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Vol. V. No. 10

THE BRITISH AMERICAN JOURNAL OF MEDICAL & PHYSICAL SCIENCE.

EDITED BY
ARCHIBALD HALL, M.D., L.R.C.S.E.,

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FEBRUARY, 1850.

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MONTREAL:

PRINTED AND PUBLISHED BY J. C. BECKET, 211, ST. PAUL STREET.
Agents for the United States, Messrs. R. & G. S. Wood, 261 Pearl Street, New York.

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BY HENRY HOWARD, M. R. C. S. L.,

Surgeon to the Montreal Eye and Ear Institution.

THE SUBSCRIPTION LIST to the above work is still open; and Members of the Profession desirous of subscribing to the same, are requested to furnish their names without delay. The work has been put to press and will be delivered to Subscribers about the first of May.

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MEDICO-CHIRURGICAL SOCIETY.

THE next Monthly Meeting of this Society will be held at the Rooms of the Mechanics' Institute, on Saturday Evening Feb. 2, at 8 o'clock P.M.

GEORGE D. GIBB, M.D.,

Montreal, Feb. 1, 1850.

Secretary.

COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

THE BY-LAWS of the COLLEGE having received the sanction of the Executive, its BOOKS are NOW OPEN for the REGISTRATION of MEMBERS.

It is required of such as desire to register, that they forward to the undersigned (post-paid) their name, legibly written in full, their age, birthplace, date of Provincial License, and the Collogo Fee, viz., Ten Dollars in current money of this city.

All such as signed the Petition to the Legislature for the Act of Incorporation, are entitled to Register forthwith, provided that at the time of their signing they were in possession of a Provincial License to practice Medicine, &c., &c.; and in virtue of the By-Law which refers to Membership, the Books of the College shall be kept open during a period of Six Months from the time of the passing of the said By-Laws, viz., the Tenth day of October, 1848, for the Registration of every Member of the Profession who desires so to do, provided such Member has been in possession of a Provincial License to practice Medicine, &c., &c., Four Years at the time of the passing of the Act of Incorporation, viz., 27th July, 1847.

FRANCIS C. T. ARNOLDI, M. D.

Registrar & Treasurer,
Coll. Ph. & Surg., L. C.

58, CRAIG STREET,
Montreal, 1st Dec., 1848. }

THE
BRITISH AMERICAN JOURNAL
 OF
MEDICAL AND PHYSICAL SCIENCE.

VOL. V.]

MONTREAL, FEBRUARY, 1850.

[No. 10

ART. XLVIII.—CONTRIBUTIONS TO CLINICAL
 MEDICINE.

BY ROBERT L. MACDONNELL, M. D.

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

No. 1. *Case of extensive Disease of the Aorta, with observations upon its diagnosis.*

(REPORTED BY MR. M'CALLUM.)

George Osborne, aged 49, of sanguine temperament, formerly a soldier, but now a groom, was admitted into the Montreal General Hospital, May 24th 1849.

He states that until lately, he always enjoyed good health, never having been once in hospital during the seventeen years he was in the army; about five years ago he was much addicted to the use of spirituous liquors. Last winter he was attacked with cough, difficulty of breathing, and severe rigors, "like those of ague." The cough was always most severe at night, and was attended by a copious watery expectoration, mixed with "yellowish matter." He also suffered from a constant pain at the lower part of the thorax, in the epigastric region, and between his shoulders. When he lifted any weight, stooped, or walked fast, he used to be seized with a pain in the loins of an acute cutting description, which would oblige him to sit down immediately, and remain for ten or fifteen minutes without moving. These acute pains were always attended by a violent throbbing pulsation in the loins, and frequently by increased difficulty of breathing. At the expiration of ten or fifteen minutes these acute pains would cease. He never felt at this time acute pain in the thorax, nor had he giddiness nor fainting. He never had pyrosis nor vomiting of blood, nor of brown colored matter. His appetite was always good, and his bowels regular. A fortnight before admission his legs and feet began to swell, without œdema of any other part.

Present Symptoms.—Complains of cough with great dyspnoea, and mucous expectoration, constant pain in the epigastrum and lower part of the thorax: when he stoops, walks fast, or makes an effort to lift any thing, he experiences severe throbbing in the loins, and acute pain is immediately induced. On percussion,

dulness is noticed in the infra-scapular region of the right side, and here the respiratory murmur is mixed with loose muco-crepitating râles. All over both lungs in front, and over the upper portion of the right lung, and the entire of the left, behind, the respiration is pure and free from râle. A bruit de soufflet is heard at each side of the spinal column, and over the spinous processes of the vertebrae extending from the second dorsal to the fifth lumbar vertebra; it is heard with most distinctness opposite the tenth dorsal, to which point he refers the pain and throbbing. On the right side, the bruit can be heard distinctly to the distance of seven inches from the spine, and on the left it extends to a distance of eight inches. The sound is heard along the median line from the ensiform cartilage to the umbilicus, where it reaches its maximum intensity, and can be heard in a fainter degree in both iliacs, as far as the femorals. There is no bruit heard over the aortic region, along the course of the ascending aorta, or in the cervical vessels.* No increase of cardiac dulness, and the sounds of the heart are quite natural. No dulness can be detected along either side of the spine, nor in the epigastrum, and change of position produces no alteration in the intensity of the sound. He has no pains darting up and down the spinal column, nor into the testicles, nor from the chest across the axilla to the arm.† No difficulty of swallowing, no stridor nor aneurismal cough. Never has aphonia, and there are no varicose veins on the front of the chest or arm, nor œdema of those parts, and he has never had currant jelly-like expectoration. He never suffers from colicky pains, percussion on the spines of the vertebrae produces

* My friend, Dr. Bellingham, has stated that there is a regurgitation from the carotid and subclavian arteries into the aorta, which is capable of giving rise to the signs of permanent patency of the aortic valves, if the aorta itself be rigid and inelastic from calcareous deposits. The signs of such a condition as laid down by Dr. Bellingham were not observed in the above case.

† I have frequently observed a symptom in abdominal aneurism, that I do not see mentioned by writers on that affection, viz.:—painful retraction of the testicle. In cases presenting this sign, the aneurism is situated in close proximity with the renal plexus of nerves, from which branches are sent to supply the testicles. The pain so frequently complained of in thoracic aneurism, as shooting from the chest across the axilla, to the inner side of the arm, is explicable in the same manner, viz.: by the tumour pressing upon the intercostal nerves, from which the nerves of Wrisberg branch off.

no pain; in no situation, can a double pulsation, distinct from that of heart, be detected; no appearance of congestion about the face; no turgescence or pulsation of jugulars; pulse 100, soft and full. The urine was examined and found to be perfectly natural; tongue clean; appetite good and bowels regular.

He was ordered a mixture containing stimulating expectorants, and in five days he was quite free from cough and dyspnœa, and the respiration had become natural in the affected portion of the lung. The swelling of the legs, however, remained as before. He was now ordered a combination of muriated tincture of iron, and tincture of digitalis, which completely removed the œdema, and rendered him so much service, that he was enabled to leave the Hospital on the 18th of June, the bruit being still audible to the same extent, and in the same degree as before.

June 28.—He returned to Hospital, complaining of great dyspnœa, palpitations, and general uneasiness. His countenance was anxious, face congested, no turgescence or pulsation in the jugulars. The throbbing and pain before spoken of, was not so distressing as formerly; pulse 88, soft, irregular, but full. He requested to have the mixture of muriated tincture of iron and digitalis, which was accordingly allowed, and in a few days he appeared to regain his former state of convalescence, and was able to walk about. The bruit, however, remained unaffected by treatment.

September 6th.—The dyspnœa is daily increasing; legs are again œdematous. He passes very little urine; it is now albuminous, its specific gravity is 1020²; and it is neutral. From this period until that of his death, which took place on 27th of September, the following changes took place:—A remarkable alteration in the heart's position was noticed, an increase of dulness to the right side, and extending beyond the median line, was found to have occurred since the cardiac region was last examined, and its apex could be felt, and seen pulsating in the epigastrium. These symptoms were accompanied by a bulging forward of the cardiac region. The liver extended downwards for four inches below the ribs, and a few days before death the conjunctiva became slightly jaundiced. Both lungs, but particularly the left one, became the seat of loose crepitating rales, but in addition, the lower and back part of the left side of the chest presented dulness or percussion, and well marked feebleness of respiration. The dropsy of the legs extended upwards to the thighs and abdomen, and both feet became cold and purple, and ultimately gangrenous. In the latter stage, of the disease delirium was almost constant. The bruit de soufflet, pulsation and

pain, along the course of the aorta, ceased a few hours before death.*

Post Mortem Examination, twelve hours after death. On opening the thorax the only visible portion of the heart occupied the mesial line, the left ventricle being covered by the corresponding lung, and that portion which was uncovered, corresponded accurately with the extent of dulness noticed during life. The pericardium was healthy—presented no adhesions, and contained about an ounce and a half of serum. The left ventricle was hypertrophied when slit open, its wall measured one inch and a quarter in thickness—the cavity was a little increased in extent. The right ventricle and both the auricles were natural, and all the valves were in a perfectly healthy condition, and capable of performing their functions.

The œsophagus passed to its destination without being pressed upon, but corresponding to where the left bronchus is related to the aorta there was an evident dilatation of the vessel, and a great deposition of calcareous matter. On slitting up the aorta, the following appearances were disclosed:—From the semilunar valves down to the bifurcation into the iliacs, nearly the whole of the lining membrane was removed, and a strong scaly deposition of bone lined the vessel. In some parts, particularly corresponding to the dilatation before spoken of, this bony structure presented itself in the shape of numerous spiculae about a quarter of an inch long, which protruded into the interior of the artery; the largest collection of these spiculae was found at the commencement of the abdominal portion of the vessel, corresponding to where the bruit de soufflet was loudest, and to where the most acute pain was referred. The vessels springing from the aorta, those of the neck, of the thorax and of the abdominal viscera, as also the iliacs were perfectly healthy in every respect.

* Immediately after this examination, I wrote the following notes, and read them to the students of the hospital, at the time of the post-mortem examination. It will be observed that the diagnosis corresponded pretty closely with the pathological appearances disclosed at the autopsy.

1. Heart pushed to right side, sounds normal, except that there was a slight roughness at the termination of the first sound. 2. Feebleness of respiration without dulness, over upper and front part of left lung. 3. Respiratory murmur and some slight œdematous rale in the left lung posteriorly. 4. Sounds of heart heard extensively over the front of chest on both sides. 5. No thrilling, or absolute increase of cardiac dulness, no friction sound. 6. No abnormal phenomena in the right lung. 7. Urine now albuminous. 8th. Diagnosis, fusiform aneurismal tumour, or dilatation of the aorta, growing from the anterior part of the aorta, occupying the posterior mediastinum, not eroding spine, but pressing forwards almost completely between the lungs, and pressing on bronchus of left lung; no effusion into pericardium sufficient to account for dislocation of the heart. This latter opinion had been entertained by some who examined the case.

A dark, almost completely solid, coagulum filled the aorta from its commencement down to the iliacs, in some situations firmly adhering to the projecting bony spicula. The outer and middle coats of the vessel were unbroken; the latter was much thickened. From the commencement of the descending portion to its entrance into the abdomen the artery measured *three* inches when slit open, whilst its ascending and transverse portions measured only *two* inches. This increase in diameter was most apparent on the anterior wall. The lungs were healthy, with the exception of some œdema posteriorly, in both. There were no adhesions except of the lower lobes to the diaphragm, and this was observed on both sides, proving that he must have had an attack of diaphragmatic pleurisy on some former occasion.

The liver was enlarged and paler than natural, but exhibited no other trace of disease. The kidneys were congested, but otherwise healthy. The stomach and intestines were free from disease. There was no erosion of any part of the spinal column.

With the exception of some slightly increased venous congestion, the brain was quite healthy.

In no situation was any disease discovered in the venous system.

Some serum was effused into the abdomen, and a little into the pleural cavities.

In the foregoing case we are presented with a striking and interesting class of symptoms depending upon a disease of rare occurrence, and for the diagnosis of which no rules are laid down.

It is true that Andral, Bizot, and others have described the pathological appearance of acute aortitis, and others have described what they believed were the results of chronic inflammation of that vessel, viz., ossification, atheromatous deposits, &c., but none of these writers have laid down satisfactory rules for the diagnosis of such cases as that I have detailed.

Bizot has pointed out but a few of the symptoms indicative of aortic inflammation, and in one case ventured upon what an admiring critic terms "a bold diagnosis," by declaring the existence of the disease, merely from a combination of extreme dyspnea with sudden œdema of the extremities, these symptoms being unconnected with *manifest* disease of the heart, lungs, or abdominal viscera. Unfortunately for the accuracy of these diagnostic signs, the present state of medicine does not always allow us to infer the non-existence of disease, because we fail to detect it, though our means for doing so have been so extensively increased within the last

few years. But if in addition to the signs pointed out by Bizot we add these derivable from a physical examination of the aorta, as in the foregoing case, we may have an assemblage of symptoms and signs extremely significant of aortic disease, and not reconcilable with any other.

The reader, who is acquainted with thoracic and abdominal pathology, will see at once that the diagnosis here lay between an aneurism of the thoracic aorta and a thoracic malignant or non-malignant tumour on the one hand: and on the other, between an abdominal aneurism, a cancerous pylorus, cancer of the pancreas, exostosis of the spine, and abnormal pulsation and nervous bruit of the abdominal aorta.

With the idea of an aneurismal tumour in the thorax or abdomen, many of the symptoms corresponded. The constant pain, coupled with an occasional lancinating pain, the throbbing, increased by fatigue or excitement, the dyspnea and watery expectoration *without permanent disease of the lungs*. The absence of the signs of pulsating empyema as pointed out by myself some years ago, the absence of *pressure* signs, (though these signs may occur in aneurism, yet they are much rarer than in the case of thoracic tumours,) such as œdema of the chest and arm, and varicose dilatations of the superficial veins of the thorax, the absence of tumours in other parts, and of currant-jelly like expectoration, all pointed to the probability of aneurism rather than tumour. On the other hand, the want of an external pulsating tumour, the absence of dulness over any part where it could be supposed to arise from an intra-thoracic tumour, the want of dysphagia, of pressure on the trachea, laryngeal cough, of stridor or of aphonia, of irritation of the nerves of Wrisberg, (causing neuralgic pains shooting from the point of emergence of those nerves across the axilla to the inner side of the arm) the constant absence of a double pulsation, distinct from that of the heart, clearly showed, that no large tumour of an aneurismal nature occurring in the ordinary situation of such disease, was present in this case. Having then excluded common aneurism of the arch or upper part of the aorta of such size as to cause the symptoms and signs present in this case, and having also excluded intra-thoracic tumours, for the reason before assigned, we were inevitably led to localize the disease in the aorta itself; and as far as its thoracic portion was concerned, the diagnosis appeared, *par voie d'exclusion*, satisfactorily established.

Let us now examine attentively the phenomena presented by the abdominal portion of the vessel.

The pulsation *felt* by the patient and the intense bruit de soufflet, unaffected by position, were situated at that

portion of the vessel where abdominal aneurism usually presents itself, and where tumours formed of cancerous degeneration of the pylorus and pancreas are most frequently observed; and as far as one observation is to be depended upon, it is here that a tumour caused by exostosis of the spine, (as pointed out by my friend, Dr. Battersby, of Dublin), is most likely to give rise to a series of symptoms and physical signs closely resembling those of aneurism.

With the notion of the existence of cancerous disease of the pylorus, the want of the most valuable symptoms of that affection, and the *fixation of the sounds to one spot*, were irreconcilable, for I have notes of many cases of schrius of the pylorus, in some instances involving the head of the pancreas, where the differential diagnosis between them and aneurism was clearly established long before the black vomiting commenced; and from this circumstance alone, that in aneurism the tumour is fixed, and the pulsation and bruit thereby confined to one spot, whilst in cancerous disease of the pylorus, the tumour frequently shifts its position, and the pulsation and bruit may be detected to-day in a situation very remote from where they were heard yesterday.

There was no pyrosis, nor macerated condition of the tongue, nor ptialism, which Dr. Battersby in his excellent memoir before alluded to, has pointed out as accompanying disease of the pancreas, and consequently I did not for a moment suppose its presence.

The rarity of exostosis of the spine and *its presenting a tumour, whenever the pulsation and bruit are noticed*, rendered its existence also impossible. Whilst the occurrence of constant bruit, with pulsation perceptible to the patient, were opposed to the idea of the sound being caused by anæmia, or the pulsation being purely nervous.

Being satisfied, however, that the disease was situated in the thoracic portion of the artery, there was not much difficulty in supposing an extension of the morbid process to that part of it within the abdomen, and that there was at least some dilatation of the vessel was more than probable, *from the frequently recurring attacks of œdema of the posterior part of the left lung, with feebleness of respiratory murmur, unaccompanied by dulness, of the other portions of this lung.*

It has been frequently remarked that aneurismal and other tumours within the chest produce feebleness of respiration, and sometimes œdema, congestion, and even gangrene of the lung. The explanation which I mentioned to Dr. Stokes some years ago, of the manner in which gangrene of the lung is produced in these cases, was adopted by him in his paper on "Cancer of the lung," as satisfactory. It will be recollected that

the nutritive arteries of the lung in proceeding to their destination wind around the bronchial tubes, and consequently a tumour pressing on the bronchial tube may obliterate the nutritive arteries of the lung, and thus produce gangrene, or it may diminish the calibre of the artery and accompanying veins, and thus produce œdema or congestion. Besides this, I have no doubt that even a slight amount of pressure on the pulmonary plexus of nerves, will assist in producing these conditions. The experiments of Dr. J. Reid have shown that the effect on the lungs, of division of the Par Vagum in old subjects, is to produce œdema and congestion, and we have every reason to suppose that a pressure sufficient to interfere with the functions of its pulmonic branches will be attended with the same results. But there has also been remarked in these cases a feebleness of respiration, for which the actual diminution of the calibre of the tube is not always sufficient to account. In such cases it has occurred to me that the entrance of fresh air is prevented by that already contained in the cells and minute tubes, from which it cannot be expelled by the contraction of the smaller tubes, whose muscles have been paralyzed by the pressure exercised on the pulmonary plexus of nerves—and in this way, the portion of lung supplied by the artery and nerve thus pressed upon—presents the combination of feebleness of murmur and clear sound in one case, if the nerves be injured; of congestion, œdema or gangrene, if the arteries be obliterated, and sometimes, a combination of all, when the arteries, veins and nerves are all engaged.*

The position of the heart is, I think, to be explained by the gradual dilatation of the artery pushing it forward, whilst the lung, itself the seat of congestion and œdema, being bound to the diaphragm was floated as it were, by the effusion which took place, into the pleura, and pushed the heart downwards and to the right side, exactly as it is dislocated in an opposite condition of the lung, viz., in emphysema, in both of which affections however the lung becomes increased in size.

The great hypertrophy of the left ventricle was caused by the increased force required to drive the blood through the inelastic aorta, and we can easily comprehend the reason for his improving so much under a combination of muriated tincture of iron and digitalis. He derived so much benefit from this, that he requested to

* In support of the above views, it may be stated, that the respiratory murmur is much louder in children than in adults, though their bronchial tubes are not half the size; and the respiratory murmur is feeble in emphysema of the lungs, because very little air being expelled during expiration, very little can be taken in during inspiration, though the larger tubes are quite pervious.

have it administered to him on his second entrance into the hospital.

Though the circulation through the aorta was seriously interfered with, yet gangrene did not set in until the coagulum before spoken of was formed.

Montreal, Jan. 30th, 1849.

ART. XLIX.—CASES OF THE ENDEMIC FEVER OF CANADA, WITH UNUSUAL COMPLICATIONS.

By JOHN JARRON, Surgeon, Dunnville.

In laying before the profession the "complicated cases of fever," published in your journal of November last, and, adopting the rather unusual course of giving an opinion of their character, I was fully aware that I subjected myself to criticism; more especially, as the indications I had drawn from the appearances of the patients were novel, and the tendency of my observations at variance with the general ideas of the profession.

That a careful perusal of my reports should lead to the idea that they were cases of "cynanche maligna," does not surprise me. It was my own first impression; and the reported reasons for its change may not be sufficient to convince others, who have only my hasty notes, and not the cases themselves, to judge from. Reflection on these cases, and observations on the diseases that have since occurred in this neighbourhood, have tended to strengthen my opinion of the importance of them, as the means of tracing the modifications of common endemic disease by peculiar causes; of marking their distinctive features; and exhibiting the links by which they may be connected, or become one and the same affection.

The present state of medical literature renders the term "cynanche maligna" an exceedingly vague one when applied to these cases. Croup, diphtherite, cynanche maligna, and the sore throat of scarlatina, are, by some considered as identical; while by others admitting their occasional anatomical identity, they are looked on as totally different in their cause and results. As there is nothing to guide me in the extent of the term, as applied in this instance, I will take the liberty to limit it by the commonly received opinion of English practitioners to a disease of a specific and contagious character, capable of producing scarlatina, and of being produced by it. It was in this sense that I used the term; and, when we take the cases as a whole, they certainly furnish strong reasons against the applicability of it to them.

The decided intermittent character of the fever, and its suppression, in one case, in twenty-four hours, by

bleeding, calomel, and castor oil, certainly removes them from the same class as small-pox, measles, and scarlatina; while the admission of such a possibility, and its occasional occurrence in pure typhus, is the very basis on which Dr. Armstrong rested the foundation of his doctrine of the non-contagious nature of that fever. I may also add, though apart from the general argument, that I found the family deserted, from dread of infection; that I encouraged their neighbours to attend them, so soon as I made up my mind that the disease was not "cynanche maligna," and no case of the peculiar sore throat, or scarlatina, has since appeared among them.

Whether we apply the term croup or diphtherite to the peculiar state of the fauces that produced the false membranes, evidently originating there, and by a gradual and nearly uniform course, extending to the larynx and trachea, is, in my opinion, of little consequence. The local affection was not sufficient to account for the constitutional disturbance; nor have we any instance of a local disease giving rise to such a decided intermittent form of fever; but the French pathologists admit that diphtherite often accompanies, gastric fevers.

The following extract of the symptoms of secondary croup, taken from a table of Dr. Stokes of Dublin seems to bear on the point.

"SECONDARY CROUP."

"1. The laryngeal affection secondary to the disease of the pharynx and mouth."

"2. The local disease arising in the course of another affection, which is generally accompanied by fever."

"3. The fever typhoid."

"5. The disease constantly epidemic and contagious."

"7. The exudation spreading to the glottis from above downwards."

"10. Laryngeal symptoms supervening without the pre-existence of catarrh."

A striking peculiarity of these cases seems to have been the existence of such an extent of false membrane in the larynx and trachea, with so few, or even none of the symptoms to which it usually gives rise; there was no croupy cough; voice soft, and almost gone; no dyspnoea; but the patients lying with the head low, and the face buried in the pillow. A pathological anatomist might designate Charlotte's case one of croup; and that she must have died in a state of asphyxia; while the same cause must have existed or days without the slightest approach to that state.

Her case also presented in its progress, and the nature of the alvine evacuations, many of the characteristic symptoms of that peculiar form of congestive bilious fever,—the cholera expression of countenance, the position of lying, and the blueness of the hands and feet before death, (so different from the blueness and other appearances produced by asphixia and strangulation,) being the only unusual appearances connected with it.

In the Half Yearly Abstract of Medical Sciences for June, 1849, (art. 82, on Typhoid Fever in childhood, by Dr. Wilshire,) I find the following observations. "I suppose you called to see a patient about thirteen years of age; you find him in bed; you are told that for some days he has been complaining of great lassitude, pain of the head, loss of appetite, and increased thirst. On the morning before, he refused to rise; often coughing, and asking for drink: you find him on his side, half dosing, not inclined to move, or attend much to your enquiries. He especially avoids light on raising himself up in bed, or if he moves and looks up at you, he quickly falls back again, buries his head in the pillow, and lies as before, careless of all around." "The next day, or the day thereafter, you find all the symptoms in an aggravated form." "There is great prostration of strength, he lies in bed regardless of everything; the legs are placed straight down now, instead of the knees being drawn up towards the chin."

In the June No. for 1848, of the same publication, art. 4, "Laryngotomy in typhus fevers," Dr. Fry directs attention to the frequent occurrence in typhus of lesions of the larynx, threatening fatal obstruction to the glottis. The principle of these are simple mucous inflammation, fibrinous exudation," etc., etc., to which the editor remarks:—"We don't call in question the occurrence of the above remarks, suggestive of the frequent laryngeal complications of fever in Edinburgh, but they are certainly (such as would require laryngotomy) far from common elsewhere."

It may be objected, that I apply the observations on typhus and typhoid fevers to intermittents; but though the profession may not agree with Mr. Annesly, of Madras, that bilious fevers often present every symptom and character of typhus, except its origin from an animal virus, and the power of propagating themselves by the same cause, few will deny the applicability of the term typhoid, as now understood, to my cases, from their very onset. The bearing of the following observations will be to show that they were not cases of typhus, and that the term typhoid, if intended further

than to characterize a particular set of symptoms, must lead to error, by throwing doubt on the real cause of the disease, and the scientific principles on which it ought to be treated.

In Dr. Wilshire's supposed cases, the "burying the head in the pillow;" the lying "careless of all around;" are appearances of the second or third day of fever: while "the great prostration" of strength—the lying in bed regardless of everything—the legs placed straight down—are the occurrences of two or three days later. Watson notices something of the same kind, as occurring in the third week, of what he calls continued typhus.

In my cases, the series was complete in the first attack of ague, and never, for an instant, left the patients until healthy ptialism was produced; and it is just because I have found the series as complete, and occurring even more instantaneously, as the forerunner of the worst cases of cholera, that I look on it as a connecting link between the two diseases; and that the cause producing the symptoms is likely to be similar in both cases.

On comparing the early writings on cholera, with the reports on the late epidemic in Europe, and more particularly in America, a difference in the course of the disease seems manifest; and facts tend to support the opinions of those who have looked on cholera as only a modification of the endemic fevers of localities. We have common cholera, scarcely to be distinguished from Asiatic cholera; we have this, again, in the most decided manner influenced by the common causes of fevers; we have peculiar fevers, fluxes, and dysenteries, preceding for days, attacks of Asiatic cholera, with the admission that, by applying proper remedies to these, cholera may, in most cases, be prevented; while we have typhus and typhoid fevers, of a peculiar character, succeeding attacks of this disease; and I have heard of one instance in which cholera succeeded a debauch, and was followed by delirium tremens, that carried off the patient some hours after the cholera left him.

Wherein do these affections, preceding and following cholera, differ from the common diseases of a locality? Are they sui generis, or only the same diseases modified by a peculiarity of the usual exciting cause? Do endemic diseases occur, and exhibit their usual symptoms and course, while epidemic cholera is prevailing at the same time? Have the diseases of a locality, where no cholera had existed, but when it was prevailing in the country, exhibited unusual features in their symptoms and course, and shown any

tendency to the peculiar symptoms of Asiatic cholera, viz., congestion and collapse; blueness of the skin, and frequent liquid stools, without pain or dysenteric symptoms?

The opinion generally prevails that vomiting and purging of a peculiar matter, and cramps constitute cholera, and are the cause of collapse; while the history of the disease shows that such symptoms, in the most malignant cases, are often present in a trifling degree, and frequently entirely absent, thus constituting a cholera of the head, more fatal than even the cholera of the bowels.

(To be continued.)

ART. L.—CASE OF GLOSSITIS.

By R. W. EVANS, M. D., Richmond, C. W.

On the 8th Nov., 1849, I was called to visit Mr. T., æt. 50, of robust constitution, health in general good, of a sanguine temperament; by occupation a tanner; whose tongue was enlarged and swollen for two days. On examination, it was hard, painful to the touch, and covered with a thick mucous coating. The mouth was open, and there was a constant and perpetual dribbling of viscid saliva. He could scarcely articulate, much less masticate; respiration much impeded; the face red and swollen; considerable fever; pulse 110; the tongue entirely filled the cavity of the mouth; his appearance was peculiarly distressing.

With regard to the history of the case, I was informed that a few days previous to the attack, he was exposed to cold and wet, and also that he had contracted a habit of chewing and smoking tobacco, (which he believed to contain copperas,) which he regarded as the cause of the disease.

Having read two cases of the above disease, in the *British American Journal*, by Dr. W. Marsden, Quebec, I desire to add this one to the number.

Treatment V. S. ʒxx, after which, calomel gr. x, to be followed in two hours with sulphate of magnesia, ʒiss. A gargle of acet plumbi to be used every ten minutes.

Nov. 9th.—Has passed a restless night; tongue very much enlarged; tumefaction so great that it almost shuts down the epiglottis, producing suffocation; there was no time to lose. I opened his mouth as widely as possible. A bistoury covered with liuen to near its point, was plunged into the tongue, making an incision about two inches in length, near the line in the middle of the tongue, whereby a great quantity of pus and blood was evacuated. After the discharge ceased, I made another incision causing a

similar discharge, and the patient was immediately relieved, stating, "That there was nothing equal to the knife to make a man speak distinctly." He washed his mouth for some time with warm water, until the discharge ceased. The wounds healed in a few days without any application.

November 29, 1849.

ART. LI.—CRITICAL EXAMINATION OF GENESIS III. 16, HAVING REFERENCE TO THE EMPLOYMENT OF ANÆSTHETICS IN CASES OF LABOUR.

By the Rev. ABRAHAM DE SOLA, Lecturer on Hebrew Language and Literature, University of McGill College.

(Continued from page 229.)

In making this assertion, we are aware that we may be charged with jumping at a conclusion not at all warranted, unless by the insufficient premises laid down; since it may be objected, although Gesenius may have meant by "trouble," which word he gives as one of the significations of *ngamal*, "eager striving," "giving occasion for labour," (some of the received meanings of "trouble,") still have many learned scholars, both Christian and Jewish, frequently rendered *ngamal* "sorrow," as being the only applicable sense in certain passages; and, moreover, even Kimchi, himself, may have intended it to be understood in this sense, when he explained the root *ngetseb* by it. To this latter supposition, with which only we have now to do, we reply, it is plainly impossible that Kimchi, in using *ngmal* as one of the significations *ngetseb*, could have intended to convey by it any other idea than that of labour, for these reasons: FIRST, Because of the eight, before quoted, Scriptural passages which he cites; three, viz., Prov. xiv. 23; Isaiah lvii. 3; Prov. v. 15, are rendered "labour" in the authorised version.* Here, then, we have the English translators of the Bible themselves, bearing testimony, indirect and partial though it be, to the correctness of our views as to Kimchi's meaning. But we may be reminded that Kimchi gives the word *yègingha* as well as *ngamal*, for the signification of *ngetseb*, and that he may have meant *yègingha* to be applied to the three examples first referred to. In reply

* It would be a task too long for our limits, though not a difficult one, to show that where the rendering of the Authorised Version differs from that of R. David Kimchi, other translators agree with him; e.g. Isaiah xxv. 3, "The Lord shall give thee rest, מנוחה (mengotsbecha,) a. v. "from thy sorrow,"—but Cassiodoro de Reyna, the early Christian translator of the Scriptures into Spanish, (he styles himself "*Primer interprete de los sacros libros*,") renders it "*de tu trabajo*" i.e. "thy labour or toil," like Kimchi. In this and other instances, we think might easily be shown that Kimchi's rendering is much more correct, and, so to say, more reasonable than that of King James' translators.

to this, we have to remark, **SECONDLY**, The eminent Hebrew grammarian, before citing those instances in which he says, *ngetseb* means labour, expressly lays down those passages in which he believes the word to mean sorrow, anger, etc., the passages are I. Ps. cxxxix. 24; II. Prov. x. 22; III. Prov. xv. 1; IV. Isaiah l. 11; V. Prov. x. 10; VI. Prov. xvi. 14; VII. Job ix. 28; VIII. Ps. cxlvii. 3; IX. Ps. iii. 4. Kimchi, after quoting these nine texts, says, ענין כולם ז. e., "the meaning of *ngetseb*, recurring in all these passages, is either anger or sorrow," (*harogez vehadahagah.*) On comparing these nine examples with the eight before quoted, and the remarks of Kimchi on each, we think it will be readily admitted that if he had intended to teach us that *ngetseb*, in examples 1, 5, 6, 7, 8, of the first quoted series, means "sorrow," he would, undoubtedly, have been careful to add them to the nine lately quoted examples, wherein, as he plainly tells us, *ngetseb* means sorrow or anger. **THIRDLY**, We have to state, the words of Kimchi himself would be sufficient to show us what meaning he attaches to *ngamal*. On the second of the first quoted series of examples, viz., Prov. xiv. 23, "In all labour (*ngetseb*) there is profit," he says, "The meaning of this is, that from all labour (*ngamal*) that a man does (*shèyangamal adam*) he shall acquire profit and distinction; for, through much labour, (*hengamal*) he will attain exaltation (*hamangalah*),* riches, and dominion; but the labour (*ngamal*) of the lips [prattling] and toil (*veyegingath*) of [incessant] speaking, are but defects, and a falling off from excellence; even, as the Scripture addeth, "but the talk of the lips *tendeth* only to penury." Be it remarked, that the text upon which these observations are made, is one wherein *ngetseb* is translated "labour," by the English and other translators, and Kimchi uses the word *ngamal* as an equivalent for, or synonymous with *ngetseb*. Now let us read *ngamal* in the Rabbi's valuable comment, as signifying "sorrow," and we shall quickly be obliged to ask, does sorrow indeed procure to a man profit, distinction, etc.?—but let us understand it as labour, and we shall soon see the pertinence of Kimchi's observations. Again, in giving the meaning of *ngamal*,† he says the meanings are יגיעה *yegingha* toil; טורח *torach* great or troublesome labour; and עיל *ngavel* vanity—but he does not give an equivalent for sorrow among the number. Be these considerations sufficient to prove

that, not hastily, but, with what we deem satisfactory grounds, have we formed our conclusion as to the meaning of *ngamal*, one of the significations of *ngetseb* as given in the "Sepher Hashorashim."

But the fact that Kimchi, profound grammarian though he be, has decided the signification of *ngetseb* and *ngitsabohn*, in Genesis iii. 16, to be "labour," is not the only reason, though it is one, why we cannot admit the words to mean "sorrow." We have other reasons, our second we shall state thus: As "sorrow" is only the secondary or figurative meaning of *ngetseb*, its primary signification being "labour," not *ngetseb*, but some other word, expressive of no other idea but of sorrow or pain, would have been here used, had it been the inspired writer's intention to convey "in sorrow thou shalt bring forth, etc." Once more, we must recall to the reader's attention certain principles of Hebrew philology, in elucidation and support of our position. It is a peculiarity, more beautifully and more constantly appertaining to the Hebrew language, that, to avoid the introduction of an infinite and useless number of words, certain words possess, besides the surprising variety of significations produced by etymological changes, a secondary or metaphorical sense; thus we have ראש *rosh* the head, meaning a summit, a chief, beginning, principal part of anything, etc.; again, רגל *règell*, a foot; in the plural, *règalim* times, *cum multis aliis*. As examples of change of meaning in consequence of etymological variations, we may instance למד *lammod*, which expresses to learn, to teach, to be taught, a teacher, a scholar, etc., etc. The following, which we select from many, and which are, perhaps, the least pertinent among others we might adduce, are examples showing how both cause and effect may be expressed by modifications of the same root;—לשון *lashon* a tongue, (cause), and 2. speech,—(effect of using the tongue:); עשה *ngasoh* to do (cause), מעשה *màngasch* a work, a thing done or made,—(the effect of doing.) Of the last class of examples do we consider *ngetseb*. The original idea of the word we take to be labour (cause), and its secondary, fatigue, exhaustion, (effects of labour on the human frame), and, by association, trouble, sorrow, pain, etc. We trust the reader will join us in not considering this notion either extravagant or far-fetched;—it may possibly be not even original with us,—we will not now stop to inquire; but, we repeat, labour must necessarily be the primary meaning of *ngetseb*, since there must be labour, bodily or mental, before there can be fatigue, which is so closely allied, if not synonymous with pain or sorrow. But, it may be ob-

* Kimchi seems to indulge here in a play on the words *hengamal* labour, and *hamangalah* exaltation.

† "Sepher Hashorashim." Rad. ענין

jected, can there be no sorrow but that which is stated above, to be the inconvenience resulting from exhaustion?—it surely is an objection to the theory just set forth, that it would appear to teach this, notwithstanding there are other words in Hebrew to express sorrow and pain. Such an objection, natural as it is, forms one of the most powerful arguments in Kimchi's and our favour, and furnishes us with yet another reason to reject the rendering of the English version. For there *are* words in Hebrew expressing sorrow and pain, and *having no other meaning*. Four such we will now bring forward, giving their significations as determined in Buxtorf's Concordance and Gesenius' Lexicon. We select these authorities that we may not be charged with undue leaning to Rabbinical interpretation. 1st, We have כָּאֵב *kēeb*, said by Buxtorf invariably to mean *dolor* (pain), and by Gesenius *pain, grief*. 2nd, צָרָה *tsarah*, Bux. *angustia* (trouble); Ges. *distress, trouble*. 3rd, יָגוֹן *yagohn*, Bux. *mæror* (sorrow), and *mæstilia* (sadness); Ges. *affliction, sorrow*. 4th, אָנָחָה *anachah*, Bux. *gemitus* (groaning), and *suspīrare* (sighing); Ges. *sigh, sighing*. Now, is it not most probable that one of these words, conveying no other idea but of sorrow or pain; or, some such compound term as occurs Genesis xxxv. 17 would have been used, if no other idea but sorrow or pain was to be conveyed? We think it is, but the reader will, of course, decide.

Further to demonstrate the propriety of the signification we have given to *ngetseb* and *ngitsabbohn* in Genesis iii. 16, we may state, in the third place, that a celebrated Christian writer, (Leigh in his "Critica Sacra") has admitted that *ngitsabbohn* in the passage referred to means *labour accompanied with pain*. He says, "*Laborem qui adjunctam molestiam et dolorem habet, significat, sicut Græcis κόπος laborem et dolorem; nam alterum ex altero nascitur, et licet on terminatio in nominibus formam diminutivorum constituit, tamen aliquando auxesin facit, sicut in præsentī loco.*" We have only to add to this, that Parkhurst refers to the following passages where he says κόπος means *weariness from labour*, viz., in Xenophon de Re Equest. iv. 2, and Anab. v. 8, 3.

We find that in attempting to determine the sense of *ngetseb*, we have extended our remarks to so undue a length; that although we might say a great deal more in support of our opinion, we must close, and proceed to other topics. But before doing so, we cannot but remark as a circumstance worthy our note, and as showing the propriety of the idea that the primary meaning of *ngetseb* is labour,—that the very essentials of la-

bour, *the muscles and nerves* of the human body, are styled in Hebrew עֲצָבִים *ngetsabim*. That they are only so called, in post-biblical writers, can be no argument against the fact of their having always been so termed. The word was to be found in this sense some fifteen centuries back,* in the Talmud, and this may surely be considered as some warrant for its having always had that meaning; the more especially as there is only one word† in the Hebrew Bible to express muscle, nerve, sinew,‡ tendon or ligament, viz., גִּיד *gid*. But we are of opinion that it really has this sense, even in the Scriptures, and we are led more particularly to think so from a remark of Kimchi on Job x. 8, "Thine hands עֲצָבוֹנִי *ngitsebooni* (a. v. "have made me," but a marginal reading has more correctly "took pains about me,") וַיַּעֲשֵׂנוּ *veyangasooni* (a. v. and fashioned me together round about!) Upon this passage Kimchi says, "'Thy hands took pains about me,' means, they laboured and toiled in forming him; the expression used being a figurative one. And the learned R. Moses Aben Ezra explains the word (*ngitsebooni*) with reference to the muscles, which are called *ngetsabim*."|| That this celebrated Hebrew grammarian is more correct than the English translators we think indisputable, for *ngetseb* can never be translated "to make," as they have rendered it in the passage we are just considering, more especially when, as here, it is followed by וַיַּעֲשֵׂנוּ which does mean "to make." We suppose that no objection to this explanation can be urged on the grounds that it refers to God material properties, since Kimchi reminds us, "וְהוּא עַל דֶּרֶךְ מַשָּׁל;" the expression is merely metaphorical, being an example of the figure *Anthropopathy*, just as elsewhere in Holy Writ the Eternal is said to have hands, eyes, etc. But we must leave the word *ngitseboonech* now; and direct our attention to *veheronech* upon which we have also some few observations to make.

It is agreed on all sides that הֲרוֹנוֹךְ *veheronech* is derived from the root הָרָה *harah*, which means to

* It has also another meaning in the Talmud, that of putting in order or laying regular the muscles; see Tract. Shabbath, fol. 147. א. בְּפֶקֶד חֲבִית בְּשֶׁבֶת אֵין מַעֲרִיבִין אֹת הַקָּטָן פֶּרֶשׁ מִשֶּׁבֶן אִיבְרֵי שֶׁל קָטָן. Such is the meaning given by R. Benjamin Musaphia, in his Arooch; he adds, וְקָרָה עֲצָבוֹן מִלֶּשֶׁן עֲצָבוֹן, i. e. "And the meaning of *ngetseb* in this Talmudic quotation is the same as that of *ngitsabbohn* in the Scriptures. See also Maimonides, in his Moreh Neboochim, part 2, chap. 1.

† Sinew occurs eight times in the Bible, muscle, nerve, etc., not once.

‡ As to there being another word for sinews in Job xxx. 17, viz., עֵרֶן *ngorek*, this has been more correctly understood by several eminent grammarians and commentators (Buxtorf among them) to mean *artery*.

|| Sefhor Hashorashim, col. 385. Rad. עָצָב

admit into, to form in, the uterus, (concupere), and is, according to Kimchi and most authorities, the noun הרוון *héroh'n*, according to others * הרויון *hérayoh'n*, in construction with the personal pronoun *ch*, thee. This difference in respect to the etymology of the noun is but of little importance, since all agree as to its meaning; translating "and thy conception," or by some other equivalent phrase. We pass on, therefore, to the last word upon which we have any remark to offer.

The word תשוקתך *teshookatech* is rendered in the English version "thy desire," and such meaning has uniformly been attached to it by the most able commentators and critics. It is derived from the root שוק among the meanings of which Buxtorf, gives the following: *desidere* (to desire); *concupiscere* (to covet, strongly to desire); *appetere* (covet earnestly,) etc. The celebrated Hebrew commentator Rashi, says that *teshookatech* in Genesis iii. 16, means "Thy desire," like שוקקה *shokekkah* in Ps. cvii. 9, † (translated in the Authorised Version "longing"); and Buxtorf is of the same opinion, translating it, here, however, *appetitus tuus*. R. David Kimchi attaches to it the same signification, declaring its meaning to be תאוה וחשק *taavah vachéshek*. ‡ A note in the new Anglo-Jewish translation of the Scriptures§ informs us that some "constructue תשוקה אל as submissiveness, and render it 'unto thy husband shall thy will be submissive,' (F. K. Rosenmuller.)" But to this explanation of Rosenmuller we think there are many weighty objections, the chief being that his application of such a sense to שוק, from which root תשוקה is derived, is quite unwarrantable; the word, undoubtedly, having that meaning which has been attached to it by every translator and commentator of any note.

With these few remarks respecting the derivation of תשוקתך, we conclude our examination of those words in Genesis iii. 16, the correct rendering of which, materially affects the propriety, on Scriptural grounds, of superinducing anæsthesia in cases of labour. The foregoing observations would tend to show, that, but in two words, they of the last importance, however, we do not adopt the rendering of the English version; and that, according to our opinion, the pas-

sage should be translated thus:—"Unto the woman he said, I will greatly multiply thy TRAVAIL and thy conceptions: with TRAVAIL shalt thou bring forth children; and unto thy husband *shall be* thy desire, and he shall rule over thee." We are aware that this rendering may, at first sight, appear objectionable to many, who will, doubtless, consider it as displaying a total disregard of the scope of the text, and rendering a denunciation, in fact, no denunciation. But we must beg the attention of such, to certain considerations which we shall forthwith lay before them, to show that such a rendering is in every way consistent with the scope of the text, and with certain assertions made by many eminent writers, both Jewish and Christian.

(To be Continued.)

ART. 1.—MEAN RESULTS OF METEOROLOGICAL OBSERVATIONS AT HAMILTON, C. W., FOR THE YEAR 1849.—By H. CRAIGIE, Esq., Surgeon, Hamilton.

1849.	MONTHS.	THERMOMETER.				BAROMETER.				FAIR DAYS.	SHOWERS.	SLIGHT DAYS WITH RAINY DAYS.
		9 A. M.	9 P. M.	MEAN.	HIGH'ST	LOW'ST	MEAN.	HIGH'ST	LOW'ST			
	January.....	53.20	24.50	23.85	53	-6	29.83	30.47	29.20	21	7	3
	February.....	52.714	25.142	23.928	49	-6	29.766	30.30	29.15	18	7	3
	March.....	56.71	38.03	37.37	73	23	29.745	30.18	29.00	24	5	1
	April.....	62.4	42.64	42.52	77	22	29.676	30.00	29.15	21	8	1
	May.....	52.36	52.34	52.5	84	35	29.7065	30.32	29.08	17	5	6
	June.....	69.47	67.37	68.42	90	45	29.735	29.98	29.42	13	9	2
	July.....	73.16	71.9	72.53	101	54	29.79	30.05	29.44	22	2	2
	August.....	70.16	69.9	70.03	98	53	29.728	29.90	29.26	22	7	1
	September.....	61.93	61.66	61.8	89	40	29.766	30.15	29.18	24	5	6
	October.....	48.968	49.486	49.227	75	30	29.657	30.02	29.20	17	8	5
	November.....	45.966	46.5	46.233	68	30	29.629	29.95	29.25	20	5	5
	December.....	29.15	28.55	28.856	55	3	29.683	30.24	29.27	16	10	5
	Mean temperature of year.....			48.105	Mean height.			29.726		250	77	38

Average Mean Annual Temperature of Four years (1846 to 1849 inclusive), 48.95°.

* Newman considers הרוון *héroh'n* not as the absolute form of a noun, but the genitive or constructive form of הרויון *hérayoh'n*; and we are disposed to agree with him.
 † תשוקתך תאוה כמו נפש שוקקה
 ‡ Seph. Hash. Rad. שוק
 § "The Sacred Scriptures in Hebrew and English, with notes, etc.," by the Revs. D. A. De Sola and M. J. Raphall, Ph.D. London: Bagster, 1844.

PRACTICE OF MEDICINE AND PATHOLOGY.

Acute pleurisy, fatal in three days, by a needle penetrating through the chest into the lungs.—Dr. Keslop, in the absence of Mr. Baker, under whose care the patient was admitted, exhibited the preparation and gave the following particulars of the case:—

Samuel Butwell, aged 15, was admitted into the Hospital on the 30th of April. On the day before admission a sewing needle had accidentally entered the right side, close to the inferior angle of the scapula and to its inner side. The attempts made by his friends to extract the needle only pushed it further out of reach. The subsequent efforts towards the same object proved equally unsuccessful. The next day feebleness of respiration existed at the base of the right lung, which rapidly increased, and in spite of assiduous efforts to control the inflammation, on the 2nd of May he died.

The right lung is covered by a thick layer of soft lymph. The needle is seen fixed in the substance of the lung, towards its inferior posterior part. It had penetrated obliquely. The right pleura contained about a pint and a half of pus, in which floated numerous flakes of lymph.

This case adds another proof, if any were wanting, of the great rapidity with which the characteristic effusion of inflammation may take place even to a very great extent. This boy was in perfect health previous to the accident.

Treatment of Dysentery by Injections of Nitrate of Silver and Creosote.—By Professor Flint.—The nitrate of silver, as we know, in analogous instances of inflamed mucous tissue, for example, in conjunctivitis, pharyngitis, &c., exerts a surprising effect in diminishing and arresting inflammatory action. It has been employed, to some extent, in dysentery, and is recommended by some practical writers, but, so far as we know, is by no means in common use. In one case we resorted to a solution of the crystals of the nitrate of silver, ten grains to the ounce, with marked benefit. The tenesmus and frequent dejections were relieved in a striking degree, and the discharge of mucus and blood was much diminished. To secure the good effects of this application, it is desirable that the injection be made to pass up the intestine as high as practicable, in order to bring it into contact with a larger portion of the inflamed surface. We found the best instrument at hand to be a female bone syringe, with a long pipe, terminating by a perforated bulbous extremity. Perhaps a solution of greater strength might be even more serviceable. The patient was a child four years of age. The application occasioned, apparently, little or no pain—not more than the ordinary enemata of starch and laudanum. Another remedy employed in the same case was a creosote mixture. We have used this remedy in two cases; in one of chronic dysentery of long standing, the effect was good, but not extraordinary. In the case recently under treatment, we first employed it in conjunction with the tincture of opium, and found that the enemata were retained, when with the laudanum alone; they were immediately expelled. We employed, at first, a mixture for each injection (oz. ss.) containing two minims of creosote. Subsequently we employed the creosote alone increasing the quantity to four minims, and the good effects were striking. The relief of the local symptoms was quite as great as when the opium was given in combination, the disadvantages of the latter being avoided. We feel confident that this will prove a valuable remedy in the dysentery, and we therefore are solicitous that our readers should make trial of it. We do not, of course, suggest these as remedies intended to supersede other therapeutical measures, but only as useful auxiliaries thereto.—*Buff. Med. Journ.*—*New York Journ.*, Sept.

Rupture of the Spleen. Autopsy. By M. G. Whitney, M. D. of Kingston, Pennsylvania.—The patient was a man named Young, living in Wyoming Valley, aged about 40, a coal laborer, very large and muscular, subject to intermittent fever. On the night of the 21st of November, 1849, he was engaged with a party serenading a newly married couple, when, after drinking somewhat freely, and being partially intoxicated, a diffi-

culty arose between him and one of his companions. In a struggle which ensued, Young being nearly down to the ground, was struck by his antagonist with the clenched fist, two or three blows on the left side, over the region of the stomach and spleen. Very soon it was observed that he was severely injured. He groaned; had difficulty of breathing; his extremities became cold; the pulse ceased at the wrists, and in about fifteen minutes from the time of the scuffle he died.

Inspectio cadaveris.—About 38 hours after death, I made an examination. The body was altered very little by the process of decomposition. It was a little discolored on the back. The abdomen was much distended and tense; on opening it, a large quantity of fluid and coagulated blood was found in the cavity. The viscera were carefully removed, and on inspection, the spleen was found about three times the normal size, of a dark greyish color, and having three rents or ruptures on the convex side, extending transversely across its body. There was a large quantity of coagula around and under the stomach and spleen; all the other abdominal viscera had a healthy appearance. I did not measure the spleen, but should think it was about ten inches long, four or five inches broad, and about four inches thick at the thickest part. The rents were about two inches apart, and extended into its substance about one inch. No further examination was made.

A Case of natural Anæsthesia. By Paul F. Eyc, M. D. Professor of Surgery in the Medical College of Georgia. So universal has been the application of the Divine curse to man, that, to suffer and to live are not only inseparable, but may be considered as synonymous terms. In the observation of more than twenty-three years, I have met with but a single exception to this apparently absolute law of our existence. It has occurred to me, that in these days of artificial anæsthesia, a brief narration of this case might not be devoid of interest to the profession; especially as this condition of the system was actually so complete and profound as to have cost the life of the patient.

I had known Mr. A. for several years, and am the intimate friend of his family physicians, the last of whom is one of my earliest and most promising pupils. From them I had occasionally heard that this gentleman had a natural insensibility to pain, previously to his becoming my patient. In 1845, I was first consulted by Mr. A., in reference to the development of cataracts in his eyes. In November, 1846, he had one eye operated upon in a neighboring city, and for a time he could see pretty well. The sight not proving, however, satisfactory, the patient desired the cataract removed from the other eye; and this was accordingly done by couching, on the 6th of March, 1847. Believing there was a disposition in the case to cerebral congestion, which might produce amaurosis, or even apoplexy, the family physician was advised to keep up some active derivation from the head.

After this second operation upon the eyes, the patient had a rapid recovery, and was soon able to ride over his plantation on horseback. In one of these excursions, he was unfortunately exposed to a severe rain, and apprehending his eyes might suffer, he ordered his servant to rub the nape of the neck with tartar emetic ointment. Desiring this application to be repeated, he was told that the part was already inflamed, but, as he says he did not feel it, and of course could not see the part affected, his command was repeated and then obeyed. Erysipelas now occurred, and I saw the patient on the 11th of April, being about a month after the last cataract was destroyed. Free incisions were made through the skin of the inflamed neck, and other local and constitutional means employed. The disease, however, continued to increase in spite of most active treatment, coma supervened, and he died during the night of the 14th.

Mr. A. was about 55 years old at the time of his death. He was of sanguino-leuco-phlegmatic temperament; was a corpulent man, weighing about 250 pounds, and had been a free liver. He was a lawyer by profession, of good intellect, being a man of strong mind and body, and had acquired considerable reputation as an advocate and politician.

And now in relation to his possessing a natural state of anæsthesia, the following facts are submitted:

During a political campaign, not liking the appearance of a

finger injured in a rencounter, he bit it off himself and spate it upon the ground.

He had at one time an ulcer on a toe, extending finally to the foot, which resisted treatment for nearly three years. Mr. A. told his physician at the time, and has since repeated the same statement, that from first to last, it never gave him the slightest pain.

An abscess also formed in his hand, involving in its progress the whole fore-arm and arm, which became enormously swollen up to the body, and threatened his life. The lancet had repeatedly and freely to be used, and was followed by a copious discharge of pus for several weeks. During the whole treatment, he says he experienced no pain.

He says he felt no pain when his eyes were operated upon for cataract. Neither did either inflame. I can vouch for his staccable immovability during the second operation.

When his neck was pustulated by tartar emetic ointment, he did not feel it, but ordered the application to be repeated.

I made three incisions with a bistoury in his neck to relieve erysipelatos inflammation. He was so unconscious of the operation, that after it was performed he asked me to do it, that he might turn over on his back in the bed.

He told his attending physician that he never suffered pain from any cause whatever, until his last illness. For two days after its development he complained of the erysipelas, and then passed into his usual insensible condition, some time before the state of coma supervened.

It is proper to say that Mr. A. was a man of great probity, and never boasted of being insensible to pain.

The only cause suggested for this truly singular and peculiar condition of the system of this patient, is the free use of alcoholic potations to which he was at one time much addicted. But others have drank more than ever he did, without producing the same result. We think the case of sufficient interest to deserve a passing notice.—*Southern Med. Jour.*

Melancholy Accident from Chloroform.—An accident, of a very melancholy nature, occurred on Thursday afternoon to Dr. Adams, resident physician in the Clyde street Hospital, Glasgow. It appears that, on the previous day, having occasion to make use of a quantity of chloroform, he took several doses himself to try its strength, but without any serious consequence; however, having on Thursday afternoon repeated this dangerous experiment, and incautiously increased the dose to a very large degree, he no sooner applied it to his lips than he immediately fell back and expired. Several physicians were in immediate attendance, who did everything which skill and experience could suggest, but without effect, as life was extinct.—*North British Mail.*

On the Nature and Treatment of Sea Sickness. By Dr. F. W. Fisher.—It is in the rising motion or ascension that the nausea commences, but it is in that of descending that the nausea is exasperated and acquires all its intensity. The following is the theory of M. Pellarin:—Sea sickness ought to be attributed to the trouble caused in the circulation of the blood by the alternate movements of inclination that the ship undergoes: either lateral, rolling, or antero-posterior, pitching. This trouble has for a result, not to congest the brain, as Wollaston pretends, but on the contrary, to deprive it of a sufficient quantity of blood for the normal stimulation of the nervous centre. That which is experienced in sea sickness is in fact analogous to what often happens in arresting the flow of blood in persons who are bled while sitting or standing, and who at the time they faint are taken with a disposition to vomit, and really do vomit. M. P. does not deny that by reason of the general diminution of the circulation there may be a stagnation of the venous blood in the cerebral sinuses, but it is especially in the want of a sufficient excitation of the nervous centres by the arterial blood that the primordial phenomenon of sea sickness seems to consist. Observe a person seized by sea sickness; his face becomes pale, his extremities cold, his nails turn blue as at the debut of intermittent fever. What he experiences resembles much the effects produced by the smoking of the pipe or the cigar, on persons

who are not accustomed to smoke. The pulse becomes small, and there is an extreme prostration of the intellectual and physical faculties. There is a hyposthenic influence in both cases, by the narcotic action of the tobacco in one case; by the diminution of the circulatory force of the blood in the other.

M. P. recognises an analogy between the nausea produced by the motions of a vessel, and the nausea and vomiting of women during the first months of pregnancy; (that is, at an epoch when the womb becomes the centre of a sanguineous afflux, and consequently diverts from the brain a portion of the vivifying liquid it received. Many women have declared that nothing resembled more the nausea of the commencement of their pregnancy than that they experienced the first few days at sea. Another circumstance which strengthens this theory is, that general pregnant women are rarely taken with vomiting while they remain in bed, and on the contrary, often so taken when they change the horizontal to an upright position. Why are women more nervous? why have they odd tastes and irresistible desires during the period of pregnancy? Is it not because the nervous system is at this time less supplied with blood, and that the blood, as every one knows, is the moderator of the nerves? A similar cause produces the greatest susceptibility among women during the menstrual period. To cite an example—a lady, who had never been sea-sick during many voyages, experienced it severely in crossing the English Channel when she had one of her periodic evacuations.

To resume the conclusions. First, the sickness produced by the sea, by riding in carriages, by swinging, are all phenomena of the same nature, determined essentially by the influence exercised on the circulatory march of the blood in the movements that the body undergoes under these different circumstances. Second, this influence has its principal effect in diminishing the ascending force of the exortory liquid in the aorta, and the arteries branching from it; from this results a hyposthenic state of the brain by anæmia or hypohæmia. Third, the insufficient excitation of the cerebral organs determines, by sympathy, spasmodic contractions of the diaphragm, vomitings—which have a particular tendency to re-convey the blood which is wanting, towards the nervous centre. These efforts are a crisis which takes place in a conservative end. They manifest themselves not only in sea-sickness, but in many other circumstances where the brain becomes suddenly deprived of its normal supply of blood; for example, in persons not affected by phlegmasia who are bled.

Treatment.—There are two orders of means to be employed. The first consists in removing one's self as much as possible from the cause, that is from the motions of the vessel, in remaining in a recumbent position, in a hammock suspended without sensible friction at its points of attachment. The second has for an end to combat the effects of the cause on the organism. It acts especially to this end in stimulating the circulatory function by all the agents susceptible of increasing its energy. Thus, a tonic regimen, active corporeal exercise for some days previous to embarkation. At sea, if the weather permits, one ought to keep on deck, in the breeze, make large inspirations, walk quickly and until he perspires or is fatigued; or, better still, to engage in some hard exercise, even with the sailors in working the vessel. Hard work—that which requires great muscular effort—is the surest prophylactic against sea-sickness. The girdle has also its advantages in contributing to force the blood towards the head, and perhaps in seconding the contractile force of the heart. Before the manifestation of the nausea, warm and exciting drinks are favorable. Thus, coffee, tea, with the addition of a little brandy, may give a greater disposition to resist it, in stimulating the circulation and maintaining a diaphoretic state of the skin. Among the medicines, those which have an analogous effect on the economy may be administered with advantage; such as opium, saffron, acetate of ammonia, &c. When the sickness is declared, recourse is only to be had in the palliatives; lemons, exciting aromatics, relieve some persons; also the horizontal position, especially with the head low, in a hammock or bed suspended like a compass. But if one wishes to shorten the duration of the nauseous influence of the sea, and diminish the tribute he must pay to a nautical acclimation, he must struggle with all his energy against the tendency to inaction.—*Philadelph. Med. Examiner.*

Peculiar form of Epilepsy.—Reported by Dr. F. H. Hamilton, one of the attending surgeons to the "Buffalo Hospital of the Sisters of Charity." C. B., printer, of Rochester, N. Y., entered the Hospital as my private patient, Jan. 16th, 1849. The following is an abridgment of a letter which he addressed to me, detailing the history and progress of his malady:—

"I am now twenty-three years old. At the age of three years I fell from the bed, and struck my head upon the spot where phrenologists locate the organ of 'hope.' The physician who examined it said it was a mere bruise. The wound, however, did not close in two years, but a sinus was formed under the scalp, extending from the seat of the original injury, to a point, two inches nearer the ear. Finally it opened at this latter point, and then the first wound healed. In one year more, it healed also at the lower opening. Now I became affected with a kind of spasm and vertigo. The spasms were always preceded by a sensation similar to that produced by a spider running from the ear to the original wound. By a course of emetics and purgatives, I obtained some relief, at the age of seven years. Eight years since, I discovered a depression at the point of injury, which I think, by my frequent pressing upon it, has much increased in breadth and depth.

But to speak more particularly of the manner in which it affects me. From the age of five to nine years, on the occurrence of the spasm, I was thrown instantly upon my back, with my feet and hands lifted perpendicularly into the air; and I laughed constantly until the spasm ceased. Since then, unusual mental exertion renders me almost helpless, from extreme weakness, and my brain is confused, but the spasms are not so severe, or of the same character. Now if I press upon either of the old scars, I can induce this condition, and a nervous sensation extends from the point pressed upon, down my neck, shoulders, &c. If the pressure is continued, it produces, in fifteen minutes, copious salivary, urinary and alvine evacuations. If spasms occur, my vision is affected, and objects appear much more distant than they actually are. If I am walking, under its influence, my speed is immediately involuntarily accelerated, and perhaps, in a moment afterwards, my progression is in like proportion retarded. If the spasms are chiefly in the right side, I walk obliquely to the right, if in the left side, I walk obliquely in the opposite direction. In this condition, I cannot give correct utterance to my thoughts; but I think one thing and speak another. Sometimes when engaged in type setting, I commit gross blunders, and then not from accident or dullness of intellect, but because I am impelled or determined to do it. Recently, after having supped, and while yet sitting at the table, and knowing that such was the fact, I said, 'let us ask a blessing,' and I proceeded to do so, but was arrested in the middle of the service, by the impulse having suddenly ceased. Again, I was splitting wood in the rear of the house, when I was taken by a spasm, and forthwith I started, pell-mell, for the street, a distance of six rods, with no object in view, yet with the axe raised as if in the act of striking. When I reached the street, the excitement ceased, and I returned quietly, but greatly exhausted."

January, 1849, I operated upon Mr. B., at the Hospital, he having placed himself under my care for that purpose.

The operation consisted in nearly circumscribing each of the cicatrices, separately, by a circular incision extending to the bone, and then dissecting it up clean from the cranium, leaving the circular flap thus elevated, attached only at one point, of about one inch in breadth, through which it might continue to derive its support. My object was twofold: first, to cut off, as completely as possible, the nervous communication between these cicatrices, and the general system, and second, to afford me an opportunity to trephine, if the skull should be found to be depressed. There was, however, no evidence that the skull had ever been injured; I therefore completed the operation by simply replacing the flaps. He was immediately, and for a short time, relieved of nearly all the unpleasant symptoms, from which he had so long suffered. In about two weeks he returned home. The following is a summary of the letter which he has since addressed to me:—

"Dear Sir:—I have delayed writing to you thus long, that I might speak more definitely of my case, and of the benefits received from the operation which you made. I am happy in now being able to say that I am greatly benefited; indeed, I do not hesitate to say that I am permanently cured. It is now three

months since the operation, and I feel like a new man. During the healing process, I was almost in despair as to any favorable results; many of my old symptoms returned. But, when, in about five weeks, the wounds had entirely healed, the unwelcome symptoms again disappeared, and they have not returned. The upper cicatrix is soft and pliable like pulp.

My mind is not now, as formerly, confused, and distracted; I have, in consequence, been able to make a desirable editorial connection, and my future prospects are brightened. For these priceless benefits, please accept my thanks. Give, also, my thanks to sister Ursula, for her, and the Sisters' kind attentions to me during my brief stay with them.

Your sincere friend,

March 26th, 1849.
—Buffalo Med. Jour.

C. B."

SURGERY.

A Case of Rupture of the Quadriceps Femoris Muscle, which came under the notice of C. H. Mastin, M. D., of Mobile, Alabama.—In September, I was called to see an old man, aged 60 years, who, in attempting to replace the bed of a waggon upon its wheels, had his foot to slip, and his left leg, in a state of semi-flexion, caught between the falling body and the ground. Upon examination, I found the quadriceps femoris, about an inch and three-quarters above the patella, ruptured; the patella driven down, even out of its natural position, and its ligament "loosed" outward. Having satisfied myself of the correctness of my diagnosis, the next question was, as to the mode of treatment; how the ruptured ends should be coaptated and so retained. I extended the leg upon the thigh, and flexed the thigh upon the body; a uniting compress was placed upon the thigh in the direction of the fibres of the muscle, the patella restored to its position, and a roller passed from the toes to the groin; a splint extending from the tuberosity of the ischium to the os calcis, and the roller reversed and passed over the splint, down to the foot. The leg was now placed upon a simple inclined plane, which, by flexing the thigh upon the body, would keep the ruptured muscle in a relaxed condition, and thus more effectually approximate the ends. The patient was now left to rest. No bad symptoms occurring at the end of thirty days, the dressings were removed, and the double inclined plane of Amesbury substituted, which, by gradual flexion and extension, anchylous was prevented, and in the time of forty-five days, from the accident, the patient was perfectly cured.

This proves to be an interesting case, from the advanced age of the individual, from the fact, that the violence of the blow—sufficient to rupture so great a mass of muscle—did not abrade the skin, and the speedy recovery, even without a bad symptom.

That the accident cannot be regarded as trivial, we have but to notice, that out of fourteen cases mentioned by Demarquay as having occurred at the Hôtel Dieu, only five may be considered as having had a favorable result. M. Velpeau mentions two cases of rupture of the tendon of this muscle, which came into La Charité in 1838, and remarks, that although it was impossible to effect union by immediate contact, still the cure was completed without the functions of the leg in either case being perceptibly disturbed.

The fact of the new substance, which unites the two ends, being ultimately transformed into a tissue resembling the original, may be the reason why ruptures of the extensor tendons and muscles, do not cause lameness more frequently; the muscle being only lengthened to a small extent, its retractions eventually overcome this elongation, and in a short time the movements of the leg show but a slight derangement.—*Southern Med. Jour.*

Ear-trumpets—All the contrivances for ear-trumpets, in general use, are as unphilosophical and inconvenient as possible. Only two persons, to our knowledge, have thought of copying nature, and hence the poor success of all past efforts in this branch of business. Dr. Smilie, of Tremont street, Boston, actually takes a cast of the defective ear, and inserts a metallic lining to the external surface, which gives a degree of assistance that is most rag-

tifying. A mechanic in France has also succeeded in constructing an instrument that is worthy of consideration. No two cases appear to be precisely alike, and hence the necessity for taking a cast—a point on which the hope of alleviation to the deaf person is based. Instead of using silver or compositions of any of the vegetable gums, it strikes us that the more compact texture of the metallic fac-simile of the depressions, concha, &c., the more perfect would be the impression. Bell-metal, therefore, or the gong-metal, which is far superior in elasticity and sonorous properties, would be preferable to gold or silver. This improvement is suggested from a consideration of the office of the external cartilaginous ear. If the internal tubes and membranes are extensively diseased, or the acoustic nerves palsied, or the secretions of the semicircular canals destroyed or essentially vitiated, no great assistance can rationally be expected from artificial apparatus. Dr. Smilie's plan is very ingenious, and worthy of notice and encouragement.—*Boston Med. and Surg. Journal*.

“*Extrodution*” of the *Bougie for Stricture*.—By Professor Brainard.—Professor Brainard, in the *N. W. Med. and Surgical Journal*, gives the history of a case where the patient had suffered for eleven years from stricture of the urethra following gonorrhœa; retention of urine had almost become perfect; the patient complained of great pain and a constant desire to void urine, with the ability to pass only a few drops at a time. Various careful but ineffectual attempts were made to pass the bougie; the bladder had risen several inches above the pubes nearly to the umbilicus. The bladder was now punctured above the pubes with the long curved trochar and the stylet withdrawn. As soon after the operation as the state of the parts would admit, long and persevering attempts to pass the bougie were made, but without success. Near the posterior extremity of the spongy portion of the urethra was a knotty projection, beyond which the instrument would not pass. The thought now occurred to Dr. B., that the prostatic and membranous portion of the urethra could be explored by means of an instrument passed in the bladder through the opening made by the puncture, and still occupied by the canula. The attempt was made by means of a small-sized bougie rendered firm by means of a stiff wire bent to form the segment of a circle. Very little difficulty was met with in the attempt to pass it. By a very little exertion the point of the instrument was brought to within two inches of the orifice of the urethra and then seized by means of a pair of forceps, the wire was withdrawn and the open end of the bougie passed into the bladder. The instrument was allowed to remain for three days, when it was withdrawn and a larger one substituted. Larger instruments were used from time to time until one above the medium size passed without the least difficulty. One month after the first operation the cure was nearly complete. The following practical deductions are drawn by Dr. B. from this case:—

1st. The puncture of the bladder above the pubes, if care be taken to prevent infiltration of urine, is a slight operation, and should not be deferred till extreme distension takes place. In further proof of this, we would refer to a case published not long since in the *Buffalo Medical Journal*, by our friend Dr. J. P. White, of that city. In that case a puncture of the kind served as a substitute for a urethra for a long time with but trifling inconvenience.

2nd. This puncture may be made useful in catheterism. For this operation of passing a catheter forwards, which so far as we are aware, has not been done before, a friend has suggested the name of *Extrodution*. It may be performed with a properly curved instrument very readily, and if difficulties should occur, they may be obviated by passing the finger into the rectum. In the cases in which it is likely to be useful are rare, they are extremely urgent, and when they occur this operation may prove a valuable means of relief.—*Provincial Med. Sur. Journ.*

Use of Sulphate of Iron in Chancre and Gonorrhœa.—An anonymous correspondent of the *Lancet* says: “The whole class of caustic agents, when applied to the Hunterian chancre (though the possess: *susa cum calce* be used till the ulcer be “punched out,” as recommended by M. Ricord) form an eschar with pus still secreting; in fact, the morbid cells have not been des-

troyed. The alkaloids and hydro-carbons are equally inefficient.

If a chancre be perfectly freed from its eschar and the enclosed pus, at the bottom of the excavation may be observed minute white points or germs, secreting, slowly, the morbid virus. If, now, the proto-sulphate of iron, minutely pulverized, be dropped into this excavation, the parts will instantly assume a charred appearance, the metal is absorbed into the tissue, the morbid cells or germs will instantly cease to secrete pus, the cleared cavity will shortly granulate, and a smooth surface, without induration, will be the result of the use of the proto-sulphate of iron. The chancre is destroyed.

It is known to chemists, that the proto-sulphate of iron absorbs large volumes of oxygen and nitrous oxide gases. The proto-sulphate of iron, I have observed to be the most powerful agent for arresting decomposition in animal and vegetable substances. Inflammation and decomposition in the living tissue is likewise arrested by it.

In gonorrhœa, we have now an agent arresting the morbid cellular action, in the salts, which should be used in solution super-saturated.

In leucorrhœa, and in simple ulcers, the morbid action is arrested or peroxidized by this metallic salt.

Large doses of this salt have been exhibited in obstinate diarrhœa, with great benefit.

The action of this salt will produce a great change in superceding mercury in the treatment of diseases of specific origin.—*Lancet*.

Axillary Aneurism—Deviation of the Subclavian Artery—Recovery. By Joshua B. Flint, M. D., etc., of Louisville, Ky.—On the 17th of May last, Mr. G——, a healthy, athletic man of five-and-twenty, living about ten miles from Louisville, was stabbed in the left shoulder. The knife entered just in front of the articulation, penetrated the axilla and wounded the artery; the hæmorrhage was profuse and prostrating. Syncope coming in aid of means used by the bystanders, the bleeding was staunch until the arrival of a neighboring physician, under whose judicious and persevering efforts it was permanently arrested about fourteen hours after the injury—in the meantime, and for some hours longer, the patient being motionless and unconscious from exhaustion.

A few days after leaving his bed, he noticed a swelling in the arm-pit, and finding, after observing it a while, that it was enlarging and entering with the movements of the limb, he exhibited it to his physician. Dr. Foss perceived at once the nature of the swelling, endeavoured to explain to the patient its character and tendencies, and advised him to come to the city for further advice and such surgical aid as his case required.

He presented himself to me about the middle of June. In the left axilla was a pulsating tumor, exhibiting all the evidences and characteristics of aneurism. It filled the axillary cavity, the lower portion, indeed, projecting somewhat beyond the true margin of this cavity. The tumor appeared to be furnished with a very regular, well-defined cyst; the shoulder was crowded considerably upward, and the arm thrown off from the trunk at a large angle.

I repeated to the patient what his physician had told him of the nature of his disease, described to him as well as I could the process most likely to relieve him, and advised him, as he could not then remain in the city, to return without any avoidable delay, and have the operation performed as soon as, by repose and suitable regimen, he should appear to be well prepared for it.

Arrangements were accordingly made for operating on the 21st of June, in the presence of a number of medical gentlemen more or less conversant with surgical proceedings. The patient was placed upon a table, with the head and shoulders so disposed as to expose as much as possible the parts to be involved in the operation. An incision, two inches and a half in length, was carried across the base of the supra-clavicular triangle, about a quarter of an inch from the bone, and this incision was joined at its inner extremity by another about an inch and a half in length, running along the outer edge of the sterno-mastoid muscle. The flap of integuments being raised, and a similar section of the superficial fascia and platysma drawn aside, the subjacent textures were divided by the

point of the knife, or pushed aside by its handle, until the usual situation of the subclavian artery between the scaleni was attained. The edge of the outer muscle being followed down to the tubercle of the rib, the vessel was sought for by these landmarks in its usual course. But it was sought in vain—it was not there. In its place, exactly, was the lower cord of the cervical plexus of nerves. Having satisfied myself that the vessel was not *in situ*, and given a moment to the emotions of surprise and disappointment the discovery occasioned, the intruding nerve being drawn to the outer side of the wound, I proceeded to explore its recesses for the errant artery. Guided by the pulsations, which had been felt obscurely during the whole progress of the operation, I pushed my way, with the finger and handle of the scalpel, under the anterior scalenus muscle, until the extremity of the finger could be placed upon the naked vessel, about an inch and a half from the outer margin of the muscle, in a direction upward and inward. Only a small portion of the tube, such as could be covered by the end of the fore-finger, was or could be uncovered. On every side it seemed to be enveloped by muscular masses that would not yield to any force which it was thought prudent to make in attempting to isolate the artery.

In order to facilitate further manifestations in the depths of the wound, its orifice was now enlarged by a section of the outer margin of the sterno-mastoid muscle, and a division of some fibres of the trapezius. The essential difficulty, however, still remained; consisting of the depth and obliquity of the passage to the vessel, and the closeness with which the surrounding textures embraced it. After much fruitless effort to isolate the artery sufficiently to justify a hope of being able to pass a ligature around it by means of any instrument known or imagined, I reluctantly abandoned the attempt; determined, after the patient should have recovered from the effects of the present proceedings, to give him the chances of recovery offered by a ligature on the artery beyond the aneurismal tumor. In my reflections on his case, I had at one time contemplated this operation as the primary undertaking in his behalf, believing that the artery was wounded beyond the exit of the great axillary branches, and that a ligature might be placed between the disease and any considerable muscular branch, so as to secure the most material condition of success in this method of treatment. The wound was cleansed, and drawn together by suture and adhesive plaster. The patient was placed in bed, manifesting a good deal of nervous exhaustion, but suffering not at all from loss of blood, only one small vessel having been divided which required a ligature. The wound healed kindly, with very little suppuration, and in two days the patient was on his feet again, as well as he was before the operation; but, as we then supposed, no better. After a few days, however, I received a message from him, explaining why he had not come to town, according to our arrangement, by the information that he was recovering.

About three weeks after the operation he called on me, and I was agreeably surprised to notice the improvement in his condition. The axillary tumor was very much diminished, and not the feeblest pulsation in it could be detected.

Another examination made this day, September 1st, confirms the favorable conclusions of the previous one, and leaves no doubt of a complete cure. The elastic swelling that once filled the axilla is reduced to a solid tumor of the size of a pigeon's egg, and the shoulder and arm have almost resumed their natural position and movements. The pulsation in the artery below the point of injury, is only a little less strong than that in the other side, and above the clavicle the movements of the subclavian are distinctly felt through the indurated textures constituting the cicatrix of the secondary wound.

There are two points of great interest in this case; and I have related it with more particularity than were otherwise desirable, in order to supply the materials for such readers as choose to do so, to contemplate them critically.

1.—*The anomalous position of the subclavian.*—Exactly what are the abnormal relations which the artery here sustains, can only be known from a dissection of the parts, and, happily for the patient, his present condition forbids us to expect that this satisfaction will be realized by any living anatomist.

My own impression and belief, however, is, that after proceeding rather higher than usual in its vertical course, the artery, in becoming horizontal, turns under the posterior scalenus muscle,

instead of taking the usual route between it and its anterior fellow. Confirmatory of this belief is my recollection that in the primary examinations of the case, it was noticed that the pressure over the clavicle, which most effectually arrested pulsation in the tumor, was directed rather backwards than downwards—against the spine rather than against the rib.

Irregularities in the origin of the left subclavian are not uncommon; and in its middle portion deviations *forwards*, such as accompanying the vein, exchanging places with the vein, penetrating the anterior scalenus muscle, etc., have repeatedly been noticed. Dr. Warren, jr., of Boston, in an operation upon the subclavian, not long since reported, found a deviation in this portion of the vessel *forwards*, if I understand the account—the artery being thrown out of its place by some distortion of the skeleton. But I have not been able to find in any anatomical description or delineation of the blood-vessels or their anomalies, any notice of a deviation of the subclavian *backwards*, like that which is presumed to exist in the present case.

Although the discovery of such an anomaly may never have rewarded the curiosity of the *anatomist*, I apprehend that more than once the *surgeon* has encountered it, with somewhat more serious emotions than those of mere curiosity.

The first recorded attempt to tie the subclavian was rendered unsuccessful in the hands of the late Sir A. Cooper, by embarrassments which I conceive were due to an unusual distribution of the artery, somewhat like that we are now considering. The accounts of this operation, given respectively, by M. Velpeau and Dr. Mott, who was in London at the time, and an eye witness of the interesting undertaking, vary so much that it is not easy to understand what was the essential difficulty in the proceeding.—According to Dr. M., Sir Astley complained of the depth of the wound; and, moreover, expressed his fears that in attempting to uncover the artery he had wounded the thoracic duct, and thus hastened the death of the patient, which took place six days afterwards. If there were any grounds for this apprehension, the operator must have been carried, in pursuit of the artery, very far within and behind the place where he expected to find and tie it.

A similar failure afterwards happened to Professor Lallemand, in attempting to tie the subclavian for the purpose of arresting a hæmorrhage in the axilla. Here the embarrassment could not have occurred from the presence of a tumor, pressing up the shoulder and interfering with the manipulations of the surgeon, as is sometimes the case in operations for aneurisms, but can hardly be attributed to any cause except an unusual remoteness of the vessel.

If we could discover beforehand such a deviation as I have supposed to exist in the present instance, it would not be wise to attempt to seize the artery through a wound whose primary incisions were made after the usual method of operating without the scaleni; for I deem it out of the question to succeed under such circumstances. We should do better to commence on the inside of the sterno-mastoid, the primary incision being laid much as we should shape it for finding the primitive carotid trunk.

2.—*The recovery.*—To what is it due? We know that spontaneous cures of aneurism occasionally take place; and it is an ungracious thing to dispute about the credit of a cure with that great physician called nature, to whom all practitioners of the healing art are under such infinite obligations. But the disease was progressing until the time of the operation, and we know of nothing that took place afterwards, either of a constitutional or local character, calculated to exercise a favourable influence upon it. The patient escaped from all professional appliances and restraints immediately after the operation, and resumed, as he was able his usual habits of life. He presently found that the movements of the arm were executed with more freedom, and this observation led him to notice the diminution of the aneurismal tumor. Under all the circumstances, it can hardly be doubted that art, although thwarted in her plan of relief, may fairly take the credit of contributing largely towards the gratifying result.

Under the light thrown upon this department of surgery, during the last few years, in the successful treatment of aneurism by partial compression of the artery involved, we can understand in what manner and degree the contributions of art became efficacious in the present instance. All that is necessary for the consolidation and subsequent removal of an aneurismal tumor is that the current of blood should be sufficiently retarded in the affected artery, to

favor the deposition and permanence of febrine in the morbid cyst. The vessel in the present case was subjected to a considerable degree of pressure and friction over the small portion of it that was exposed, in attempts to separate it from neighboring parts—enough of pressure and friction to excite reaction, which propagated to the inner coat, might have determined swelling of the texture or deposition of lymph on its inner surface, sufficient to diminish the caliber of the vessel very materially, and to retard proportionately the current of blood from that point onward.

The inner coat of the arteries is remarkably prone to take an action that results in plastic effusion. We are now well assured that the violence which the experiments of Jones taught us it was necessary to inflict upon this texture, to secure obliteration of the vessel, is quite unnecessary, and that this purpose may be effected by simply bringing the inner parietics of the tube into contact, slightly irritating this surface by acupuncture, or even by irritation transmitted to this membrane from strains and bruises inflicted on the outer coats.

Moreover, it is not unreasonable to suppose that, even if these intrinsic processes were not set up in the denuded artery, by the violence to which it was subjected in the operation sufficient diminution of its caliber to determine the same curative results, might be occasioned through the pressure exercised upon it from without, by the contraction of surrounding textures in the subsequent process of cicatrization. We do not often, it is true, notice such an occurrence in the large blood-vessels, but when nervous trunks get engaged in cicatrices the pressure exercised upon them is often sufficient to produce the most serious consequences.

By either of the two modes of contraction, however, the force of the circulation in the vessel would be broken at the contracted point, a kind of eddy produced in the portion immediately beyond it, and the most favorable conditions secured for the curative deposits to be made in the tumor.

If this interpretation of the phenomena of our case be correct, while we are indebted to the improved surgery of our Dublin brethren for the establishment of those principles on which it depends, the most important phenomenon of the case itself—the recovery—with the reciprocity characteristic of true science, reflects additional confirmation on the principles that explain it, and affords a beautiful and encouraging illustration of their practical value.—*Western Lancet.*

Compound Fractures, Amputations, &c.—In the New York Journal of Medicine for November, we find an interesting paper, with statistics, by Dr. John O. Stone, of the city of New York, on amputations and compound fractures. The suppression of the Astor Place riot, by the military, presented an interesting field of observation to Dr. Stone, and he has improved it. The statistics used by him are necessarily imperfect, but tend to urge the surgeon to greater efforts at saving limbs, than are usually made. The knife is often resorted to very unnecessarily, and we hail, with satisfaction, all efforts that have a tendency to teach caution in its use.

From a portion of his statistics, Dr. Stone draws the following conclusions:

1st. That primary amputations of the upper extremities are equally successful and to be preferred both in military and civil surgery.

2d. That, in military surgery, primary amputations of the lower extremities are twice as successful as secondary.

3d. That in civil surgery, (i. e. in the American hospitals,) it is immaterial whether primary or secondary amputations of the lower extremities are resorted to.

4th. That secondary amputations of the upper extremities in civil surgery, are eight per cent. less fatal than in military surgery.

5th. That secondary amputations in civil surgery, are twelve per cent. less fatal than in military surgery.

In the above conclusions, all that is said of civil surgery embraces only the hospitals of Boston, New York and Philadelphia. But by adding together all the information we have been able to obtain with regard to amputation of the lower extremities in civil hospitals, and comparing it with the result obtained in military hospitals, we have

	Primary.	Secondary.
American Hospitals,	45 cases, 17 deaths.	44 cases, 3 deaths.
North Liverpool Hosp.	23 " 20 "	9 " 4 "
University Coll. Hosp.	5 " 2 "	42 " 5 "
	73 " 39 "	95 " 12 "

A mortality in primary amputations of lower extremities in civil practice of 53½ per cent., and of 12½ per cent. in secondary amputations. This gives us 32 per cent. in favor of primary amputations in military service compared with civil practice, and 36 per cent. in favor of secondary amputations, of lower extremities in civil surgery. We also find, that there is a difference of 41 per cent. in favor of secondary amputations in civil surgery over primary, and a difference of 9 per cent. in favor of secondary amputations of civil practice, compared with the primary amputations of military surgery.

We may therefore conclude, that, in military practice, primary amputations are to be preferred; that, in civil practice, secondary amputations are to be preferred; and that the secondary amputations of civil surgery are more successful than the primary of military surgery.

This result is important, and if true, is subversive of the commonly entertained notions upon the subject of amputations, and must lead to a change of practice.

After paying some well merited compliments to M. Bauden, "Surgeon of Val de Grace, and formerly with the army in Algiers," Dr. Stone quotes the following rules of practice in compound fractures, and particular injuries of the joints, from M. Bauden:

- 1st. Make no débridement, (freeing of parts by incisions.)
- 2d. Endeavor to make a complicated wound simple, by removing splinters of bone.
- 3d. Apply cold water and even ice.
- 4th. Endeavor to keep the inflammation strictly local, and thus prevent its extending to the viscera.
- 5th. When the upper extremity is comminuted, remove the splinters, and make such incisions of osseous matter as may seem advantageous, and reserve secondary amputation as a last resource.

6th. When the femur is shattered and splintered, amputate at once. When tibia or fibula, remove the splinters and give the limb a chance. When both bones are fractured, as a general rule, amputate immediately.

By an adherence to these judicious rules, especially the third one, M. Bauden says he has "saved two cases out of three, where the knee joint was opened. Out of six secondary, six died. Twenty five soldiers, who were shot in the limbs, and from whom he immediately removed all the splinters, all recovered."

Dr. Stone produces abundant proof to show that bones injured by gunshot wounds require large openings for the exit of pus. The philosophic Hennen is quoted for the observation that wounds of the knee joint, with large openings, are more easily and successfully managed than small wounds. Dr. Gibb furnishes statistics in proof of this fact. These cases occurred in Paris during the insurrection of June, 1848. There were twelve cases of compound fracture of the thigh, and six of them died, a result more successful than is obtained by amputations in such cases. The most gratifying point in Dr. Gibb's reports is the successful treatment of wounds of the knee joint. Five of the cases reported by him were wounds of the knee joint—"the most dangerous kind of wound"—of these three recovered without anchylosis, or bad symptom; one recovered, with anchylosis.

These are certainly gratifying results, so far as a comparison is made between this mode of treatment, and the results of amputation. In connection with these results, Dr. Stone speaks highly of the rules of practice in such cases, which govern Dr. William J. Walker, of Boston. These rules were presented by Dr. Walker, in his annual address before the Massachusetts Medical Society, in 1845. These rules are, says Dr. Stone, "proved to be correct by cases from his own practice, an by and array of cases by such men as Martiniere, Cannac, Boucher, etc., until their very number imposes upon us, and we are forced to admit the simple but certain points of practice which he inculcates." We can find space for but two of these rules, and we do so to show the extent of error that prevails, and to make some comment upon the whole of this surgery. The two first rules laid down by Dr. Walker are:

1st. That all membranous or tendinous structures that obstruct the removal of foreign bodies, or unduly confine or strangle the soft parts, when swollen by inflammation, or which, by their presence, would be likely to prevent the free discharge of matter, should be freely divided.

2d. That such dependent orifices should be preserved or counter openings made, as will, when aided by position and dressings, secure the free discharge of matter which might otherwise stagnate within the wound.

It seems not to have entered into the conceptions of Drs. Walker and Stone, while contending for a higher and purer surgery than the amputating knife presents, that there was a height far above their own. For the kind of surgery that they practise and inculcate, their rules are excellent, but there is a kind of surgical science that makes these rules an utter abomination. Instead of all this care about large openings, dividing membranous and tendinous structures, preserving dependent orifices, or making counter openings for the exit of matter, would it not manifest a higher degree of skill to prevent the formation of matter, and thus render these barbarous measures for its discharge, unnecessary? The powers of the bandage are so obvious, so simple and successful in all these cases; they are so superlatively beyond all other means in their successful results, that we are at a loss to imagine how any other rules than those that belong to the proper application of the simple roller, can, by any possibility, find a lodgment in the mind of the surgeon. We have seen the most formidable injuries to joints, tendons, and muscles; comminuted, compound and simple fractures, invariably yield to the influence of the bandage, and many of them must have had, judging from observation of other methods, a serious termination under any other treatment. Under the influence of the roller, we have seen formidable gunshot wounds assume the aspect of ordinary incisions, and heal kindly in a space of time usually required for the sloughing process to complete itself. The formidable sloughing, immoderate flow of pus, fistulous formations, long continued illness and confinement are all absent under this treatment. Upwards of twenty years ago, we saw a case of injury that would have required amputation, and which must have ended in death, but for the bandage. Professor Dudley has recorded this case, and we cheerfully bear testimony to the accuracy of his details, for we saw the child dragged from its perilous place, and was incredulous as to the possibility of her recovery. Prof. Dudley says:

A little girl, twelve years of age, playing in a horse-mill, was caught by the knee, between the principal wheel and the walls of the building, and was carried round to a point where the approximation was so close as to stop the machinery propelled by four horses. After remaining between five and ten minutes in this situation, by the aid of levers and wedges the limb was disengaged. On examination, a few minutes after I found all the integument, cellular substance, and most of the fascia protecting the muscles and tendons in the ham, for eight inches up and down the limb, were removed, and for about four inches around. The tendons of the biceps, semitendinosus and semimembranosus were exposed for at least four inches, and the head and upper portion of the gastrocnemius to a still greater distance; most of the burse being scraped off, thus leaving the tendons ragged and bare. The head of the fibula was completely denuded. A small portion of integument, rolled up like a cord, was left on the outer portion of this extensive wound. On the inner and front portion of the limb and a little above the knee, a spot of some magnitude, of a livid appearance, indicated the opposite seat of pressure and violence.

The bandage was immediately applied, from the toes to the hip, for the purpose of preventing all swelling and inflammation, and to keep the limb extended during the cure. When the dressing was applied the limb was nearly divested for the time of sensibility.

On the fifth day from the accident, the dressings were removed for the first time, when the integument that was killed all came away, leaving a suppurating surface without either inflammation or swelling. On the twelfth day, and third dressing, by the process of sloughing, the whole of the lacerated fascia came away and left the entire surface of the wound healthy and suppurating. The flexor tendons were so extensively exposed that fears were entertained that they might slough, especially that of the biceps, the whole of which was exposed. All fears on that head were

speedily dissipated by the appearance of granulations on all the tendinous surface. But from causes not known a fever now supervened, which was only subdued after a patient and unremitting effort of fifteen days. During the continuance of the fever, the patient lost as much by ulceration as the sore had gained previously by the granulating process, so that at the expiration of the first four weeks, the wound was as large as at first, with a most obstinate disposition to contraction in the flexor muscles, created by some inflammation which had taken place. For it must be understood that from the loss of soft parts, the irregular conformation of the joint, and the impossibility of making complete, equable, and efficient pressure upon all points, the disposition to inflammatory action could not be entirely controlled. Under the persevering use of the bandage for another month, however, no medicated application being made to the wound, she was so far restored as to render farther attention on my part unnecessary. The occasional use of a splint, in aid of the bandage, was resorted to in order to counteract the flexor muscles of the limb.

Great apprehensions had been entertained for the preservation of the joint, because of the inflammation and the protracted nature of the case; but before the expiration of the third month, she was enabled to walk the streets with but partial stiffness in the joint, and that was temporary in character.

The frightful extent of the wound, the great loss of soft parts, and the contusion resulting from pressure that suspended for a number of minutes the motion of machinery drawn by four horses, furnished ample apology for the amputation of the limb; nor is it probable that it could have been preserved by any other treatment than that adopted in the case.

We regret that we have not space to continue this subject, for we have many interesting details to furnish in vindication of the claims of the bandage to a much more important place in surgical art than it generally obtains in surgical works. Of its great power over many affections, for which it is rarely recommended, we shall present ample proof, and if the clinical reports of Dr. Gibb and Dr. Walker speak strongly in favor of the practice of M. Bauden and Dr. Walker, in comparison with the results of primary amputations, we shall be able to show that the surgical art which understands the bandage, and applies it with judgment, may boast a success and a series of results unattainable by any other means. These are matters of no ordinary interest, and cannot be too frequently enforced upon the attention of the profession. In realizing John Hunter's very correct idea of the difference between true surgical art, and operative surgery, the bandage will maintain a position that bids defiance to rivalry from any quarter. In our next number we shall endeavor to present the subject in its proper light.—*Western Jour. of Med.*

Treatment of Hydrocele, by Injections of Ammoniacal Gas.—M. Bonnafont, Surgeon-major to the Military Hospital of Arras, has addressed a note to the Academy of Sciences, upon a case of hydrocele, cured by the injection of the gas of liquid Ammonia. He thinks that this new mode of treatment, which he says is quite harmless, must soon become general. What the author wishes to prove by his communication, is the innocuousness of injections, or rather of ammoniacal insufflations in closed cavities. If it can be shown, he says, that these gaseous insufflations charged with various principles, enjoy any properties even inferior to liquid injections, they ought always to be preferred, because, with the latter being foreign bodies, they are perverse to absorption, and are a cause of numerous accidents.—[*Gazette Medicale, by G. D, G*]

MIDWIFERY.

Craniotomy; the Child Born Alive.—We copy the following extraordinary case from the *Prov. Med. and Surg. Journal* (September 19th 1849).

"A remarkable case is narrated in the annals of the Medical Society of Flanders, in which craniotomy was performed in consequence of deformed pelvis; but the child could not be extracted. As a last resource, the Cæsarean section was

performed, and, to the astonishment as well as horror of the surgeon, the infant was extracted alive, and exhibiting an immense lacerated wound of the skull. The brain was completely denuded, and appeared to be reduced to a complete pulp. The child survived, and suppuration was established, large quantities of brain coming away at intervals with the purulent matter. When exhibited to the society, the child (a boy) was nine years old, and did not appear intellectually inferior to the average of boys of his age. The mother did well, and died some years afterwards of fever."—*Medical News*.

Vicarious Menstruation. [Communicated to a distinguished Medical Gentleman in Philadelphia.] Dear Sir:—Yesterday, quite an interesting, and, so far as my knowledge extends, some, what unique case was presented to me for medical advice. The following is a brief summary of the case, as detailed to me by the individual herself.

Miss M., *æt.* 20, of medium size, and dark complexion, was attacked with severe pains in the uterine region, about one year or more ago. She labored under a severe spell of sickness, under the care of Dr. Atlee and other physicians of Lancaster. For some time her life was despaired of, but she ultimately recovered, and for more than nine months subsequently was unable to urinate, save by the aid of the catheter. Her catamenial discharge appears monthly, and, according to her account, plentifully. Her menstruation continues usually about four days; but the most interesting fact is, that, at each menstrual period, she spits up large coagula of blood, and there is also a discharge from one of her nipples of a sanguineous fluid, both commencing, continuing and stopping at the same time with that of the menses. Now I have heard of vicarious menstruation, but then there was no discharge from the uterus at the same time, or, if any, it was very scanty. Can it be owing to an engorgement of the stomach and mamma at the same time with that of the uterus? and if so, whence the cause? Would it be dangerous to attempt arresting these periodical flows from the stomach and mamma? And if so, why should it be dangerous, inasmuch as a goodly discharge is going on from the uterus at the same time? The young woman is not any ways emaciated, but, on the contrary, looks quite plump, or, as the French would say, *embonpoint*. She is troubled with considerable pain in the small of her back. Time will not allow me to say more at present. I wish you to answer this immediately and give me your opinion on the subject, treatment, &c.

Yours respectfully,

W. R. B.

—*Boston Medical Journal*.

A case of Interstitial (Fallopian) pregnancy.—By Alexander McBride, M. D., of Borea, Cuyahoga Co. Ohio.—*October 18th.*—Mrs. G. aged 25 years, mother of two children, both living, was in good health, washing and cooking for several men; was seized, soon after 11 o'clock, with severe pain in the hypogastrium, which soon extended through the body, followed by vomiting, which was repeated often during the day, nothing of unusual appearance being ejected; pain continued very severe and she supposed it to be a "wind colic."

There being no female about the house but a young girl of not much experience (her husband absent) it was not discovered that she was alarmingly ill till past 4, P. M. When I was called in it was 50 minutes past 4. I was struck with the pale and cadaverous appearance of the face; surface was cold and moist; pulse small, weak and frequent; (not enumerated by the watch) tongue pale and flabby; complained of pain in the hypogastrium, and between the shoulders, and throughout the body by turns, but constantly in the lower part of the abdomen and pelvis. At this time the pain in the hypogastrium, though constant, was not so severe as those darting through other parts of the body. The breathing was labored and sounded by the bed sides as if a bronchus was obstructed with tough mucus. I enquired after the state of the lungs; she said she had a "bad cold," and if she had strength to cough she could clear her throat, which she did partially, soon afterwards.

I asked her, "Are you usually pale?" "No, I am usually very florid." "Are you pregnant?" "No." "Are your monthly turns regular?" "Yes, my last was about a month

ago; it is now time for it again." (Her husband afterwards told me it had been five weeks.) She was not conscious of having been hurt in any way, or strained by heavy lifting, and knew no cause whatever of the present symptoms.

There was no tenderness of the abdomen. To relieve pain, and to stimulate, were the prominent indications. Gave a free dose of morph. acct. and ether sulph. In about fifteen minutes she vomited. Then gave morph. acct. $\frac{1}{4}$ gr. and calomel about 2 grs. She now was quiet, and somewhat easy for a half to three quarters of an hour, but did not rally any; vomiting severely ensued. Gave again the same medicine. Soon after she had a desire to urinate, but could not void any. Said she had had great desire to urinate, but could not void any since 2 o'clock. The pain was now severe in the pelvis, and great distress through the body: countenance very anxious, losing heat rapidly. It now occurred to me that there might be a calculus impacted in the neck of the bladder; dispatched a messenger for my catheters (I was three miles from home), and addressed myself to the use of such means as might support the system till the pain could be relieved. This I attempted to do by opiates and stimulants internally, and heat and frictions externally. She said her "blood had stopped circulating," and "rah me," "I can't live long," and the like expressions. The agony was now intense, and she seemed conscious of approaching dissolution, throwing herself about, and making every exertion to sustain life and breathe. She threw herself out of bed into a chair, and called for warm water; a pail full was instantly had, and her feet put into it. I discovered now that her lower limbs were entirely cold. She was now sinking fast; her face was completely blanched; the pain was most intense in the hypogastrium, for there she held her hands, and faintly shrieked in agony. I lifted her into the bed, and continued the warm applications. She died about a quarter past 7 o'clock, two and a half hours after I was called in, and less than eight hours after the first appearance of the unpleasant symptoms.

Examination 37 hours after death; assisted by Dr. W. N. Longworth; Dr. H. L. N. Leonard being present. Made an incision from the symphysis pubis towards the sternum, and from the same point into both iliac regions. The first morbid appearance that met the eye, was a large quantity of coagulum immediately within the peritoneum, occupying the pelvis and abdomen; this, with liquid blood, I removed to the amount of about three quarts. Among the coagulum in the pelvis, was found a well formed fetus of about three months development [measured according to Devergie]. On examining the uterus, I found about midway between the centre of the fundus and the entrance of the right fallopian tube into the peritoneal side of the organ, a lacerated opening in which a finger's end might be placed, and a red spongy mass protruding; the surface for some distance around the opening was very vascular.

The uterus, with its appendages, was removed. In an hour afterwards the examination was further pursued. Dr. Hubbard being also present. The rupture was enlarged with the scalpel, when a cavity was laid open which contained a placenta, membranes, and a portion of the umbilicus. The surface of the cavity was similar to that of the gravid uterus. The cavity of the uterus was then laid open by carrying the scalpel from the os tincæ towards the rupture, when it became evident that the first discovered cavity and that of the uterus were not continuous. The uterus was lined with a pulpy membranous substance, and within this was nearly an ounce of a light coffee colored mucilaginous fluid. A small probe was then passed from the fimbriated extremity of the right tube through its length into the anomalous cavity. The left tube was also passed by a probe, its passage terminating naturally in the uterus. An attempt was then made to find a passage from the strange cavity to the uterine cavity, without success; but on peeling the deciduous membrane from the surface of the right cornua, the canal of the tube was found, and a silver catheter, number six, was passed through it into the new cavity, distance about two lines.

The enigma was now solved, it was a case of development of the fetus in that portion of the fallopian tube which is between the inner and peritoneal surfaces of the uterus. The peritoneal wall of the new formed cavity offered the least resistance, and it ruptured, discharging the fetus into the peritoneal cavity. The uterus is nearly twice the size of the non-gravid organ. In cutting into its substance to enlarge the rupture, large oëtic vessels were observed. The surface of the os-uteri is granular.

The right ovarium is larger than the left, and exhibits near its centre, a large corpus luteum, having a cavity with a serous surface which would easily contain a large cranberry bean; the other ovarium appears in its normal state; both contain numerous graafian vesicles.

I shall deposit the morbid specimen in the Cleveland Medical College, in good preservation, where it can be seen by the medical curious.

Observations.—1. Patient was nursing a child nearly two years old.

2. She had, as she supposed, colic three weeks before death.

3. She was regular in menstruation up to five weeks before the accident.

4. Death so soon followed the rupture, that peritoneal inflammation did not supervene.

5. Death was caused by the loss of blood and the pain which was occasioned by its presence in the abdomen.

I have written the case at some length, because the cases which I have read have been briefly reported.—*Buffalo Med. Jour.*

MATERIA MEDICA AND CHEMISTRY.

Poisoning by Muritic Acid.—Recovery.—Carbonate of Soda as an Antidote.—Mary C. at. 20, single, a servant, was admitted to the Infirmary, of St. Marylebone at 10 o'clock a. m., on the 19th of November last. The report brought with her was, that she had swallowed two pennyworth (about an ounce) of hydrochloric acid shortly after 8 o'clock on the same morning, with intent to destroy herself. By her own account she had taken the acid on an empty stomach. She had been taken without loss of time to a surgeon in the neighborhood, who had administered alkalies freely; and she had vomited several times. When admitted her countenance was pale and anxious; she complained of pain and burning heat in the throat and stomach; the latter was very tender on pressure. The surface of the body generally cold; the pulse upwards of 130 in the minute, small and thready; the tongue was of a pale whitish color, and the fauces much inflamed. She was immediately placed in bed, heat applied to the surface of the body, and ordered to drink at pleasure barley-water with small doses of carbonate of soda dissolved in it. Soon after admission, and before she had partaken of anything, she vomited freely; the fluid ejected was of a brownish color, and had neither acid or alkaline reaction.

Four hours after admission she vomited about half a pint of fluid, which was chiefly composed of blood. At 8 p. m. she was very restless and uneasy, and had vomited several times. The ejected fluid was tinged with blood. She was ordered to take half a grain of muriate of morphia in combination with a teaspoonful of almond oil.

20th.—She received much relief from the morphia, and slept for several hours during the night. The abdomen is very tender, particularly over the region of the stomach, where she complains of acute pain. Some leeches were ordered to be applied and to be followed by the application of warm bran cataplasms.

21st.—Expresses herself easier, but complains of her throat, and of the pain she suffers in attempting to swallow even fluids. The throat is less inflamed; her pulse is stronger, and has fallen to 100.

22d.—Is slightly improved; complains of cramps and twitches in upper and lower extremities. The skin is rough, and she complains of great coldness in the lower extremities; they are, however, quite warm to the touch. She was treated with half grain doses of morphia at night; occasional enemata of warm water. Gradually improving until the 27th, when the tenderness in the region of the stomach having considerably increased, a large blister was applied, which discharged freely and gave considerable relief.

Dec. 3rd.—She has continued to improve; the pulse is now 80. She can swallow fluids without difficulty, and progresses towards health; but considerable tenderness is felt on pressure over the stomach.

[The patient shortly afterwards left the infirmary convalescent. An occasional after-consequence of this action of the mineral acids, is structure of the œsophagus.]—*London Medical Gazette.*

PHYSIOLOGY.

Experiments on two alligators; each about three feet long.—(Circumstances, not necessary to mention, prevented me from taking full notes at the time of these vivisections. Drs. Cartwright, Smith, Nutt, Powell, Hare, and Mr. Barbot, were present, together with several gentlemen not of the profession, among whom was Professor Forshey.) The alligator, No. 1., was tied on its back. The trachea was ligated in the middle of the neck. No blood was lost. The incision was closed with stitches, and strips of adhesive plaster. The animal was returned to its den, where it was found, apparently dead, about half an hour after. I proceeded to dissect the viscera for a few minutes, when at the request of Mr. Forshey, (a learned and able cultivator of science,) the ligature was removed from the windpipe. The latter was opened. A tube was introduced into the opening. The lungs were repeatedly inflated by Mr. Forshey. The animal was, thereby, soon restored to life. I proceeded to demonstrate the viscera, and to remove the organs. After this was done, (which occupied about two hours,) the animal ceased to show any signs of sensation, or voluntary motion. It lived, after the ligation of the trachea, a much shorter time than decapitated alligators. The heart, both before and after its removal from the body, maintained its contractile motions, as long as observed, that is, for three hours. The apparent death from the tying of the trachea, in so short a time, was a result that I did not expect, because, I had often taken what I supposed to be effectual means to ascertain whether these animals breathed, when left undisturbed, but I never could detect them in the act of breathing, though, when alarmed or angry, they hiss and blow almost constantly. Baron Humboldt says, from personal observation, that they live two or three days without respiration at all—*sans respirer de tout.*

"In this experiment, the animal did not appear to suffer but little, immediately, from the ligation of the trachea. Before the removal of the ligature, and the inflation of the lungs, life seemed quite extinct—the limbs relaxed—the body supple and motionless. If my recollection be accurate, the *incipient dissection*, (that is, before pulmonary inflation,) did not elicit any sensational, or volitional phenomena.—If this be so, (and it is worthy of being tested by experiment,) it would seem that this form of death is more complete, than that by decapitation. After the latter operation, however, the removal of the lungs does not interfere with the phenomena, as already narrated.

"*Experiments on the alligator, No. 2.* (The same gentlemen as before mentioned, were present.) The decollation was not followed by a projecting stream of blood, as is usual; no ligature was applied to the great artery of the neck. The dull hatchet used in severing the spine of the neck, had probably bruised the artery as in torsion and gun-shot wounds. Hence the hæmorrhage was not great, though considerable.

"I carried the handle of the knife towards the eye, to ascertain whether it would wink, whereupon the ferocious, separated head, sprang up from the table with great force, at me, passing very near my breast, which received several drops of blood; it alighted upon the floor, from six to eight feet distant from its original position! It missed me, because I was standing at the side, and not in front of the head. Although, I have examined carefully, all the muscles of the head, I cannot find one that accounts for this feat of combative muscular motion. The angles of the mouth recede so much in this animal, that after decollation, including the *meçulla oblongata*, the head seems almost like two separate pieces,—the superior and the inferior maxillary bones, being joined chiefly by the great masseter muscles, for only a short distance. These great muscles, (the masseters), which are curved having their concavity anteriorly, are adapted only to vertical action, as in biting—the great muscles of the tongue act backward and upward against the palatine region;—whence then this quick, violent, forward motion, or rather, as in this case, diagonal leap of six or eight feet—for the head deviated to the left, where I was standing, evidently with the intention of biting me? The trunk, in this, as in all cases, possessed no power of forward motion. This curious fact with respect to decapitated animals, noticed by M. Magendie, and other vivisectors has been attributed to the *loss of the cerebellum*; but whether this loss of forward motion in the alligator, be owing to a division of the spine, and great muscles, or to the separation of the larger or smaller brain, or both; is

not very evident, yet the fact which I have noticed respecting the forward motion of the separated head, is, perhaps, a circumstance favorable to this view. That a voluntary, spontaneous and powerful motion,—in fact a diagonal leap, should be performed by the separated head, must therefore appear astonishing to one acquainted with the muscular organization. It is difficult to understand, how the cerebellum could thus act alone.

“For about two hours, the headless trunk of the last mentioned alligator, exhibited such phenomena as are usually attributed to the brain, namely, sensation, volition, and intellectual motion, as tested by the application of bits of ignited paper, wounds and the like, whereupon, the usual indicants of pain were elicited with great promptness and precision: it trembled, recoiled, rolled over, curved, placed its limbs accurately to the exact spot, and removed the offending cause. In certain places this was exceedingly difficult, as on the spine between or near the shoulders, or hips. It always used the limbs the best adapted for the purpose. If the fire was too remote, as when applied to the tail, the whole body was thrown into the most favorable position, for the purpose of reaching, and removing the same. If the fire was placed on the trachea, in a position to annoy, yet without touching, the animal, as if endowed with sight, reached, and always accurately, to the exact spot, and either extinguished the fire, or removed it. As upon former occasions, if the animal found that the fire was continued at the same spot, and that it could not remove it, which was sometimes the case, owing to continuous, or repeated applications, and carefully manoeuvring, it curved the body—scratched violently, manœuvred skillfully, and then as a last resort, rolled quite over, laterally, always from, never towards the fire and operator.

“After these experiments had progressed for some time, Dr. Cartwright desired me to cut off the neck close to the shoulders. This was done, but the intellectual, sensational, and volitional motions continued as before—p. 20. —Dowler's Contributions to Physiology.

The presence of Sugar in the White of Eggs.—In a letter addressed to the Academy of Sciences, by M. Pelouze, intitled, “Various Facts in Chemistry applied to Physiology.” He terminates with the following conclusions:—

1. There is sugar in the albumen of the fowl's egg.
2. The albumen possesses alkaline properties, and they are due to the presence of carbonate of soda.
3. The yolk contains a mere trace of alkalinity. Its emulsive properties are due, not to any trace of an alkali, but to a product analogous to the pancreatic juice.
4. The yolk is not acid, and never becomes so unless as a consequence of some alteration.

Digressing from the subject of his letter, the author adds, in conclusion,—

5. The acid reaction and properties of the gastric juice, are due to organic acids, and not to the presence of hydrochloric acid.—[Gazette Médicale, by G. D. G.]

On the development and use of the spermatozoa.—The following account of the origin of the spermatozoa is given in the “Cyclopædia of Anatomy and Physiology.”

1st. All spermatozoa originate in “formative vesicles,” which appear to resemble the secreting cells of glands in being metamorphosed epithelium-cells of the glandular tubuli or follicles.

2nd. From these formative vesicles, the spermatozoa are produced in one of the three following modes:—*a*, by the conversion of the cell-membrane and nucleus of the formative vesicle itself into the spermatozoon—a method in which the change is the least possible, and which is only found among certain worms; *b*, by the metamorphosis of the nucleus of the formative vesicle into the spermatozoon—a method which is much more common especially among the lower animals, in many of which (as chilopoda and acarina,) the spermatozoa remain as solid massive corpuscles, resembling the nuclei from which they sprang, instead of having the fili-

form shape of ordinary spermatozoa; *c*, by the endogenous development of cells originating in the nucleus of the parent cavity, each young cell producing a spermatozoon within it. This last method is that which we find in all the higher animals; but its latter part may take place in two ways. The parent vesicle may burst and set free the young cells, before the latter have begun to form the spermatozoa, which then evidently issue from them. But it frequently happens that the development of the spermatozoa takes place, whilst the cells within which they are formed are yet within the parent vesicle; and the walls of these cells give way, so that the spermatozoa come to be associated together in bundles, with the parent-cells, as formerly described the Wagner, and are finally set free by their rupture. The authors of the “Cyclopædia” regard the spermatozoon in the essential constituent of the semen.—*Med. and Surg. Gaz.*

MISCELLANEOUS.

Notes from the Dissecting-Room.—Being observations on a case of cirrhosis of the liver, with contraction of the inferior vena cava, and dilatation of the azygos and rachidian system.—By Robert D. Lyons, M. B., L. R. C. S. I., Demonstrator of Anatomy in the Original School of Medicine, Peter-Street.

The opportunities presented in the dissecting-room for extensive observation, as well of abnormal conformations of parts, as of pathological changes, have not been hitherto availed of very largely in Dublin—a circumstance the more to be regretted when we consider the number of our distinguished Irish surgeons who have been at all times, and are at present, connected with the department of practical anatomy, than which no other has more largely contributed to the justly earned fame of the Irish School of Medicine. It is true, that from time to time remarkable and extraordinary anomalies have been put on record, but a class of facts of more frequent occurrence, though certainly less striking in character, has been allowed to pass altogether unnoticed, or after attracting momentary attention from the student or the demonstrator, has been forgotten for ever. The elucidation which practical questions of diagnosis would be likely to receive from a well kept and easily available record of anomalies, whether structural or pathological, cannot be over-estimated: it would unquestionably be a very valuable addition to our present sources of information. The object of the present communication is mainly to attract attention to the importance of this hitherto rather neglected field of observation, the writer, feeling confident that if the distinguished abilities of those now engaged in the department of practical anatomy in Ireland be once turned in this direction, many results may be anticipated important to anatomy as a science, and to practical medicine in general.

The case which is the subject of the following observations does not present any very extraordinary features, though it is to be hoped it may not be considered altogether devoid of interest.

While engaged in making the usual dissection to display the posterior mediastinum, I was struck by the vast size of the vena azygos, which, just as it emerges above the diaphragm, presented a singular dilatation nearly an inch and a quarter in diameter, from which the trunk of the vein, gradually diminishing, and presenting an average diameter of more than three-quarters of an inch, pursued its usual course upwards to arch over the right bronchus and open into the superior vena cava. Immediately below the dilatation existed a constriction, where the calibre of the vein was about the natural size, and where it communicated with two venous dilatations, each about two inches in length, and one in transverse width, occupying the front and sides of the bodies of the 10th and 11th dorsal vertebrae; the right one being common to three or four of the lower intercostal veins of the right side, and the left to the continued trunk of the azygos, about its natural size in this situation, and also to some of the left lower intercostals. The intercostal veins of either side also presented some remarkable features; continuing of about their natural size until they reached the intervertebral foramina, where they receive the communicating branches from the rachidian system, they became at this point suddenly dilated and remarkably tortuous,

particularly the four or five lower of either side, which poured their blood respectively into the two venous dilatations which I have represented as communicating with the azygos.

The remainder of this latter vein traced to its origin in the abdomen presented nothing remarkable in size. Being about to proceed now to an examination of the inferior cava in the abdomen, my attention was arrested by the size and remarkable condition of the liver. This viscus was considerably larger than natural, adhered to the parietes by strong organized bands, and presented the hobnail eminences, tawny yellow appearance and resistance to the knife which characterise advanced stages of cirrhosis; while the portal vein, though it contained but little blood, was hardly diminished in size, and the abdominal cavity presented no trace of effusion. The inferior cava contained but little blood, and appeared somewhat diminished in calibre. Being now still open just at its entrance into the right auricle, it was attempted to pass the little finger from above downwards, but this was found impracticable, and the existence of a partial obstruction, and some calcareous deposits on the inner wall of the vessel was ascertained. The entire of the vein was now laid open, when its coats were observed to be very much increased in thickness, and at the point where it receives the *vena cava hepatica* a membranous septum was thrown across, which partially obstructed its cavity; this septum was of considerable strength and firmness, and contained many calcareous deposits. Opposite to about the third lumbar vertebra, a dilatation existed on the vein of about half an inch in diameter, communicating with it by a constricted orifice. The spleen equalled about three times its natural bulk, and presented on its surface many little bodies of a cartilaginous hardness, varying in size from a millet seed to a pea, otherwise its structure was healthy.

The examination of the inferior cava was now proceeded with. Traced down to its origin from the iliac veins, it appeared somewhat smaller than usual; but one of the lumbar veins opening into it on the right was considerably dilated, particularly opposite to the point where it receives the communicating branch from the rachidian system. At the suggestion of my colleague, Mr. T. H. Ledwich, I now made a dissection to expose the venous sinuses of the cord, having been myself already convinced of the existence of a collateral circulation in this quarter from the remarkable condition of the intercostals. On laying open the vertebral canal, the vertebral sinuses, both anterior and posterior, were observed to be vastly increased in size in the entire of the lumbar region, and as high up in the dorsal as the seventh or eighth intervertebral space, corresponding to the highest dilatation on the intercostals anteriorly, above which point they resumed their natural calibre. The existence of a collateral circulation carrying the blood from the inferior cava through the lumbar veins into the rachidian sinuses, and so through the intercostals and dilated azygos, to the superior cava, was now clearly manifested; but some points in the case require further elucidation.

The establishment of a collateral circulation through the vertebral veins and azygos has been noticed by Hasse and many other pathological anatomists, but in most of these cases total obliteration of the cava existed, whereas in the present instance that vessel was capable of transmitting a considerable quantity of blood. Partial obliteration, as well as total obstruction of the cavity of veins, this writer thinks most generally attributable to inflammation; and the thickness of the coats of the vessel in the present case would seem to warrant the supposition that this partial obstruction had its origin in the same cause. The most remarkable feature, however, I consider to be the coexistence of advanced cirrhosis and enlargement of the liver, without effusion into the peritoneal cavity. In estimating the stage of cirrhosis of the liver in any particular instance, I conceive that we must look for more accurate criteria than the size of the organ, its proportion to the spleen, or the existence of jaundice or effusion. The size of the liver varies very much in different subjects; and of course the amount of diminution in any case must be considered relatively to the size of the organ when attacked by the contracting process. The characteristics which I should be disposed to consider as the most important are, the amount, hardness, and prominence of the hobnail eminences, the generally yellowish or tawny appearance, resistance to the knife, and distinctness of the fibrous capsule of Glisson, not only on the surface, but in the substance of the organ, where it appears firmly constricting each little eminence. From the presence of all these circumstances in a marked degree

in the case under consideration, I am disposed to consider the disease as in a tolerably advanced condition. The absence then of effusion I look upon as a very remarkable circumstance; for cases* have come even under my own observation, in which a much less amount of disease (as evinced by the absence of all the phenomena I have enumerated, in any marked manner, the vast size of the liver, and its having retained its natural color,) appeared adequate to the production of a large amount of ascites. The absence of effusion, in the present instance, I am disposed to think resulted from the establishment of a collateral circulation between the mesenteric veins and the rachidian system, though I regret that the advanced decomposition of the subject, when my observations were made, prevented me from satisfying myself on this point; of the possibility of such an occurrence I cannot doubt. A large ossified deposit was found in the left ovary.

The existence of these lesions, all apparently of no recent origin, had produced little visible effect on the system in general. The subject, a female, presented more than the average development of fat and muscle; in no part of the extremities did any œdema exist, and the immediate cause of death appeared to be an extensive effusion of blood on the upper and lateral portions of the right hemisphere of the cerebrum, under the dura mater, and between the visceral and parietal layers of arachnoid, the middle meningeal being perfectly uninjured. The cause of this lesion remains unexplained; there were no evidences of external injury, and no history of the case had been obtained. This case presents nothing of a very novel character, yet I think it can hardly fail to prove generally interesting. During life it must have presented many difficulties in diagnosis, and I think we must conclude that many of the most characteristic symptoms must have been altogether absent. And I think it very forcibly suggests the advantage that would be derived from the establishment of some more intimate connexion between the hospital and the dissecting-room than exists at present.—*Dublin Med. Press.*

Important Discoveries in Abyssinia.—M. Rocher d'Hericourt who has lately returned from a voyage in Abyssinia, has brought with him about a score MSS. in the Ethiopian language, all of vast antiquity and great literary value.—They are folio in form, bound in red leather, with the Greek cross and strange ornaments on the covers. In some of them the writing runs right across the page; in others it is in columns; in nearly all it is firm and bold in character. Some of the MSS. are on history, religion, and science; one is a complete and very curious treatise on the mysteries of eastern astrology; and one, which appears to have been written at the beginning of the 11th century, contains a copy of the Bible, which differs in some respects from the ordinary version. To obtain these treasures, M. d'Hericourt passed a long time in Abyssinia, had to employ daring, cunning, persuasion, and force, to go through many extraordinary adventures, and endure many hardships and persecutions. He has, besides, obtained a mass of curious information on the religion (which it seems is half Jewish, half Christian), the manners, and the government of the singular people who inhabit Abyssinia; has ascertained all that could be learned of their country, of which so little is known; and has collected all the facts calculated to throw light on geology, mineralogy, botany, and other branches of science. But what is more practically important than all, is that he has brought with him numerous specimens of a plant, the root of which, reduced to a powder, is a cure for hydrophobia, both in men and animals. Of its virtues M. d'Hericourt had practical proof; four dogs and a man having been bitten by a mad dog, were by application of the remedy, cured of the hydrophobia which ensued; whilst a fifth dog (bitten at the same time by the same animal) to which the remedy was not applied, perished in all the agony of that horrible disease. The virtue of the plant, and the manner of preparing it for use were explained to the

* One I particularly remember in Sir P. Dunn's Hospital, during my attendance on the clinique of Dr. Law.

traveller by a potentate of the country, who assured him that it was there generally used, and never failed. The specimens brought over by M. d'Hericourt have been submitted to the Academie des Sciences, and a committee of that learned body has been appointed to test their efficacy. If, as it is confidently hoped, they have not lost their virtue in this European climate, the world will soon be put in possession of the means of curing one of the most frightful diseases to which flesh is heir, and M. Rocher d'Hericourt will have the glory of having conferred an inestimable blessing on mankind.—*Paris Correspondent of the Literary Gazette.*

A very Curious Chemical Experiment.—Dr. Shipman of Syracuse, U. S., relates the following singular case in the last number of the *Boston Med. and Surgical Journal*:—A few months ago I was called in great haste to a young gentleman, who was in a most ludicrous yet painful condition. I found, on examination, a bottle, holding about a pint, with a short neck and small mouth, firmly attached to his body by the penis, which was drawn through the neck and projected into the bottle, being swollen and purple. The bottle, which was a white one, with a ground-glass stopper and perfectly transparent, had an opening of three-fourths of an inch in diameter only; and the penis being much swollen rendered its extraction utterly impossible. The patient was greatly frightened, and so urgent for its removal that he would not give me any account of its getting into its present novel situation, but implored me to liberate it instantly, as the pain was intense and the mental anguish and fright intolerable. Seeing no hopes of getting an explanation in his present predicament, and after endeavoring to pull the penis out with my fingers, without success, I seized a large knife lying on the table, and with the back of it I struck a blow on the neck of the bottle, shivering it to atoms and liberating the penis in an instant, much to the delight of the terrified youth. The glans penis was enormously swollen and black, as was the prepuce; both were vesicated, as though scalding water or fire had been applied to them. He complained of smarting and pain in the penis after the bottle was removed; and the inflammation, swelling, and discoloration continued for a number of days, but by scarification and cold applications subsided; yet not without great apprehensions on the part of the patient, and a good degree of real pain in the penis.

The reader is probably anxious to know, by this time, how a penis, belonging to a live man, found its way into so unusual a place as the mouth of a bottle. I was extremely curious myself; but the fright and perturbation of the patient's mind, and his apprehension of losing his penis entirely, either by the burn, swelling, inflammation, or by my cutting it off to get it out of the bottle, all came upon him at once, and overwhelmed him with fear. Now for the explanation. A bottle in which some potassium had been kept in naphtha, and which had been used up in experiments, was standing in his room, and wishing to urinate without leaving his room, he pulled out the glass stopper and applied his penis to its mouth. The first jet of urine was followed by an explosive sound and flash of fire, and quick as thought the penis was drawn into the bottle with a force and tenacity which held it as firmly as if in a vice. The burning of the potassium created a vacuum instantaneously, and the soft yielding tissue of the penis effectually excluding the air, the bottle acted like a huge cupping-glass to this novel portion of the system. The small size of the mouth of the bottle compressed the veins, while the arteries continued to pour their blood into the glans, prepuce, &c. From this cause, and the rarefied air in the bottle, the parts swelled and puffed up to an enormous size.

How much potassium was in the bottle at the time is not known, but it is probable that but a few grains were left, and those broken off from some of the larger globules, and so small as to have escaped the man's observation. I was anxious to test the matter (though not with the same instruments which the patient had done), and for that purpose took a few small particles of potassium, mixed with about a teaspoonful of naphtha, and placed them in a pint bottle. Then I introduced some urine with a dash, while the end of one of my fingers was inserted into the mouth of the bottle, but not so tightly as to completely close it, and the result was a loud explosion like a percussion cap, and the finger was drawn forcibly into the bottle and held there strongly—thus verifying, in some degree, this highly interesting philosophical experiment, which so frightened my friend and patient.

The novelty of this accident is my apology for spending so many words in reporting it, while its ludicrous character will, perhaps, excite a smile; but it was anything but a joke at the time to the poor sufferer, who imagined in his fright that if his penis was not already ruined, breaking the bottle to liberate it would endanger its integrity by the broken spicule cutting or lacerating the parts.

Cox, Davies, and Silk v. the Midland Railway Company—Non-liability of Railway Companies for Surgical assistance in Accidents.—Sir,—As you have previously animadverted upon the conduct of the Midland Railway Company in your Journal of April 7th, 1848, I trust you will afford me the opportunity, through the medium of your columns, of bringing the case again before the public; as it has at last terminated in a manner which crown the whole of the proceedings, by executions being issued by the Company against the plaintiffs for their costs in defending this action, and by my having had an execution put into my house, and my goods and chattels virtually seized in payment of my share of such costs, amounting to £99 14s., which I have actually paid. I think it only fair that the medical profession and the public—whom I consider vitally interested by the decision upon this important case—should be made acquainted with their relative positions. The decision upon this case clearly shows that the company are not bound to provide medical assistance to a passenger in case of accident upon their line of railway; that the servants of the Company have no authority to call in medical assistance; and, should they so far overstep their authority as to call in medical assistance, that the Company are not bound to pay the doctor; that the only person the doctor has to look to for payment is the party injured; and, in the event of his being too poor to pay, the only chance the doctor has of being remunerated for his services is by the party injured bringing an action against the Company; and, should he succeed in recovering compensation for the injury, still it remains to the honor of the party injured whether he will pay the doctor. As it is now quite clear that a medical man has no claim against the Company, I should like to know what medical man under such circumstances (unless he is fully assured of the respectability of the person injured) will volunteer his services to take charge of a railway accident, and run the risk of having a severe and dangerous case under his hands for two or three months, probably at the distance of some three or four miles from his residence.

Since this case has been before the public, I have repeatedly asked several of the porters at the different stations and likewise several of the guards of the Midland Company what they should do in case of accident. The answer I

have invariably received has been that they did not know what to do,—that they should do nothing, but leave the parties injured to their fate!

It appears to me a very hard case that three humble individuals, suing a great and powerful Company for what was fairly and justly due to them for services rendered to a poor unfortunate individual who had met with a most serious and dangerous accident upon their line of railway, and whose life must have fallen a sacrifice but for the most prompt and efficacious medical aid being rendered to him,—and which accident was clearly shown to have arisen from the carelessness of the Company's servants,—should not only be deprived of what was justly due to them, but likewise be called upon to pay the costs of the company defending the action; more especially when it is taken into account that this case ultimately terminated in favor of the railway upon a point of law which, I believe, had never before been mooted since the introduction of railways—namely, the *non-liability* or *responsibility* of railway companies for orders actually given by their own servants.

I am, sir,
Yours, &c.

J. DAVIES, M. D.

Blythe College, Coleshill,
Nov. 12, 1849.

P.S.—For particulars, see *Daily News*, January 18th; the *Times*, January 30th; and *Aris's Birmingham Gazette*, Feb. 5th and March 19th, 1849.—*Lond. Med. Gaz.*

Singular Freak of Nature.—To the Editor, &c.—Dr. Neilson, of this city, has in his possession an egg, which is shaped like a crooked-neck or winter squash, to which it bears a very striking resemblance. The body is about the size of a robin's egg; the neck, or appendage, about two inches in length, and, where it joins the body, half an inch in diameter, tapering to the end, and curved round so that the point rests against the body. The whole is covered with a shell—similar in appearance and hardness to that of a common egg—which, however, is not continuous over the whole surface, but is connected by a suture with that portion covering the neck. The shell that covers the neck is subdivided into four parts, by membranous septa passing transversely around it. The above was found in a common hen's egg, which it nearly filled, being surrounded by and floating in the contents of the outer egg.

C. D.

—*Boston Med. and Surg. Journal.*

THE
British American Journal.

MONTREAL, FEBRUARY 1, 1850.

THE LUNATIC ASYLUM, ST. JOHN'S N. B.

Our pages have recorded the proceedings of the Board of Commissioners of the Lunatic Asylum, Toronto; their unwise and injudicious course of conduct, and their support by the Executive Council of this province, who in their decision in the case of Dr. Parke, have ruled to the effect, that the medical officer of this establishment was to be the mere instrument of the Board, without the slightest control over the domestics of the Institution.

Our readers are familiar with all these occurrences, and most of them are no doubt aware, that when redress was sought by Dr. Parke, at the hands of the Legislative Assembly of this Province, it was rejected; the consequence being, that that gentleman has been subjected to very heavy pecuniary loss. Transactions of a similarly strange nature, have lately occurred in regard to the Lunatic Asylum at St. John's, N. B.

Rumours seriously affecting the reputation of Dr. Peters, the late Medical superintendent of the St. John's Lunatic Asylum, circulated. The Executive hesitated to dismiss him from his responsible office upon mere rumour. A legal investigation was held, at which Dr. Peters was pronounced guiltless. Rumours are easily raised, they are not quite always so easily rebutted; in this case, however, Dr. Peters appears to have come off triumphantly. Proclaimed therefore innocent of the charges alleged against him, if it had been proper, as doubtless it was, for the prosperity of the Institution, that one should be at its head, who, "like Cæsar's wife should be above suspicion," Dr. Peter's removal may be justified; but at the same time, the performance of this necessary duty should not have been consummated, at the sacrifice of the individual, as regards both character and purse, as was the case in this instance. Dr. Peters was dismissed in the most summary manner, and thrown penniless upon the cold charity of the country. But now comes the crowning act of the drama. The Hon. L. A. Wilmot, Attorney General, had some electioneering debts to settle, and one of magnitude in the Province of Nova Scotia. Forthwith Dr. Waddell is selected for the vacant post, a village practitioner of Nova Scotia, whose name was scarcely breathed beyond the precincts of his village circuit, and this gentleman, whose prime qualification for office was his exertions in favour of the return to Parliament of Mr. Wilmot, is promoted to the office with all its responsibilities, to the exclusion of the known, tried, and talented physicians of New Brunswick itself. The physicians of St. John's and Fredericton, have duly and properly resented this treatment; and Sir Edmond Head, the Governor, in his reply to a deputation from the profession, consisting of Drs. Livingston and Bayard, who waited upon him at Fredericton, has committed himself seriously in the special pleadings, to which he has been compelled to have recourse, in order to justify the proceeding. There is a unanimity in the Profession of New Brunswick, in regard to this matter, redounding greatly to their honor.

Were we satisfied that jobs of the same nature have not been perpetrated in latitudes more western than that of New Brunswick, the occurrences to which

feelings of humanity. We know not the parties against whom prosecutions were issued; but of this we are positive, that not one of them is an American graduate, else he would have availed himself of the provisions of the act of amendment, in reference to American graduates; and the great probability is, that none of them have ever seen the interior of a College, or heard a Lecture delivered. With every deference to the ability of the Editor of the *Sherbrooke Gazette*, we think that he could find some nobler theme for his pen than the defence of such persons, some more worthy subject, than discrediting the Institutions of his own country.

STAMMERING CURED IN FROM FIFTEEN TO THIRTY MINUTES—THE CURER CURED, &c.
RICKLED.

To the Editor of the *British American Journal*.

Sir,—My attention has been called to the advertisement, in the *Montreal Herald*, of a Dr. Bunting, in which I am, among others, cited as a referee. Now, as that advertisement and references imply, that I had witnessed the cure of stammering, which is pretended to be effected in a few minutes, I owe it to the public, (being referred to), not to allow them to be misled into a supposition that I have witnessed any such result.

I was requested by Mr. Russel, the keeper of the St. George's Hotel, on behalf of Dr. Bunting, to attend at his rooms at a certain hour, and to bring with me such medical gentlemen as I might choose, to witness that gentleman's proofs for the cure of stammering. I invited three gentlemen, one only (Dr. Morrin,) was enabled to attend. On being introduced to Dr. Bunting by Mr. Russel, he informed me that he was a graduate of the University of Edinburgh, of 1832, and a member of the College of Surgeons of London, of 1840, and that he had been a medical practitioner for several years past, (I think, seventeen), at St. Johns, New Brunswick. On the first occasion that I was present to witness the process of cure for stammering, Dr. Morrin and Dr. Kinlin were also present, but as the case was deemed by Dr. Bunting himself not to be a very good one, (we not a very bad one), he promised to invite us again when a better one presented itself, which he did in a day or two after. On this second occasion Dr. Morrin, Mr. Russel, and Mr. Hough were present, as well as myself. On Dr. Morrin and myself rising to leave the room after a pretty long sitting, Dr. B. asked us if we would be kind enough to give him a certificate stating our opinions, &c., to which Dr. Morrin replied, that he would accompany Dr. Marsden home, and that he, Dr. B., might call on Dr. Marsden on the morrow. On the following morning Dr. B. called on me, and asked for the certificates, when I informed him, that having witnessed no results, in as far as a cure was concerned, we could not certify to that effect; and as he stated to us, that it was in some cases necessary to continue his system or process for a couple of months, it was impossible to say more than that the system seemed likely to effect the object designed, but that it was impossible to certify that it would cure stammering, although it might do so; and that Dr. Morrin also concurred in this opinion, and requested me to say so. I then further stated to Dr. B. that there were other objections on my part to giving him a certificate,

(which might be published throughout the length and breadth of the land), and asked him whether he had his degrees or diplomas with him, as in order to furnish a certificate to a medical gentleman on any professional subject, it was necessary to be satisfied that he was what he pretended to be. He then replied, "No! that he had not brought them with him, as he did not intend to practise his profession generally, but only the one branch." Whereupon I replied, that "it was unfortunate that he had not brought them, as a reference which I had made to the *Edinburgh Medical and Surgical Journal*, and other authorities, did not give the name of Dr. Bunting, either as an Edinburgh graduate or London Surgeon." To this he only remarked, that "it was strange, but it must be there." To which I replied, that "it certainly was strange, but as certainly was not there;" whereupon he took his leave of me.

Although, Mr. Editor, I entertain the most liberal views towards my confreres generally, and especially towards visitors, and have not the slightest objection to periodical visits from duly licensed medical practitioners, who may have attained a degree of excellence in the exercise of any special branch or department of their profession, and am always ready to afford them every possible courtesy and assistance, both for their own sakes and for the sake of suffering humanity, yet, I have an utter contempt for every thing in the shape of imposition or quackery, and feel it as a bounden duty to hold up to public odium every attempt at imposture. These reasons must plead my excuse for now troubling you.—I am, Sir, your obedient servant,

W. MARSDEN, M. D.

Quebec, 27th January, 1850.

The above is a well-timed exposure, not too late to be of service to the public of the Province, if not of this city. We noticed Mr. Bunting's advertisement and felt assured that he had taken liberties with the names of the three medical gentlemen in Quebec, which figure at its close. It is right that such parties should know that they are now watched, and that imposture will be exposed. Like the corn-extricators and itinerant dentists and oculists, this curer of stammering and stuttering remains just long enough in one place to dupe the people, pocket their dollars, and absquatulate before a sufficient time shall have elapsed to test his practice and expose his knavery. We subjoin the advertisement, with the intention of making him widely and well known:—

WONDERFUL DISCOVERY.

Stammering and Stuttering Cured! in from fifteen to thirty minutes.

Dr. Bunting has the honor to announce his arrival in this city, and has taken rooms in the *Montreal House*, where he will remain until the 30th of this month, for the purpose of effectually curing those addicted to stammering and stuttering, who may wish to be relieved.

So confident is he of success, that no charge will be made until the utmost satisfaction is given. Those afflicted in the above manner, have now an opportunity of receiving aid seldom offered.—This rule is so simple that a child five years of age will perfectly understand it, and yet so efficient that he defies any person to stammer and apply it. As early an application as possible is requested.

The following gentlemen may be referred to in Quebec, having witnessed the application of the above on a number of persons:—

Dr. Marsden, Dr. Morrin, Dr. Kinnin, Mr. Wm. Russell, St. George's Hotel, Mr. Chs. Hough, Mr. Alf. Langevin.

Montreal, January 19, 1850.

FEEES AT CORONERS' INQUESTS IN WESTERN CANADA—INJUSTICE OF THE LAW FURTHER EXPOSED.

To James Smith Esquire, M. P. P.,
&c., &c., &c.

Darlington, January 14th, 1850.

Sir,—Although notoriety, and particularly newspaper notoriety, is repugnant to my sentiments, habits and pursuits, yet I am convinced I would be wanting in self-respect, wanting to the high and honorable profession of which I am an humble member, wanting in public duty, were I to sit down with folded arms and refrain from giving publicity to the following statements, and not raise my voice against the monstrous injustice to which medical men as witnesses are subjected, receiving no remuneration in Crown prosecutions, and more particularly as it bears on Coroner's Inquests.

I am induced to address you, as being our representative in the House of Assembly for the county in which I reside, and because in your Parliamentary career, you have effected some useful changes in our common law; I have full confidence, from the tact and zeal you have already evinced, that you will, by your able advocacy and co-operation, further effect one salutary amendment in this crude and faulty law. There can be but imperfect security for the public safety under it; as it now exists, justice cannot be vigorously administered; murder may stalk through the land without dread of detection, or the innocent may be punished, incarcerated, or worse, if the means for detecting the cause of death, under doubtful, obscure, or difficult circumstances be impeded; juries cannot conscientiously return a verdict, if there be not an efficient medical man present to direct them as to the cause of death. One fact is worth a hundred assertions, and I will illustrate this by a case which recently occurred in this township. A man named D. Ewart, came to my surgery in Sept. last, with his right eye literally burst, the sight irremediably lost, by a blow received from a person named Mills, at what is called a Bee, which ended (as is but too often the case), in a drunken brawl; he recovered, but from the time he lost his eye he had never been free from pains in his head, although able to attend his usual occupation, (farming). On the 8th November, he got up apparently in his usual health, and walked out; his sister-in-law happened to be standing at the door at the time, saw him fall, ran to him, (a distance of about twenty yards)—he was dead!! His friends and neighbours (very naturally), were not slow in attributing his death to the injuries received at the Bee. An inquest was the result, and Mr. Neville, the Coroner solicited me to attend; I refused on the ground of inadequate remuneration, and the probability of being obliged to appear at the Assizes, if a verdict inculpating Mills should be recorded; but at the solicitation of Messrs. Davidson and Reid, (my pupils), I went. On my arrival at the place, a distance of ten miles, and through almost impassable roads, I found a strong feeling excited against the individual who had injured the deceased; in consequence of this feeling, I prosecuted the post mortem examination with much care and caution. On

opening the head, the vessels appeared rather turgid, slight softening of the left hemisphere of the brain, the plexus choroides preternaturally vascular; the ventricles contained about four ounces of clear serum. Not being fully satisfied with these appearances to account for death, I proceeded to examine the chest. On raising the sternum, the pericardium appeared unusually full, tense, and of a very dark blue colour; on opening the bag, I found it to contain a full quart of coagulated blood. I said to my students, here is the cause of death; on careful examination, I discovered a small slit, or rather tear, about the sixth of an inch long in the upper part of the pericardium, immediately behind that part of the aorta, which is within this bag, and communicating with an aneurismal sac, about the size of a small orange. On opening the aorta, an oval opening, with rounded smooth edges, half an inch long, one quarter wide, on the back part of the vessel, and nearly three quarters of an inch from the valves of the heart, presented itself to view leading into the aneurismal sac, and it was the rent in this sac that allowed the blood to flow into the pericardium, thereby accounting for the enormous amount of blood found in it, and the cause of immediate death. The aorta was dilated, and diseased through its entire circumference, and presented a perfect specimen so well described by Scarpa, as the *earthly stomatous degeneration of the coats of an artery*; the walls of the ventricles were paler, and thinner than natural. This interesting preparation is now preserved in my Study; and here I may observe, it is probable if this man had not died of aneurism, he ultimately might have died of encephalitis or some affection of the brain or its membranes, and this induced, likely, by the injury he sustained; for he had not been subject to head-ache until after the loss of his eye, nor did he complain of pain in the heart, palpitation, or any symptoms of aneurism, though I am convinced this disease had existed for years.

Now, Sir, had not a careful examination been made in this instance, the result might have been disastrous indeed to the unfortunate individual Mills, who might have been imprisoned and arraigned, if not for murder, certainly for manslaughter. Nor have I received for this very troublesome service any remuneration, or for several other inquests, (some of them of equal interest and importance), which I attended, my papers being returned marked thus, "Rejected, Thos. Eyre, Chr., F. C.," which I presume means Chairman Finance Committee, and which sat last week in Cobourg, and whether from informality, lapse of time, or services not duly performed, I am at a loss to conjecture. I will not condescend to retort on the *lack of gentlemanly courtesy* evinced by this Chairman in his language, and trite rejection of my just claim; and if he be a person of so much self-importance as only to express his dictum by a solitary ejaculation, he ought certainly to have instructed some person connected with the Committee, to inform me of the cause of such an arbitrary proceeding; nor will I allow myself to expatiate on the poor paltry parsimony which would dictate the withholding the miserable pittance doled out by a miserly law, justly due for services painful, disagreeable, arduous and deeply responsible, which members of a most useful Profession are called upon to perform, services, let me add, of the greatest importance to the community.

I hope, and feel confident, that every qualified Practitioner of standing in Upper Canada, will follow the example of Doctors Ferris, Mack, and Goodman, of Hamilton, (a host in themselves), who have taken so noble a stand for the honor, respectability and usefulness of the Profession, nor will I ever attend (humble tho'

I am, an inquisition, until the Profession is placed in that position which justice, its own intrinsic importance, and the public welfare demand.

I remain, Sir, with much respect, your obedient servant,
 GEORGE H. LOW,
 Surgeon, &c., &c. &c.

TO CORRESPONDENTS.

We have to acknowledge having received a lengthy paper, being a rejoinder from E. S. De Rottermund, Esq., to the reply of Mr. Hunt, Chemist to the Geological Survey. However much we desire to oblige Mr. De Rottermund, we feel compelled to decline his paper, inasmuch, as the grounds taken by that gentleman, differ but very slightly from those in his critique, and to which in common fairness to Mr. Hunt, we have opened already our columns for that gentleman's reply. As the question now descends into a personal controversy, uninteresting to a majority of our readers, Mr. De R. will excuse us for declining its introduction into our pages.

Two papers have been received from Dr. Sherriff, (Huntingdon), which will receive early attention. The pathological preparations have come to hand, and we thank Dr. S. in the name of the Faculty of McGill College, for his kindness in this respect. We wish that other Physicians in this Province would contribute to the enlargement of the museum of McGill College, in the same manner.

Letters have also been received from Dr. Mack, (St. Catharines), from Dr. Van Courtlandt, (Bytown), who is more sinned against than sinning; and from Dr. Worthington, (Sherbrooke.) Replies have been sent to the two last of these gentlemen.

Dr. Worthington is specially informed, that he was not indicated in our remarks in our last number with reference to a "licensed practitioner," writing under the assumed signature of "Scalpel."

A paper on Luxations of the Clavicle has come to hand, from Dr. Bethune, Sorel. It will receive attention in an early number.

BOOKS, &c., RECEIVED.

A treatise on the Etiology, Pathology, and Treatment of congenital dislocations of the head of the Femur, by John Murray Carmoehan, M D. &c., New York. S. S. & W. Wood, 1850.

ERRATA, in Article on Epidemic Bowel Complaint, published in our last:—Page 225, column 1st, line 6 from top, for "authorities" read authors. 2nd column of same page, line 13 from the bottom, for "jactilation" read jactitation. Page 226, 1st column, line 31 from top, for "semilology" read semeiology. Same page and column, line 23 from bottom, for "gastrochemii" read gastrocnemii. 2nd column, page 226, line 17 from top, for "hora" read luce. For "quininæ" read quiniæ. Same page and column, line 30 from top, for "purulent" read fœculent. Same column and page, 12 lines from bottom, for "Capt. cochl. comp." read Capt. cochl. amp.

MONTHLY METEOROLOGICAL REGISTER AT MONTREAL FOR DECEMBER, 1849.

DATE.	THERMOMETER.				BAROMETER.				WINDS.			WEATHER.		
	7 A.M.	3 P.M.	10 P.M.	Mean.	7 A.M.	3 P.M.	10 P.M.	Mean.	7 A.M.	NOON.	6 P.M.	7 A.M.	3 P.M.	10 P.M.
1,	+ 25	+24	+ 8	+24.5	29.26	29.65	29.89	29.60	N	N	N	Snow	Snow	Fair
2,	" 8	" 20	" 16	" 14.	30.11	30.20	30.16	30.16	N N W	N N W	W	Fair	Fair	Fair
3,	" 10	" 23	" 22	" 16.5	30.12	29.86	29.81	29.93	W by N	W N W	W	Fair	Cloudy	o'erc'st
4,	" 21	" 26	" 25	" 23.5	29.83	29.69	29.61	29.71	N	N	N E N	Snow	Snow	o'erc'st
5,	" 28	" 36	" 33	" 32.	29.45	29.30	29.34	29.36	N E	S	S	Hazy	Snow	Fair
6,	" 27	" 32	" 21	" 29.5	29.38	29.30	29.39	29.36	W	W	W	Cloudy	Snow	o'erc'st
7,	" 20	" 26	" 15	" 23.	29.59	29.80	30.03	29.81	W N W	W N W	W N W	Fair	Fair	Fair
8,	" 10	" 18	" 10	" 14.	30.08	30.12	30.10	30.10	N N E	N N E	N E N	Fair	Fair	Fair
9,	" 8	" 20	" 24	" 14.	30.07	29.60	29.34	29.67	N W	W	S W	Fair	Snow	Snow
10,	" 21	" 19	" 13	" 20.	29.55	29.70	29.77	29.67	S S W	W	W	Fair	Fair	Fair
11,	" 9	" 18	" 12	" 13.5	29.87	29.97	30.18	30.01	W N W	W N W	W N W	Fair	Fair	Fair
12,	" 8	" 16	" 14	" 12.	30.32	30.31	30.19	30.27	W	W	W	Fair	Snow	o'erc'st
13,	" 23	" 28	" 21	" 21.	30.06	29.94	29.91	29.97	W	W	W S W	o'erc'st	Snow	Fair
14,	" 16	" 22	" 18	" 19.	29.90	29.74	29.80	29.81	N W	N W	N W	Fair	Snow	o'erc'st
15,	" 20	" 25	" 22	" 22.5	29.98	30.09	30.05	30.05	N N E	N N E	N E	o'erc'st	o'erc'st	o'erc'st
16,	" 31	" 34	" 32	" 32.5	29.91	29.55	29.43	29.63	S	S	S	Fair	Snow	Rain
17,	" 33	" 32	" 14	" 32.5	29.50	29.65	30.00	29.72	S W	S W	W N W	o'erc'st	Fair	Fair
18,	" 5	" 10	" 9	" 7.5	30.11	30.18	30.23	30.17	N W	N	N	Fair	Fair	o'erc'st
19,	" 7	" 10	" 26	" 8.5	30.29	30.01	29.64	29.98	N	N W	W	Fair	Cloudy	Snow
20,	" 23	" 28	" 30	" 25.5	29.66	29.33	29.28	29.42	S	S	S	o'erc'st	Hazy	Rain
21,	" 25	" 22	" 14	" 23.5	29.67	29.93	29.96	29.85	S W	W by N	W by N	Fair	Fair	Snow
22,	" 12	" 17	" 16	" 14.5	29.86	29.56	29.20	29.54	W by N	W by N	W by N	Fair	o'erc'st	Snow
23,	" 19	" 22	" 18	" 20.5	29.11	29.26	29.44	29.27	W S W	S W	S W	Fair	Fair	Fair
24,	" 10	" 14	" 13	" 12.	29.51	29.46	29.35	29.44	N W	N W	N W	o'erc'st	Fair	Snow
25,	" 13	- 1	- 7	" 6.	29.33	29.38	29.64	29.45	N W	W	W	Stormy	Stormy	Fair
26,	- 11	0	0	- 5.5	29.87	29.98	29.79	29.88	S W	N W	N W	Fair	Fair	Snow
27,	+ 7	+22	+14	+14.5	29.81	29.65	29.91	29.79	S S W	S W	S W	Snow	Snow	Fair
28,	" 8	" 20	" 20	" 14.	30.07	30.11	30.06	30.08	W	W	W	Fair	Fair	Cloudy
29,	" 21	" 18	" 18	" 19.5	29.98	29.59	29.57	29.71	W	W	W	Snow	Snow	Fair
30,	" 17	" 12	" 7	" 14.5	29.85	29.99	30.02	29.95	N W	N W	N W	Fair	Fair	Fair
31,	" 7	" 15	" 8	" 11.	30.02	33.91	30.06	30.03	W by N	W	W S W	Fair	Fair	Fair

THERM. { Max. Temp., +36° on the 5th
 { Min. " -11° " 26th
 Mean of the Month, +17.9

BAROMETER, { Maximum, 30.32 In. on the 12th
 { Minimum, 29.11 " 23rd
 Mean of Month, 29.786 Inches.

THERM. { Highest during the Year, +98° on July 12, at 3 p.m.
 { Lowest " " -17° on Jan. 17, at 7 a.m.
 { Mean Temperature of " +44° 4.

BAR. { Highest during the Year, 30.72 In. on Jan. 19, at 7 a.m.
 { Lowest " " 28.98 " Oct. 29, at 10 p.m.
 { Mean of the " " 29.728 Inches.

DAY.	Barometer at Temp. of 32°.			Temp. of the Air.			Tension of Vapour.			Humidity of the Air.			Wind.			Amount of Snow or Ice.	WEATHER.					
	7 A.M.	3 P.M.	10 P.M.	Mean	7 A.M.	3 P.M.	10 P.M.	Mean	7 A.M.	3 P.M.	10 P.M.	Mean	7 A.M.	3 P.M.	10 P.M.							
1,	29.334	29.751	29.903	29.650	30.0°	19.6°	14.4°	21.8	1.25	0.75	0.83	1.00	7.5	6.8	6.8	9.3	8.0	NW by N	N by W	NNE	—	Mostly clear; light clouds dispersed
2,	29.988	29.648	29.762	29.672	18.8	27.0	—	—	.091	.129	—	—	.85	.87	—	9.4	—	NW by N	NNE	E by N	inapp	Densely clouded; commenced snow 11 pm
3,	29.648	29.538	29.464	29.546	30.2	34.8	34.9	33.4	1.56	1.69	1.56	1.61	9.8	9.8	—	8.6	9.2	E by N	Calm.	Calm.	1.5	Showing till 10 am; overcast all day
4,	29.642	29.538	29.464	29.546	30.2	34.8	34.9	33.4	1.62	1.89	1.73	1.75	9.6	9.4	—	8.6	9.2	Calm.	Calm.	Calm.	2.0	Sing till 9.30 am; densely overcast all day
5,	29.558	29.458	29.382	29.392	33.6	34.8	33.8	34.1	1.81	1.41	1.50	1.56	9.5	9.6	—	8.8	9.8	W by W	W	W	—	Sing till 8 am; densely overcast
6,	29.316	29.408	29.565	29.437	30.0	26.0	22.4	26.2	1.50	1.32	1.04	1.32	9.0	9.8	—	8.5	9.3	W by S	W	W	—	Clouds till 2 pm; clear from 5 pm
7,	29.789	29.906	29.976	29.882	19.8	28.8	20.5	23.7	0.94	1.08	1.09	1.03	8.3	6.8	—	9.5	8.2	W	NW by W	W	—	Light particles of snow and; clear from 6 pm
8,	29.910	29.850	29.760	29.848	23.0	24.3	24.9	24.0	1.08	1.16	1.27	1.16	8.5	8.7	—	9.3	8.7	NNE	NNE by E	E	inapp	Den overcast all day; part of snow falling
9,	29.420	29.291	29.291	29.291	28.2	34.6	—	—	1.42	1.90	—	—	9.1	9.5	—	9.6	8.2	NNE	NNE by E	NNE	1.0	Showing till 9 am; densely overcast
10,	29.570	29.610	29.699	29.626	29.2	29.4	26.8	28.5	1.45	1.64	1.41	1.49	9.0	10.0	—	9.6	9.5	W	W	W	—	Densely overcast all day
11,	29.862	30.057	30.186	30.040	20.5	26.9	20.7	22.7	1.09	1.01	1.05	1.06	9.8	6.8	—	8.5	8.5	W by S	W	W	—	Lightly overcast till 3 pm; clear 6 pm; first auroral light 11 pm
12,	30.269	30.142	30.046	30.138	14.0	29.9	25.2	22.8	0.85	1.12	1.07	1.01	9.8	6.7	—	8.1	8.1	Calm.	W by S	S	—	Gen clear; a few light passing clouds
13,	29.919	29.794	29.719	29.812	24.7	31.2	28.8	28.1	0.77	1.39	1.25	1.20	9.9	8.0	—	7.9	7.5	S by W	W	W	—	Overcast; light clouds and haze
14,	29.532	29.594	29.619	29.619	30.4	35.5	31.0	32.1	1.66	1.91	1.52	1.68	9.8	9.2	—	8.8	9.2	SSE	SSE	SSE	0.1	Overcast; slight clouds occasionally
15,	29.778	29.699	29.639	29.702	29.8	34.4	36.1	33.1	1.59	1.41	1.84	1.60	9.6	7.2	—	8.5	8.5	Calm.	Calm.	Calm.	inapp	Uniformly overcast; dull and dark
16,	29.453	29.328	—	—	35.6	37.8	—	—	1.69	2.09	—	—	9.4	9.3	—	8.2	8.2	SSE	Calm.	Calm.	inapp	Sir m air horizon; overcast; den fog pm
17,	29.644	29.860	30.000	29.827	34.8	28.4	24.8	29.4	1.70	1.14	1.09	1.36	8.6	7.3	—	7.2	8.2	W by S	NW by N	NW	—	Partially clear 9 to 11 pm
18,	29.966	29.929	29.929	29.929	33.7	28.8	23.8	23.8	1.07	1.29	1.02	1.08	8.1	8.0	—	8.4	7.9	W by N	W	W	—	Auroral light 9 to 11 pm
19,	29.791	29.442	29.398	29.548	32.6	36.5	38.8	38.8	1.48	1.97	2.26	1.90	7.9	9.2	—	8.0	8.0	S	SSE	SSE	—	Overcast all day; sir m to 6 pm, fog & drk
20,	29.928	29.191	29.515	29.350	39.0	40.5	32.1	32.1	2.29	2.43	1.58	2.06	9.7	9.7	—	8.8	9.2	Calm.	Calm.	W	—	Drill foggy day; Scotch mist till 9 am
21,	29.784	29.742	29.615	29.638	27.4	27.3	26.4	26.4	1.08	1.19	1.34	1.21	8.2	7.9	—	8.8	7.8	Calm.	ESE	ESE	—	Uniformly overcast; clouds breaking 11 pm
22,	29.419	29.266	29.185	29.290	27.6	26.1	24.6	24.6	1.33	1.31	1.10	1.24	8.7	9.0	—	8.2	8.6	NE by E	E	W	—	Gen clear; sir snow fr 11 am to 5 pm
23,	29.260	29.179	—	—	26.7	28.8	—	—	1.29	1.44	—	—	8.8	9.0	—	8.2	8.6	W by S	W by S	W	—	Light passing clouds
24,	29.340	29.325	—	—	19.8	26.2	14.6	19.7	0.84	1.25	—	—	7.6	8.6	—	7.8	7.8	NW	NW	NW	—	Uniformly overcast till 3 pm; rain & gen clear
25,	29.573	29.679	—	—	2.7	5.8	—	—	0.25	0.28	—	—	4.7	4.5	—	6.6	6.6	NW	NW	NW	—	Misty air; fine, but very cold day
26,	29.832	29.506	29.489	29.631	0.2	17.2	20.8	19.4	0.37	0.92	0.73	0.65	7.8	9.3	—	8.3	8.3	Calm.	Calm.	S	—	Overcast; sir g heavily fr 1 pm to 7 pm
27,	29.016	29.689	29.843	29.718	25.0	27.8	21.7	23.9	0.96	0.96	0.85	0.96	7.0	6.2	—	7.3	7.1	WSSW	W	W	—	Generally overcast; dense clouds
28,	29.676	29.877	29.843	29.941	32.4	26.6	21.4	22.9	0.89	1.00	1.03	1.03	7.3	8.1	—	8.6	8.6	WSSW	W	W	—	Overcast till 4 pm; clear from 9 pm; sir
29,	29.591	29.484	29.670	29.589	24.5	30.8	22.0	25.6	1.17	1.36	1.06	1.20	8.8	7.8	—	8.7	8.6	N	N	N	—	Overcast; sir m; it clear from 9 pm; sir
30,	29.888	29.816	—	—	15.4	17.2	—	—	0.76	0.92	—	—	8.3	9.2	—	8.5	8.5	W by S	W by N	W	—	Clear till 10 am; it clear from 9 pm; sir
31,	29.859	29.903	29.924	29.890	9.5	21.1	14.0	14.8	0.58	0.73	0.57	0.65	8.0	6.2	—	6.5	6.5	NW	NW	NW	—	Clear till 10 pm; clear spaces occasionally
Mean	29.678	29.661	29.702	29.6803	25.2	28.9	25.5	26.56	1.24	1.34	1.21	1.27	8.5	8.1	—	8.4	8.4	5.45 miles.	8.21 miles.	5.26 miles.	9.6	For. Bny froz over us to allow skaters & foot paths to cross to the Peninsula 26th

Highest Barometer, 30.216 at 9 a.m. on 12th. Monthly Range 1.101
 Lowest observed Temp. 40° 8 at 1 p.m. on 20th. Monthly Range 47.3
 Lowest do do 6° 5, 9 a.m. on 26th. Range 47.3
 Mean Max. Therm. 30° 31 } Mean Daily Range, 9° 63
 Mean Min. do 20° 68 }
 Greatest Daily Range, 25° 8 from 3 pm on 21th to an 26th
 Warmest Day, 26th, Mean Temperature, 57° 11.
 Coldest Day, 20th, do 43° 43.
 Mean Temperature at 2 pm, 29° 20 } Var., 4.00
 do at 7 am, 25° 20 }

Sum of the Atmospheric Currents in miles resolved into the four Cardinal directions.
 North, 1302.77 West, 2746.73 South, 1032.52 East, 892.97
 Mean velocity, 6.23 miles per hour.
 Maximum velocity, 20.5 miles from 11 am to noon on 17th
 Most Windy Day, 6th.—Mean velocity, 12.67 miles
 Least do, 18th.
 Most Windy Hour, 2 pm; mean velocity, 8.25 miles per hour
 Least Windy Hour, 8 am; do 4.95
 Mean Diurnal Variation, 3.29 miles.

Temperature.
 Mean, Max., Min., Range, No. Days, Rain, Inches, Winds, Windy, Spots, Days, Inch
 1840, 21.80, 42.1° 50.7° 3 7 6.680
 1841, 29.90, 46.1° 56.5° 3 7 6.680
 1842, 35.83, 49.5° 59.4° 3 6 8.1
 1843, 32.93, 48.5° 57.4° 3 6 4.2
 1844, 21.49, 33.7° 42.1° 2 2 4.7
 1845, 21.49, 49.4° 57.3° 5 5 6.8
 1846, 30.02, 49.6° 59.9° 7 7 2.760
 1847, 29.12, 45.8° 49.9° 7 7 0.840
 1848, 56.56, 40.8° 47.3° 5 6 0.61
 1849, 40.8

The means are deduced from six observations daily, viz., 6 am, and 2 and 10 pm, and 7 am, and 3 and 11 pm.
 Further explanatory notes will be found at the foot of all the Registers for 1845, 1846 & 1847. * Rain in inches on 6th, inapplicable. † Do on 10th, 0.025; 16th, 0.245; 17th, 0.270; 20th, 0.065; 21st, 0.210.—Mean, 0.840.

AMENDEMENTS PROPOSES

AUX

REGLEMENTS DU COLLEGE DES MEDECINS ET CHIRURGIENS DU BAS-CANADA.

L'AVIS suivant est donné conformément aux statuts du Collège, qui exigent que les amendements proposés à ces mêmes statuts, soient publiés durant six mois, avant l'assemblée Triennale où ils seront pris en considération.

A une assemblée du Bureau des Directeurs du Collège des Médecins et Chirurgiens, tenue dans la Cité de Montréal, le neuvième jour d'octobre, mil huit cent quarante-neuf, il fut

Proposé par A. Hall, M. D., secondé par A. H. David, M. D., et résolu, que les amendements suivants aux statuts du dit collège, seraient proposés pour être adoptés à la prochaine assemblée Triennale de la corporation, qui a ura lieu dans la ville des Trois-Rivières, le second mercredi de juillet prochain, étant le dixième jour de juillet mil huit cent-cinquante.

AMENDEMENTS.

BUREAU DES DIRECTEURS.

§ 1. Au § 1, substituez le suivant—“Les affaires du collège seront conduites par un Bureau de Directeurs, au nombre de trente-six, dont quinze seront élus d'entre les membres du Collège dans les Districts de Québec et de Gaspé—quinze d'entre ses membres, dans le District de Montréal, trois d'entre ses membres dans le District des Trois-Rivières, et trois d'entre ses membres dans le District de St. François, et pas plus ni moins de huit membres de ce dit Bureau de Directeurs, ne pourront résider dans la cité de Québec, et ni plus ni moins de huit ne pourront résider dans la cité de Montréal.”

§ 9. Après les mots “certificats” ajoutez “et des licences” et pour “jusqu'à ce qu'elles aient été dûment terminées” substituez “durant le premier jour de sa session.”

OFFICIERS DU COLLEGE.

§ 1. Ajoutez ce qui suit, “Et qu'il soit entendu que si le Président réside dans l'une ou l'autre cité, le Vice-Président peut être élu d'entre les directeurs résidant hors de la ville; et vice versa, si le Vice-Président réside dans l'une ou l'autre cité, le Président peut être élu d'entre les membres du Bureau non résidants dans les villes.”

DES MEMBRES.

Retranchez le préambule.

§ 1. Remplacez le § 1 par le suivant, “aucun de ceux qui ont obtenu une licence depuis la passation de l'acte en amendement (30 mai 1849) ne pourra être reçu membre du Collège des Médecins et Chirurgiens, avant l'expiration de quatre années.

§ 9. Ajoutez ce qui suit, “lequel document sera présenté au secrétaire, au moins dix jours avant l'assemblée semi-annuelle.”

§ 5. Au § 5 substituez le suivant, “Toute personne proposée comme membre, sera considérée élue, si elle reçoit la majorité des votes des Directeurs présents au Bureau.”

§ 7. Au lieu de “certificat d'agrégation” lisez “Diplôme d'agrégation.”

DES LICENCIÉS.

§ 1. Au § 1 substituez le suivant, “Les licenciés ont droit à la qualification de Licenciés du Collège des Médecins et Chirurgiens du Bas-Canada.”

§ 3. Au § 3 substituez le suivant, “Le Diplôme des Licenciés sera signé par le Président et le Régistrateur et par le Vice-Président et le Secrétaire du District où se tiendra l'assemblée, et sera revêtu du sceau du Collège.”

DES ASSEMBLEES.

§ 1. Pour “Québec” substituez “Montréal” et pour “Montréal” substituez “Québec.

Ajoutez le statut suivant.

§ 4. Le Bureau des Directeurs pourra, s'il le juge à propos, députer des comités, composés de pas moins de trois membres du Bureau, dans les Districts de Québec et de Gaspé, de Montréal, des Trois-Rivières et de St. François, pour former des Bureaux d'Examen relativement aux qualifications préliminaires des candidats pour l'admission à l'étude de la médecine, et les dits Bureaux d'Examen tiendront leurs séances dans le but spécifié, dans le temps et au lieu qu'ils jugeront convenables, en donnant avis de leur intention au moins quinze jours d'avance, dans quelque journal public du District, avec les circonstances mentionnées dans le troisième règlement. La dite notification de l'assemblée devra être signée par l'un des secrétaires de District.

DES HONORAIRES.

Ligne 2, pour “certificat” lisez “Diplôme.”

Retranchez in toto la ligne 3 ayant rapport à l'enregistrement des membres.

Ligne 5, pour “certificat recommandant pour licence” lisez “honoraires pour licence.”

Ajoutez le statut suivant.

§ 2. Tous candidats pour licence ou tous étudiants se proposant de subir leur examen préliminaire devront, en présentant leurs titres au secrétaire, déposer entre ses mains le montant des honoraires dits au Collège dans le cas d'un examen satisfaisant.

REGLEMENTS.

§ 1. Pour “un certificat de licence” substituez “licence.”

PROPOSED AMENDMENTS

TO THE

BY-LAWS OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

IN accordance with the provision of the By-Laws of the College, requiring six months' publication of proposed amendments to any of the By-laws, previous to the Triennial meeting of the College, at which they will be considered, due notice of the following is hereby given.

At a meeting of the Board of Governors of the College of Physicians and Surgeons, held in the city of Montreal, on the ninth day of October, one thousand eight hundred and forty-nine; it was

Proposed by A. Hall, M.D., seconded by A. H. David, M.D., and resolved, that the following amendments to the By-Laws of the said College, be submitted for adoption at the ensuing Triennial meeting of the Corporation, to be held in the town of Three Rivers, on the Second Wednesday of July next ensuing, being the tenth day of July, one thousand eight hundred and fifty.

AMENDMENTS.

BOARD OF GOVERNORS.

§ 1. In place of § 1, substitute the following—"The affairs of the College shall be conducted by a Board of Governors, thirty-six in number, fifteen of whom shall be elected from among the members of the College resident in the District of Quebec and Gaspé—fifteen from among its members resident in the District of Montreal—three from among its members resident in the District of Three Rivers, and three from among its members resident in the District of St. Francis; and of the said Board of Governors, neither more nor less than eight shall be resident in the city of Quebec, and neither more nor less than eight shall be resident in the city of Montreal."

§ 9. After the words "certificates" insert "and licenses;" and for "until it shall have been duly closed," substitute "during the first day of its session."

OFFICERS OF THE COLLEGE.

§ 1. Add the following, "It being understood that when the President resides in either city, the Vice-President may be elected from among the Governors residing out of the city; and vice versa, if the Vice-President resides in either of the cities, the President may be elected from among the members of the Board not resident in the cities."

OF MEMBERS.

Omit the preamble.

§ 1. Instead of § 1, substitute the following, "No one who has obtained a license since the passing of the act of amendment (May 30. 1849), shall be admitted a member of

the College of Physicians and Surgeons, until after the expiration of four years."

§ 2. Add the following, "which document must be handed to the secretary, at least ten days before the semi-annual meeting."

§ 5. Instead of § 5, substitute the following, "Every person proposed as a member, shall be considered elected, by receiving a majority of the votes of the Governors, present at the Board."

§ 7. For "certificate of membership," read, "diploma of membership."

OF LICENTIATES.

§ 1. For § 1 substitute the following, "Licentiates are entitled to the appellation of Licentiates of the College of Physicians and Surgeons of Lower Canada."

§ 3. For § 3 substitute the following, "The Diploma for Licentiates shall be signed by the President and Registrar, and by the Vice-president, and Secretary of the District in which the meeting is held, and shall have the seal of the College affixed thereto."

OF THE MEETINGS.

§ 1. For "Quebec" substitute "Montreal," and for "Montreal" substitute "Quebec."

Add the following By-law.

§ 4. The Board of Governors may, if they see fit, depute Committees, consisting of not less than three members of the Board, in the districts of Quebec and Gaspé, Montreal, Three Rivers, and St. Francis, to be Boards of Examination in regard to the preliminary qualifications of candidates for admission to the study of Medicine; and the said Boards of Examination, shall hold their sessions for the purpose specified, at such time and place as they shall see fit, giving at least fifteen days notice of their intention so to do, in some public journal published in the District, with the circumstances specified under by-law 3. The said notification of meeting to be signed by either of the District Secretaries.

OF THE FEES.

Line 2, for "Certificate" read "Diploma."

Line 3, omit in toto, having reference to the enregistration of members.

Line 5, for "certificate recommending for License," read "fee for Licentiates."

The following to be a By-law.

§ 2. All candidates for license, or intending students proposing to pass their preliminary examination, shall deposit with the secretary the amount of fees due to the College in the event of successful examination, at the time that they hand in their credentials:

REGULATIONS.

§ 1. For "a certificate of license," substitute, "license."