 35 by 14. In the same central building is also space for hot air or Turkish baths in convenient proximity to both wings, if its eventual introduction into the Asylum should be decided upon. The wing east of the centre building is completed three stories above the basement, and the eastern extremity of that wing, four stories. Each floor constitutes a distinct ward, with a corridor 132 by 14; nineteen single dormitories, 11 by 7, and 12 feet high; one sitting-room, 33 by 16; one semi-octagon, ditto, 20 by 16; one associated dormitory, 22 by 12; one attendants' room, 19 by 12; a visiting room for friends of patients, 19 by 11; a closet-room, bath-room, water-closet and drying-closet; and a lobby, 39 by 7, leading to staircase and private entrance. The fourth story, at the extremity of the east wing, contains the hospital, 33 by 31; a convalescent ward, 22 by 12; attendants' room, 19 by 12; friends' visiting-room, 19 by 11; bath-room, water-closet, and other necessary conveniences. The excavations for the west wing are completed, and the mason work has been commenced, all the cut stone prepared, in the penitentiary, being ready on the ground. Another range of buildings is nearly completed, which will extend at a right angle from the centre of the building down to the lake. The distance is between four hundred and five hundred feet. The range will include kitchen, scullery, larder and store-room, bakery, bread-room, and ironing-room, seamstress's-room, and two store-rooms for clothes and linen, rooms for engine, fan and boilers, fuel-sheds, gasometer and gashouse. A range of work-shops terminates in a convenient and large wharf, at which all the fuel and produce used in the Asylum can be landed. The gas it is proposed to make from petroleum obtained in the Province. The Asylum will be warmed by steam, and ventilated by a powerful fan. The wind in this locality blows for nine or ten months of the year, down the lake, from the south-west—the building on its water front looks due south, and the ventilation will be materially assisted by the prevailing current of wind. Additional wings, extending from the east and west, will ultimately be added to the building. The land trends gently towards the water, and to avoid obstructing the view it is proposed to build the walls at the sides of the airing-ground, and on the margin of the water, as sunk fences on plan of the ha-ha-walls used in England. In front of the building there will be no wall or enclosure. The views in every direction are very fine. To the north, the undulating and wooded country rising from the valley of the St. Lawrence; to the east, the mouth of the St. Lawrence, the city of Kingston, Garden Island and the entrance to the Thousand Islands; to the west, Lake Ontario and the Bay of Quinte; to the south, Simcoe Island, Long Island, Carlton Island, and, in the distance, Cape Vincent. Large tanks have been provided in the attic

for water to be forced up from the Lake by the steam engine. In the quadrangles will be placed hydrants with a powerful head of water, which may be used as fountains without waste of water, and as a defence in case of fire. The windows of the principal or north front are constructed of the full size outside, but partly built up with brick inside, and covered by venetian blinds to take away the prison-like appearance of small windows. The frame of the window, and the iron guard correspond, in size and shape, so that no iron bars or barrier can be seen when the window is closed. The building is as near fire-proof in its construction as is consistent with economy. It is built entirely by convict labor, of stone quarried by convicts on the penitentiary land. It will be a very cheap building to the province."

The architect, Mr. Coverdale, is instructed to confer with the medical Superintendent, Dr. Litchfield, in constructing the building, so that errors may be avoided, and all admitted improvements adopted. A portion of the building is already occupied by male patients, and it is expected that accommodation for 120 patients will be provided by next midsummer. When completed, the Asylum will accommodate about 400 patients.

THE CASE OF DR. SHAVER vs. MR. LINTON, CLERK OF THE PEACE.

RIGHT OF LOWER CANADA LICENTIATES TO PRACTICE LEGALLY IN UPPER CANADA.

The prosecution of Dr. Shaver against Mr. Linton, Clerk of the Peace for the County of Stratford, before Judge Richards, at the late assizes held at Stratford, having gone against the latter, was appealed to the Superior Court at Toronto, and it will be remembered that Dr. Shaver waved every portion of the action which implicated Mr. Linton in the intended charge of libel. The case has been since heard before Judges Hagarty, Burns, and McLean, who, it will be seen, have unanimously sustained our view of the case. We therefore cannot but thank Mr. Linton for permitting us an opportunity of contrasting our legal knowledge with his, with whom it has been a profession. We cannot exactly understand the full import of what is designated by the term "privileged communications." It will hardly be maintained that Mr. Linton's laboured article, which appeared in the *Montreal Pilot*, was one of this kind; or that his general remarks in public or to private individuals in Stratford, were of this nature, however much we may admit it to have possessed the character, when spoken to an official personage like the Sheriff of the District. In this respect, without in the least even wishing to impugn the judgment of their Lordships on the Bench, we suspect that they have dealt leniently with the Clerk of the Peace, and the more especially, as Dr. Shaver had waved any claim to compensation in the original trial. We rather suspect that Judge Hagarty rather delivered a lecture to him upon what the true law of libel was, as a lesson to him for his future guidance; and if it produces its proper fruits, none will rejoice more than ourselves. We thus take leave of Mr. Linton, and request our readers' attention to the following condensed report of the trial in appeal, as one of great importance to both sections of the Province.

IN THE COURT OF QUEEN'S BENCH.—IN APPEAL.

Shaver vs. Linton.

ACTION FOR SLANDER AND LIBEL.

1st Count.—Slander of Plaintiff as a Physician and Surgeon. "He is not a qualified Physician in Upper Canada, and cannot legally practice here without the Government license."

2nd Count.—Words to the same effect.

3rd Count.—Libel, in a letter printed, addressed to the editor of a public journal in Lower Canada, the words complained of being: "The Plaintiff was simply unlicensed, according to the laws of Upper Canada."

Pleas. Not guilty to each count, and also to each count; that Plaintiff was not a Physician or Surgeon according to the laws of Upper Canada.

And also to 2nd count, That the words spoken to the Sheriff by the Defendant as Clerk of the Peace, respecting a lunatic prisoner, were privileged.

J. Hagarty—At the trial, at Stratford, before Richards, J., the Plaintiff called J. A. McCulloch, who proved that he went to Defendant to ask him to apologize for charging the Plaintiff with practicing without a license! that without an apology, the Plaintiff would consider his words malicious. Defendant said several times, he is not a qualified Physician in Upper Canada, and cannot practice legally here without the Governor's license.

Mr. Modderwell, the sheriff, proved that he spoke to defendant, who was Clerk of the Peace, respecting the removal of a lunatic in goal; and on his suggesting to defendant the name of the plaintiff as an examining physician, defendant said that he had not the Governor's license, and he would not employ him, after what had occurred, adding, he thought I had more pluck than to ask him after what he had written, (referring to some article in a medical journal). Plaintiff had been Gaol Surgeon, and frequently had examined lunatics.

J. M. Robb, Postmaster, proved that a good many of the hand-bills or extras produced had come through the Post Office, and the postage charged to defendant.

It was admitted that the plaintiff had a diploma from Lower Canada.

Wilson, Q. C., for the defendant, objected that this did not authorize the plaintiff to practice without a license from the Governor. The learned Judge ruled otherwise.

It was then objected that it was not shown that the acts or any of them were done maliciously. The learned Judge said that must be left to the jury.

The jury were asked to say if the words charged were spoken of Plaintiff in his professional character. 2ndly. If they were satisfied, if spoken, that they were calculated to injure him professionally. Also if they were spoken maliciously, and with intent alleged.

The Jury found for Plaintiff and 5s. damages.

In Michaelmas term H. Crooks obtained a rule to show cause why there should not be a new trial, on the ground of misdirection as to Plaintiff's qualification; also that the acts done were privileged, and no malice to be inferred therefrom. He cited the different statutes:

Croft vs. Stephens, 5. S. Innes, N. S., 685.

Juson vs. Evans, 12 A. and E.

Dixon vs. Parsons, 1 F. and F., 24.

Turnbull vs. Bond, 2, 508.

Humphrey vs. Thelado, 590.

Maitland vs. Brounell, 2, 628.

Guy vs. Goddard, 2, 689.

Harrison vs. Bush, 5, ~~2~~ and R.

McIntyre vs. McBride, 13 U. C., 544.

Carroll contra cited:

Brouker vs. Wild, 5 E. and B., 328.

Eastwood vs. Holmes, 1 F. and F., 347.

Tilpan 2, 9, 11, Ex.

It may be convenient first to notice the objection to the learned judge's ruling as to Plaintiff's qualification to practice. The 4 and 5 Viet., ch. 41, immediately after the union of the Provinces, reciting that it was expedient that per-

sons authorized to practice physic or surgery in one portion of the Province should be authorized to practice in the other portion thereof, enacts that "any person duly licensed or authorized to practice, &c., either in Upper or Lower Canada, under the laws in force in said portions respectively, shall be and is hereby authorized to practice in any part of the Province for the purpose for which he might without this Act have practiced in one of the aforesaid portions of this Province; but subject to the laws to which other practitioners are or shall be subject in the portions of the Province in which he shall practice."

10 and 11 Vict., ch. 26.—First declaring that the act just quoted should remain unaffected, created the Lower Canada College of Physicians, with a board of Governors, called the "Provincial Medical Board," authorized to examine and give certificates of qualification to applicants; that without such certificates no person should receive a license to practice in Lower Canada, and which license the Governor of the Province shall grant upon production of the certificate, and providing for granting the certificate without examination to those who had obtained a *Medical Degree* or *Diploma* in any University or College in Her Majesty's dominions; and providing in Section 9 that nothing therein contained should prevent any person duly licensed to practice physic or surgery in Upper Canada from practicing the same in Lower Canada, according to the provisions of the Act previously cited.

The 12 Vict., ch. 52, sec. 3, declares, that a license from the Governor-General shall be unnecessary, but requires a license from the "Provincial Medical Board," who are hereby authorized to grant such license, and by Section 4 it substitutes the license "instead of the certificate of qualification" mentioned in the 10 and 11 Vict., ch. 26, already quoted.

Ch. 40 of the Consolidated Statutes of Upper Canada regulates the practice here. The Medical Board examine and certify, and by Section 7 the Governor grants license. Section 10 enacts that any person duly licensed or authorized to practice as a Physician or Surgeon or both, either in Upper Canada or Lower Canada, may practice in any part of this Province for the purpose or purposes for which he might without this Act have practiced in one of the aforesaid portions of this Province; but subject to the laws which other practitioners are subject in the portion of the Province in which he practices.

Section 8 enacts that any person presenting a Diploma as physician or surgeon from any University in Her Majesty's dominions, or the Royal College of Physicians and Surgeons, London, or commission, &c., in Naval or Military service may obtain the Governor's license direct.

Section 12 forbids persons (except homœopathists) not being licensed as aforesaid, or not having been heretofore licensed by any medical board, or in Naval or Military service, from practicing in Upper Canada under penalty for a misdemeanor.

The Act respecting lunatics in Upper Canada, Consolid. Stat., ch. 71, sec. 5, required certificates of "*Three Medical Licentiates.*"

Ch. 76 Consolid. Stat. of Canada, sec. 1, has the same clause almost verbatim with sec. 10.

As the law now stands in Lower Canada, a physician or surgeon does not obtain or require any license from the Governor-General, but he obtains a license directly from the "Provincial Medical Board" as mentioned in Stat., 12 Vict., ch. 52.

In Upper Canada the license to practice is only obtained from the Governor.

In my opinion, if the duly licensed practitioner, either in Upper or Lower Canada, chuses to remove from one section of the Province to the other, he requires no fresh license.

From 1841 down to the Consolidated Acts of 1859, this principle or privilege seems clearly kept in view.

If the Defendant's view of the law be correct, the reciprocal privilege seems narrowed down to almost nothing.

He insists that the Lower Canada physician must, before practicing in Upper Canada, obtain the Governor's license, just as the Upper Canada certificated men of the Medical Board obtain it; and this he contends is proved by the saving clause "subject to the same laws as other practitioners in the portion of the Province in which he practices."

I cannot agree with this very narrow construction. I think this clause simply provides that if there be any laws affecting or regulating those who practice physic or surgery in the place selected for practice, he shall be bound to conform to them. For example, if there were a local law requiring all practitioners to register their names in, or to make any returns to, any department, or to observe any sanatory, or municipal regulations, or under the act respecting anatomy, then that his right to practice must be subject thereto.

By our Upper Canada Consolidated Act already cited, there is no express provision for the Governor granting a license to any Lower Canada Licentiate, although it enumerates the different classes of persons who may obtain such license direct without the certificate of the Medical Board; and if the Legislature intended that he must obtain such license, I think they would hardly have failed to provide for such a common case, especially as they do legislate expressly as to reciprocity between Upper and Lower Canada in such matters.

I entertain no doubt that the learned judge's ruling on this point at the trial was correct, and that the Plaintiff was duly authorized to practice in Upper Canada, if provided with the Diploma, showing his license from the Lower Canada Board, under the Statutes already quoted.

I am of opinion that any conversation between the Sheriff and the Clerk of the Peace, respecting a medical examination of lunatics in *gnol*, was in its nature privileged, and the conversation set out in the first count was with McCulloch, who was sent by Plaintiff to ask Defendant to apologize for the words spoken to the Sheriff, and falls within the same position.

I am unable to see any thing in the evidence in this case to take any thing said by the Defendant out of the protection of that privilege. In several cases of late years it is discussed whether the Judge should stop the case before reaching the jury, on his own view of the question of privilege, or whether he should always leave it to them, whether the privilege had been exceeded or not.

Summerville vs. Hawkins (10 C. B. 583) takes the former view: "A master charged a servant with robbing him, and when he went for his wages Defendant called in two other servants and said to them, 'I have dismissed that man for robbing me, do not speak to him any more in public or private, or I shall think you as bad as him.'" *Wilde, C. J.* ruled that it was a privileged communication, and that there was no evidence of malice, and that the Defendant was entitled to a verdict of Not Guilty.

In term it was insisted that he should have left this question of malice to the jury.

MAULE, J.—Says, delivering the judgment of the Court, "We think the communication was privileged, *i. e.*, made under circumstances which rebut the presumption of malice which would otherwise arise from the nature of the words used. That presumption being rebutted, it was for the Plaintiff to show affirmatively that the words were spoken maliciously, for the question being one, the affirmative of which lies on the Plaintiff, must in the absence of evidence be determined in favour of Defendant * * * The evidence as it appears to us does not raise any probability of malice * * * We think the Chief Justice was right in not leaving the question to the jury.

"This case is referred to by *Lord Campbell* in *Harrison vs. Bush*, 5 El. and D. 358, as a leading case on privileged communications. In *Cooke vs. Wildes*, 5 E. and B. 349, *Lord Campbell* says: "We fully adhere to the doctrine in

Summerville vs. Hawkins, and Taylor vs. Hawkins (16, 2 B. 308) that it is a matter of law for the Judge to determine whether the occasion of writing or speaking crimminatory language, which would otherwise be actionable, repels the inference of malice, constituting what is called a privileged communication; and if at the close of the Plaintiff's case there is no intrinsic or extrinsic evidence of malice it was the duty of the Judge to direct a non-suit, or verdict for Defendant, without leaving the question of malice to the jury, as a different course would be contrary to principle and would deprive the honest transactions of business and of social intercourse of the protection which they ought to enjoy. But whenever there is evidence of malice whether extrinsic or intrinsic, in answer to the immunity claimed by reason of the occasion, a question arises which the jury, and the jury alone ought to determine.

In a late case, *George vs. Goddard*, 2 F. and F. 689, the words were spoken at a parish meeting against the Plaintiff's conduct as an overseer, charging him with embezzlement. On motion for non-suit, Cockburn, C. J. said, "I shall tell the jury that the occasion was privileged, but think this statement, though made on such occasion, will be unprivileged if the making of it was a malicious abuse of the occasion. The jury have a right to ascertain the real meaning and intention of the Plaintiff in the words complained of. If the Defendant simply meant to censure the conduct of the Plaintiff as overseer, &c., his statements were privileged by the occasion. If on the other hand he availed himself of the opportunity offered him by the meeting of the rate-payers to bring forward a charge against the Plaintiff not merely of exceeding his duty, but of corruptly violating it, by applying the parish money to his private purposes, the statement was not privileged nor was it protected by the occasion.

If the language of the Defendant was entirely disproportioned to the circumstances under which he would be privileged by the occasion, the jury would be justified I think in inferring malicious motives, for they only could estimate the motives to prompt such language.

In *Humphrey vs. Helwell*, 2 F. and F. 590, Williams J. also left it to the jury if there was malice, telling them the occasion was privileged and of no malice, so verdict should be for Defendant.

In *Mailand and Browmill*, Byles, J. took a somewhat similar course. I think we must assume the law to be as laid down by the courts in *Bane* after full agreement and that it is a question for the Judge at the close of the Plaintiff's case, as Lord Campbell suggests in *Cook vs. Wilde*. "In the case most frequently occurring of an action for defamation in giving a character to a servant, on evidence being given of declarations by Defendant of a spite and ill will towards the Plaintiff and a desire to injure him, the Jury as a matter of course are asked if they believe these declarations, and what effect is to be given to them."

In the absence of such extrinsic or intrinsic evidence of malice to withdraw the immunity of privilege, I think the Judge should not leave the case to the jury.

As to the count for libel, I think the case of *Turnbull vs. Bird* 2. F. and F. 50 8 much in point. Sir William Earles says: "The law is that a man may publish defamatory matter of another holding any public employment if it is a matter in which the public has any interest within the limits. I will lay down in accordance with decided cases. Every person has a right to comment on the acts of a public man which concerns him as a subject of the realm, if he do not make his comments the vehicle of malice or slander * * *. The rule is that the comments are justified, provided the Defendant honestly (Sec. 7 and reasonably) believed that they were fair and just. With that limitation the law allows the publication. The word malice in law means any corrupt motive, any wrong motives, or any departure from duty." He told the Jury, "If you are of opinion that the Defendant in the comments that he made was

“ guilty of any wilful misrepresentation of fact, either by the exaggeration of what actually existed, so as to give it another colour, or if he made his comments with any mistatement of facts which he must have known to be a mistatement if he exercised ordinary care, then he loses his privilege, and the occasion does not justify the publication which would then be actionable.”

In the case before us there is a general verdict in the whole declaration for the Plaintiff. I think there should be a new trial without costs. I consider the defendant might have rightly claimed the decision of the Judge as to the words being privileged or not, and I hardly see any thing to be left to the jury thereon.

As to the count for libel I think the learned Judge might have either formed his own opinion on it as a question of privilege, or at all events have left it to the jury, with strong caution as to the usual liberty of discussions allowed in all matters of a public interest and with observations somewhat like those quoted from Sir William Earles.

As the Plaintiff according to the judgment of this Court established his position as an authorized practitioner, and as a new trial is now directed without costs, the court may express a strong hope that the parties will now consent to a *stet processus* being entered, and not render a second trial necessary. This was the course recommended under and also adopted in a somewhat similar case already quoted, of *Cooke vs Wilde*.

DR. FREMONT.

Quebec has lost one of its best citizens—the medical profession one of its most distinguished members, by the decease of Charles J. Fremont, M.D., Dean of the Faculty of Medicine of Laval University. His death occurred at sea, on board the Canadian Mail Steamship *Bohemian*, on her last trip out, he having gone to England last autumn for the benefit of his health. His mortal remains arrived in this city yesterday afternoon, by the train from Portland, and were escorted to his late residence from the landing place, by a large number of carriages occupied by his friends.

In society and in the medical profession his place will not be easily supplied, but in his family circle a void is created that can never be filled. In him the tender husband, the kind father, the zealous christian and the thorough gentleman, were finely combined.

Dr. Fremont was a medical student of Montreal, and was licensed to practice medicine on the 16th of November, 1829, having thus been 33 years in practice last November. He enjoyed the public confidence to the utmost extent, which was testified by the enjoyment of a first class practice. He was for several years one of the Provincial Medical Examiners, and a Governor and Past-President of the College of Physicians and Surgeons of Lower Canada. He was for several years one of the visiting Physicians of the Hotel-Dieu, of this city. He was also one of the originators and proprietors of the Beauport Lunatic Asylum, conjointly with Dr. James Douglas and the late Dr. Morrin, whom he succeeded as Physician to the Quebec gaol. He was one of the members of an often ill-requited profession who leaves a fair competence to his family, realized mainly in the exercise of his calling, although he was also one of the successful speculators in mines.

Who will—who can succeed him in his various useful and honourable walks—we cannot even surmise. The future alone will reveal. The deceased was a cousin of General Fremont, of the United States army.—*Quebec Chronicle*, 1st January.

A NEW WING TO THE KINGSTON GENERAL HOSPITAL.

It is gratifying to be enabled to record such instances of true philanthropy as the following, extracted from the *Toronto Leader*. Such acts of benevolence are a perpetual monument of their own merit, and must abundantly reward the generous donor.

"A new wing has just been added to the General Hospital at Kingston; it is called the Watkins' wing, having been erected at the expense of John Watkins, Esq., of that city. It is intended to receive patients suffering from contagious diseases."

PHYSICIAN TO THE QUEBEC GAOL.

In consequence of the lamented decease of Dr. Fremont, a vacancy has occurred in the medical department of the gaol in Quebec. We can add nothing to the encomia passed upon Dr. Marsden by our contemporary, the *Transcript*, of this city. The appointment is due to that gentleman in every respect; while, in addition to what is hereafter said, we have to add that no one in this part of the Province has contributed more to the elevation of the Profession to its present high position, by his unrequited public writings, than he. We are persuaded that the appointment suggested to the Government, in the few remarks which follow, would give general satisfaction.

"We notice that the English papers of Quebec are unanimous in recommending Dr. Marsden for this office, in succession to the deceased Dr. Fremont. Dr. Marsden's popularity as a citizen is as widespread in the district of Quebec as his professional fame is admitted. He has always taken an active part in public affairs, but constantly on the side of order and good government. He has been a Provincial Medical examiner for upwards of a quarter of a century, a Governor of the College of Physicians and Surgeons of Lower Canada for half that time, and is now its President. For several years he has been a Commissioner for the summary trial of Small Causes; he is a magistrate, a city councillor, and is likely to be elected Mayor during the absence of Mr. Pope in England. A Quebec contemporary well says, 'besides the distinguished reputation of Dr. Marsden as a surgeon and a physician, his long professional residence in Quebec and his many public services during seasons of contagion, the Dr. has special claims to this appointment, arising out of his well known liberality and generosity towards the poorer class of patients.' The government could not make a nomination more popular than by appointing him."

DISTRESSING SUICIDE OF DR. FRAZER.

STAFF ASSISTANT-SURGEON OF THE RIFLE BRIGADE.

We quote the following detailed account of this melancholy affair from the *Toronto Leader*. Dr. F. was very much esteemed by all who had the pleasure of his acquaintance.

In these unchivalric days, we are not often called upon to record many instances in which love and suicide bear an intimate relation to each other. But a case has just occurred in town, of a most distressing nature. Dr. Frazer, Staff Assistant-Surgeon of the Rifle Brigade, who had been boarding at the Queen's Hotel for some few days past, committed suicide on Wednesday night, Dec. 31, by cutting his throat with a razor. The doctor was an intelligent, fine looking man, and during his stay at the hotel, made himself many friends among those with whom he came in contact, and very few persons noticed anything remarkable either in his manner or conduct. During the entire time, however, he labored more or less under depression of spirits, which, there is little doubt, resulted from a disappointment in a love affair. The young lady, who has been unwittingly the cause of this very foolish act, is said to be very prepossessing and exceedingly

beautiful and although her name is mentioned freely in the better circles of society, we do not deem it desirable to mention it here. Let it suffice to say that she does not reside in Toronto. The deceased was about 30 years of age. An inquest was held on the body yesterday by Coroner Hallowell, at which the following evidence was taken:—

Dr. Taylor, Deputy Inspector-General of Hospitals, said : Dr. Frazer was doing duty under me at Port Colborne in August last. He wrote a note to me, stating that there were disagreeable reports about him in St. Catherines, where he had been previously serving ; that he had left it without any stain upon his character. He expressed a wish to come to Toronto to explain it to me. Thinking it some love affair, I took no trouble about it; further, I had learned nothing about it, and did not want to know. When at Hamilton, on the 2d of December, while returning from the States, I met Mr. White, deputy purveyor to the forces, who stated to me that Dr. Frazer had been under an attack of bilious fever, but was recovering. On my return to Toronto a few days after, I received a letter from Mr. White, enclosing a letter from Ensign Harners, R. C. R., in which Mr. H. stated to Mr. White how ill Dr. Frazer had been, and that Dr. Frazer had an idea that people were writing about him in the newspapers. On receipt of those letters, I enclosed them to Surgeon Bowen, Rifle Brigade at Hamilton, requesting him to visit Dr. Frazer and report the result of his visit—informing him (Dr. B.) that Dr. F. had had leave until 16th Dec., and asking a further extension till the end of the month ; and adding that if Dr. Frazer was in an unfit state, to ask him to come down to Toronto to see me, if Dr. B. preferred it. Dr. F. came down a couple of days after. I saw Dr. F. for the first time about the 7th or 8th December, he was looking haggard and feeble ; there seemed to be nothing the matter with his mind. I saw a good deal of him while here. He was with us on Monday evening last, until 10 o'clock at night. He appeared perfectly rational and took nothing but a glass of well water. He was to have come to my office on Tuesday to copy a document. He met me outside the office at the Government House at 11 o'clock, and said he did not feel well. I asked him if it was the glass of well water which had disagreed with him. He said—" Oh, no ! I drank one or two before I went to bed." He said he wanted to speak to me ; we went into the office together. He said he had been annoyed by people writing in the papers and in books about him. He said a Mr. Miller, of St. Catherines, had been doing so ; but he could not tell me what he had been writing about. I asked him who Mr. Miller was, and I think he said he was a lawyer. I examined him, with a view of ascertaining whether there was anything wrong with his mind. In course of conversation, I gathered from him that he had had some disappointment in love. I told him he should be very careful how he acted. He then went away—promising to come to my office next day. From a review of the history of his case from the commencement, I am under the conviction that the whole story about Mr. Miller was a mere phantom of the brain ; and that he must have committed suicide under the effects of temporary insanity.

Wm. T. Porter, sworn : I called on him (Dr. Frazer) about 8 o'clock last night, and went up to his room, where I found him in bed smoking. He complained of headache. We commenced a general conversation. At first he appeared quite rational, afterwards he got absent-minded. He said there was a dizziness of the head, which had come after he had been talking. I told him I had better not stop then. A few minutes after this I left him.

Thos McGann, book-keeper, was examined, and merely proved that since the Doctor came there two weeks ago, he had been in bad health ; and the Dr. said he was missing duty, and was confined to bed all day yesterday. Yesterday I sent his supper to him. Last evening about 7½ o'clock it had not apparently been touched. I tapped at the door of his room, but imagining he was asleep, did not disturb him. About ten o'clock I did the same ; but receiving no answer, I got on a chair, looked over the fanlight, and saw a razor, with blood on the bed. I then got two or three persons to go up with me, and found him on the bed as he was seen by the jury.

Dr. Read, of the 30th Regiment, was then sworn, and stated : I was called at eleven o'clock to see Dr. Frazer, staff assistant-surgeon Canadian Rifles, who was reported to have committed suicide. On my arrival I found him dead and cold. A razor was lying on the bed-clothes covered with blood. He was lying on his right side in bed in a pool of blood, which also in a considerable quantity had run on the floor. I examined the body. He was about 30 years of age. I saw a wound in the left side of the throat, about midway between the ear and collar bone. The incision severed the external jugular vein, and one of the upper rings of the trachea. The incision was transverse, and cleanly made. I am of opinion that death resulted from hemorrhage and must have taken place rapidly after the injury, which I conceive to have been inflicted by the razor found near him, and from the regular edges of the wound, probably at the first effort.

The jury returned as their verdict, that " deceased had come to his death from a wound on the throat, committed with a razor by his own hand while labouring under a fit of temporary insanity."—*Toronto Leader*.

NEW APPLICATIONS FOR LICENSE IN VIOLATION OF LAW.

The *Waterloo Advertiser* contains the following advertisements, to which our attention has been drawn:—

“APPLICATION TO PARLIAMENT.—Notice is hereby given that the undersigned will make application to the Provincial Parliament, at its next session, for an Act to enable them to be admitted to practise Medicine, Surgery and Midwifery in Lower Canada.

ELIJAH ROWELL.
THOMAS MERRILL PRIME.

Frelighsburgh, 8th November, 1862.

As also the following peculiarly worded one, half French and half English.

“PUBLIC NOTICE—Is hereby given that the undersigned will apply to the Provincial Parliament at its next session to obtain permission to practise Medicine, Chirurgie, and the Art Obstetrique in Canada.

EDOUARD THOMAS BELLE-ISLE.

Iberville, 10th November, 1862.”

During the last Session of Parliament a Bill was passed to enable Moise Mitivier to present himself for examination before the College of Physicians and Surgeons of Lower Canada, and another to effect the same object for a Mr. Potvin, but without the same result. We are not surprised at these additional applications. The Legislature having made the Law is bound to maintain it. There was a color of excuse in the framing of special Acts to entitle parties to practice, some ten years ago, who had been in practice in this Province for some ten or twenty years previously, but no argument of this kind can apply to the present applicants. Although Mr. Mitivier was authorized to submit himself to examination before the Board, we have not yet learned that he has done so. But in this respect we may be doing him an injustice, as he might have presented himself at the last meeting of the Board in Quebec (October last) the proceedings of which have been so singularly withheld from publication in this Journal. Surely the profession is interested in knowing who have obtained the licenses of the College, and the reports of proceedings have usually been officially noticed in this the only Medical journal of the Province.

PRACTISING WITHOUT A LICENSE.

“At the Barrie County Court, before Judge Cowan, John Townley was charged with having practised as a physician, and surgeon, without being duly licensed, according to the Provincial Statute. He pleaded “not guilty.” Three witnesses were called on behalf of the prosecution, who established that the defendant had attended them and their families as a medical man, and had afterwards received payment from them for his services. It was doubtful whether the evidence showed that this “practising” was within a year; which was material, as the statute limits the prosecution to that period. The jury found the defendant “guilty.” The defendant’s counsel objected to the indictment, on the grounds that it was not sufficiently certain in charging the offence, as it ought to have specified some particular occasion on which the defendant had practised as a physician; and also because it did not negative that the defendant was licensed to practice in Lower Canada, which he urged would entitle the defendant to practise in this part of the Province. His Honour reserved his

decision until the next Sessions, expressing himself at present in favour of the first objection, and against the second. The defendant gave his own recognizance to appear. Mr. Cotter, County Attorney, for the prosecution. Boulton & McCarthy for the defendant."—*Barrie's Spirit of the Age*.

Having quoted the above, we have only to remark, that, having applied to the Registrar of the College of Physicians and Surgeons of Lower Canada, we have learned that no one of the name of Townley has been licensed in this part of the Province. The whole case is one we, believe, of imposition.

TRACHEOTOMY AND SUIT TO RECOVER COMPENSATION.

The following rather interesting case we quote from the *Guelph (U.C.) Advertiser*. One would have supposed that the patient would have been but too willing to have paid almost any amount of money for the saving of his life, which evidently was effected by the timely and judiciously performed operation; but not so, he wished not only to save his life, but to do so at the expense of his physician's pocket. The excuse for not paying was certainly cool, but we can assure the defendant, that had it not been for Dr. Freeman's *fostering* care, he would most assuredly not been now alive to reward the judgment and dexterity of his surgeon by an almost unprecedented amount of meanness. Did the defendant imagine that because the tube was permitted to remain in his trachea for so many weeks, it was a proof of an unskilful operation? We presume this was the point upon which the "doctors differed." We can hardly imagine that any difference could have existed about the length of time consumed in its performance, as this depends upon so many circumstances that it is impossible to limit it in point of time. We now quote from the *Guelph Advertiser*.

At the Division Court held in Milton, on Saturday, the 6th instant, a very interesting case was tried between Dr. Freeman, of this town, and a Mr. Foster, of the township of Nelson. In the month of January last, Dr. Freeman performed an operation on Foster, professionally termed tracheotomy, the operation being necessary according to the testimony produced, as the patient was about expiring for the want of proper respiration, caused by chronic laryngitis; and now sued the defendant to recover pay for his professional services. Foster set up the plea that the doctor had not been sufficiently attentive, and the tube being yet in his throat, he contended that it was not a successful operation, and that he was not yet cured of the disease. Nearly all the medical men in the county were called as witnesses, both *pro et con*. The Doctor proved that the case was an unusually critical one, and that three-fourths of those operated on die in the hands of the operator. The defendant brought medical testimony to prove that the time the doctor took to perform the operation was unusually long, and that tracheotomy could be successfully performed by any surgeon. Undoubted medical testimony was also produced by the Doctor that a hasty operation frequently results in the death of the patient, and that the operation performed on Foster was skilfully done. The Doctor's claim was \$98-\$40 for the operation and tube, and \$58 for attendance and medicine. 'The jury gave a verdict for plaintiff of \$88. For plaintiff, G. T. Bastedo, Esq.; for defendant, D. McKerlie, Esq.

With reference to the duration of time in which the tube must be worn, especially in cases of *Chronic Laryngitis*, Lizars in his "System of Practical Surgery," says "Those who have had Tracheotomy performed on them, must wear a tube

“in the *trachea* for life, because on its removal, the *trachea* so contracts as to “impede the free ingress and egress of the air, and the individual returns to you, “imploing its reinsertion. This seems consequent on the semicircular nature of the cartilages of the *trachea*.” We regret that Dr. Freeman did not succeed in obtaining his full demand, but we have little doubt that the result depended upon unscientific evidence given at the trial of the case.

A MEDICAL GENTLEMAN SEEKING A SITE FOR PRACTICE IN CANADA WEST.

A Medical gentleman, who has been many years in the practice of his profession in this part of the Province, is desirous of removing to any place in Canada West, where the climate is milder. He would be glad to associate himself with another gentleman in any well settled locality, where he would have a large tract of country to travel over to visit his patients, or to settle in a neighbourhood where an active (Medical) man of experience is needed.

The Editor of the Journal will be happy to hear from any one who knows of such an opening, in favour of the party alluded to.

A PRACTICE FOR SALE.

We are informed that a large and thoroughly established Practice in a rural district of Lower Canada is offered for disposal on particularly advantageous terms, provided immediate application be made. £300 or £400 will be required down, and the remainder on time. Application (prepaid) may be made, in the first instance, to the Editor of this Journal, who will have pleasure in placing the parties in communication with each other.

THE EPIDEMIC AT THE PENITENTIARY.

It is stated that the epidemic which has of late been prevalent in the Provincial Penitentiary was communicated by a discharged or runaway soldier of the Federal army. This person committed some crime in Canada, and was sentenced to the prison, whither he carried the typhoid fever, which he had caught in the Federal camps. The American prisoner suffered a relapse within the Penitentiary, and fell himself the first victim to this extraordinary malady, which had already brought 120 of the convicts to a bed of sickness, and carried off 13 of them.—*Kingston News*.

ATTENDANCE ON PRINCESS ALICE.

We notice in the London Correspondence of the *Dublin Medical Press*, that Dr. Arthur Farre, the senior member of the Midwifery Board of the Royal College of Surgeons, has been appointed, in conjunction with Sir Charles Locock, to attend the Princess Alice on her approaching confinement, which interesting event is to take place at Windsor, in April next. Dr. Farre's appointment has given general satisfaction in London.

EDITORIAL SUMMARY.

COD-LIVER OIL.

Many persons are unable to keep down cod-liver oil, returning it several hours after taking it, even when they have taken it at the beginning of a meal, and strange enough only vomiting it after the digestion of the aliments has terminated. M. Danneey having been consulted by many inconvenienced in this manner, and who yet swallowed the oil without any repugnance, recommended them to take after each dose from eight to ten grains of calcined magnesia suspended in a small quantity of water. The success of the plan was most complete.—*Union Médicale and Medical Times.*

GALIU ALBUM IN EPILEPSY.

Dr. Cook, of Cheltenham, states, in the *London Medical Times and Gazette*, that at Tain, situated 50 miles south of Lyons in France, there exists an institution in which epileptic patients are most successfully treated. The Count de Pasages is the wealthy proprietor. The poor are treated free of cost, the contributions of the rich suffering for the expenditure.

ANTIDOTE TO THE POISON OF HYDROPHOBIA.—The Druggists' Circular says: Dr. Rodet, late Chief Surgeon of the Antiquaille, at Lyons, France, recommends the solution of the perchloride of iron, as a specific for the virus of hydrophobia, if applied within two hours from the infliction of the bite. It destroys the virus, as has been determined from actual experiment.—*St. Louis Med. and Surg. Jour.*

TREATMENT FOR WHOOPING COUGH.

By Dr. WRIGHT.

℞ Antimonial wine,.....	20 drops.
Tincture of aconite,.....	4 "
Tartrate of potash and iron,.....	4 decigrammes.
Distilled water,.....	30 grammes.

To be taken three times a day and twice during the night.—*The Lancet.*

BIRTHS, MARRIAGES, AND DEATHS.

BIRTHS.

At Bay Street, Toronto, on the 30th Nov., the wife of Dr. C. B. Hall, of a daughter.

At No. 34, Bleury Street, on the 10th instant, the wife of Dr. Francis W. Campbell of a son.

MARRIAGES.

At St. Mark's Church, Barriefield, on the 10th December, by the Rev. E. C. Bower, Mr. Robert M. Ford, second son of William Ford, Jr., Esq., to [Lavinia Jemima, fifth daughter of Dr. Barker, all of Kingston.

DEATHS.

In Curzon St., Mayfair, London, England, on the 18th November, Alfred Beaumont Maddock, M.D., only surviving son of the late Henry Maddock, Esq., M.P., Barrister at-law, and brother of Mrs. Dr. Litchfield, of Kingston, C. W.

At Burritt's Rapids, on the 26th November, Peter Henderson, M. A., M.D. of Ottawa, last surviving child of the Rev. Archibald Henderson, M. A., of St. Andrews, C. E., in the forty-fifth year of his age.

At Barnstaple, in the county of Devon, England, on the 28th October, in his 81st year, Captain James Lister, superannuated officer of H. M. Coast Guard Service. Deceased was father of Mr. Henry Lister, of Hamilton, and of Dr. Lister, Belleville.

At Compton, Eastern Townships, C. E., M. S. Glines, M.D., on the 30th November last, a Governor of the College of Physicians and Surgeons of Lower Canada, and a highly appreciated physician and friend.

ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT MONTREAL IN NOVEMBER, 1862.

By Archibald Hall, M.D.

Day.	DAILY MEANS OF THE							THERMOMETER.		WIND.		RAIN AND SNOW.			GENERAL OBSERVATIONS.
	Barometer corrected to 32° Fahr.	Temperature of the Air.	Dew Point.	Relative Humidity.	Ozone.	CLOUDS.		Maximum read at 9 P.M.	Minimum read at 7 A.M.	Its general Direction and Mean Force from 0 Calm to 10 Violent or Hurricane.	Rain in 24 hrs read at 6 A.M.	Snow in 24 hrs read at 10 A.M.	Total rain and melted snow.		
						Amount.	General description.								
1	29.989	39.7	34.6	0.100	0.10	0.10									
2	29.777	37.8	32.6	.83	8.5	9.3									
3	29.667	38.7	33.5	.94	8.0	10.0									
4	30.284	40.6	31.7	.73	7.5	7.0									
5	29.822	45.4	38.5	.78	9.0	10.0									
6	29.921	32.5	27.2	.91	9.5	10.0									
7	30.201	22.5	12.8	.64	10.0	7.0									
8	30.147	29.8	24.8	.82	10.0	10.0									
9	29.921	35.9	31.8	.89	10.0	10.0									
10	30.063	35.5	27.5	.76	6.0	7.0									
11	39.050	32.7	25.2	.76	5.5	4.6									
12	29.943	42.5	37.6	.89	7.0	10.0									
13	30.089	42.2	34.3	.51	8.5	10.0									
14	30.161	43.4	36.1	.81	9.0	10.0									
15	30.719	21.6	8.4	.57	4.5	1.3									
16	30.794	21.3	10.7	.65	6.0	7.0									
17	30.243	41.3	35.2	.87	7.0	7.0									
18	30.359	31.2	22.0	.70	3.5	0.3									
19	29.860	37.2	34.0	.91	10.0	10.0									
20	29.661	30.9	25.9	.99	10.0	10.0									
21	29.828	28.6	22.9	.80	10.0	10.0									
22	29.788	30.7	25.2	.79	9.5	7.3									
23	29.863	22.6	15.3	.71	6.5	6.6									
24	30.046	22.1	9.8	.58	4.0	4.3									
25	29.977	24.0	14.3	.66	6.0	10.0									
26	29.777	27.9	17.1	.62	7.7	8.3									
27	29.715	31.9	28.2	.86	7.0	10.0									
28	29.582	30.4	24.7	.80	7.5	10.0									
29	29.768	34.9	30.9	.86	10.0	8.6									
30	29.956	34.0	27.2	.77	9.5	9.3									
31															
S's															
M's	299354	33.03	26.2	.782											

ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT TORONTO IN NOVEMBER, 1862.

Compiled from the Records of the Magnetic Observatory.

Day.	DAILY MEANS OF THE						THERMOMETER.		WIND.		RAIN AND SNOW in 24 hours, ending at 6 A.M. next day.			GENERAL REMARKS.
	Barometer reduced to 32° Fahr.	Temperature of the Air.	Relative Humidity.	Amount of Cloudiness.	Max'm read at 6 A.M. of next day.	Min'm read at 2 P.M. of same day.	Dew Point at 3 P.M.	General Direction.	Mean Velocity in Miles per hour.	Rain.	Snow.	Total rain and melted Snow.	Ozone in 24 hours ending 6 A.M. of next day.	
1	29.5358	50.35	72	3	58.0	39.0	45.5	S.	2.23				0.10	Lunar Corona.
2		Sunday			53.0	44.4	45.5	N.	12.26	0.680		.680		Thunder at 6 p.m.
3	5782	37.65	70	4	45.0	36.8	33.0	W.	11.55	Inap.		Inap.		
4	7955	36.50	81	7	40.0	26.8	34.0	N.	3.58					Lunar halo very perfect.
5	5497	39.37	78	10	49.3	31.0	44.0	E.	8.99	.050		.050		
6	6867	28.63	69	4	33.0	24.4	20.5	E.	6.22					Lunar halo.
7	7753	27.33	69	8	31.6	22.6	14.5	E.	8.13		0.2	.020		Lunar halo.
8	7357	26.65	89	10	28.2	23.4	23.0	E.	5.99		0.5	.050		
9		Sunday			42.0	27.0			6.78					
10	7985	37.95	73	5	46.0	33.5	32.0	W.	4.35					
11	4937	44.80	79	8	50.0	31.0	38.0	W.	8.55	.045		.045		
12	6780	39.33	76	10	44.0	39.0	29.5	W.	5.53					
13	8030	39.35	76	9	42.2	35.0	34.0	W.	5.83					
14	9333	33.60	75	8	43.2	35.8	33.5	W.	11.97	Inap.	Inap.	Inap.		
15	804273	22.80	81	12	27.6	16.2	12.0	E.	7.75					
16		Sunday			40.0	21.8			6.27		.225	.225		
17	29.9553	43.13	84	10	49.6	35.0	45.0	W.	4.49	Inap.		Inap.		Foggy a.m.
18	8050	39.57	86	10	43.0	35.8	34.0	W.	3.37	.260		.260		
19	4393	42.53	96	10	44.2	39.0	43.0	E.	5.82	.660		.660		
20	3497	34.87	85	10	38.5	33.8	31.0	W.	8.07	.285	Inap.	.285		
21	5075	29.68	87	7	33.4	25.5	30.0	W.	1.97					
22	5047	31.43	83	8	37.2	25.5	29.0	W.	10.82		0.2	.020		
23		Sunday			31.8	23.2			12.11		0.1	.010		
24	5915	35.73	79	8	41.0	26.6	33.0	W.	8.48					
25	4720	39.40	82	10	44.0	34.5	35.0	W.	3.92	Inap.		Inap.		
26	4692	34.57	77	10	33.5	32.5	23.0	W.	6.80					
27	3480	31.82	81	10	34.2	32.0	24.0	W.	6.41		3.0	.300		
28	1907	30.50	83	7	35.0	29.1	25.5	W.	4.52		0.2	.020		
29	3970	30.55	89	10	36.0	25.0	30.0	W.	1.81		0.6	.060		
30					35.0	29.7		E.	2.90		0.5	.050		
31														
S's														
M's	29.6364	35.58	80	8	40.59	30.50	31.16	N. 47 W.	6.58	2.205	5.3	2.735		