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ART. XXVIII.—PHYSIOLOGY OF THE FIFTH PAIR OF NERVES, BUT MORE PARTICULARLY OF THE OPTHALMIC BRANCH.

As read before the Medical Chirurgical Society. Montreal, September 4, 1847.

By H. HOWARD, M. D.,

Surgeon to the Montreal Eye and Ear Institution.

The fifth is a most important nerve; it is one of sensation, giving feeling to all parts to which it is distributed, head, face, skin covering them; eyes, nose, tongue, mouth, &c. It is to Sir C. Bell that we are indebted for the knowledge that this is a nerve of sensation. If it be injured either by disease or wound, where it escapes from the cranium, the result is that one side of the face loses its sense of touch; the parts may be cut or burned, still the patient does not feel it, yet the power of motion is retained.

The opthalmic division of the fifth divides into three branches, namely—the lachrymal, frontal, and nasal. The lachrymal gives a branch to communicate with the superior maxillary, and another to the facial; it supplies the lachrymal gland, and conjunctiva lining the superior palpebra. The frontal supplies the corrugator supercilii, orbicularis palpebrarum, occipito-frontalis muscles, and the integuments of the forehead and superior eyelid; it communicates with the infra trochleator branch of the nasal.

The nasal or third division of the opthalmic, previous to its entering the orbit, receives a branch from the sympathetic; and after it enters the orbit it gives a branch to the lenticular ganglion; and as it passes over the optic nerve, it gives off the two ciliary to the ciliary ligament and iris. It then gives off another branch which is connected with the supra trochleator, and is distributed to the lachrymal passages, and to the integuments and muscles on the side and dorsum of the nose. The proper nasal branch is distributed, and gives sensation, to the septum of the nose; another branch is lost in the integuments on the tip of the nose, to which it gives sensation.

The inferior palpebra is supplied by the terminating branch of the second division of the fifth, which also gives a branch to communicate with the nasal nerve on the side of the nose.

From the different connections of this nerve, we can easily understand the sympathy that exists between the conjunctiva and the inferior oblique muscle. The inferior oblique has its motor nerve from the inferior oblique branch of the third, which also gives a branch to the lenticular ganglion, the same ganglion receiving a twig from the nasal branch of the fifth, which imparts sensation to the conjunctiva.

The connection of the fifth nerve is more direct with the superior oblique muscle, whose motor nerve being the fourth, receives a branch directly from the fifth. It is the sensative properties of the opthalmic branch of the fifth nerve which cause profuse lachrymation, redness of the conjunctiva, and sneezing, when the nose is stimulated by any irritating substance. That this effect is caused through the fifth is evident from the pathological fact, that if the fifth be paralysed, although odours are perceived by the first or olfactory nerve, still no tickling or irritation of the nose will produce sneezing; indeed the person so afflicted does not even feel it.

Among the many offices of the opthalmic branch of the fifth, I believe it to be, in a peculiar manner, the protector nerve of the eye: and here I conceive the following very important questions arise:—

Does it protect the eye in any other way than by discovering bodies when in contact with that organ, and thus exciting its involuntary motions for the purpose of rejecting the foreign body?

I hold that it does, and will explain my views presently. There is an involuntary motion of the eye for its protection, independent of the fifth nerve, which is the action produced by sight; danger is seen to approach the eye before it touches it, and the impression is borne to the sensorium by the optic nerve, and, as quickly as received, the sensorium issues its mandate through the portio dura (which is the motor nerve of all the muscles of the face) to the orbicularis palpebrarum, which immediately closes the lids to ward off the approaching danger. But when the danger is not seen, and the eye is once touched, or even the eyelashes, the muscle contracts the same way, the impression being borne to the sensorium by the fifth, and the

mandate issued to the orbicularis through the portio dura.

Now, I shall endeavour to explain how I believe the fifth to be a further protection to the eye, in addition to the manner just detailed.

I hold that the opthalmic branch of the fifth pair of nerves protects the retina from more light than the retina is fit to receive without being injured, in consequence of the opthalmic branch of the fifth being sensative to the stimulus of light independently of the retina. This is a novel statement, but, I think, I can prove the fact.

If such be not the case, how, I would ask, can we account for contraction and dilatation of the pupil in persons who are totally blind, whether owing to paralysis of the optic nerve or retina. If the iris were dependent for its action upon the reflex stimulus from the retina, this could not be the case; for the amaurotic retina, it must be remembered, is incapable of discerning even the very strongest light. An objection that may be started against this theory is, that in the majority of cases of amaurosis, the iris is motionless and the pupil fixed. Such, truly, is the case, but we must remember the many different causes there are which produce amaurosis. The causes may be injury or derangement of the fifth nerve itself, or even the third. How often do we see this the case, when caused by wounds on the eyebrow, eyelid, and forehead. Supposing that the cause of amaurosis was paralysis of the optic nerve or retina, what is there more likely than that the disease which caused derangement of those parts, should also frequently cause derangement of the lenticular ganglion, or of either the third or fifth nerve, or of both? Again, why does light give pain in conjunctivitis, or such excruciating agony in strumous opthalmia? The retina surely can have nothing to do with it. But it has been said the contraction of the pupil gives the pain, because the application of belladonna dilates the pupil and the patient is relieved. I certainly cannot understand how contraction of the pupil can give pain; I would rather think it is the pain which causes the contraction of the pupil; and in the use of the belladonna, the application of it removes the morbid irritability of the fifth pair of nerves—the pain is relieved and the pupil becomes dilated. This can be proved as follows:—For a case of strumous opthalmia, instead of using belladonna, let the irritability of the fifth be removed by the application of nitrate of silver to its extreme branches in the integuments of the superior palpebra; after which, it will be found that the pain will be relieved and the pupil dilated. Now, certainly the nitrate of silver has no specific power over the iris to dilate the pupil except by relieving the pain of the fifth pair of nerves.

That pain does cause the pupil to contract is easily proved; as, for instance, when we couch for cataract, the pupil having been previously well dilated with belladonna, no sooner does the operator commence to pierce the coats of the eye than the pupil begins to contract; and before the operation is complete, we find it much more contracted than we wish it to be. But how is the pupil contracted by the stimulus of light? Why, the iris receives sensation from the opthalmic branch of the fifth, and motion from the involuntary branch of the third, branches of those two nerves forming the lenticular ganglion, which ganglion supplies the iris in addition to the two branches given by the nasal branch of the fifth. Hence, it is clear that the iris is supplied with both a sensative and an involuntary motor nerve, from whence it follows—that the stimulus of light on the iris is borne to the sensorium through the fifth, and the sensorium issues its commands through the third, which causes the involuntary action of the pupil; so, in reality, we find that the iris possesses all the properties of an involuntary muscle supplied with a sensative and an involuntary motor nerve.

The iris acts as a curtain between the cornea and the posterior chamber of the eye, suffering no rays of light to pass but what enter through the pupil—and only through it what are necessary to perfect vision, which is another great proof of its sensibility to light, independently of the retina; and, fortunately for us, such is the case, for if it were not, the retina would often suffer from the shocks of light which it would receive. If the retina received the impression before the iris acted, what could be the possible use of the iris and the pupil.

According to my theory of the sensibility of the iris to the stimulus of light through the fifth pair of nerves, it can be well understood that the iris acts as a guard to the retina, adjusting the size of the pupil instantaneously to the proper amount of light to be allowed to pass through, except when its mobility is temporarily impaired by a long exposure to great light or profound darkness, and the opposite state is suddenly assumed.

I also hold, (contrary to the preconceived opinion of physiologists in general,) that belladonna possesses no power over the retina. I know the question may be asked, does not belladona possess a specific power over the retina, and its use produce temporary amaurosis?

The use of belladona does produce temporary amaurosis, but not by any direct influence it has on the retina, but on the fifth pair of nerves; and the tem-

porary amaurosis is produced by the pupil being too much dilated, and is thus prevented from collecting the rays of light, to a proper focus, upon the retina; for, as soon as the pupil contracts, the amaurosis is removed. Another proof of this being a correct theory, is an experiment I made at the suggestion of Doctor S. C. Sewell, to whom I told my opinion: after smearing the palpebra of a patient with extract of belladonna, which dilated the pupil and produced temporary amaurosis, I took a pill box and made a small aperture in the bottom of it, I then held it to the patient's eye, so as to exclude all light except what passed through the aperture or artificial pupil.

The patient told me when she looked through the aperture she could see nearly as well as before I put the black stuff on her eye, but that when I removed the box her vision was confused. This I have since tried with many other patients, and always with the same result; and finding the trial so successful, it, of course, strengthened my opinion that the effect produced on the eye by belladonna, is through its action on the fifth pair of nerves, it being at once evident that if its action were upon the retina, looking through the aperture in the pill box could be of no possible use. I would further cite, in corroboration, the temporarily improved vision occasionally effected in cataract by dilating the pupil with belladonna.

It is unnecessary, Mr. President, for me to say that, taking the view that I do of the functions of the fifth pair of nerves, I am led to attribute many diseases of the eye to derangement of it or its branches, that have been attributed by other surgeons to different causes: consequently I pursue, in many respects, a different mode of treatment.

Montreal, Sept. 4, 1847.

Art. XXIX.—CONTRIBUTIONS TO CLINICAL MEDICINE,

By J. Crawford, M. D.,
Lecturer on Clinical Medicine, M'Gill College.

Traumatic Tetanus—Employment of Ether Inhalation.

John Kelly, ætat 7, a fine intelligent little boy, got his finger severely bruised by the latch of a gate, which the wind closed violently on him. The accident took place about the middle of July last, while he was at a juvenile "pic nic" in the vicinity of the city. The little boy, fearing that his parents might suppose the accident arose from some mischievous proceeding, applied to the servant, on his return home, who bound up the finger with cobweb; and the parents remained in ignorance till next day, when his pain and suffering was so great, that they took him to a Doctor, who applied some dressing *over the cobweb*, which he allowed to remain on for several days. Shortly after this, the little boy was allowed to go to the country, on a visit to a friend, where he remained till the 28th August. On his return home, his hand was very painful, an open sore, remaining from the original wound, crossed the joint of the middle finger, the flexor tendons of which had been cut across, and the finger, incapable of flexion, was much swelled. There was some difficulty of swallowing, and a slight closure of the jaws, and he was remarked to walk awkwardly, as if he had a stiff knee. His complaints were supposed to be of a rheumatic character, with sore throat.

On the 3d September I was called to see him. He was in bed—face flushed, and perspiring—brows slightly frowning, and his countenance indicative of distress; but he would not confess there was anything the matter with him. On being raised to examine further, he complained a good deal of pain of the back of his neck, and, in consequence, was very averse to motion. His pulse was low. He was ordered calomel, gr. ij., pulv. ipecac. compo. gr. ij., that night, to be followed by some saline aperient in the morning, and a strong opiate liniment to be rubbed on the spine.

4th.—His countenance appeared more distressed and brow contracted; muscles, about the mouth and jaw, rigid; the teeth so nearly closed as scarcely to admit the point of the little finger; deglutition difficult; muscles of the neck and sterno cleido rigid; could not bear to be moved in the bed; face flushed and perspiring; bowels confined; had passed a tolerably quiet night; finger painful and sensative; a poultice to the hand; continue opiate liniment to spine. Infus. senna cum. magnes. sulph., ℥ij. every 3 hours, till an operation from the bowels was procured.

Evening.—The bowels unaffected by the aperient, in other respects, no particular change. Ordered ol. crotonis gtt. i., and the following mixture was directed to be given, in drachm doses, every hour, as soon as the bowels were moved: R. Extract canabis indica gr. vi. aqu. ℥i., and the opiate liniment to be freely used to the spine.

5th.—His bowels were freely opened during the night, and his countenance appeared rather more at ease. He said he did not feel such difficulty of swallowing; his jaws were, however, locked, as before, the tongue appeared, also, kept back, and incapable of protrusion, in consequence of spasm; the muscles of the back, neck, and abdomen rigid. When turned on his side, or raised, opisthotenus was very manifest: he spoke easily, and gave an account of his accident. Four drachms of the strong opiate liniment

had been rubbed in during the night, and he took four tea-spoonsful of the solution of hemp. He slept pretty well during the earlier part of the night: his finger rather more sensitive. There was no rigidity of the limbs, nor clinic spasms. Ordered to continue the medicine.

6th.—He slept but little during the night, and he appears much as before. Took about 5 gr. of the extract of canabis during the night: deglutition becoming more difficult; pulse 100; bowels freely open. The canabis was exhibited according to the following form: ℞. ext. canabis ind., gr. xx, spt. vini, ʒij. tere simul ten minums, to be given every half hour.

Evening.—There is more rigidity of the trunk, if attempted to be raised. He is stiff from head to foot; his jaws rather more closed. At this period, I took Dr. Mahony, Inspector General of Hospitals, Dr. Campbell, and some others of my medical friends, to see the case. Dr. M. suggested the trial of the inhalation of ether; and, having procured the apparatus, I caused the boy to respire about two ounces of sulphuric ether, which appeared to produce a very transient sleep, and some incoherent raving. He called for "more beer," and said he was not drunk, and would pay for more beer, and acted over several such scenes as he had often been witness to in his father's *bar-room*. He said he would go home with the Doctor, and seemed to have taken a sudden and great fancy to him. There was no relaxation of the spasms, although he continued the inhalation for about 20 minutes.

7th.—He passed a disturbed night, from clonic spasms supervening: his jaws were almost quite closed; the general rigidity much as before. He took only four doses of the canabis during the night: he was ordered now to take 20 drops every half hour. The spasms were frequent and violent during the day, and deglutition was now very difficult. He had only got the canabis every hour, instead of every half hour, by mistake, or owing to inattention. Ordered acetum opii min. vj.

Evening.—The anodyne had procured a very quiet and continued sleep of several hours. The muscles of the abdomen and back appeared rather less rigid: countenance frowning; deglutition very difficult. To take acetum opii m. viij.

8th.—The opiate did not produce such a satisfactory effect as formerly, although it procured some sleep: the difficulty of swallowing precluded almost wholly the use of remedies by the mouth. An anodyne enema was ordered, but the spasms appeared uncontrollable, and he died during the night.

Remarks.—The slow progress of the disease permitted the employment of medicines for a longer period than is usual; it, nevertheless, held on its fatal course, uninfluenced in any way by the remedies. The overwhelming occupation which the emigrant fever, and an unusually sickly time, gave us all, prevented me from pushing the inhalation of the ether further than I did, although it did not appear to have any decided effect; and as the boy was asleep on the occasions when I again took the inhaler to the house, I had not an opportunity of prosecuting the trial as far as I should have wished.

A very favourable occasion for trying the antalgic or calmative influence of ether having offered within the last week, and the results being most satisfactory, I shall briefly append the case.

The boy, Thomas Cullan, ætat 14, had received a very severe injury of the thigh and leg, by attempting to get up on the wheel of a waggon while in motion, his leg having passed between the spokes, and he was dragged for some distance before he could be extricated. The leg was much lacerated, and the skin torn off in large patches, the knee joint cut open, and the head of the fibula fractured and comminuted. The boy was taken to the Montreal General Hospital, where extensive sloughing and suppuration in the subcutaneous cellular structure took place, dissecting and detaching the skin and muscles, by which he was reduced very low. He became my patient in the beginning of the present week; and after a few days' observation, and the sanction of my confreres, I determined to remove the limb, as the only probable means of saving his life. The limb was so painful, and the sores so irritable, that he could hardly permit any application to touch it, or any change of posture; so that, although he was desirous of having the operation performed, he could not bear the slightest preparation for it; it was, therefore, very problematical how it could be accomplished. A sponge, saturated in purified sulphuric ether, was applied to his nose and mouth, through which he breathed for some minutes, when it became evident that sensibility to pain was blunted, and shortly afterwards he was removed to the operation theatre with little suffering. Some awkwardness, in arranging him on the table, caused him much pain; he was, however, directed to continue the inhalation, and, in a few minutes, it appeared that he was under the influence of the ether. The operation was performed by the double flap, and the bone sawed *without his ever evincing the slightest indication of pain or consciousness that the operation was being performed.* While tying the vessels, he was asked if he had felt any pain. He

said, "not any;" and being further interrogated, he said he heard as if wood was being sawed, and that he saw persons about him, but was not conscious of any thing being done to himself.

There was not the slightest disagreeable effect from the ether; and the case has since gone on well. Drs. Campbell, Bruneau, Fraser, Scott, and the Editor of the *British American Journal*, gave me their aid; and a large number of students witnessed the very satisfactory effects of the ether inhalation, in entirely abolishing the sense of feeling, while yet a certain degree of consciousness still remained.

The very simple mode of application, by means of a sponge, appears to me to possess advantages over any apparatus for inhalation I have seen tried.

Since writing the above, I removed the metacarpal bones of the hand (leaving the thumb) from a patient who had laboured under lupus for three years, which lately became so intolerably painful, that he urgently begged to have the hand amputated. For some days previously the ether was tried by inhalation, and on all occasions it produced irritability of stomach, and did not appear likely to allay the pain; however, the inhalation was continued during the operation, and he said that although he felt pain, it was very trifling.

The Annalist, a Record of Practical Medicine in the City of New-York, Semi-Monthly. Edited by Wm. C. Roberts, *M. D., Fellow of the College of Physicians and Surgeons of New York.*

This valuable semi-monthly Journal having reached its second volume, appears in a new dress, and considerably improved in every respect. Of our various exchanges, there is scarcely one whose appearance is more welcome than that of the subject of this notice. The Editorials are all *racily* written, and the subjects so admirably handled, as to place the Editor among the first of the class on this continent. He has most assuredly proved himself fully equal to the arduous and responsible duties to which he has devoted himself, with, we must confess, most untiring assiduity. In this country, this Journal might circulate with profit and advantage; the low price of $2 is, of itself, sufficient to recommend it, apart from the variety and richness of its contents.

The New Jersey Medical Reporter, and transactions of the New Jersey Medical Society. Edited by Joseph Parish, *M. D., Burlington, 1847—October.*

This new aspirant to public favour, of which the number before us is the first, purports to be "a medium for the publication of the transactions of the New Jersey Medical Society, at the same time devoted to the interests of Medical Science generally." It is intended to be a Quarterly Periodical, and will be issued to subscribers at the rate of $2 per annum. The present number contains 84 neatly printed pages. The style of the work may be gleaned from the following division of its contents. The first part contains the proceedings of the New Jersey Medical Society; 2nd.—Original communications, of which this number contains four; 3rd.—Bibliographical notices; 4th.—Editorial, and 5th.—An Eclectic Department. We will gladly exchange with our new contemporary in the field of Medical Literature, and cordially wish for him that success in his enterprise, which we assuredly anticipate, and which the present number so favourably bespeaks.

The American Medical Almanac, for 1848, *containing Statistics of the various Medical Colleges, Hospitals, Dispensaries, &c., of the United States, together with other information of value to the Physician and Student.* Philadelphia: Lindsay & Blackeston. 12mo.

This is an unpretending duodecimo, printed in an ordinary garb, but containing, even beneath its russet gown, something of sterling value. Its pages, we must confess, carry an interest of more value to the American Physician, than the Canadian; but, nevertheless, it comes recommended strongly to the Physician, be he located where he may, from the information afforded, not only with reference to the American Medical Institutions, but to numerous *points of practice*, containing, moreover, the code of Medical Ethics lately adopted by the United States Medical Convention, which is alone worth the whole price asked for the publication. Copies may be obtained of Messrs. Armour & Ramsay.

The Retrospect of Medicine, being a half-yearly Journal, containing a retrospective view of every Discovery and Practical Improvement in the Medical Sciences. Edited by W. Braithwaite, *Lecturer on Obstetric Medicine at the Leeds School of Medicine.* Vol. XV. January to June, 1847. London: Simpkins, Marshall, & Co.—1847.

We have hitherto spoken of this Periodical in terms of the highest commendation; nor is our opinion of its value lessened, when we consider the object of the Editor, because in this instance, the Publisher or Printer has not done justice to the intention. We regard this Retrospect as one of the most valuable digests of Medical Literature of the day; but we regret exceedingly, that the present number is disgraced by a series of typographical blunders which bespeak such gross carelessness as seriously to endanger the character of the pub-

lication, which we have no desire that it should forfeit. We will instance a few of the errors:—e. g. Line 1, of page 18, is placed on page 19; at the bottom of page 428, there are four lines *omitted*, and the last line of page 431 is omitted. These are a few out of a number of errors of a similar character occurring in the work. If the Editor desires that the character of his publication should be sustained, he will require to watch its progress through the press more narrowly, for *devils* are notorious for the unaccountable liberties which they take.

PRACTICE OF MEDICINE AND PATHOLOGY.

On the Use of Nitrate of Silver in the Cure of Erysipelas. By JOHN HIGGINBOTTOM, F.R.C.S.E., Nottingham. (Read before the Provincial Medical and Surgical Association at the Anniversary Meeting at Derby, August 4, 1847.)—I have found that if the nitrate of silver be applied *early*, it subdues local inflammation and irritation, if we employ at the same time the most efficient means for regulating the digestive organs.

At an early period of my practice, in slight cases of erysipelas, I used constitutional remedies alone, hoping that the inflammation would have been arrested; but having been so often disappointed, I now use both local and constitutional remedies simultaneously, and especially the nitrate of silver. Even in mild cases of erysipelas, in which I did not apply the nitrate of silver, I found the disease very long in duration, and I observed that the patients had sometimes numerous small abscesses requiring the use of the lancet, which might have been prevented altogether by the early application of the nitrate of silver.

The objections I formerly entertained to the very early application of the nitrate of silver, were the pain and inconvenience attending the discolouration of the part on which it is applied, which remains for a week or more, but these objections are trifling compared with the continued severity of the disease, if permitted to run its usual course, particularly on the head, in which there is also great danger of inflammation of the membranes of the brain and of serous effusion. I have found that when the inflammation has been subdued by an early use of the nitrate of silver, the constitutional symptoms were immediately relieved; the constitutional disturbance is directly aggravated by the least increase of local inflammation, and in a few hours, after a decided application of the nitrate of silver, the inflammation is arrested and gradually subdued, and with it the constitutional symptoms cease.

Even in idiopathic erysipelas, there is no period of the disease when I would not apply the nitrate of silver. I have never in any cases seen metastasis, or any other bad effect from the use of this important remedy.

When it is necessary to apply the nitrate of silver over an extensive surface as in erysipelas, I have for some years used the concentrated solution in the manner proposed by Mr. John Gooch, Surgeon, R.N., in a paper published in the *Lancet* of September 15th, 1832, entitled, "Practical Remarks on Erysipelas as it appeared on board his Majesty's ship, Prince Regent." The strength of the solution is not given in this paper; I prescribe it in the following manner:

℞ Argenti nitratis, scr. iv.
Acidi nitrici, gtt. vj.
Aquæ distillatæ, dr. iv.

In erysipelas of the face when it is spreading on the forehead, or at all on the scalp, the head should be shaved as early as possible, in order that we may trace the extent of the inflammation on the scalp, which often can only be detected by pain, or by an œdema being felt on pressure with the finger. The affected part should be well washed with soap and water to remove any oily substance from the skin, and afterwards with pure water, to wash away any particle of soap remaining. The concentrated solution may be then applied several times on the inflamed part and for two or three inches beyond the inflamed margin on the healthy skin. It requires to be applied freely all over the scalp, where it scarcely or never produces vesication.

In about twelve hours it will be seen if the solution has been well applied. If any inflamed spot be unaffected by it, it must be immediately reapplied to it. Sometimes even after the most decided application of the nitrate of silver, the inflammation may spread, but it is then generally much less severe, and it is eventually checked by the repeated application of this remedy. I have in some cases of traumatic erysipelas, found the inflammation to spread more severely and more rapidly than in the idiopathic, but by the free repeated application of the nitrate of silver, it has at length been subdued.

The following cases are selected to illustrate this mode of treatment:—

CASE I.—On the 6th of August, 1844, I visited Miss A., aged 20, of very delicate constitution, and of a strumous diathesis. She had been exposed to the rain, and had neglected to change her damp clothing. She experienced the common symptoms attending a cold, accompanied by a slight erysipelatous inflammation of the right side of the cheek and nose. The constitutional symptoms were so slight, and the pulse so little accelerated, that I wished to avoid the application of the nitrate of silver, thinking the inflammation might be subdued by other remedies. I directed thirty grains of ipecacuanha as an emetic, and in three hours after its operation two pills, containing three grains of chloride of mercury, and eight grains of the compound extract of colocynth, followed by a purgative of salts and senna, repeated every three hours until it operated freely.

7th. Early the following morning, although the emetic and purgative had operated satisfactorily, she was labouring under a severe attack of fever; the pulse was 140, and the erysipelas had spread considerably on her face and forehead, and slightly on her scalp. I opened a vein in the arm, and bled her in the semi-recumbent position to the amount of twelve ounces, when she became faint. Her head being shaved, the concentrated solution of the nitrate of silver was applied upon and beyond the whole of the inflamed surface, and also around the ears, to prevent them becoming inflamed. I applied it very freely over one-half of the scalp, thinking this might be sufficient, as only a small portion of the forehead was affected. I prescribed two grains of the chloride of mercury, with two of antimonial powder, every six hours.

There appeared no increase of the inflammation on the 8th, and the pulse 120; the bowels had been well moved.

9th. She had a restless feverish night, attended with slight delirium, the pulse being 120. There was no increase of erysipelas on the face, but it was spreading on the remaining part of the scalp. I applied the solution of the nitrate of silver over the remaining part of the scalp. Neither of the ears were in the least affected. The solution of the nitrate of silver had apparently formed a barrier, over which the erysipelas did not spread.

On the 10th the patient was in every respect improving. From this time Miss A. recovered without interruption.

CASE 2.—I visited Miss B., aged 30, on the evening of the 18th of December, 1843. She had been indisposed several weeks. There were considerable fever, a quick pulse, and pain of the head, and she had a patch of erysipelas on the upper part of the nose, and a little across the

lower part of the forehead. I prescribed an emetic of ipecacuanha, followed by a dose of chloride of mercury and compound extract of colocynth, and the sulphate of magnesia in infusion of senna.

On the morning of the 19th, the erysipelas had spread all over the face, and as high as the forehead, close to the scalp, and there was no abatement of the constitutional symptoms. I bled her whilst sitting up in bed until she fainted, and directed the head to be shaved, and I then applied the solution of the nitrate of silver all over the face and one-half of the scalp. In the evening I applied the solution of the nitrate of silver over the remaining part of the scalp; having found that one ear had become inflamed, I applied the solution both upon it and around the other ear affected.

20th. The fever was considerably abated; the pulse was 100. From this day the patient was convalescent.

Case 3.—I visited Miss C., aged 20, on the 14th of September, 1844. She had a sense of coldness and pain of the limbs the day before; she had then a slight degree of erysipelas on the left side of the nose, cheek, and upper lip. I directed an emetic and pill, with the compound colocynth powder and chloride of mercury, followed by an active dose of infusion of senna and sulphate of magnesia.

In the evening I found the erysipelas increased and spreading towards the ear: the lower eyelid was considerably swollen, but the erysipelas had not reached the forehead; pulse 100; no pain of the head. I applied the strong solution of the nitrate of silver all over the inflamed surface and the surrounding healthy skin for several inches, particularly round the ear. A grain and a half of chloride of mercury, with two grains of antimonial powder, was given every six hours, and a saline effervescing medicine every three hours.

16th. The application had been effectual, and there was no increase of the erysipelas; the pulse was 80.

Case 4.—Mr. J. S., aged 30, had slight febrile symptoms on the 11th of December, 1843, which arose from exposure to cold. He had taken aperients and saline medicines. Two days afterwards there was a patch of erysipelatous inflammation on the right side of the face, without any considerable increase of fever. The nitrate of silver was well applied on the inflamed part and on the surrounding skin. There was no further extension of erysipelas.

It will be observed in the two last cases, when the nitrate of silver was promptly applied, before the erysipelas had produced severe constitutional symptoms, that the progress of the disease was instantly arrested, and that the patients speedily recovered. In the case of Miss B., although the erysipelas at first was suffered to proceed, the application of nitrate of silver to the whole scalp prevented any cerebral affection, and the patient was convalescent in a short time. In the first case related there were restlessness and delirium fifteen hours after the application of the nitrate of silver, but it was observed that the scalp where the nitrate of silver had not been applied was inflamed, and on the decided application of the nitrate of silver on the whole of the scalp, the delirium ceased. From these cases, as well as from my experience of many years, I conclude that the speedy application of the nitrate of silver will arrest the progress of erysipelas, and prevent cerebral mischief. It is also of great practical importance to subdue erysipelatous inflammation in the commencement, for I have observed when the attacks have been severe, that the patients afterwards become more subject to a recurrence of the disease.

The great obstacle to the general and free use of the nitrate of silver, even at the present day, appears to arise from the impression on the minds of many surgeons that it is a caustic—a destructive agent. If they could be divested of that idea, and use it as freely as they would a common blister of cantharides, their fears would soon subside, from repeatedly observing the safety of the application, and also its beneficial effects. In my own practice I have always considered it a safer remedy than cantharides, as it may be applied freely over a surface, even where very active inflammation exists, or where there is an extensive surface denuded of its cuticle. This remedy has also the advantage of not affecting the bladder, or producing strangury.

The nitrate of silver is not a caustic in any sense of the word. It subdues inflammation, and induces resolution and the healing process. It preserves, and does not destroy, the part to which it is applied. If we compare a caustic, as the hydrate of potassa, with the nitrate of silver, we find that the hydrate of potassa destroys and induces a slough and the ulcerative process; but if we touch a part with the nitrate of silver, the eschar remains for a time, and then falls off, leaving the subsequent parts healed.

If an ulcerated surface secreting pus be touched by the nitrate of silver, the succeeding discharge is immediately converted into lymph: it is the property of the hydrate of potassa, on the contrary, to induce not only ulceration but suppuration. In short, the peculiar properties of the nitrate of silver have long been kept unknown to us by the designation of lunar caustic, affording the most striking instance of the influence of a term, or of a classification, upon the human mind. The nitrate of silver and the hydrate of potassa, (as indeed all caustics,) are as the poles to each other, the first preserves, the second destroys; the first induces cicatrization, the second ulceration.—*Dublin Medical Press.*

Notes on Scurvy, as it appeared in the Saltpêtrière in 1847, and on the Composition of the Blood in the Disease. By Dr. A. Fauvel.—[Some difference of opinion still existing as to the chemical constitution of the blood in scurvy, and its importance as explanatory of the symptomatology of the disease, we have thought that the following researches upon the subject recently made at the Salpêtrière on more than 30 cases, might be interesting to the readers of the *Provincial Medical and Surgical Journal*, in connection with the papers upon the same disease, which have already appeared.]

The disease declared itself chiefly in females of an advanced age, the youngest of our patients being at least sixty-nine years of age, while three were upwards of eighty. There is not much to be said respecting the etiology of the disease, we are only able to state that the majority inhabited upper rooms, and that their food consisted chiefly of meat with bread, meat soups, and wine. All were apparently in good health previous to the attack.

The disease declared itself with vague pains in the extremities, with a sense of general malaise, disagreeable taste in the mouth, and loss of appetite. In some, spots on the skin commenced simultaneously with the above symptoms. The chief symptoms when the patients were first seen, were a particular discolouration of the skin, hæmorrhagic spots and patches, a special alteration in the state of the gums, and general prostration of the vital powers. The discolouration of the skin consisted in a yellowish tint, *sui generis*, most marked on the face; it neither resembled exactly the icteric, chlorotic, nor cancerous hue, but was most like the colour left by the decline of an ecchymosis. This colour affected even the conjunctiva and gave an appearance to the patient which could not admit of misapprehension as to the nature of the disease. The *hæmorrhagic spots* varied in appearance, and consisted either of small points of a vivid red, scattered principally on the anterior aspect of the limbs, or of true petechiæ, the situation of which was the same. The most important and characteristic spots consisted of large ecchymoses, or sanguineous infiltrations, situated in a subcutaneous cellular tissue. When the hæmorrhage was of an ancient date, its circumference was of a yellowish colour, indicative of the commencement of absorption.

The pains of which the patients complained were of two kinds, the one spontaneous and deep-seated, the other more superficial and excited by pressure.

The *alteration in the gums* was quite characteristic; it did not consist of a general tumefaction and softening of their tissues, as

is seen in certain forms of stomatitis, but of fungous vegetations, developed exclusively around the neck of each tooth, so that the alveolar disease was proportionate to the number of teeth. In one patient, who had but a single tooth, there was but one patch of vegetation, and this disappeared on the removal of the tooth, long before the subsidence of the other scorbutic symptoms.

Mastication was difficult or impossible, and the mouth exhaled a fœtid odour. Among the other general symptoms, prostration of strength was marked; and there was anorexia from the first. Constipation occurred in most of the patients. Blood was never seen in the evacuations; neither was there any other hæmorrhage of consequence, with the exception of epistaxis in one case.

The treatment consisted in the use of a drink acidulated with lemon juice, a gargle of alum, and a generous diet, of which green leguminous plants formed a considerable portion.

[The analysis of the blood of five of M. Fauvel's patients was undertaken by M. M. Becquerel and Rodier, whose researches give the following results]:—

Case I.—Female, aged 76. Severe case—first bleeding,—the clot much buffed; second bleeding, fifteen days later,—clot dense, resisting, dark-red, and spotted with white striæ.

Density when defibrinized . . 1050.6
Density of serum 1025.5

Analysis of 1000 parts of Blood.		Analysis of 1000 parts of Serum.	
Globules	109.	Organic matters . . .	77.7
Fibrin	4.1	Inorganic matters . . .	7.8
Organic matters of serum .	69.2	Water	914.5
Inorganic matters of serum.	6.8		1000.
Water	813.7		
	1000.		

Case II.—Female, aged 74. Severe case; blood firmly coagulated. Density of defibrinized blood 1048.6.

Analysis of 1000 parts of Blood.		Analysis of 1000 parts of Serum.	
Globules	110.8	Organic matters . . .	73.8
Fibrin	3.6	Inorganic matters. . .	7
Organic matters of serum.	65.7	Water	919.2
Inorganic matters of serum	6.2		1000.
Water	813.7		
	1000.		

Case. III.—Female, aged 73. Slight case; clot dark and loose. Density of defibrinized blood 1051 7.

Analysis of 1000 parts of Blood.		Analysis of 1000 parts of Serum.	
Globules	116.5	Organic matters . . .	75.9
Fibrin	3.	Inorganic matters. . .	6.2
Organic matters of serum	67.3	Water.	916.6
Inorganic matters of serum	5.5		1000.
Water	807.7		
	1000.		

Case IV.—Female, 60; mild. Defibrinized blood, 1047.2

Globules	116.	Organic matters . . .	71.3
Fibrin	2.6	Inorganic matters. . .	8.2
Organic matters of serum	63.1	Water	920.5
Inorganic matters of serum	7.3		1000.
Water	811.		
	1000.		

Case V.—Female, 72 years. Severe case; epistaxis. Defibrinized blood, 1038.3.

Globules	79.4	Organic matters . . .	61.5
Fibrin	2.2	Inorganic matters. . .	8.5
Organic matters of serum	56.2	Water	93.0
Inorganic matters of serum	7.8		1000.
Water	854.4		
	1000.		

From the study of the blood in these cases it appears:—

1. That far from presenting that state of dissolution which has generally been admitted, the blood in scurvy coagulates firmly, and the serum is uncoloured by globules.

2. That the density of the defibrinized blood was in all the cases below the normal standard, (1057.)

3. That the density of the serum is notably diminished, (1027.)

4. That the globules were in all cases below the mean, (127.)

5. That the fibrin was in no case diminished, but in some sensibly increased.

6. That the organic matters of the serum, as albumen, were below par.

7. That in no case was there an augmentation of the saline matters, nor alkali in excess.

[The above memoir concludes with some observations on the complete subversion which the predominent theories of scurvy have received by these researches. It was thought the fibrin was diminished, and hence the profuse hæmorrhages, &c. It is proved by these analyses, as was previously ascertained by Mr. Busk, that it is, on the contrary, in excess. The theory of the alkalinity of the blood is equally opposed by the above facts, as is also another favourite theory of M. Andral, that when the albumen is diminished to a certain point, dropsy is the necessary consequence, for it was found that though the number of albumen was low, anasarca only appeared in one case, and that to a very trifling amount.]—*Translated for the Provincial Medical and Surgical Journal.*

A Case of Glanders in the Human Subject.—Reported by L. A. Ducas, M. D., Professor in the Medical College of Georgia.—The disease termed Glanders or Farcy, hitherto regarded as peculiar to equine animals, has been of late years ascertained to be communicable to man, and has therefore attracted much attention, especially in England and France. In our country the subject has been comparatively neglected. The following case is reported rather for the purpose of awakening the profession to this new source of human suffering, than from any intrinsic peculiarity in its history.

Peter Walker, the subject of this notice, was an old negro man, (about 75 years of age,) engaged in driving a dray for the last forty years. During this time he always had charge of his own horse, and enjoyed fine health, with the exception of "tremor senilis," or the the "Shaking Palsy," as it is commonly called, with which he had been afflicted for a few years. Requested to visit him on the 1st of August last, I found that he had been suffering about a week with pains in his limbs, which he believed to be rheumatic; that three or four days prior to my visit he had a severe ague, followed by a smart fever, which still continued with little or no remission; that he had not had an alvine evacuation for six or seven days; and that for the last three days his pains seemed to be seated principally in the calf of each leg and in the biceps flexor cubiti of each arm, all of which regions presented a swelling of circular form, from three to five inches in diameter, gradually extending, and exquisitely sensitive to the touch. On examining these, I found them glossy, occupying the skin and cellular tissue down to the muscles, which seemed to be about an inch below the skin at these places. The cellular tissue for several inches around the swelling was edematous, forming a pit when pressed upon with the finger. The natural hue of the skin masked any redness that may have existed. Although the patient and his wife regarded these as "large boils," they presented no such appearance, and did not at first seem to suppurate, but resembled large carbuncles. Indeed, had it not been for their number, and other circumstances, they might have been mistaken for such.

Never having seen a case of human glanders before, I felt at a loss in making out the diagnosis, and prescribed *cold* poultices in place of the warm, a cathartic of jalap and cream of tartar immediately, and quinine to be taken the ensuing morning in order to modify the fever, if it belonged to the type of our remittents.

On the 2d August I found my patient more comfortable; his bowels had been well emptied, and his fever was less intense; but the local tumefactions were about the same as before, perhaps a little larger. Sulphate of quinine ordered again for the next morning. Diagnosis still uncertain.

3d August. Fever still continues—not modified by the quinine. Tumors in about the same state—not enlarged, yet very painful

new ones about an inch in diameter making their appearance about the arms and legs, but not in the course of the lymphatic trunks—no enlargement of the auxillary nor inguinal glands—muscular strength, very much impaired from the first, is becoming more so. Unable still to form any certain diagnosis, I now suspected this might be a case of Glanders, and accordingly requested several of my pupils to see it, and to watch its progress. It is unnecessary to note the symptoms from day to day. Suffice it to say that the tumefactions gradually increased in number from the elbows to the shoulders, and from the dorsum of the feet to the knees, then invaded the back of the hands, the forearms and the thighs. Neither of these, however, attained the size of the original four, but varied from one to two inches in diameter; nor did they penetrate so deeply into the tissues. The one upon the calf of the left leg became the seat of a pustule, which opened and continued discharging a very considerable quantity of thin sanious matter; the one upon the left arm assumed the appearance of phlegmonous erysipelas, pus being extensively diffused about the belly of the flexor muscle. A similar state of things existed on the anterior surface of one tibia. On the 5th August, one of these tumors appeared on the forehead, and another near the inner canthus of the eye, both of which rapidly met, ulcerated and discharged sanious matter—small white pustules occurred also upon the side of the neck. It is worthy of remark, that nothing of the kind manifested itself about any part of the trunk—nor was there any abnormal discharge from the nostrils. The patient had a slight catarrhal cough, but was subject to it, prior to this attack. The fever continued, the tongue became dry and of a dark brown colour, the thirst was incessant, the pains harrassing, and the prostration increased. Diarrhœa supervened, the mind wandered, urine and alvine discharges passed off unconsciously, and finally stupor closed the scene on the 9th of the month.

During the progress of the case various applications were made to the tumefactions, without relief. As the purulent collections occurred after the case had attained a hopeless aspect, they were not opened. The internal medication was restricted to palliatives, after the first few days of my attendance.

Viewing the case as one of Glanders, I naturally felt a desire to ascertain the condition of the horse in Peter's charge, and on calling the day after the old man's death, was told by Mr. H. (on whose lot Peter resided) that the horse had the glanders, and that he (Mr. H) had advised Peter not to buy him lest he might catch the disease, as he had just been reading an account of its contagiousness in a newspaper. Other neighbours testify that the horse "was glandered" when Peter bought him, which was about six months before. On examining the horse I found that he had a copious discharge from the nostrils, but no tumors about the jaws or neck, as is frequently, though not always the case.

That the contagiousness of Glanders among horses is by no means so great as has been generally supposed, has been established by observations made at the extensive Veterinary school of Alfort, in France, only a few out of one hundred who were exposed to it, having contracted the disease. Whilst the disease is not very readily communicated through the atmospheric medium, such is not the case when the matter or purulent discharge is brought in contact with the tissues, and especially if these be denuded. This may account for the fact that so few grooms take the disease, and that Peter nursed his horse six months before he became affected. He probably became inoculated by the contact of the discharge with some abraided portion of his surface,

The general features and termination of the above case accord with those reported by the French and English writers. This acute form has always terminated fatally. It may be communicated from man to man; hence those who nurse the sick of this dreadful disease cannot be too careful to avoid inoculation when dressing the ulcers.—*Southern Medical and Surgical Journal.*

Case of Delirium Tremens treated by Inhalation of Ether, at the Seamen's Retreat, Staten Island. By Wm. C. Anderson, M. D., Resident Physician.—While the subject of the inhalation of sulphuric ether is attracting the attention of the profession, and much has already been adduced in favour of this new agent, as a means of preventing pain in surgical operations—in fact, of divesting the knife of nearly all its terrors, and even parturition of its pangs—very little is known of its powers as a remedial agent.

For this reason, the following case may not be considered as devoid of interest:—

J. Miller, æt. 53, seaman, attached to the U. S. ship Savannah, admitted to the hospital Oct. 4th; was paid off about two weeks ago, and has not been sober since. During the last two days, had made several attempts at self-destruction; on admission, quite delirious, and so violent that it was necessary to confine him by strapping him to the bedstead. Pulse 104, rather feeble, tongue coated, pupils natural. ℞ Inf. Senna Comp. ℥ iv.

Oct. 5th. Talking and singing all night, bowels not moved. Repeat purgation. Lemonade to drink. Diet, arrowroot and milk.

5 P.M. Same condition. Continue treatment. ℞ Tr Opii, ℥ ss. Tr. Humuli Lup. ℥ iij. M. Dose, a table-spoonful every hour.

Oct. 6th. Condition the same; no sleep; pulse 120. ℞ Emp. Vesic. to nape; head shaved; apply ice. Bowels being still confined, administered an enema by means of the long tub This operated freely. Continue Opiate mixture.

9 P.M. Still continues without sleep, and continually raving.

Oct. 7th. Delirium continued all night, without intermission; pulse weaker. Twelve o'clock M., skin cold; pupils contracted. ℞ Milk-punch; omit ice; soup diet. Ten minutes past 9 o'clock P.M—His condition is altered for the worse; body bathed in a cold sweat, which, about the head and face, is quite profuse; pupils contracted to the size of pinholes; refuses to take his medicine or drinks, which, when put into his mouth by force, he spits out again, without swallowing a particle.

Such being the condition of things, it was decided to administer the ether, which was done by means of a hollow sponge, supplied from the outside, and covering the whole face. At first he resisted; but although there was no possibility of making him swallow medicines, there was no resisting inhalation.

After four minutes' application, he became perfectly passive, and commenced drawing long and deep inspirations, with stertor and tracheal rale; pupils still contracted, and balls turned upwards. The sponge was then removed during five minutes, etherization continuing during that time, when it gradually passed off, the breathing becoming more natural, and a return of restlessness and delirium took place. The sponge was re-applied, and, after four or five minutes, the effects again became manifest, and continued for from eight to ten minutes; and, when they passed off, he remained much more calm, although not intelligent nor seemingly inclined to sleep. Another application was made, with the same results; he no longer resisted the inhalation, but inspired with eagerness when the sponge was applied, and, after recovering from the stupor, did not refuse his drinks. He dozed occasionally for four hours; took one pil. morph. gr. ss., which had been left with the attendants to be given him if he did not sleep, and fell asleep shortly after, and did not awake for six hours, when he was found to be perfectly rational, saying that he felt himself quite well. The case, when the ether was resorted to, was certainly a most unpromising one; but whether the induction of sleep must be attributed to this agent, or the narcotics previously taken, or the pil. morphiæ taken afterwards, may admit of doubt; but that the patient was quieted, and, from being violent, resisting, and furious, was rendered quiescent, passive, and obedient, there can be no question.—*Annalist.*

Case of Obstinate and Fatal Constipation. By W. R. Handy.—(*To the Editor of the Boston Medical and Surgical Journal.*)—Sir,—I take the liberty of sending you an account of a case, the most remarkable that has ever occurred in my practice; and, if you deem it of any interest to your readers, you are at liberty to publish it in the Journal. The case is obstinate and fatal constipation, from insidious inflammation.

The patient was a married lady of our city, in middle life, and between four and five months advanced in pregnancy, I was called to the case some two or three days after she was taken down with symptoms of what she and her friends called colic—similar attacks of which she had had frequently before, and they commenced treating her with laudanum in the usual way, but without any effect.

When I saw her there was no tenderness over the epigastrium upon pressure, and no fever—she simply had violent pain over the region of colon and stomach, attended with considerable flatulence, which would entirely disappear for a while and then return again. In a word, the case seemed to be clearly one of *flatulent colic*. And as such, a solution of half a drachm of bi-carb. soda, with fifty drops of laudanum, was administered, to be followed with a full dose of oil, having the same amount of laudanum, provided the pain returned.

There was ease for two or three hours, when the pain returned, and the oil and laudanum were given, but rejected. Cal. and pul. Dov., aa gr. x. were given, with some relief for a short time. This was followed by another dose of oil, which was again rejected. The pain returning and the stomach irritable, the following prescription was ordered:—R., S. mur. hydrarg., gr. xij.; pulv. opii. gr. ij. M. Ft. pil. iv. One to be taken every two hours, with laudanum, gtts. xl., between the pills, if they should prove insufficient to quiet pain. The pills and laudanum were all taken, with but partial relief. The stomach being somewhat irritable, a dose of magnesia, to be repeated, was ordered, to move the bowels. This was all rejected.

I now discovered, for the first time, and this was on the evening of the second day of my attendance, that there was some tenderness over the abdomen, on pressure, and some fever, though not very great. Thinking there might be some degree of inflammation present, and that it was not impossible for colic and inflammation to be combined, I determined to draw blood, and took about two ounces, and then had a large blister applied over the region of the stomach and bowels. She was left with an anodyne for the night.

Saw her next morning. No better. Had vomitings in the night, and the pain continuing all the time, though still returning at times with greater violence.

Being anxious that the bowels should be opened, all anodynes were stopped, and senna and salts were administered in repeated doses, four in number, without effect—two of which, however, were rejected.

Evening.—Stomach continues sick, and now rejects almost everything taken. There being some thirst, the free use of ice was allowed, and injections ordered. At bed-time visited her, and found the pain had increased on pressure over the region of the stomach and colon—that there was some restlessness, with a moderate degree of fever. Ordered 24 leeches to be applied upon the abdomen, and followed by poultices.

Next morning saw the patient very early. Found her no better, but rather worse. Sick stomach through the night, with occasional vomiting. Pain all the time, but still greater at some moments than others. The bowels not moved yet. Ordered the warm bath and injections to be repeated while in the bath, and the following pills of ox-gall and hyoscyamus—five grains of former with two and a half of latter, and croton oil, two drops, made into four pills—to be given alternately every two hours till the bowels were moved.

Mid-day saw patient. No better. Bowels not yet moved. Some of the medicine rejected.

Professor Moncur was now requested to see the case with me. At 4 o'clock P.M., we met. The patient no better, and no operation yet.

The doctor advised calomel to be given in large doses. Three powders were ordered; the first of twenty, the second of fifteen, and the third of twenty grains; the first to be followed in two hours with half an ounce of ol. tereb. rubbed up in an emulsion—and so on through the night, till the bowels were moved.

Next morning both sent for to see the patient early. Found her much worse, though she retained the medicine, and took the whole prescribed; which amounted to forty-five grains of calomel and one ounce oil turpentine—which, added to the twenty-two grains previously given, made now sixty-seven grains of calomel in her system—and yet no motion of the bowels. As there was no time to lose, the doctor thought we might venture on five drops of croton oil at a dose, as he said he had given as high as seven drops with good effect. This was given, injections of turpentine ordered, and the patient visited again at 10 o'clock. Found the medicine had been retained, but bowels not moved. She was now evidently sinking fast. There was great restlessness, tossing from side to side of the bed; pain not so great, but still complains very much. Ordered mercurial unguent to be rubbed freely over the abdomen, inner side of the thighs, and arm-pits, and directed a dose of oil.

6 o'clock, P.M.—Met, and found there was still no operation, and that the patient was evidently *in articulo mortis*. She died about three hours after.

Post-Mortem Examination, 10 o'clock next Morning.—Abdomen considerably distended. Colon greatly enlarged by wind, fluid injections, and some feculent matter. No hardened fæces discovered. Next to its size, the most prominent alteration was the high grade of inflammation seen throughout its whole course, and most especially on its left ascending portion, commencing at the caput coli. Here the redness was intense, with incipient patches of mortification at different points. The small intestines showed a considerable amount of redness in different parts of their course, but not in so high a degree as the colon. The colon, in in fact, showed that it was the great focus of all the distress, and the cause of death. No hardened and impacted fæces, no intussusception, no strangulation, could be discovered—the inflammation alone seeming to be the cause of all the torpor and want of contractile power shown by the bowels. The distention of the colon by wind or gas may, probably, have had some share in the general paralysis of its muscular apparatus. The stomach was slightly inflamed—also the peritoneum. Liver and spleen looked healthy. Uterus somewhat inflamed—and the right Fallopian tube, with its fimbriated extremity, greatly engorged with venous blood.

Remarks.—It seems evident, at least to our mind, that in the above case there must have been inflammation of the colon from the very beginning, and that its true character was masked by the symptoms of colic, which were associated with it, and predominant at the outset. And this teaches us the important fact, that not only these two diseases can come together, but that an insidious, highly dangerous and fatal inflammation may also be going on at the same time in the system, unsuspected, till the Rubicon has been passed, the citadel of life stormed, and medica skill consequently put at defiance.

Baltimore, Md., October 28, 1847.

On the Use of Opium in Inflammation.—By W. H. Ranking, M. D.—The legitimate sphere of action of opium, in the treatment of inflammatory diseases, is, we conceive, a point upon which our notions have arrived at tolerable precision. Under whatever modifications of individual circumstances attending such diseases, the beneficial action of opium is observed, one well-marked morbid condition has, according to my observation, existed in every case, and that is an excitement of the nervous system, altogether disproportionate to the exaggeration of vascular action. This excitement is not shown to the existence of spontaneous pain alone, as we know that that symptom may be insignificant, or altogether absent, in instances of the most extensive and destructive inflammation, neither is it shown mainly by increased sensibility to local impressions. The excitement to which I allude, exhibits itself in disorders of the sensory and motor functions of the nervous system chiefly, and consists in watchfulness, or transient delirium, irregular respiration, and especially in restlessness and jactitation. In this condition of things, whatever be the violence of the local inflammation, or whatever organ be affected (excepting the brain in some instances) opium is imperatively called for. In other words, whenever, during the existence of in

flammation, symptoms indicative of a loss of balance between the nervous and vascular systems exhibit themselves, sedative medicines are demanded in doses proportionate to the nervous preponderance.

This want of balance declares itself, I believe, chiefly under two conditions—1st, the existence of inflammation in a constitution naturally excitable, or in which the general powers have been reduced by the disease itself, by treatment, or by contingent circumstances relating to food, air, &c.; and, 2d, in inflammation of organs or tissues, the implication of which, induces a state of things more or less approaching to that condition which, for want of a better term, we are in the habit of calling *shock*. In illustration of the first division, we may mention inflammation occurring in the hysterical constitution. In these cases, the phenomena which depend upon irritation of the nervous centres, take so decided a lead in the symptomatology of the case, that until they are controlled by opium, or some, under certain circumstances, more appropriate sedative, the inflammatory symptoms proper do not display themselves with their characteristic features. Again, inflammation may attack an ill-fed or previously debilitated individual; or the inflammation may have been too actively combatted by blood-letting, mercury, &c., without reference to the deficient resiliency of constitution, which, in children, more particularly, may lurk behind an appearance ostensibly robust. In these cases there may exist from the first, or there comes on assuredly at no distant period, a condition in which opium becomes necessary to save life, to prevent, in fact, in the latter case, the anomaly of the patient "dying cured."

Under the second class of cases in which opium becomes a necessary part of the treatment, or is even mainly to be relied on, is inflammation of an organ or tissue largely supplied with ganglionic nerves, and in which, for this reason, the nervous system requires a large share of attention in the treatment of the case.—Such is peritonitis or enteritis, either idiopathic or secondary; such are, also, one form of delirium tremens, diffuse cellular inflammation, and more particularly, phlebitis, the inner membrane of veins having the closest analogy to serous membrane in many respects, but especially in its large supply of organic nerves. In all these inflammations, the usual battery of antiphlogistics is worse than useless, unless combined with the liberal exhibition of opium.

The symptoms either existing *ab initio*, or, as is more commonly the case, coming on in the course of the disease, which indicate the necessity for opium, can only become familiar to the practitioner by clinical observation; but as far as written descriptions can be relied upon, it may be stated, that the broad expression of this condition consists in a failure in the power of regularity of the pulse, pallor of the countenance, moist skin, (but not in all cases,) tendency to incoherence, with restlessness, sleeplessness, and, in an aggravated form, jactitation. This is the broad outline, so to speak, of the state referred to, but it declares itself in minor degrees, with which experience alone can render us familiar, and the appreciation of which is in itself sufficient, in many cases, to make the difference between a successful and an unsuccessful practitioner; for to persevere in antiphlogistic treatment, or to withhold opium, when these indications offer themselves, is to destroy the patient.

In the exhibition of opium when these symptoms show themselves in inflammation, I know of no drawback,—no contraindication which should weigh for one moment against its paramount necessity. Be the skin sweating or dry, the tongue moist or dry, the bowels constipated or not, opium must be given. The constipated bowels, which are regarded by some as inducing the necessity for hesitation in the use of the medicine, I look upon as of the least importance in the generality of inflammation; in some, as in enteritis, a quiescent state of the bowels is even needful: and were it not so, the probability is, that if the case has been properly managed at first, such a clearance will have been effected as will render any risk from accumulation comparatively small.—*Half Yearly Abstract, in Prov. Med. and Surg. Jour., March* 10, 1847.

Report of Cases of Typhus Fever, observed at the Lazaretto, near Philadelphia. By F. W. Sargent, M. D.—During the month of June, I had the opportunity of observing, at the Quarantine Station, several cases of "Ship Fever," as it is called. The following notice has been condensed from observations made at the time.

There were thirty-seven cases of fever in all, of which thirty-three were taken from one ship, "The North Star;" the remaining four were taken from two other vessels, two from each. The two latter ships sailed from Belfast and Londonderry respectively; having on board their full compliment of passengers, generally in good condition, and pretty well furnished with provisions and other necessaries. The "North Star" sailed from Liverpool with one hundred steerage passengers. Very many of them excessively poor, and already suffering in health in consequence of the discomforts to which they had been subjected in Ireland, and also in Liverpool, whilst waiting for a passage. The bread-stuffs which were laid in for their consumption during the voyage, were of a very inferior quality.

The general impression on board the vessel, was, that one of the passengers, a woman, was sick when she embarked. This person was extremely poor, and had been compelled to remain in Liverpool many weeks, amidst a crowd of emigrants, in a very miserable condition. She remained sick from the time the vessel sailed, during the whole voyage, and was removed from the ship at the Lazaretto, in a state of great prostration, yet free from fever.

The ship sailed from Liverpool on the 7th of May. The first death occurred on the 17th of May, in the case of one of the children of the woman above mentioned. On the 29th, another child of the same woman died. On the 13th of June her two remaining children were also removed; the ages of the four, in the order above mentioned, were four years, nine months, two years, and six years. In all eight persons died on the voyage.

With regard to the question of contagion, sufficient data could not be gained to afford any satisfactory conclusion. It is important to note, however, that the captain of the ship, both mates, the cook and seven of the crew sickened, either during the voyage, or immediately on reaching the quarantine ground, and all presented well-marked symptoms, such as were offered by the sick passengers. These men were all healthy and vigorous, as well fed and as comfortably provided for, as seamen generally are. Moreover, Dr. Jones, the regularly constituted Lazaretto physician, contracted typhus fever, while in attendance at the station upon some fever patients taken from on board ship, in May last. No case of fever has occurred among the nurses of the station.

The symptoms presented by the patients observed, were ascertained by careful and repeated inquiry of themselves and their friends, and by attentive observations at the bedside. They may be divided into the symptoms of the disease in its forming stage, and those of the fully developed affection.

The disease was ushered in by chilliness, in many of the cases, perhaps in all. The numerical frequency of this symptom could not of course be ascertained precisely, because many of the patients, when they were first brought under my notice, were not qualified to give information on this point, neither had their earliest complaints been observed by others. In some cases repeated rigors were experienced; in others the sensation was merely of chilliness. Pain in the back and limbs was a frequent symptom, and in one patient, whom I had the opportunity of observing from the commencement of her illness, the pain in the sacral region was exceedingly severe as much so as in very bad cases of smallpox;—this woman died. Without exception all the patients complained of headache; this was variable in intensity, sometimes very severe, as intimated on the part of the sufferers by the expressions "splitting," "bursting," &c., of the head; in other cases it was more supportable in its degree. The seat of the pain was not fixed; sometimes it affected the frontal, sometimes the superior, and sometimes the posterior region of the head. A marked degree of sleeplessness characterized the onset of the sickness in every case; in the instance of the captain of the ship, the want of

sleep was so severely felt that he took every night, before reaching the quarantine ground, large quantities of laudanum; which, however, failed of its intended effect. In all the cases brought under my notice, delirium was a symptom present from an early period. Generally this was of a quiet, manageable character, the patients keeping their berths, and exhibiting their aberration only in random, unconnected talking, more or less obstinacy in refusing attention and assistance, aversion to their children or their friends. Some, on the other hand, were with difficulty restrained from wandering about the ship, and from making a great deal of noise, &c., &c. The more active delirium was most marked at night. Loss of strength was also a notable phenomenon connected with this stage of the disorder; it was common as well among the previously robust and well-nourished sailors, as among the passengers. This prostration affected the mind as well as the body. The sick generally became utterly careless and indifferent as to their own situation and condition, and unsolicitous for their nearest friends. In other instances, where there was every disposition to the performance of accustomed duty, the mind seemed to have lost all power of observation, and combination of ideas, and was incapacitated, equally with the body, for exertion; thus the captain and the mates became entirely unable to calculate the position, or to lay down the course of the vessel.

More or less fever was observable almost synchronously with the first complaint, in those patients whom I saw at the beginning of their sickness. The pulse in the first period, beat from 90 to 100; soft, regular, of good volume—the skin was warm and moist; the tongue covered with a thin, moist yellowish fur, excepting at the anterior extremity, which was clean; the bowels were not disturbed at first; indeed, in all the cases, according to the most accurate information I could gain, the habit was costive at the commencement; the abdomen was in every case retracted, rather than full; nauseau and vomiting were rarely complained of; the thirst was generally marked, though not insupportable; the appetite was entirely lost; the respiration was somewhat accelerated, in proportion to the frequency of the pulse, and the heat of skin; cough was an exceptional symptom in this stage, and when present it was very slight and dry, and unconnected with any appreciable rale. Bleeding at the nose occurred in four cases only, of the thirty-seven; at this period of the disease, the eye was clear, but dull and heavy; the cheek flushed, as in other febrile affections, acquiring at a later moment the appearance common in typhus fever; the sense of hearing was slightly, if at all, obtuse.

The disease, when fully developed, was especially marked by increased oppression of the intellectual and sensorial functions. The mind became much more sluggish and dull; there was a more or less continued disposition to sleep during the day, frequently interrupted at night by delirium, generally of a non-violent character; muttering; the eyes suffused and void of animation; the cheeks covered with a dusky red flush, and the whole expression resembling that of a person very much intoxicated. The hearing was obtuse, sometimes very much so, accompanied generally by confused sounds, as of rumbling, or rolling, and the like. In one case only were there convulsions; but, with few exceptions, all had subsultus tendinum; in most this involuntary motion was confined to the wrist and fingers; in some, the muscles of the face, especially those about the mouth, were in a state of almost constant agitation. This latter symptom (agitation of the muscles of the face,) is properly regarded as a very unfavourable one; of the three patients who presented it in the most marked degree, two recovered. The convulsion, in the single case alluded to, occurred on the ninth day from his first complaining, and lasted but a very few moments; there was a slight twitching of the muscles of the face, both sides equally, the eyes became fixed, and the limbs perfectly rigid; this did not recur. But for the succeeding twenty-four hours he presented some singular symptoms; when asked to protrude his tongue, he replied that he could not; when asked any question, which would oblige him to converse, he replied that he could not speak; he passed the entire twenty-four hours resting upon his left elbow, gently moving his body backwards and forwards, while in this position, and could not be induced to lie down. This patient recovered very speedily, being dressed and walking out on the sixteenth day from the commencement of his illness, on the tenth from his admission into the hospital.

The skin during this period became dry and hot; the colour mordax; the pulse increased in frequency, becoming at the same time more feeble, sometimes undulating; its frequency was variable; thus, of fifteen cases in which it was noted, its greatest frequency was in each case respectively, 104; 98; 112; 80; 104; 128; 112; 100; 116; 105; 120; 124; 112; 140; 124. In two of the cases a remarkable diminution in the frequency of pulse occurred during convalescence; thus, in one patient whose pulse had been as high as 112, it fell during convalescence to 36 per minute; in another, from 80 to 42; in these two cases the pulse beat regularly throughout the illness; in a few others it became irregular during convalescence; and in others again some irregularity occurred only on the approach of death. The action of the heart was carefully noted: the impulse was found to be feeble in every case; both sounds were distinctly heard, without unnatural murmur. The respiration was more frequent than in health, but not more so than might have been expected considering the more frequent action of the heart; in only four out of thirty-seven cases, was there any abnormal sound audible in the respiratory movements. In one there was always mucous rale over the lower part of the right lung, from the root downwards, without bronchial respiration, or increased vocal resonance; the percussion was appreciably more dull than on the left side; the period of the disease in which this condition occurred could not be determined, from the want of any accurate knowledge as to the date of seizure. In two cases the same condition was first appreciable at the close of the second week. In the fourth instance, a loose mucous rale existed about the root of the lungs, unaccompanied with dullness; this also appeared at the close of the second week.

In one case only was there distension of the abdomen; it was generally of about the same degree of fullness as is common in health; in many cases, however, it was decidedly retracted. In one case only was there any perceptible sensation of gurgling upon pressing in the right iliac region. Of 32 cases, 19 had no diarrhœa; of these latter, four were costive. The remaining thirteen patients had from four to eight passages daily; the evacuations being thin and yellowish, free from blood. The urine in all was small in quantity, of a reddish brown colour, emitting a decided ammoniacal odour upon standing a short time. In four patients there was retention of urine, requiring the use of the catheter. The tongue was dry, in many cases covered with a dark brown incrustation, and fissured: the teeth and gums at the same time covered with sordes. The surface of the body was in every case, excepting one, abundantly covered with petechiæ; this exceptional case presented in a very marked degree all the other symptoms of typhus fever. The petechial spots were of a purplish red colour, becoming darker a few days after their appearance than at first; beneath the surface, and unaffected by pressure upon it; very numerous; generally circular in form, but sometimes oval, varying in size from a line, or a line and a half, to a fraction of a line in diameter. There was also another sort of eruption, consisting of spots of a much lighter hue than the first, sensibly elevated, in most instances; generally oval in shape, but sometimes circular, and again having no definite form; in size varying from a fraction of a line to two lines in diameter; partially, sometimes wholly, disappearing under pres-

sure. Both of these varieties were diffused over the entire surface, excepting the face and forehead, but were most abundant on the abdomen; the paler variety was more numerous than the other. In six cases of which I had the opportunity of witnessing the whole course, from before the appearance of the eruption, this was first distinguishable on the eighth day in one case; on the sixth in two; on the seventh in one; on the fourth in two. The two varieties appeared simultaneously, but the paler receded first; the precise period of its disappearance I am unable to state; it probably took place, however, in the early part of the third week. In addition to these smaller spots, there were in a few cases large purple blotches, superficial stains of the surface, in which the circulation was extremely languid. Of thirty-two cases, only three had sudamina. In one of these their time of appearance could not be determined; they were very numerous over the neck and upper part of the chest anteriorly:—in another instance they appeared in the early part of the third week; they were not abundant, and were confined to the breast;—in the third, they appeared for the first time on the eleventh day upon the breast; had all vanished in the course of twenty-four hours, and again re-appeared on the fourteenth day, very numerous and very large, and were diffused very generally over the trunk and extremities, being most abundant, however, over the abdomen. The peculiar odour exhaled from the body, noticed as existing in cases of typhus fever, was appreciable in the first period of the disease in most of the patients, and to a greater degree in the fully developed affection. At no time, however, and in no instance was it so very heavy and offensive, as it has been found to be in many epidemics of typhus fever.

There was more or less bleeding from the nose in 11 patients out of 32, during this second period; in one of these there had been previous bleedings; it recurred on the eighth day of the disease. The precise date of the bleeding could be ascertained only in one other instance; in this it occurred on the ninth day. The hemorrhage in all, excepting one instance, was very slight, and should rather be called an oozing of a thin pale-red fluid; in one case, however, it was very abundant, and was arrested with great difficulty, and only after the individual had fainted from loss of blood; this occurred before the ship arrived at quarantine ground; the patient eventually recovered. In a few cases a similar oozing appeared to take place from the gums.

I can only state the period at which the change in the degree of illness occurred, in five patients, constituting what has been termed, herein, the second period; the other patients came under my observation after this stage was fully developed. Considering this stage as characterized particularly by the obtuseness of the cerebral functions, it was developed in one case on the 8th day; in one on the 9th; in two on the 7th; in one on the 5th.

The ages of the patients were as follows: under 6 years, 3; from 6 to 20, 5; from 20 to 30, 17; from 30 to 40, 7; from 40 to 50, 5. The duration of the disease, from the time of sickening until the patient was able to walk about, free from ailment, was, as nearly as could be ascertained, in fourteen cases, as follows: 13 days in 3 cases; 14 in 1; 15 in 2; 16 in 3; 18 in 1; 19 in 1; 20 in 1; 21 in 1; 22 in 1. From the time that the patient became entirely convalescent, free from fever, &c., until he was sufficiently strong to be dressed, and to walk about the wards, an interval of only 3 days elapsed in 9 cases; of 4 days in 3; of 6 days in 2. Death occurred in one case on the 7th day of the illness; in three on the 10th; in one on the 17th.

The degree of emaciation was very moderate in all the patients who recovered; the digestive powers were speedily restored to their full force, and the natural embonpoint and strength quickly regained.

The appearances after death in four subjects which were carefully examined, were the following:

Externally.—Moderate emaciation; rigidity of limbs; large purple patches at the flexures of the limbs, and on the inferior parts of the surface; no sudamina; in three the deep purplish-scarlet circular petechial spots remained more or less numerous, and diffused over the trunk and limbs, the lighter-coloured spots having disappeared; the abdomen was retracted in all. The eyes were sunken and the features pinched.

Contents of Cranium.—Cerebrum of excellent consistence. Cerebellum very slightly softened in three of the subjects. The venous sinuses were moderately full of a dark-coloured blood, without coagulum; the ventricles contained, in each case, ʒj to ʒij of serum, slightly stained; no injection of membranes, and no adhesion of them to the surface of the brain. A fleshly cut surface of the brain exhibited not more than the usual number of bloody points.

The *Heart* in all had a somewhat flabby, soft feel, though the consistence of the walls was not appreciably diminished. The valves in all were healthy; the lining membrane of the cavities of the large trunks was stained; the blood was dark coloured and fluid, one only containing a coagulum, which was small, very soft, and pale. In all, the size of the heart was normal. The pericardial sac contained a few drachms of slightly reddish serum, free from flocculi; the lining membrane unaltered.

The *Lungs*, in two instances, were perfectly healthy, excepting that some degree of congestion existed at the inferior posterior part; in one of these, a few delicate, pale bands of lymph were stretched across the right pleural cavity, evidently of old formation; in each of these cases, the pleural cavities contained between ʒss and ʒj of stained serum, without flocculi. The bronchial membrane was stained correspondingly with the tissue proper of the lungs; this stain was uniform, dark-coloured, without abrasion or softening of the membrane. Death took place in these two instances on the tenth, and on the seventh day. In the other two instances, the right lung in each was slightly softened in the lower lobe, (which, however, contained air,) and deeply stained. The cavity of the right pleura was, in each instance, traversed by bands of lymph, pale in one, in the other stained, in both very firm; ʒj of stained serous fluid existed in each; in one of these latter instances, the liver was firmly and closely attached to the diaphragm, by false membranes of old formation; in this case, death occurred on the seventeenth day. The bronchial glands were unaffected.

The *Liver* was not apparently altered in any case.

The *Spleen* seemed of good consistence in all—tearing with a granular surface, and resisting pressure about as well as the spleen usually does. Its size varied:—in one instance it measured 3 by 3½ inches; in one, the dimensions were 3½ by 4 inches; in a third, 3 by 5; in a fourth, 4 by 7 inches. The colour of the organ was bluish, with a perceptible tinge of green.

The *Kidneys* felt soft and flabby, but their consistence did not appear to be really diminished.

The *Bladder* offered no appearance of disease.

The *Stomach*, in three of the four subjects, was pale; in one, it was deeply stained at its great curvature. In none was there any softening or abrasion of the mucous membrane; in two, this was covered with a thick, viscid semi-fluid matter of a yellowish colour. The organ was at a medium degree of distension in all.

The *Intestinal canal* in one instance was uniformly stained from the lower extremity of the jejunum to the transverse colon; there was no softening of the mucous membrane in this case, nor abrasion, nor inflammatory injection, simply, a dark-coloured stain; the larger veins were turgid. The isolated follicles were visible, scattered here and there throughout

the length of the small intestine, and less numerously in the upper part of the colon. The agminated follicles were very apparent in the lower half, particularly of the ileum: the last three feet of the small intestine contained five of these patches of Peyer. The mucous membrane covering them was stained, as elsewhere, and the tissue of the glands themselves apparently slightly reddened also; the lining membrane of the canal was not very sensibly elevated at these points, nor abraded at all. Some of the mesenteric glands, near the lower extremity of the ileum, were enlarged and injected, of a reddish brown colour; most were very small; a few measured from ¼ to ¾ of an inch in the long diameter. No softening in any instance.

In the other three subjects, the mucous membrane of the intestinal canal was pale. No turgescence of the large veins. In two, the glands of Peyer could not be seen at all with the naked eye; in the third subject, they were numerous, their outlines well marked, and the bluish dotted appearance within; no thickening, abrasion or discoloration of the mucous membrane covering them. In one, the isolated follicles were not perceptible; in the other two, they were sufficiently numerous. In these three instances, the mesenteric glands were pale, and the largest scarcely the size of a pea. The large intestine exhibited no evidence of inflammation or softening, or disease.

The serous membrane of the abdomen presented no departure from its ordinary healthy condition, excepting in the single instance already mentioned, in which the opposed surfaces of the liver and diaphragm were adherent.

The treatment consisted in the administration of tonics and stimulants, with the use of calomel in very small doses, combined with ipecac, or Dover's powder, or opium alone. The preparations of Peruvian bark, and chiefly sulphate of quinia, were the tonics made use of. Punch, carbonate of ammonia, brandy, &c., were the stimulant remedies most resorted to. As local applications, I found frequent cold sponging of the surface of great service, as were likewise blisters in some cases; also dry and wet cups, and stimulating lotions. The diet consisted of farinaceous articles, broth, essence of beef, and, upon convalescence, a mixed animal, and vegetable regimen.—*American Journ. of Med. Science.*

SURGERY.

On the Lymphatic Tumour in the Female Breast.—By James Milman Coley, M. D., Physician to the Western Dispensary, and Senior Physician to the Royal Pimlico Dispensary, and Lying-in Institution.—The absorbent vessels on the upper part of the breast, leading to the axilla, are subject to a disease, characterized by a painful, tender, and irritable swelling, consisting of several cord-like indurations, sometimes disposed in parallel rows, and at others connected after the manner of an anastomosis.

Other parts of the breast are occasionally the seat of this affection; and in whatever situation it occurs, the swelling is transverse, following the direction of the absorbents towards the axilla. On a superficial examination the tumour may escape detection, but it may always be discovered by taking the suspected part between the finger and thumb. When the pain and tenderness are extreme the absorbent glands in the axilla, and more rarely below the clavicle, become enlarged from irritation: these glandular enlargements always disappear after the original disease has subsided. The lymphatic swelling in the breast also frequently retires, leaving no vestage behind it. In chronic cases, however, a permanent thickening takes place, occasioned by the deposit of lymph in the celular membrane.

This disease usually attacks females between the age of 15 and 35, and is liable to recur repeatedly when the constitution is in the peculiar state predisposing to it. The condition to which I allude is that of comparative emaciation, accompanied with irregular or deficient menstruation, depression of spirits, and general debility; hence suckling and chlorotic women are most frequently the subjects of the attack. In some rare instances corpulent women are found to labour under the disease. Some patients are inclined to attribute the origin of the disease to external violence; in the majority of cases, however, if not in all, it has appeared to me to proceed from imperfect menstruation.

In one case I had an opportunity of examining the uterus of a patient suffering with this disease, when I found the posterior portion, adjoining the cervix, in a state of conjestion, presenting to the fingers a doughy or anasarcous feeling; and in another case, which will be presently described, the disease was connected with a morbid condition of the mucous membrane of the uterus.

The size of the tumour in the mamma varies from that of an almond to that of a small adult thumb, and the pain and tenderness attending it are of a remittent character.

In one of these tumours, which was removed at the earnest solicitation of the patient, who had suffered severely from repeated attacks of the disease, I found, on examination, a thickening of the coats of the lymphatic vessels, which were imbedded in a stratum of condensed cellular membrane.

The duration of the disease is uncertain; I have known it to return repeatedly in the same individual during a period of ten years, and as repeatedly subside under proper treatment: in most cases, the swelling, pain, and tenderness, undergo an increase on the approach of menstruation.

When unrelieved, the lymphatic tumour in the breast sometimes terminates in small abscesses, leaving painful fistulous ulcerations, which are tedious and difficult to heal.

Diagnosis.—The discrimination of this disease from others resembling it is not difficult: from the chronic mamary tumour described by Sir A. P. Cooper, it may be distinguished by the pain and extreme tenderness, by the vitiated state of the patient's health, by the absence of lobes and of any cyst, and by the disease generally invading the breasts of suckling women in preference to those of virgins. The condition of the uterus, too, is widely different: in the mamary tumour a state of uterine excitement prevails; in the lymphatic a deficient circulation takes place in the uterus, manifested by an imperfect secretion from its mucous surface. From the irritable tumour, and neuralgic state of the breast, this disease may be known by the transverse, parallel, or anastomosing cord-like bands, which are always present; by the remittent character of the pain and tenderness; and by the latter symptoms being confined, as far as regards the breast, to the immediate locality of the tumour. When the lymphatic tumour occurs in corpulent women, the difficulty of discovering the diseased mass, seated deeply beneath the adipose membrane, is considerable.

Treatment.—When the pain and tenderness are excessive, leeches and evaporating poultices may be applied to the integuments over the tumour. In general it will be found unnecessary to adopt any local remedies, as the pain is usually of the aching kind, like that accompanying rheumatism or phlegmasia dolens. The patient should take some preparation of iron twice daily, have the bowels relieved by an aloetic aperient, if needful, and be allowed a generous diet. Should suckling have been long-continued or the patient have had many children, the infant should be weaned. Exercise in the open air should be enjoyed, and fatigue and mental uneasiness avoided. By attending to these directions the tumour will disappear in a few weeks, or all uneasiness be so far removed that the patient will feel no inconvenience from it, unless the constitutional and uterine derangement should recur. When abscess or ulceration takes place, the only local remedy necessary is an evaporating poultice, of lint or linen saturated with water and frequently renewed.—*London Medical Gazette.*

Wounds and Injuries of the Abdomen.—General conclusions.—By J. G. Guthrie, F. R. S.—Lectures on some of the more important points in surgery, 1847.

1. Severe blows on the abdomen give rise to the absorption of the muscular structures and the formation in many instances of ventral hernia; this may, in some measure, be prevented during the treatment by quietude, by the local abstraction of blood, and by the early use of retaining bandages.

2. Abscesses in the muscular wall of the abdomen, from whatever cause they arise, should be opened early; for although the peritoneum is essentially strong by its outer surface, it is but a thin membrane, and should be aided surgically as much as possible.

3. Severe blows attended by general concussion, frequently give rise to rupture of the solid viscera, such as the liver and the spleen, causing death by hemorrhage. When the hollow viscera

are ruptured, such as the intestines or the bladder, death ensues from inflammation.

4. Incised wounds of the wall of the abdomen of any extent, rarely unite so perfectly (except perhaps, in the linea alba) as not to give rise to ventral protrusions of a greater or less extent.

5. As the muscular parts rarely unite in the first instance after being divided, sutures should never be introduced into these structures.

6. Muscular parts are to be brought into apposition, and so retained principally by position, aided by a continuous suture through the integuments only, together with long strips of adhesive plaster, moderate compression, and sometimes a retaining bandage.

7. Sutures should never be inserted through the whole wall of the abdomen, and their use in muscular parts, under any circumstances, is forbidden; unless the wound from its very great extent, cannot be otherwise sufficiently approximated to restrain the protrusion of the contents of the cavity—the occurrence of which case may be doubted.

8. Purgatives should be eschewed in the early part of the treatment of penetrating wounds of the abdomen. Enemata are to be preferred.

9. The omentum, when protruded, is to be returned, by enlarging the wound, through its aponeurotic parts if necessary, but not through the peritoneum in preference to allowing it to remain protruded or to be cut off.

10. A punctured intestine requires no immediate treatment. An intestine when incised to an extent exceeding the third part of an inch, should be sown up by the continuous suture in the manner recommended in pages 26 and 27.

11. The position of the patient should be inclined towards the wounded side, to allow of the omentum, or intestine being closely applied to the cut edges of the peritoneum. Absolute rest without the slightest motion, should be observed. Food and drink should be restricted when not entirely forbidden.

12. If the belly swells, and the propriety of allowing extravasated or effused matters to be evacuated seems to be manifest, the continuous suture or stitches should be cut across to a certain extent, for the purpose of giving this relief.

13. If the punctured or incised wound is small, and the extravasation or effusion within the cavity seems to be great, the wound should be carefully enlarged, and the offending matter evacuated.

14. A wound should not be closed until it has ceased to bleed, or until the bleeding vessel has been secured if it be possible to do it. When it is not possible so to do, the wound should be closed, and the result awaited.

15. A gunshot wound penetrating the cavity, can never unite, and must suppurate. If a wounded intestine can be seen or felt, its torn edges may be cut off and the clean surfaces united by suture. If the wound can neither be seen nor felt, it will be sufficient for the moment to provide for the free discharge of any extravasated or effused matters which may require removal.

16. A dilitation or enlargement of a wound in the abdomen should never take place in connection with something within the cavity rendering it necessary.

17. When balls lodge in the bones of the pelvis, they should be carefully sought for and removed, if it can be done with propriety, and safety.

18. In a wound of the bladder an elastic gum catheter should be kept in it, until the wound is presumed to be healed; unless its presence should prove injurious from excess of irritation, not removed by allowing the urine to pass through it by drops, as it is brought into the bladder.

19. In all cases in which a catheter cannot be introduced, in consequence of the back part of the urethra, or the neck of the bladder being injured, an opening for the discharge of the urine should be made in the perineum.

20. The treatment of all these injuries must be eminently antiphlogistic, principally depending on general and local blood-letting, absolute rest, the greatest possible abstinence from food, and in some cases from drink, the frequent administration of enemata, and the early exhibition of mercury and opium, in the different ways usually recommended, with reference to the part injured.—*Southern Med. and Surg. Journal.*

MIDWIFERY.

Proposed New Treatment in Abortion. By Wm Griffin, M. D., Physician to the County of Limerick Infirmary. When miscarriage or premature labour takes place at fixed periods, from the influence of acquired habit, may not the periodical movements be prevented by such remedies as prevent the recurrence of an epileptic fit or a paroxysm of ague?

I was called on some years since to attend Mrs. C., a lady who was ill with the usual symptoms of miscarriage at the third month. She informed me, that she had had a miscarriage at the end of the third month of her first pregnancy. She reached nearly to her full time on the second occasion, fell into puerperal convulsions in her labour, and was delivered of a dead child. In her next pregnancy she had a miscarriage at three months; in her fourth at three months; and now in her fifth she was again threatened exactly at the same period. She informed me that everything had been done to prevent it. She had been bled repeatedly; kept for weeks upon low diet, and was confined during the time entirely to the horizontal position. She lived, in fact, between the bed and the sofa. In this new attack some friends recommended her to send for me, with the hope of having some plan of treatment devised by which she might be enabled to go on to her full time. The amount of the hæmorrhage was, however, so considerable, and the uterine pains so general and regular, I told her it was impossible to prevent the miscarriage, but if I was informed of her condition on any future occasion, when six weeks or two months should elapse, I might, perhaps, succeed. Miscarriage, I believe, took place on that night or on the next morning.

In three or four months afterwards I received an intimation from this lady that she was two months pregnant. On considering the probable causes of the previous miscarriages, I could not detect any very obvious one. Her health was excellent, her habits regular, her diet moderate. The extreme regularity with which the miscarriage always occurred at the end of the twelfth week rather confirmed the only conjecture I could form, that it depended wholly on the influence of an acquired habit; and the question necessarily arose, how was this acquired habit to be interrupted or controlled? All the ordinary measures had already been adopted, and the poor lady had been subjected for weeks to the most irksome and tantalizing restrictions, without the slightest advantage. In this difficulty it occurred to me, that as periodical attacks of epilepsy may often be prevented by a long course of any of the metallic tonics, the periodical movements connected with the action of the uterus might be also under their control. I therefore directed my patient to take two and a half grains of oxide of zinc, with two grains of extract of hops, three times a day, and after each pill, two table-spoonfuls of a mixture of valerian, aromatic spirits of ammonia, and infusion of snake root. She was also ordered a box of pills, containing a grain of opium in each, one of which she was to take when pain came on, and to repeat the dose every hour until relief was obtained. As she was of a nervous habit, I thought, if my view of the case was a correct one, that both bloodletting and confinement to the sofa would rather tend to increase than lessen the danger, by weakening the general tone of the system, and rendering her more susceptible of slight impressions. I therefore advised her, instead of lying all day upon the sofa, to keep out in the open air on fine days as much as possible, without, however, fatiguing herself, and to live in the manner she usually found to agree best with her. Under this plan of treatment, she passed the twelfth week without the slightest threatening, to her very great joy and the gratification of her friends. Happening, however, in about a fortnight afterwards, to visit a sister who was very ill, she was so shocked at her appearance that she was immediately seized with the usual symptoms premonitory of miscarriage. She had a discoloured leucorrhœal discharge, which, in a few hours, was followed by uterine pains, being exactly the symptoms which had ushered in all her former attacks. She took the opium pills as I had directed her, and before morning the pains and discharge had all subsided, and in a day or two she was as well as she had been before. She then resumed the zinc and valerian for three or four weeks, after which period I did not consider it necessary to continue them. She went on to her full time without the slightest uneasiness, and was finally delivered of a fine child, which is now well and thriving.

Very soon after this lady had applied to me, and when I had just obtained strong presumptive evidence of the success of the treatment adopted, Mrs. H. consulted me with a view of obtaining advice as to the best means of preventing premature labour, which, she feared, was about to come on. It had already occurred to her four times successively; the infant dying in the middle of the sixth month, and her delivery of a dead child taking place, at the end of it. She had now completed the fourth month of her pregnancy. On making some inquiries to ascertain whether she had had at any time a syphilitic affection, I could only glean, that she had suffered with soreness in the vagina for three or four months after her marriage, for which mercurials had been prescribed. This was obviously a very different case from the one already related. In the latter, hæmorrhage and pain came on first, and the child died as a consequence. In the former, the child died in the first instance, and premature labour followed. In Mrs. C.'s case the mere influence of habit, the tendency in the constitution to be influenced periodically, brought on labour. In Mrs. H.'s case the infant died through some unknown cause, and labour came on because of its death. There did not appear, therefore, to be any analogy which could suggest a treatment precisely similar. Taking into consideration the probability of the child's death being occasioned by some syphilitic taint in the habit, I therefore decided on giving calomel and opium in small doses, so as to affect the gums slightly; and subsequently with a view of preventing the accession of labour at the end of the sixth month, from the influence of habit, to adopt the same plan which had been pursued so successfully in the case of Mrs. C. After a fortnight or three weeks the gums became sore, upon which the calomel was suspended, and pills of oxide of zinc, with the valerian mixture prescribed for Mrs. C, were substituted. Under this treatment, Mrs. H. passed the usual period at which labour came on, and continued in good health to the 7th of July, when she was attacked with griping pains and slight flooding. These symptoms subsided by keeping perfectly at rest, and taking a few anodyne pills. On the 17th of the same month, when she had reached within four weeks of her full time, she was seized with threatenings of labour, and on the 19th was delivered of a living child, which died after some hours. This lady resided in the country, at a considerable distance from me, and could not receive that immediate attention and advice, which, if she had been in town, would probably have enabled her to go to her full time.

About the same time these cases were under my care, I was consulted by Mrs. A., who had also been seized with premature labour, in consequence of the infant dying in the seventh month, for three successive years. In her last labour she was seized with violent puerperal convulsions, during which she was delivered of an infant, which had evidently been dead for many days.

I had not had the medical management in the earlier labours, and was merely called in a little before the lady's confinement; in the last I had, therefore, no opportunity of adopting any preventive treatment. When she was again pregnant, however, and approached the seventh month, I adopted the same treatment as I had done in the former cases, partly to counteract, if possible, any tendency to labour arising from acquired habit, and partly that I thought it not impossible the same influence which was capable of controlling a periodical movement in the system comprehending months, might also control causes tending to the death of the child. The lady took the oxide of zinc pills and valerian mixture, three times a day, for some weeks before the period when labour might be expected: and she had opium pills by her, one of which she was directed to take whenever she was seized with uterine pains. These last she had no occasion to take, having gone on remarkably well to her full time, when she fell into natural labour, and was delivered of a living child: it expired, however, almost immediately after. It was obvious here, that the treatment had actually accomplished both the objects I had in view; it had broken up the morbid habit, and it had so interfered with the poisonous influence which had heretofore so invariably, in the seventh month, caused the death of the child, that the latter was born alive. Its death so soon after birth, without any obvious cause, suggested the possibility of some syphilitic taints in the parents, which led to very particular inquiries. The father, it appeared, had not had a syphilitic affection for ten years before his marriage, and never had one since. Acting, however, on the possibility that, even after that long period, some deleterious influence might have been communicated to the mother, and thus evinced itself in the feeble vitality of the offspring, I placed the lady, as soon as she was out of her confinement, under a mild course of calomel (one grain every night, until her gums became tender), and again, when she reached the dangerous period, resorted to the zinc and valerian. I had now the happiness of finding all my hopes realized; she went to her full time, and had a fine living infant, which has since been going on well.

In the first of the cases I have given, in which abortion occurred apparently from the acquired habit, the treatment was quite successful. The disposition to premature action in the womb was controlled exactly as the movements to a fit of epilepsy or of ague might have been arrested by some similar means. Quinine, carbonate of iron, or nitrate of silver, might have accomplished the object probably as well as the oxide of zinc and valerian. The latter were preferred chiefly because I believed they would be less likely to injure the fœtus, but also because I had considerable confidence in the influence which both, and especially which large doses of valerian, possess over the nervous movements. In the second case, the lady, who had fallen into labour on four successive occasions at the sixth month, in consequence of the death of the child, carried her child to the eighth month, and it was born alive. This instance, however, can hardly be adduced as evidence of the influence of the zinc and valerian, as it seems probable the death of the child, and consequent premature labour, were owing to some syphilitic taint, which was removed by the mercurial treatment. In the third case,—that of Mrs. A. Z.,—the inference as to the truth of the principle assumed may be considered more satisfactory, as she reached her full time, and had even a living child before the mercurial treatment was adopted.

These cases are so few in number that I offer them to the profession as evidence of the novel application of a principle long recognised in the treatment of epilepsy, ague, and other periodical diseases, with some diffidence. The legitimate manner, however, in which the analogy was inferred, and the remarkable success attending the remedial measures it suggested, were too striking not to make a deep impression on my own mind.

The extreme difficulty, too, which practitioners so often feel in the prevention of abortion and premature labour, as well as the deep interest which married people naturally attach to successful treatment in such cases, invest suggestions supported by even a very limited experience with some importance. The valerianate of zinc, which was not in use at the time these cases were under treatment, would have been a far more desirable preparation, and probably quite as effective. Where it is necessary to continue medicines of this class for a long period, it is a great object to be in possession of such an elegant substitute for so disagreeable a mixture as the valerian.—*Dublin Quarterly Journal of Medical Science.*

Hemorrhage from the Umbilicus.—On the 17th June, 1817, Dr. Jennin was summoned to attend an infant, aged seven days, who was suffering from umbilical hemorrhage. The funis had fallen away during the preceding night, and in the morning no loss of blood had been noticed, but when towards noon the child was undressed, it was found bathing in its blood. Various anti-hemorrhagic remedies, such as vinegar and water, tinder, &c., were at once employed, but without success. Dr. Jennin again tried the vinegar, compression, &c., and the hemorrhage continuing, was induced to cauterize the scar with nitrate of silver. Still the blood continued to flow abundantly. Cauterization with the actual cautery was resorted to, and failed signally in arresting the hemorrhage, although two red-hot rods of iron were extinguished in the wound. At last ligature was thought of: a common sewing needle was passed through the tubercle, and a circular ligature placed beneath it. The discharge of blood immediately ceased: the needle fell away four days afterwards, and the child recovered.—*Journ. des Conn. Med. Chirurg.*

Expulsion of the Entire Ovum at the Full Time.—Dr. M. Barry read the following case:—Mrs. M., aged 22, Dyer's Close, Cowgate, gave birth to her second child on the 2nd of February,

1846. States that the last catamenia began and terminated at the end of the preceding April.

The medical attendant on arriving found the first stage of labour complete; the presenting parts being the nates and right foot, in a position corresponding to the third position of the head—*i. e.*, with the sacrum of the child directed towards the right sacro-iliac synchondrosis of the mother. "Pains" returned every three or four minutes, and the passages were not only well lubricated, but apparently very ample. With a breech presentation, however, it was not anticipated that the labour would be immediately at an end, and still less that it would be completed in the following remarkable manner.

The patient having expressed a wish to obey a call of nature, the medical attendant withdrew; but before many minutes had elapsed he was urgently requested to return, and found the child not only born, but lying with the liquor amnii in its unruptured bag of membranes, and the placenta expelled along with it; the whole having been precipitated almost without a "pain" into the pot de chambre. The membranes were ruptured without delay; after which a tap on the nates and the dashing of a few drops of cold water on the chest were found sufficient to establish the free respiration of the child.

The mother is a very little woman. Some flooding followed. Forty hours after the birth the child weighed 5lb. 3oz. 3 drachms. When born it must have weighed more, for it had not received nourishment nearly equal in quantity to the evacuated meconium.

Various similar cases were mentioned by other members.—*Edinburgh Obstetrical Society, from the Dublin Medical Press.*

Puerperal Anæmia. (Continued from page 131 of this Journal.) By H. N. Bennett, M. D., of Bethel, Ct.—The pathological views, which I have advanced in relation to this disease, I consider fairly deducible from a variety of circumstances, among which are, the period of its occurrence, the general appearance of the patients labouring under it, and the physical character of those individuals who are subject to it.

I have previously alluded to the changes which occur in the proportions of the constituent principles of the blood, during the latter months of pregnancy. I have never witnessed the characteristic symptoms of the puerperal anæmia prior to the 6th month, and it rarely occurs previous to the seventh month of gestation. At this period it is common, and in females who bear children in rapid succession, and who have once suffered from the disease, it almost invariably makes its appearance some weeks anterior to delivery, a time when the *physiological* condition of the female is one of anæmia in a minor degree.

Any one who has seen this disease, will not have failed to remark the general pallor of the cutaneous surface. This appearance of the skin, taken separately, is very similar to that of most anæmic conditions; but as I have before observed, it is not at first accompanied by emaciation, the female preserves her usual embonpoint, and the facies is not expressive of visceral disease. In short, ther is no indication of any other than hæmatic lesion, to be derived from the general expression of the patient. There is, perhaps, in the early stages, a certain degree of similatity between the appearance of one labouring under this affection, and a chlorotic female. The symptoms upon the part of the digestive apparatus, and of the nervous system, are also similar to those of chlorosis. At a later period this symptomatic analogy ceases, and the puerperal anæmia manifests its peculiar pathological expressions. I conceive that the anasarca, which frequently occurs, can be referable to no other lesion than that of the fluids, since, at the period of the first occurrence of the infiltration there is evidently no organic difficulty sufficient to account for it. Indeed, a remarkable feature of this disease, is its very slight tendency to involve the more important viscera in serious organic changes even when it is in its worst forms. The cessation of the causes which have produced it, namely, gestation and lactation, almost invariably suspends its farther progress, and the female is restored in a short time to her normal condition. This latter fact is also, to my mind, a strong argument in favor of the pathological views which I have taken.

In reference to the physical character of females who suffer from this complaint, my experience is very much in opposition to the assertion of Dr. Hale, that "women of a vigorous constitution and of good general health, are subject to it as well as those who are feeble." The great majority of the cases which have occurred under my observation, have been those of delicate, irritable females, and disposed to hysterical affections. And those of a vigorous constitution, who have suffered from this disease, are females who have born children in rapid succession, having scarcely time to recover from the exhaustion consequent upon parturition and lactation, before another conception.

Treatment.—If I am not mistaken in the results of my own practice, much benefit may be derived in this disease from proper regimen as well as medicine. I need scarcely say, in view of the pathological opinions which I have advocated, that I consider venesection inadmissible, and I refer to the subject, merely for the purpose of denouncing, in females who present the first symptoms of this affection, or who have suffered from it in former pregnancies, the *saignée de complaisance*, so frequently practised upon pregnant women. If it is contra-indicated, it is none the less malpractice for having been solicited by the patient. In the first stages this difficulty may be often counteracted by the proper use of nutritious and easily digestible food, together with porter as a drink, or small doses of some tonic mixture. The mist. fer. composita has been an efficient medicine in my hands, not only in the commencement of the disease, but after the mouth and gastro-intestinal tube had become seriously implicated. I have also prescribed, with advantage, a pill composed of prot. carb. of iron and ext. hyos. given three or four times daily. This preparation is preferable where there is much diarrhœa. I have been compelled, however, in order to control this latter symptom, to resort to opium in repeated doses, the bowels being excessively irritable. The nitrate of silver is also a valuable agent, and has succeeded in some cases in which the preparations of iron were wholly ineffectual. I believe it to be particularly serviceable where the mouth is severely affected. A neighbouring practitioner considers it almost a specific, in those cases of "Sore Mouth" which occur subsequent to delivery

There are some cases which become severe prior to confinement in spite of every method of treatment, and in these after the birth of the child, I uniformly recommend to make no attempt at suckling. Pursuing this advice, I have seen females recover their health in a short period, after having manifested symptoms of a threatening nature, and I have been sometimes surprised at the rapidity of their restoration.

The cases which are most remediable by medicine, are those which occur during lactation, and the judicious employment of tonics, together with a nutritive diet, will rarely fail to mitigate, though it may be insufficient to cure the disease. Instances are not wanting, however, in which weaning must be resorted to, in order to avoid the continuance and progress of the malady; it will be arrested by nothing else, and in feeble and delicate females there is much reason to fear from its continuation a serious and irreparable undermining of the constitution. The affection of the mouth, is, according to my experience, rarely benefitted by topical applications, when unaccompanied by general means. The infusion of oak bark, and other mild astringents, have sometimes appeared to allay the irritation of the inflamed parts, temporarily.

In a general way, I believe the ferruginous preparations are the most appropriate medicines in this disease, and they may be varied or selected according to the circumstances of the case. The bitter tonics, however, are occasionally very useful. A favourite bitter with me, and one which I have seen succeed when iron was not tolerated in any form, is a wine of the bark of the common whitewood (Liriodendron tulipifera). I attribute its superior efficacy to the slight balsamic properties which it evidently possesses, in addition to its bitter principle.—*New-York Journal of Medicine.*

On the Term of Utero-gestation in Man and the inferior Animals. By T. T. Lockwood, M. D.—The following statistics, which have been collected with accuracy, may possess interest for some readers. My attention having been directed to the subject by a little incident occurring in my neighbourhood, I was led to consult authorities on the term of utero-gestation, and I found not a little discrepancy of opinion. I then commenced keeping a note book of the term in some of the domestic animals, and the following results, relating to the Cow, are submitted:—

In *six hundred and twenty-one Cows, fifty* calved between *two hundred and sixty and two hundred and seventy days: five*

hundred and fifty-six, between *two hundred and seventy* and *two hundred and eighty* days; *fourteen*, between *two hundred and eighty*, and *two hundred and eighty-six; one*, only, went *two hundred and ninety* days.

Five hundred and fifty of the cows were observed to have the mucous discharge, more or less, for twenty-four hours prievous to calving. All that were noticed seemed to be very restless for twelve or fourteen hours previous, and when labour came on seemed to have regular pains.

Most of those that calved short of two hundred and seventy days, were heifers with their first calves; and all of them that went over two hundred and eighty days, were old cows with large abdomens.

The conclusion from these observations is, that a cow seven years old, and well built, will most probably go two hundred and seventy-six days.

The following experiments were made to ascertain the importance of the condition of *heat* in the same animal:—A two year old heifer was subjected to involuntary intercourse twice, and kept separate for the rest of the year. Conception did not follow. This experiment was tried in three instances with the same result.

The actual duration of the term of gestation in the human subject was ascertained in the following cases:—

———, aged 19, duration 272 days, first confinement. ——— aged 30, first confinement, duration 276 days. ———, aged 17, duration 270 days. ———, aged 44, seventh confinement, duration 284, the child weighing fourteen pounds.—*Buffalo Medical Journal.*

MATERIA MEDICA AND CHEMISTRY.

Disguise of the Bitterness of Medicines by means of Coffee.—Medical men are perhaps scarcely sufficiently alive to the desirableness of masking the nauseousness of the abominable compounds they are forced to meddle with. It is not always desirable to do so, medicines of the anti-spasmodic and anti-hysteric class owing a proportion of their efficacy to their nastiness; while, again, it certainly is questionable whether the bitter taste of many medicines can be removed without impairing the value of the principle upon which this depends. However this may be, the statement of a *M. De Vouves*, a medical student at Paris, that the *bitter taste of Quinine may be completely masked by Coffee*, has excited considerable attention *M. Dorvault*, Pharmacien, in a communication to the *Union Médicale*, furnishes the following formula, as, after trials, being found to be the best for securing this object. Take of ground fresh-roasted coffee 10 parts, boiling water, 100 parts. Treat it by displacement, strain and add sulphate of quinine 1 part, sugar 15 parts—these two last having been previously well mixed together. The mixture must be well shaken when administered. For children milk may be added. He sums up his paper with these conclusions. 1. A solution of coffee annihilates completely, instantaneously, within wide limits, the bitterness of quinine. 2. The disappearance of this taste is due in part to the transformation of the dissolved portion of the salt into a sort of tannate, and in part to other principles of the coffee. 3. Of all tanniferous substances, coffee is most apt for this effect. 4. The therapeutical action of the medicine does not seem to be diminished.—*L'Union Medicale, No.* 32.

Antidote to Prussic Acid.—By Messrs T. & H. Smith.—Some time since, an antidote to the poison of prussic acid was made known to the public by us, through the medium of the "*Lancet*," of 5th October last. Subsequently, Professor Christison, Mr. Taylor, and other eminent toxicologists, have sanctioned with their approval the principle of the proposed antidote, which, when tried on animals, proved so strikingly successful. It need only be repeated here, that the utility of the remedy rests on the presentation, to the deadly acid of iron in such a state of oxidation, as to form with it the well-known compound called Prussian blue; and as the latter is innocuous to the stomach, animal life may be preserved wherever such a combination of the acid with the iron can be timely formed.

As cases of poisoning by prussic acid are becoming, unfortunately, more and more numerous, it has occurred to us that a simpler, though certainly inferior mode of using the remedy proposed by us, might have a chance of being more frequently available.

The English medical practitioner, who lately fell a victim to prussic acid, and who lived *twenty minutes* after having been seen by his brother and partner in business, would in all human probability have recovered, had the following remedy been known and used since the parties were in their own house, and had a laboratory close at hand. The materials required to form the antidote, are sulphate of protoxide of iron or green vitriol, tincture of the muriate of iron, and carbonate of potash, or the ordinary salt of tartar of the shops. The principle is the same as that first stated—the presentation, namely, of the protoxide and peroxide of iron to the prussic acid, in the presence of an alkaline carbonate, so as to cause its neutralization, but in a different way.

To render our meaning more precise and clear, and less likely to be misunderstood, we will briefly state the course which we think ought to be adopted. On the one hand, dissolve ten grains of sulphate of protoxide of iron, or green vitriol, in an ounce of water, using a mortar to hasten solution, and adding one drachm of the tincture of muriate of iron. Put this liquid into a phial, and in another phial dissolve twenty grains of carbonate of potash; or, according to its common name, salt of tartar, in another ounce or two of water, and to prevent delay—the serious consequences of which cannot be too strongly impressed on the mind, as every moment bears a swift message of life or death to a human being—dispense with labelling, and let the person who prepares the antidote, if possible, go at once and give it himself.—*American Journal of Pharmacy.*

Determination of Sulphur in Organic Bodies.—Two new processes have been recommended for estimating the quantity of sulphur in organic substances, the one is by Weidenbusch, and consists in mixing the compound to be examined with excess of nitrate of baryta. The mixture is put into a beaker glass and made into a paste with the most concentrated fuming nitric acid, the mass is gently heated, the nitric acid being constantly replaced, until the whole of the organic matter is destroyed, which can be seen by the mass drying without frosting or forming large bubbles. The decomposed mass is then washed into a platinum dish, dried at 262 deg., and then heated gradually till the whole mass is fluid. The fused mass is treated with dilute acetic acid, which dissolves out the carbonate, and leaves the sulphate, which is dried, heated again, treated with acetic acid, and its weight determined. Weidenbusch considers this process as extremely accurate and easy of executing, but Heintz objects to it on several grounds, and recommends the following process as preferable:—An ordinary combustion tube is drawn out at one end, and the point passed into a bulb apparatus filled with a solution of pure potassa, the connection is effected by a caoutchouc tube. The combustion tube is half filled with copper turnings, and a small vessel containing the substance to be analyzed placed in it, the combustion is then made in a current of oxygen. The contents of the bulb apparatus are now decanted into a flask containing a warm solution of chlorate of potassa in dilute nitric acid. The mixture of sulphate, oxide and metallic copper, is also treated with the above mixture, and the sulphuric acid precipitated by chloride of barium. The combustion must be conducted very slowly. In three analyses Heintz obtained 25.68, 25.66, 25.49 per cent. of sulphur from Taurine. The calculated quantity is 25.60, which shows the method to be extremely accurate.—H. C.

Test for Strychnine.—Otto recommends the addition of a very minute quantity of a solution of chromate of potassa to the solution of strychnine in concentrated sulphuric acid. The beautiful violet colour is produced more distinctly than when the peroxide of lead is used instead of chromate of potassa.—H. C.

Preparation of Ferridcyanide of Potassium—(Red Prussiate of Potassa.)—Walter recommends the following process:—Yellow prussiate of potash is boiled with 12 to 15 parts of water, and, while boiling, good chloride of lime is added until a filtered sample no longer yields a clear precipitate with persalts of iron. It is then quickly filtered, a little carbonate of potassa added, until it possesses a faintly alkaline reaction, and then evaporated to crystallization, and the crystals purified by resolution, &c.—H. C.

MISCELLANEOUS.

Remarkable Case of Suicide, and Extraction of a Needle from the Substance of the Heart.—[Dear Sir,—A singular case occurred in Nashua, a few weeks since, which you may, perhaps, think of some interest. I will briefly and hastily state the facts, leaving you to make such disposition of them as you may think proper.]

On Sunday, the 16th of August last, one of the most desperate acts of self-destruction was committed by a young man, aged 23 years, in Nashua, N. H. The young man had been slightly indisposed for a day or two previous to the act, and confined to his room. He requested his father, who was sitting near him, to leave the room, as he wished to get some sleep. He left the room for a short time, and, on returning, found his son deluged in blood, with his throat cut most shockingly. I was soon in attendance—found the patient nearly lifeless, with three extensive cuts across the neck. The cuts were through the hyoid, and between the thyroid and cricoid cartilages, severing entirely the larynx. On the left side, over and along the course of the fifth rib, there was an extensive cut down to the rib. During the hæmorrhage, the trachea had become nearly filled with blood, rendering his breathing extremely difficult. I turned him over upon the side, when he quackled, and with a convulsive effort threw out a large quantity of blood from the trachea. I secured the bleeding vessels, dressed the wound, and left the house, with orders to give the patient brandy and water. After the lapse of two hours, or more, the messenger came again, saying that the patient had roused, and wished to see me immediately. On my entering the patient's room, he said, "Doctor, I have got a darning-needle in my heart." I inquired how the needle came in his heart. His reply was, that he put the needle into his side previous to using the razor—that he feared the needle was not going to make sure work, &c. He placed his finger upon the spot where he said he put the needle, which was just between the fifth and sixth ribs. At this point there was a puncture in the skin, like the puncture of a pin or needle. He at this time had the appearance of great suffering—his pulse rapid and strong—his breathing extremely difficult—every breath attended with a screech. From his own statements, and the attending symptoms in the case, I was of the opinion that there was something in his side or heart, and that I should be justified in making an effort to extract it. I accordingly made an incision between the fifth and sixth ribs, down to the intercostal muscles, and made my dissection laterally, but could not find any trace of the needle. My next step was to cut down to the pleura, which I did by dissecting up the intercostal muscles. I now placed my finger on the pleura and pressed gently down, when I thought I felt a sharp point come in contact with my finger with every pulse of the heart. I now made my third incision through the pleura. It was now that I had a sight of the needle. By dilating the wound with the aid of retractors, I could distinctly see the heart act with the needle in it. With the aid of a pair of forceps, I extracted the needle, and it was followed with a forcible stream of blood. The patient soon became more quiet, breathing less difficult; pulse less frequent; slept some during the night. Second day, has no pain; breathing easy; pulse 90; sleeps well; takes nourishment with much difficulty, on account of the division of the œsophagus. He continued to improve daily, up to the sixth day, when he was attacked with pleuritic pains, inability to swallow, and died on the eighth day after the needle was taken from the heart.

Post-mortem Appearance.—Pleura slightly inflamed around the wound. On the inner surface of the pericardium there was a puncture, resembling a leech-bite, where the needle entered. The pericardium contained no blood, and the heart appeared natural. On opening into the left ventricle, we found where the needle entered this cavity. There was a small membranous sac, about as large as a pea, formed in the left ventricle, which contained pus. Nature, it seems, had set up a process by which to protect herself, by throwing around the needle this adventitious membrane. I am, Sir, very respectfully, your obdt. servant,

J. G. Graves.

—*Annalist.*

Progress of the Asiatic Cholera.—The St. Petersburg *Gazette* publishes the following details of the course of the cholera into the Transcaucasian Provinces, where it still prevails, but not with any great intensity. The disease was brought by the pilgrims of Trebizonde from Herat to Samarcand, in September, 1845, and into Bulgaria in the November following. Thence it advanced as far as Teheran; there it raged with great violence, and after the 12th of June, 1846, carried off as many as 300 people a-day. Those who were attacked dropped suddenly down in a state of lethargy, and at the end of two or three hours expired without any convulsions or vomitings, but from a complete stagnation of the blood, to which no remedies could restore its circulation. From Teheran, the cholera visited successively Ispahan, Shiraz and Bagdad, where it made still greater ravages. From Bagdad it was carried on, in December, by the Pilgrims, to Mecca. It was on the 29th of December, 1846, that it made its first appearance at Tauris, and on October 29th attained its height, carrying off, in this short interval, no fewer than 6,000 victims. In Persia it was observed that the direction of the wind had no influence on the progress of the scourge, which was extremely capricious and irregular, sometimes passing over large and wide districts without leaving any trace of its passage. On the 16th of October, the first symptoms of the disease were perceived at Salyan, in Transcaucasus, but it was less virulent than in other countries. During the summer of 1846 it appeared also at Tiflis, but the attacks there were fewer than elsewhere; for, notwithstanding the great heat, the number of persons attacked did not exceed six, and the deaths only one a day, out of a population of 60,000 souls. In all, between May 30 and June 12, there were 164 cases and 67 deaths; that is, a little more than one death for every 1,000 inhabitants. In Tiflis, the disease carried off none but those belonging to the lower classes, which may be attributed to their irregular manner of living, and the little precaution they took to guard against it. Although this year there have been several cases of cholera at Tiflis, the inhabitants have not been struck with the panic which in 1830 made them abandon their homes; but they remained, relying upon the measures taken to stop the disease by the authorities. In the Caucasus,—the theatre of war, the remedies and precautions have been so effectual, that at the end of July, the bulletins contained no new cases. Nevertheless, some symptoms had appeared in the lines of the Kumgschi and the advanced posts of Ischepschenzi. On the right flank of the line of the Caucasus, and the eastern coast of the Black Sea, not the slightest indication of the disease had been discovered. Letters from Odessa of the 22d of August, mention that the cholera had almost entirely subsided at Tiflis, and had lost much of its intensity at Taganrog. On the other hand, it had manifested itself at Rostoff, Marianopolis, and other towns of Southern Russia. At Rostoff, in less than three weeks, it had swept off 2,000 persons out of a population of about 8,000. The invasion of the malady had caused so great a terror, that all communication between Rostoff and Odessa was interrupted, the postmasters along the road having abandoned their establishments.—*London Medical Gazette.*

Destruction of the Poison of Cholera by Chlorine.—Mr. Herepath of Bristol has addressed a letter to the *Times*, in which he states that from a series of experiments made at the last visitation of the cholera, he had ascertained that the poison which generated the disease was destroyed by chlorine, or a heat of 300°. We quote the following extract from his letter.

"The only chemical preventive I depended upon in my numerous exposures to the virus was *chlorine gas*, and this I believe to be a perfect one if the fumigation is complete. I invariably passed through an atmosphere of it on my return home, and kept it escaping in my residence during the continuance of the disease in the city. I also placed large quantities of the substance necessary for the evolution of this gas in the hands of a Bristol druggist, who was kind enough to distribute 1,200 quantities of it gratuitously to applicants during three days with instructions for the use, and am happy to say that during that time the deaths fell from ten to one per day, and I have but little doubt that if every ship arriving in England from an infected place, should be exposed to a perfect fumigation with chlorine, we shall be preserved from the infection. If the disease should pass this cordon, by any accident, then every house in the infected district should be simultaneously fumigated with it—say three times a day; unless done in all houses at the same time, it would be useless, or nearly so; and to do it effectually, a mixture of three parts of common salt and one of black oxide of manganese should be placed just inside the outer or street door of the dwelling-house, and a little common vitriol poured upon it. The inward current of air will convey the chlorine gas to every part of the interior, and wherever it can be smelt the effect is produced—the miasm is destroyed.—If articles of clothing are infected, and the colours likely to be injured by the gas, they may be heated in an oven or on a kiln to 250 or 300 degrees (about the heat of baking bread), when they might be handled or used with perfect impunity."—*London Medical Gazette.*

THE

British American Journal.

MONTREAL, DECEMBER 1, 1847.

LICENTIATES OF THE MEDICAL BOARDS, C. E.

We continue in the present number a list of the Provincial Licentiates of Lower Canada. Those antecedent to the year 1830, will be found by reference to pages 224 and 225 of our second volume. The list which we now present has been carefully compiled, from the fyles of the Official Gazette in the Library of the Legislative Assembly, and has been perfected at no small sacrifice of time, and considerable labour. We are impressed with the necessity of possessing, at the present juncture of affairs in the Lower Province, a list of the kind. While we have been desirous of rendering the list as accurate as possible, we are not insensible to the contingency of inaccuracies, in the omission of names which may have escaped our observation, in glancing over some thousands of pages. We shall be happy to add them in the form of an addendum as soon as intimation is given of the circumstance. Our chief motive in publishing the list, is to indicate the regular practitioner, with a fair presumption, that all those whose names are not found incorporated in it, are not *legal practitioners.* We take this opportunity for observing, that the dates of licenses given, are those of the *official announcements*, and on all occasions, in which the same date is attached to more names than one, precedence is given in accordance with that which obtains in that announcement.

†Charles John Bordwine	Feb.	17,	1830
Hamilton Dibble Jessup.	Feb.	24,	1830
Sewell Foster	April	15,	1830
Antoine Toussaint Voyer	April	15,	1830
George Frary	April	28,	1830
William Marsden, M. D.	April	10,	1830
Abraham Dykeman	July	21,	1830
William Gilmor	July	21,	1830
Edouard Rousseau	July	21,	1830
James Cairns	July	28,	1830
Amaclet Gigon	Aug.	3,	1830
James Lull	Aug.	26,	1830
Octave C. Fortier	Nov.	10,	1830
Charles Boucher de Grosbois	Nov.	24,	1830
*Eugene Napoleon Duchenois	Dec.	8,	1830
William Lyons	Feb.	2,	1831
Olivier F. De Lagorgendiere	Feb.	2,	1831
Ovide Rousseau	March	9,	1831
John Allen	March	23,	1831
*William Lyons, M. D., Half pay	May	25,	1831
James Bell Johnston, M. D.	Oct.	13,	1831
Edouard Menard	Oct.	26,	1831
*James Robertson, M. D.	Oct.	26,	1831
André Lacroix	Oct.	26,	1831
Louis D. Dubord	Oct.	26,	1831
James Manning	Jan.	5,	1822
Lewis Emmons	Jan.	5,	1832
Moses French Colby	Jan.	5,	1832
Joseph Ford	Jan.	5,	1832
Thomas Lloyd, M. R. C. S. L.	Jan.	18,	1832
*Henry Grassett	Feb.	1,	1832
George Murray Abbot	Feb.	1,	1832
Seraphim Viger	April	11,	1832
Cyrille H. O. Cote	April	11,	1832
Jean B. Allard	April	11,	1832
J. C. Christophe Brasseau	April	11,	1832
William Thurber	May	30,	1832
Samuel B. Mills	July	22,	1832
John Leitch	July	22,	1832
Vincent Martin	Oct.	17,	1832
*John Racey, M.D	Oct.	17,	1832
Pierre A. H. Davignon	Oct.	17,	1832
Edward Van Courtland	Dec.	26,	1832
James Miller	Jan.	16,	1833
*John Jameson	Jan.	16,	1833
Alexis Thomas Michaud	April	10,	1833
Joseph Pratte	April	24,	1833
Pantaleon Brassard	May	1,	1833
Luc Hyacinthe Masson	June	26,	1833
Adolphus Augustus Alexander	July	17,	1833
George William Campbell, M.D.	July	24,	1833
Joel Hart	July	24,	1833
Francois Joseph Davignon	Aug.	14,	1833
Michel Etienne Haller, M.D.	Aug.	14,	1833
James Currie	Oct.	23,	1833
Francis Walker Sherriff	Oct.	23,	1833
Alfred Jackson	Oct.	30,	1833
*Frederick Cushing	Dec.	4,	1833
William Liddell	Jan.	15,	1833
*Christopher Carter	Jan.	22,	1833
James Arthur Sewell, M.D.	Feb.	19,	1834
Thomas Walter Jones, M.D.	Feb.	19,	1834
Abraham Harding, M.D.	April	16,	1834
Joseph Narcisse Barbier	April	23,	1834

*Emanuel Lord.....April 30, 1834
Pierre E. C. Munro.....April 30, 1834
Theophile H. Latour.....April 30, 1834
Rotus Parmelee.....July 16, 1834
Charles Smallwood.....July 16, 1834
James Robitaille.....July 31, 1834
Ira W. Rice.....Aug. 6, 1834
Thomas Black.....Oct. 22, 1834
Robert H. Wight.....Oct. 29, 1834
Laurent Tremblay.....Nov. 12, 1834
Louis G. Hebert.....Jan. 7, 1835
George Badeaux.....Jan. 7, 1835
Jean Zepherin Nault.....Jan. 21, 1835
Henry Watson.....Jan. 21, 1835
Archibald Hall, M.D.....April 7, 1835
William French, Junior, M.D.....April 15, 1835
Leandre Dumouchelle.....April 15, 1835
Michael Pearson.....April 15, 1835
John McMillan.....May 13, 1835
John J. Richilieu.....May 20, 1835
Joseph Lachaine.....May 20, 1835
Jean Louis Forbes.....May 20, 1835
Jean Baptiste Brousseau.....May 20, 1835
Patrick McNaughton, M.D.....May 27, 1835
†Peter Buchanan.....July 8, 1835
George Alfred Allsopp.....July 8, 1835
†Frederick Webber Hart, M.D.....July 15, 1835
Joseph Workman, M.D.....July 15, 1835
*John Pyke, M.D.....July 22, 1835
Stephen Charles Sewell, M.D.....Oct. 7, 1835
Edward Quincy Sewell, M.D.....Oct. 7, 1835
Suetone Dame.....Oct. 7, 1835
Lewis Merriman.....Oct. 7, 1835
Louis Labrecque.....Oct. 14, 1835
Richard Jones.....Oct. 14, 1835
†Pierre Dansereau.....Oct. 14, 1835
William Primrose Smith.....Oct. 28, 1835
†Patrick E. Molloy.....Jan. 13, 1836
Aimé Dugat.....Jan. 13, 1836
Montague Scott.....Jan. 13, 1836
Aaron Hart David, M.D.....Jan. 13, 1836
G. Henry Hartnell, M. R. C. S. L..Jan. 20, 1836
Edward Kirkwood.....April 13, 1836
Benjamin Globensky.....April 20, 1836
James Crawford, M.D.....June 1, 1836
Charles Sabourin.....June 22, 1836
Sylvestre Cartier, M.D.....July 13, 1836
*James Ritchie Dick, M.D.....July 20, 1836
Louis Henry Gauvreau, M.D.....July 27, 1836
James P. Cowan.....July 27, 1836
Ezechiel Minckler.....Aug. 3, 1836
Toussaint Chartrand.....Aug. 17, 1836
William Fraser, M.D.....Aug. 31, 1836
Howard Hooper, M.R.C.S.L.....Oct. 5, 1836
Prisque Morin.....Oct. 5, 1836
Henry E. B. Hall.....Oct. 26, 1836
Charles Dorion.....Oct. 26, 1836
Robert McKenzie.....Oct. 26, 1836
Isidore Stanislaus Lafontaine.....Jan. 5, 1837
*William Donegani, M.D.....April 5, 1837
†George Holmes, M.D.....April 5, 1837
*William Macnider, M.D.....April 5, 1837
*Joseph Adolphe Perrault.....April 5, 1837
*Robert André Christie.....April 5, 1837
Louis Giard.....April 12, 1837
Louis Davignon.....April 26, 1837
*George Robert Grasett.....April 26, 1837
†William Hallowell, M.D.....May 3, 1837
*Alexander MacKay, M.D.....June 21, 1837
†Thomas Slade Robinson.....July 12, 1837
*Alexander Scott.....July 12, 1837
John Anderson.....Sept. 6, 1837
Gabriel Lachance.....Oct. 4, 1837
Jean B. H. Brien.....Oct. 4, 1837
Olivier Robitaille.....July 11, 1838
Leon Lachapelle.....Jan. 12, 1839
John Lilly Hall.....April 10, 1839
Benoni Guay, M.D.....July 10, 1839
Bazile Larocque.....July 10, 1839
Joseph Marmette.....July 17, 1839
Moses Sylvester Glines.....July 17, 1839
Henry Cartier, M.D.....July 31, 1839
Charles Edward Cotton.....Aug. 6,
(officially announced December 9,).....1839
William Dill.....Aug. 7, 1839
William Robertson, C. S. L.....Aug. 21, 1839
Edward Jaques.....Sept. 18, 1839
Edouard Severin Belleau, M. D.....Oct. 15, 1839
Francois Xavier Poulin.....Oct. 15, 1839
Felix Coté.....Oct. 15, 1839
Laurent Turcotte.....Oct. 15, 1839
Bernard Henri Leprohon, M.D.....Oct. 15, 1839
Joseph Flavier T. Sanche.....Nov. 11, 1839
Louis E. Landry.....Nov. 11, 1839
George Archibald Campbell, M.D....Nov. 11, 1839
J. Guillaume Beaudriau.....Nov. 11, 1839
J. B. Theophile Dorion.....Nov. 11, 1839
Francois Dennis Blanchet, M.R.C.S.L. Jan. 13, 1840
George Miville Dechene, M.D.....April 28, 1840
Henry Carter.....May 19, 1840
Alexander Greig Fenwick.....May 19, 1840
Louis Joseph Moll.....May 29, 1840
Adolphe Malhiot.....May 29, 1840
Edouard Boudreau.....July 15, 1840
Jean Landry.....July 15, 1840
Pierre P. De Creitz, *alias* Lacroix..Nov. 18, 1840
Louis Francis Tavernier.....Jan. 15, 1841
Joseph Eusebe Hudon.....Jan. 30, 1841

Lower Canada Provincial Licentiates, subsequent to the Union of the Provinces, dated February 10, 1841.

Robert George Morehead.....Feb. 20, 1841
John Breadon, Half-pay, R.N.....March 1, 1841
Charles Gaspard Couillard.....April 26, 1841
Thomas Hughes, M.D.....June 16, 1841
Moyse Moreau.....June 16, 1841
*Benjamin O. Vallée.....June 16, 1841
James Betty.....July 23, 1841
Ananis Raphael Archambault.....July 23, 1841
Jean B. Garneau.....July 23, 1841
Alexis Rollin.....Aug. 21, 1841
Francis Pillet.....Aug. 21, 1841
Jean B. Gauthier.....Aug. 21, 1841
Thomas Edmond D'Odet Dorsonnens Sept. 24, 1841
Pierre Guillet Tourangeau, M.D...Nov. 15, 1841
Samuel McMurray, M.D.....Dec. 9, 1841
Henri Miville Dechene.....Dec. 9, 1841
Francois Xavier Gendron.....Feb. 12, 1842
John Vandal Ham.....April 20, 1842
Felix Mesnard.....April 20, 1842
Charles Timothé Dubé.....April 20, 1842
Francois Xavier Mayrand.....April 20, 1842
Solyme Marquis.....April 20, 1842
†David D. Logan, M.D.....Aug. 6, 1842
William Liddell.....Aug. 16, 1842
William E. Scott, M.D.....Aug. 16, 1842
G. Bibaud, M.D.....Aug. 16, 1842
Arthur Fisher, M.D.....Sept. 16, 1842
Joseph Pominville.....Nov. 19, 1842
G. B. Mignault.....Dec. 2, 1842
Charles Dansereau, M.D.....Dec. 2, 1842
Pierre E. Mignault.....Dec. 23, 1842

Plimy Sherman	Dec.	23,	1842
Ovide Laurier	Feb.	9,	1843
Firmin Hudon	Feb.	24,	1843
Leon Gautier	Feb.	24,	1843
J. A. Poulin	March	24,	1843
Magloire Turcot	April	13,	1843
Wm. J. A. Case	May	19,	1843
Hyacinthe Guerin	May	19,	1843
Nerée Gouin	May	19,	1843
Robert Godfrey, M.D.	May	26,	1843
Felix M'Mahon	May	26,	1843
Augustus Carson, M.D.	June	9,	1843
Jean Marie Paquin	June	24,	1843
Joseph Lesperance	July	13,	1843
Jean C. Pinquet	July	13,	1843
John Duvert	July	13,	1843
Edward D. Worthington, M.D.	Aug.	11,	1843
†John George Rosenstein	Aug.	11,	1843
Alfred Bosworth	Aug.	11,	1843
†Horace Nelson, M.D.	Sept.	15,	1843
Cleophas Bernard, M.D.	Sept.	15,	1843
Ferdinand Vincent	Oct.	6,	1843
Joseph Lusignan, M.D.	Oct.	6,	1843
Stephen M'Donald	Oct.	13,	1843
Charles E. N. B. de Boucherville, M.D.	Nov.	11,	1843
Adolphe Dugas	Nov.	25,	1843
Nathan J. Bicknell	Nov.	25,	1843
George Griffin	Nov.	25,	1843
Robert Henry Russel, M. D.	Nov.	25,	1843
Joseph E. Trudelle	Dec.	15,	1843
Owen Thomas Connick	Dec.	15,	1843
Robert Cartier	Feb.	23,	1844
Jacob Gariepy	Feb.	23,	1844
Robert W. Stansfield	Feb.	23,	1844
Nerée Hercule Desilets	March	22,	1844
P. C. A. Dubois	March	22,	1844
Eusebe Laroque	April	4,	1844
Hyacinthe Beauchemin	July	12,	1844
Louis Laurier	July	12,	1844
Charles Francois Painchaud	July	12,	1844
Jean Baptiste Desrosiers	July	12,	1844
J. B. Lactance Papineau	Aug.	31,	1844
Francois N. Robineau	Aug.	31,	1844
Phileas Proulx	Aug.	31,	1844
Eugene H. Trudelle	Aug.	31,	1844
Joseph Emery Coderre	Aug.	31,	1844
Charles Decelles	Sept.	6,	1844
F. X. Praxede Larue	Sept.	20,	1844
Michel Prevost	Sept.	20,	1844
Thomas James Howard	Nov.	8,	1844
Louis Adolphe Dubord	Nov.	16,	1844
Charles Taché	Nov.	16,	1844
Louis Joseph Roy de Lausier	Nov.	16,	1844
Francis Drummond Gilbert	Feb.	15,	1845
Henry Weeks	Feb.	15,	1845
Josiah P. Barker	Feb.	15,	1845
Phileas Verchere de Boucherville	Feb.	22,	1845
Adhelin Dugal	Feb.	22,	1845
Joseph Octave Beaubien	Feb.	22,	1845
Alexander Rowand, M. D.	Feb.	22,	1845
J. Hercules Roy	March	8,	1845
Theodule Pominville	May	17,	1845
Joseph Varin	May	17,	1845
Pierre Ouellet	May	17,	1845
John Lawrence	May	17,	1845
André Fournier	May	17,	1845
P. E. Brossard	June	7,	1845
Isaac Jacques	June	7,	1845
J. M. Thizfault	June	7,	1845
Francois Duquet	June	7,	1845
John Hall Gernon	June	7,	1845
Tiburce Charest	June	7,	1845
Louis Lemieux	June	7,	1845
Louis Tremblay	June	28,	1845
Emanuel B. Sparham	Aug.	16,	1845
Louis R. Rousseau	Aug.	23,	1845
Joseph Auspice Mignault	Aug.	23,	1845
Remi Damour	Aug.	30,	1845
Hamnet Hill	Sep.	13,	1845
Peter Fortin, M.D.	Sep.	13,	1845
Remi Ferdinand Rinfret dit Malouin.	Oct.	4,	1845
Urgel Mederic Poisson	Nov.	15,	1845
Jean Baptiste Valiquet	Nov.	15,	1845
Joseph Emmanuel Robichaud	Nov.	15,	1845
Pierre Vinceslas Masse	Nov.	22,	1845
Ludger Tetu	Nov.	22,	1845
Jean Lucien Leprohon, M.D.	Dec.	5,	1845
Zepherin Tassé	Dec.	13,	1845
Gerald Dillon Gernon	Dec.	13,	1845
Hector Peltier, M.D.	Feb.	21,	1846
André Boniface Craig	Feb.	21,	1846
William Aitkin	March	7,	1846
Chrysogoué Sirois	March	28,	1846
Alexander Long, M.D.	May	9,	1846
Isaac Jacques	May	9,	1846
Alfred Bowlby	May	9,	1846
*James G. Beemer	May	9,	1846
David B. Delisle	May	15,	1846
†Brock Carter	May	23,	1846
James Angus M'Kay	May	23,	1846
*Edward Barry	May	23,	1846
George A. Purvis	May	23,	1846
Jean Francois Xavier Beigue	May	29,	1846
Edouard N. Poisson	May	29,	1846
William Hanson Ellsworth	May	29,	1846
Duncan M'Callum	June	27,	1846
Gabriel LeTourneux	June	27,	1846
Benjamin R. Jameson	June	27,	1846
Thomas Wallace	Aug.	15,	1846
Robert Hunter, M.D	Aug.	15,	1846
Pierre David Hubert	Aug.	15,	1846
Jean Auguste Clouthier	Aug.	15,	1846
Hildevert Germain	Aug.	29,	1846
Pierre Larochelle	Aug.	29,	1846
William Duguay	Sept.	12,	1846
Robert L. Macdonnell, M.D.	Oct.	3,	1846
Benjamin George Calder	Oct.	3,	1846
Robert Chamberland	Nov.	7,	1846
Edward Bull	Nov.	7,	1846
Andrew C. Lloyd	Nov.	7,	1846
Edmund B. Donnelly, M.D.	Nov.	7,	1846
Frederick A. Cadwell, M.D.	Nov.	7,	1846
Peter Moffatt, M.D.	Nov.	14,	1846
George D. Gibb, M.D.	Nov.	14,	1846
*Alfred Malhiot, M.D.	Nov.	21,	1846
Michel Thibault	Nov.	21,	1846
Thomas Picton	Nov.	21,	1846
Simon Brown	Nov.	21,	1846
Charles Eugene Napoleon Courteau	Nov.	21,	1846
John Fitzpatrick	Nov.	21,	1846
Henry Paradis, M.D.	Nov.	28,	1846
Pantaleon Cadieux	Nov.	28,	1846
Narcisse Bourgeois,	Nov.	28,	1846
Trueman Russel	Nov.	28,	1846
Freman Hildreth	Nov.	28,	1846
Edmund McDonald	Nov.	28,	1846
†John Partington Russell, M.D.	Nov.	28,	1846
Joseph Painchaud	Nov.	28,	1846
John Watt, M.D.	Nov.	28,	1846
Louis Desmarais	Dec.	5,	1846
John Wilbred Wilscam, M.D.	Jan.	2,	1847

Edmond Robillard	Jan.	30.	1847
Charles Trudel	March	6,	1847
Seraphin Gauthier	March	6,	1847
Leon C. Heureux	March	6,	1847
Phillippe Wells	March	6,	1847
Louis Didier Harvey	March	6,	1847
Saluste Roy	March	13,	1847
Joseph Olivier Morin	April	17,	1847
James John Dickenson, M.D.	May	1,	1847
John Clarke	May	24,	1847
William Cox Allen	May	24,	1847
Jay Clinton Butler	May	24,	1847
Agapite Douaire Bondy	May	24,	1847
John E. Johnstone	May	24,	1847
John W. Montgomery	May	24,	1847
John Thompson Newton	May	24,	1847
David P. Yeomans	May	24,	1847
*Charles H. Keefer	June	5,	1847
Aleide Faneuf	June	5,	1847
Peter N. Church, M.D.	July	17,	1847
James Henry Richardson	July	31,	1847
Charles Cameron	July	31,	1847
George S. Herod	July	31,	1847
Charles Huguet Latour	Aug.	7,	1847
H. H. Sauvé	Aug.	14,	1847

Those marked * are deceased, or believed to be so Those marked † have left the Province.

In accordance with the act of the Provincial Legislation, 4th and 5th Vict. cap. 41, dated September 18th 1841, licentiates of one portion of the Province are permitted to practise in both, subject to the laws therein in force.

In our next issue, we will give a list of the Provincial licentiates of Upper Canada.

COUNTER-PETITION TO THE GOVERNOR GENERAL.

We copy the following from the *Revieu Canadienne*, and in our translation of it into English, will endeavour to adhere as closely as possible to the original:

Mr. Editor,—Will you oblige us by publishing the undersigned memorial, which was presented to His Excellency Lord Elgin on the subject of the organization of the Medical Profession into a College of Physicians and Surgeons. It has been signed by 82 Physicians; and since its presentation, several others have sent in their names. In handing you the memorial for publication, we do so for the purpose of rendering justice to our confreres of the country and Townships, and for the purpose of making every member of the profession acquainted with the proceedings which have taken place, and we promise to neglect nothing whereby equal justice shall be secured to all. We desire them to continue to us that support which they have cheerfully accorded in this first measure, which has already been productive of good. The signers of the memorial, and those Physicians who do not approve of the proceedings of the members of the Board of Governors of the College of Physicians and Surgeons, will learn with extreme satisfaction, that the Board has received an order from the Executive, to submit their rules to the profession before being presented for final sanction. All the rules and regulations concerning the College of Physicians and Surgeons, are suspended from the present time to the second Tuesday of May next.

To His Excellency the Right Honourable, James, Earl of Elgin and Kincardine, K. G., Governor General of British North America, and Captain General, and Governor-in-Chief, in and over the Province of Canada, Nova Scotia, New Brunswick and Prince Edward Island, and Vice Admiral of the same, &c.

The humble memorial of the undersigned Physicians of this part of the Province forming and constituting Lower Canada,

Humbly Setteth Forth:

That it may please Your Excellency to permit us to offer to you our most lively gratitude, for the just and liberal manner, and for the sincere desire manifested by Your Excellency, to do justice to the representations of the subjects of this portion of the Colony.

That the Legislature of this Province passed, at its last Session, an Act to incorporate the Medical Profession of Lower Canada into a College of Physicians and Surgeons, &c. &c., with power to make, for the wants of the Profession, rules and regulations, conformably to the objects of the Act, to be submitted for the sanction of Your Excellency before being put into execution.

That in accordance with the Proclamation of Your Excellency, all the Physicians of Lower Canada were required to meet together, on the 15th of September last, to name Governors for the said College, for the three Districts of Quebec, Montreal, and Three Rivers, and to adopt measures for the general good of the Profession.

That a large number of Physicians from different parts of the Province, did assemble at the meeting held on the 15th of September last, at the Court House, in the City of Montreal.

That according to the interpretation of the Act of incorporation by many members of the said Profession, at the said meeting, those Medical men only, whose names are mentioned in the preamble of the Act, and forming only about one-third of the number of the Medical men of the Province, are the only members of the said College.

Your petitioners further represent, with all the respect and gratitude due to Your Excellency, that the large proportion of Medical men, who thus find themselves not members of the College, have been prevented from attaching their signatures to the petition presented to the Legislature of this Province, to organise the Profession

of this part of the Province, into a college, either by want of due publicity given to the proceedings, or from delay in apprising them of the steps taken to attain the object.

That on a motion, made at the aforementioned meeting by one of the members, who had signed the petition, and unanimously adopted, several medical men were admitted members of the said College.

That the President of the said meeting obstinately refused to put to the vote, a second motion, likewise presented by one of the members of the said College, and adopted by a majority of the assembly, the object of the said motion, based on the same reasons and considerations, and tending to the same end as the first: being to admit as members of the College, any Physician then present at the said meeting, who had not signed the said petition for the reasons above given.

That among the regulations which have been passed by the Governors of the said College, and which must be submitted to Your Excellency for sanction, it has been decreed that every Physician shall pay, on being admitted a member of the said College, the sum of £2 10s., entrance fee, 10s. per annum as subscription, and that all and each of the Physicians of this part of the Province, shall pay the sum of 10s., for enregistering his name, residence, &c. &c.

That besides, the sum of £2 10s. shall be allowed to each Governor Examinator, who shall be present, each day, at the sittings of the Board of Examinators, which may be held out of their respective districts, and the sum of £1 5s. when the examinations shall be held within the limits of their respective districts; so that the sums of £2 10s. and £1 10s. thus paid, will form a very considerable amount, and so considerably exceed the sum formed by the dues of each member of the said College, as to induce the Board of Governors, to the number of 36, to impose new taxes, to form an amount sufficiently large to cover that which they have allowed themselves.

That your memorialists respectfully urge on your Excellency's attention, that it is not against the amount of these different sums, to which they desire to direct your Excellency's attention, but against their application, in paying the members of the Provincial Medical Board, when that Board has been always independent, and its examinators have never received any salary for the discharge of their duties.

That some years ago, there existed an elective Board of Examinators; that the members of that Board of Examinators were elected by all the members of the Medical Profession of this Province, without any remuneration whatever for their services, judging that the honour of fulfilling that trust, was for the said Examinators more than equivalent for the loss of their time, and that the last always considered it so.

That it is not just that physicians who have discharged gratis the duties of Examinators at the Medical Board, should now pay others for discharging the same duties.

That it is unjust to submit to the rules adopted by the Board of Governors of the said College, the great number of physicians who find themselves excluded from the said Corporation, and who in consequence cannot participate in the discussions and deliberations on those rules and regulations.

That your petitioners are firmly impressed with the conviction that the Board of Governors of the said College are illegally named and elected, in consequence of the irregular and contradictory proceedings of the President, who abandoned his chair during the meeting of the 15th September last, and in consequence of his refusal, *without reason*, to admit the second motion before mentioned, after having adopted the first; and by consequence, the nomination of the Board of Governors and Examinators, of the said College, is void, of none effect, and should be considered so.

Wherefore, your memorialists humbly hope, in utmost confidence, that your Excellency, taking action on this memorial, will withhold your sanction from the rules and regulations which may be presented to your Excellency by the Board of Governors of the said College of Physicians and Surgeons, until such rules and regulations shall have been submitted to the revision and approval of all the members of the Medical Profession, assembled for that purpose, by an advertisement, published during one month before such meeting, and you will do justice to your humble memorialists, who will cease not to pray for the happiness and preservation of your Excellency.

N.B.—All medical men, who desire that the profession should be organised into a body, in a liberal and just manner, and that all should be equally protected, are requested to forward to us their names, authorising us to append them to the new documents, to be presented at the ensuing Session of the Provincial Parliament. Letters may be addressed, postage free, to the Canadian Pharmacy, corner of St. Lambert and St. James Streets.

SEVERAL PHYSICIANS.

Montreal, Nov. 4.

We reserve comment on the foregoing until our ensuing number, in consequence of the crowded state of our columns.

The British Colonist.—This Journal, in its issue of Nov. 2nd, in an article on the emigrant hospitals, has launched into a virulent attack on the character of the University of M'Gill College in this city. The editor treats his readers to the following piece of information: "This leads us to notice, incidentally, a matter that requires to be properly investigated. We allude to the facility, with which it is alledged medical licenses are obtained from the medical school attached to the M'Gill College, Montreal. So much is this the case, that parties, after having been rejected for incompetency by the Medical Board of Upper Canada, have proceeded at once to Montreal, and found no difficulty in obtaining there what has been denied them here. We have heard of one case, in which a newly licensed practitioner, on his return to Upper Canada, repaired to a learned friend —a schoolmaster—to translate his diploma for him, as he was himself unable to read it." This imputation on the M'Gill College was properly rebutted by Dr. Workman, and an *amende*, to a certain extent, made by the *Colonist*. Forthwith, however, appears, in another Journal, the letter of a "newly licensed practitioner," in animadverting on which the editor of the *British Colonist* reiterates his original charge in the following terms: "Much as a newly licensed practitioner may feel, in consequence of a natural proneness, as in this case, to subordinate the requirements of the public good to his particular interest, he would have acted more prudently for his own sake, for that of the University of the city of New-York, and the credit of the late Board connected with M'Gill College, Montreal, &c., &c. A tree is known by its fruits, and many will be disposed to form their opinion of a certain University, and a *ci-devant* Board, from such a specimen of their handiwork as the said letter discloses." We perfectly agree with the editor of the *British Colonist*, "that a tree is known by its fruits." We intend to apply the axiom to the editor himself. The editor, from ignorance, or bad information, indulges in an assertion affecting the character of the University in this city. The error is pointed out to him, and after a confession of his mistake, he again boldly reiterates the charge. If such conduct be a specimen of the fruit, the quality of the tree may be appreciated to a nicety. We will not go over the ground taken by Dr. Workman, but we will simply state, for the information of all who may be influenced by the assertions of the editor—and this, too, in language as unequivocal as that in which the calumny itself has been reiterated, that the assertion of a connection between the Medical Faculty of M'Gill College and the ci-devant Medical Board, is *false;* and that the University of M'Gill College has never granted, nor has ever pretended to grant, any medical licenses whatever. We are obliged to Dr. Workman for the trouble which he has taken in this matter.

We have observed, in the letter of a "newly licensed practitioner," published in the *Globe*, that a charge of a most serious nature is made against one of the members of the Medical Board at Toronto—viz., a guarantee of passing him at the Board on the payment to him of £10. We know not who "a newly licensed practitioner" is, but the imputation on the honour of the Board is so direct, as to demand from it some action in the matter. The Board, like Cæsar's wife, should be above suspicion as to fidelity and integrity. The charge is not the less grave because the author writes anonymously; and we think the Board ought not to sit under the imputation, or permit the anonymous writer to preserve longer his incognito.

Markham Hydropathic Institution.—Why should we not have Hydropathic Institutions as well as our Southern neighbours? They rejoice in many; but we, it now appears, in *one*—a very Oasis in a desert, and located, too, in the village of Markham, a short distance from Toronto, with which none other can compare "for the salubrity of its atmosphere, as well as its general advantages." Happily conceived idea—"salubrious atmosphere"—no atmosphere equalling *its* salubrity from Penetanguishine to Gaspé. And such general advantages! but of these we dare not speak, for it would be manifestly improper in us to select a speciality out of a generality, and dilate thereon. The Institution is conducted by Drs. Hunter and Reid. We wish to be special, at least in this instance. Dr. Hunter, although residing in Toronto, has "taken the responsibility of it entirely upon himself, being assisted by Dr. Reid," and he is pleased to visit the Institution "weekly, or oftener if found necessary," while Dr. Reid does the whole duty, being resident on the spot. We think therefore that the responsibility rests on Dr. Reid, but we defer to Dr. Hunter's opinion on this question, from not being conversant with *hydropathic usages*. Canada has not hitherto had such an Institution. "'True, 'tis pity, and pity 'tis, 'tis true." But the desideratum is now supplied. Canada rejoices in what she has. Dr. Hunter is a clever fellow, and deserving of patronage: "he has had extensive practice in this mode of treatment, as well as in the ordinary mode." This Hydropathic practice is therefore not an ordinary mode—it is an extraordinary mode; but if we were asked our choice of the ordinary or extraordinary method of being doctored out of the world, we certainly should prefer the former to that of the gallows, wet blankets,

or any other *extra*-ordinary method which might be devised. But this, it is clear, is a mere matter of taste.

But Dr. Hunter and Reid have an *Eye and Ear Infirmary* connected with the above Institution. We know not their influence on the ear; but we have not the slightest doubt that the eyes of many of their patients will be soon opened, as will be also those of many who are not their patients; and whose judgments will enable them, without difficulty, to decide between the quack and the regular and honest practitioner, who promises less, but performs far more.

Testimonial to Dr. Marsden.—This gentleman, in leaving Nicolet for Quebec, the scene of his future professional labours, has been presented with a most flattering testimonial in the shape of a letter, by a very large number of the most influential residents in the town of Three Rivers and Nicolet; among whose names we notice those of the Mayor of Three Rivers, and a large number of clerical and medical gentlemen and advocates. We quote the address, with a few of the signatures:—

"To W. Marsden, Esquire, M D., Nicolet.

"Dear Sir,—We, the undersigned inhabitants of the district of Three Rivers, have learned with deep regret that you are about leaving this district to return to the scene of your former professional labours; and we cannot let the opportunity pass without testifying our confidence in your ability and skill as a Physician and Surgeon, and expressing our wishes that you may meet, in the larger field for the exercise of your profession, that success which has always attended you here.

We remain, dear Sir,

Your obedient servants,

"W. A. R. Gilmor, M.D., G.C.P.S.; T. Cooke, P.C., Vic. Genl.; A. Polette, Mayor of Three Rivers; D. Mondelet, J.B.R.; G. Badeau, G.C.P.S.; C. Harper, Ptre. S.N.; W. C. Hanson, J.P.," &c &c. &c.

November 5, 1847.

In Quebec, Dr. Marsden will fill the void occasioned by the lamented decease of the late Dr. Racey, and we are satisfied, from our knowledge of his abilities, he will do it most worthily.

The Disinfecting Fluids.—The experiments with these fluids have been brought to a close, and from all that we have heard and read upon the subject, our opinion as to any *disinfecting* properties possessed by either Sir W. Burnett's or M. Ledoyen's, is still unaltered. According to the results of some experiments made at the Marine Hospital, Quebec, to determine which possessed the greater power in mitigating or destroying the effluvium from soil, votes were given in favour of Sir W. Burnett's fluid. We apprehend, however, that not much difference exists between them both in this respect. Some disagreement having arisen between the experimenters, M. Ledoyen treated the profession in Quebec to some novel therapeutic ideas in relation to the injurious agency of the preparations of zinc on the animal economy when applied to, and absorbed from, ulcerated surfaces. This is worth noticing, only in so far as it evinces to what extent a preconceived notion, with strong enthusiasm, can warp the judgment and influence the reasoning faculties of an individual. M. Ledoyen has left for England, after having suffered from typhus himself; and poor Colonel Calvert is no more, having succumbed to a more virulent attack of the same disease. We sincerely sympathize with Colonel Calvert's family in the bereavement which they have suffered; but, at the same time, we regard the consequences to M. Ledoyen and Colonel Calvert, as a strong proof of the fallacy of the views which they entertained, and as affording matter for a homily on the whole affair.

Semi-Annual Report of the Lunatic Asylum at Beauport, from the 1st April to the 30th September, 1847, inclusive.

	M.	F.	Total
On the 31st March, 1847, there remained in the Institution	61	54	115
Admitted from 1st April to the 30th September, 1847	18	12	30
Total treated during the above period	79	66	145

	M.	F.			
Discharged, recovered	6	8			
" improved	4	2			
" unimproved	3	0			
Removed to the Hospital, in consequence of an injury	1	0			
Died	2	2			
			16	12	28
Remaining on the 30th September, 1847			63	54	117

A. Von Ieffland, M.D., *Resident Physician.*

OBITUARY.

On the 7th November, at his residence Château Richer, of the prevailing fever, Dr. John Clark, M.R.C.S.E., aged 48 years, a native of Dunscove, Dumfrieshire, Scotland. He was one of the attending Physicians to the Quebec Marine Hospital Sheds during the whole summer.

At Toronto, on the 8th November, of typhus fever, aged 49 years, Joseph Hamilton, Esq., M D., of that city. He was one of the few literary men which Canada possessed; an elegant writer and accomplished scholar. His writings, under the signature of "Guy Pollock," about fifteen years ago, made him universally known.

At London, C. W., on the 12th November, of typhus, contracted in the discharge of duty, Dr. Lee, one of the most able and accomplished physicians in that city.

In this city, on the 15th November, of phthisis, Benjamin Berthollet, Esq., M D., aged 52 years.

At Quebec, on the 12th November, of typhus, Colonel Calvert, who accompanied Mr. Ledoyen to this country under the authority of the British Government to test the efficacy of the disinfecting fluid proposed by the latter as a preventive of the spread of typhus, by destroying its contagious miasm. The commonest justice to Colonel Calvert requires us to record our sincere conviction of his thorough belief in the efficacy of Mr Ledoyen's agent, and in his falling a victim himself to typhus fever in his sedulous endeavours to demonstrate the benefits obtainable from the employment of the fluid, he has been, according to the inscrutable ways of Providence, permitted to exhibit, in his own person, the utter futility of the means which he himself advocated so strenuously.

BOOKS, &c., RECEIVED.

A new Medical Dictionary, containing an explanation of the terms in Anatomy, Physiology, Practice of Medicine, &c. &c., with the Formulas of the Principal Pharmacopeias, on the basis of Hooper and Grant, adapted to the present state of Science, and for the use of Medical Students and the Profession. By D. Pereira Gardner, M.D., Professor of Chemistry and Medical Jurisprudence in the Philadelphia College of Medicine, &c. New York: Harper and Brothers, 1847.

TO CORRESPONDENTS.

Dr. E. whose letter with remittance was received during the month, is informed that the party alluded to is not a licensed practitioner.

Bill of Mortality for the City of Montreal, for the month ending October 31, 1847.

Diseases		Male.	Female.	Total.	Under 1.	1 & under 3.	3 — 5	5 — 10	10 — 15	15 — 25	25 — 35	35 — 45	45 — 55	55 — 75	75 upwards.
Epidemic or Infectious,	Small Pox,	1	3	4	.	1	2	1	.	.	.	.	.	.	.
	Measles,	1	1	2	.	2	.	.	.	.	.	.	.	.	.
	Fever,	24	23	47	1	4	3	4	1	6	11	6	7	4	.
	Dysentery,	10	9	19	1	3	1	.	2	3	5	1	1	2	.
Diseases of Brain and Nervous System,	Convulsions,	1	2	3	2	1	.	.	.	.	.	.	.	.	.
	Dentition,	9	8	17	9	8	.	.	.	.	.	.	.	.	.
	Apoplexy,	1	.	1	.	.	.	.	.	.	.	.	1	.	.
	Hydrocephalus,	2	.	2	.	1	1	.	.	.	.	.	.	.	.
	Delirium Tremens	1	.	1	.	.	.	.	.	.	1	.	.	.	.
	Spinal Disease,	.	1	1	.	.	.	1	.	.	.	.	.	.	.
Diseases of Thoracic Viscera,	Consumption,	16	14	30	1	2	1	.	.	3	9	2	7	5	.
	Pneumonia,	1	.	1	.	.	.	1	.	.	.	.	.	1	.
	Croup,	.	2	2	.	1	.	1	.	.	.	.	.	.	.
	Hooping Cough,	.	1	1	1	.	.	.	.	.	.	.	.	.	.
	Disease of Heart,	3	1	4	.	.	.	.	.	.	.	.	.	.	.
Diseases of Abdominal Viscera,	Diarrhœa,	19	10	29	15	7	3	1	.	1	1	3	1	.	.
	Dropsy,	2	.	2	.	.	.	.	.	.	.	.	.	1	.
	Enteritis,	1	1	2	.	.	.	.	.	.	.	.	.	1	1
	Disease of Liver,	2	1	3	1	1	.	.	.	.	1	.	.	1	.
	Cholera Sporadic,	1	1	2	2	.	.	.	.	.	.	1	.	.	.
Other causes and Diseases, and Diseases not specially designated,	Debility,	4	3	7	.	.	.	.	.	.	.	.	.	.	.
	Still-born,	5	2	7	7	.	.	.	.	.	.	.	.	5	2
	Marasmus,	8	6	14	9	4	.	1	.	.	.	.	.	.	.
	Unknown,	6	2	8	3	.	.	.	.	.	.	.	.	.	.
	Inflammation,	3	4	7	2	1	1	.	.	1	2	1	1	.	1
	Other Causes,	10	3	13	1	.	2	.	.	2	3	1	1	3	.
	Total,	131	98	229	55	36	14	9	3	17	31	16	18	23	4

Monthly Meteorological Register at Montreal for October, 1847.

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,	+48	+50	+47	+49.-	29.42	29.42	29.50	29.45				Rain	Rain	Cloudy
2,	" 47	" 56	" 48	" 51.5	29.65	29.72	29.80	29.76				Fair	Fair	Fair
3,	" 46	" 60	" 43	" 53.-	29.95	29.90	29.93	29.93				Fair	Fair	Fair
4,	" 42	" 61	" 47	" 51.5	29.90	29.80	29.71	29.80				Fair	Fair	Fair
5,	" 45	" 64	" 52	" 54.5	29.60	29.54	29.57	29.57				Fair	Fair	Fair
6,	" 51	" 68	" 52	" 59.5	29.70	29.78	29.82	29.77				Fair	Fair	Fair
7,	" 47	" 65	" 53	" 56.-	29.89	29.72	29.69	29.77				Fair	Fair	Fair
8,	" 50	" 61	" 57	" 55.5	29.55	29.36	29.20	29.37				Cloudy	Rain	Rain
9,	" 49	" 60	" 44	" 54.5	29.21	29.23	29.20	29.21				Fair	Fair	Rain
10,	" 44	" 65	" 41	" 54.5	29.26	29.25	29.38	29.30				Fair	Rain	Fair*
11,	" 38	" 44	" 39	" 41.-	29.42	29.50	29.63	29.52				Rain	Fair	Sh'w'rs
12,	" 35	" 46	" 41	" 40.5	29.80	29.58	29.24	29.54				Fair	Rain	Rain
13,	" 45	" 47	" 39	" 46.-	29.19	29.09	29.17	29.15				Fair	Sh'w'rs	Rain
14,	" 35	" 39	" 35	" 37.-	29.39	29.51	29.66	29.52				Fair	Fair	Fair
15,	" 35	" 42	" 33	" 38.5	29.80	29.92	30.06	29.93				Sn.Shr.	Fair	Fair
16,	" 33	" 46	" 40	" 39.5	30.07	29.94	29.84	29.95				Fair	Fair	Fair
17,	" 47	" 55	" 45	" 51.-	29.80	29.75	29.79	29.78				Rain	Fair	Fair
18,	" 44	" 60	" 53	" 52.-	29.85	29.70	29.57	29.71				Fair	Fair	Fair
19,	" 54	" 54	" 42	" 54.-	29.60	29.72	29.77	29.70				Fair	Fair	Fair
20,	" 40	" 51	" 43	" 45.5	29.87	29.86	29.87	29.87				Fair	Fair	Fair
21,	" 40	" 48	" 41	" 44.-	30.07	30.00	29.99	30.02				Fair	Fair	Fair
22,	" 49	" 34	" 35	" 41.5	29.85	29.75	29.77	29.79				Snow	Snow	o'erc'st
23,	" 35	" 41	" 37	" 38.-	29.76	29.81	29.92	29.83				Fair	Fair	Fair
24,	" 34	" 48	" 44	" 41.-	29.95	29.80	29.61	29.79				Fair	Cloudy	Rain
25,	" 45	" 46	" 35	" 45.5	29.40	29.44	29.67	29.50				Rain	Rain	Fair
26,	" 25	" 29	" 20	" 27.-	29.95	30.17	30.32	30.15				Fair	Fair	Fair
27,	" 17	" 30	" 28	" 23.5	30.46	30.38	30.42	30.42				Fair	Fair	Fair
28,	" 23	" 38	" 29	" 30.5	30.50	30.44	30.39	30.44				Fair	Fair	Fair
29,	" 30	" 48	" 38	" 39.-	30.30	30.15	30.18	30.21				Fair	Fair	Fair
30,	" 35	" 50	" 37	" 42.5	30.17	30.13	30.11	30.14				Fair	Fair	Fair
31,	" 32	" 54	" 43	" 43.-	30.10	30.01	29.93	30.01				Fair	Fair	Cloudy

Therm. { Max. Temp., +68° on the 6th
Min. " +17° " 27th
Mean of the Month, +15°.

[*And lightning.]

Barometer, { Maximum, 30.50 Inches on the 28th.
Minimum, 29.09 " " 13th.
Mean of Month, 29.77 Inches.

Latitude 43°. 39′.4. N. Longitude 79°. 21′.5. W. Elevation above Lake Ontario, 108 Feet.

Day.	Barometer at Temp. of 32°. 7 A.M.	3 P.M.	10 P.M.	Mean of 24 h.	Temperature of the Air. 7 A.M.	3 P.M.	10 P.M.	Mean of 24h	Tension of Vapour. 7A M	3 P.M	10 P.M	Mean of 24h	Humidity of the Air. 7A.M	3P.M	10P.M	Mean of 24h	Wind. 7 A.M.	3 P.M.	10 P. M.	Rain in. on surf.	Weather.
1,	29.328	29.486	29.596	29.514	46.0°	53.6°	39.8°	45.5°	.252	.242	.211	.228	.82	.60	.87	.76	W. by N.	NW by W	Calm.	0.105	R'ng till 4 am Cl'd till 5 pm Cl'r fr 6 pm
2,	29.718	29.732	29.805	29.755	41.4	55.9	46.4	47.9	.219	.305	.265	.261	.85	.70	.85	.80	N. N. W.	W. N. W.	N.	—	Detached clouds. Mostly clear.
3,	29.883	29.850	—	—	53.8	54.4	—	—	.306	.300	—	—7	.75	.73	—	—	E.	E.	——	—	Gen cl'r A few pass. cl'ds. Fine.
4,	29.753	29.630	29.506	29.577	43.6	57.8	53.6	54.7	.257	.373	.383	.37	.92	.80	.95	.89	Calm.	E. by S.	Calm.	—	Clr till 8 am Rem. cl'dy L'tng 9 & 10 pm
5,	29.301	29.246	29.309	29.291	58.0	64.6	57.2	59.1	.446	.504	.438	.453	.94	.85	.96	.92	Calm.	S. by E.	E. N. E.	0.025	Cl'd Th, l'tng & r'n, am. R'ng fr 7 pm
6,	29.428	29.523	29.574	29.529	56.9	58.4	56.8	56.8	.418	.396	.423	.411	.92	.82	.93	.91	E. by N.	E. by N.	E.	0.755	R'ng almost const. till 8h 55m pm.
7,	29.597	29.513	29.452	29.481	54.4	55.4	55.4	55.4	.392	.406	.406	.398	.94	.94	.94	.93	E.	E.	E. by S.	1.180	Slight r'n nearly all day. Dens. cl'd.
8,	29.327	29.257	29.299	29.304	55.1	56.0	51.1	52.9	.401	.414	.264	.345	.94	.95	.71	.86	E. N. E.	Calm.	N. by W.	0.350	Slight rain till 11 am. Clouded till 8 pm
9,	29.382	29.259	29.182	29.330	43.8	56.2	53.2	49.3	.243	.352	.321	.284	.86	.80	.81	.81	Calm.	S. W.	NW by W	not ap	Auroral light from 10 pm.
10,	29.395	29.347	—	—	50.4	57.2	—	—	.266	.203	—	—	.73	.44	—	—	W. by N.	W by N	——	0.110	Bril. aurora till 2 am. Day cl'dy. Slight rain 8 and 9 pm.
11,	29.632	29.661	29.688	29.664	39·0	50.6	39.8	43.1	.171	.169	.202	.181	.72	.46	.83	.68	WNW	W.	Calm.	—	Uncl'd am. Pass. cl'ds pm. Fine.
12,	29.547	29.163	29.018	29.192	42.0	43.8	42.0	42.7	.210	.236	.240	.231	.80	.84	.91	.85	Calm.	S.E. by E.	Calm.	0.005	Mostly clear am. Cloudy pm.
13,	29.110	29.205	29.325	29.255	38.4	45.7	33.4	38.9	.190	.141	.153	.162	.82	.47	.79	.70	W. by S	W. by S.	Calm.	0.255	Cl'd all day Slt rn fr 7 am till 10h 15m pm
14,	29.446	29.531	29.679	29.595	34.7	40.4	28.6	33 8	.168	.139	.140	.142	.84	.55	.89	.74	N W by N	NW by N	Calm.	—	Auroral light 3 to 5 am. Day generally cloudy. Clear from 6 pm.
15,	29.804	29.812	29.797	29.802	30.0	42.2	41.3	39 8	.150	.187	.221	.191	.90	.71	.86	.78	Calm.	S. by E.	S.	—	Detached clouds generally. *Snowing slightly at 6 am. and 2 pm.
16,	29.762	29.577	29.497	29.647	43.9	55.3	51.6	47.7	.234	.303	.320	.269	.83	.71	.84	.82	S.	S. E.	S. S. W.	—	Det. cl'ds gen. Faint aur, Pt 0 & 1 am
17,	29.641	29.630	—	—	53.5	60.0	—	—	.300	.254	—	—	.74	.50	—	—	S. W.	W. by S.	——	—	Clr to 10 am Cld fr 11 am Slt rn 7 & 8 pm
18,	29.697	29.468	29.482	29.549	41.6	60.7	53.6	52.6	.235	.412	.329	.334	.91	.80	.81	.85	N. E.	S. S. W.	N. W.	not ap	Clear am. Hazy pm. Fine.
19,	29.710	29.704	29.803	29.759	40.5	53.1	38.2	42.5	.235	.202	.170	.193	.94	.51	.74	.73	Calm.	W. S. W.	Calm.	—	Clear till 8 am. Rem. of day cloudy. Raining from 9h 35m pm.
20,	29.844	29.781	29.887	29.855	31.3	54.0	39.3	40.8	.162	.174	.162	.174	.93	.42	.68	.70	Calm.	W by S.	N. by W.	0.135	Ceased raining 3 am. Cl'dy. Halo round moon 6 and 7 pm.
21,	29.962	29.863	29.740	29.814	35.2	43.5	42.1	40.6	.160	.198	.193	.197	.79	.71	.73	.79	N. by E.	N.E. by E.	N E by N	—	Clear and unclouded. Very fine.
22,	29.617	29.672	29.727	29.676	37.5	39.8	38.2	37.9	.207	.214	.212	.203	.93	.88	.92	.90	N. by E.	N. by E.	Calm.	0.550	O'rct with dense haze. R'ng fr 10 pm
23,	29.753	29.769	29.834	29.673	34.4	48.8	37.6	43.5	.185	.271	.204	.247	.94	.80	.91	.88	Calm.	S. by W.	Calm.	0.050	Slight rain till 11 am. Densely overcast with haze.
24,	29.640	29.498	—	—	45.7	45.6	—	—	.261	.286	—	—	.85	.94	—	—	Calm.	E.	——	—	Aur. from 0 to 5 am & fr 7 to 11 pm. Day mostly clear.
25,	29.372	29.635	29.861	29.696	46.0	42.2	31.6	38.1	.282	.156	.152	.175	.92	.58	.86	.74	N. W.	W. by N.	W.	0.970	Densely cl'd. Const. rain from 10 am.
26,	29.999	30.157	30.251	30.169	29.7	30.1	22 6	26.2	.166	.119	.099	.114	1.00	.71	.80	.78	W.	N. N. W.	N.	—	R'ng till 8 am. Det. cl'ds gen. †Clear from 9 pm.
27,	30.282	30.225	30.273	30.272	21.6	35.0	31.2	29.6	.091	.152	.130	.124	.76	.74	.74	.75	Calm.	S.W. byS.	Calm.	—	Clear till 6 am. *Snow. slightly 7 am to noon. Clear from 4 pm.
28,	30.358	30.293	30.216	30.264	26.7	40.2	29.4	33.6	.116	.168	.134	.139	.79	.68	.81	.72	Calm.	S.	Calm.	—	Detached clouds generally.
29,	30.150	30.048	29.996	30.043	32.0	48.6	35.8	39.2	.152	.237	.191	.201	.84	.70	.91	.84	W. S. W.	S. by E.	Calm.	—	Clear and unclouded. Very fine day.
30,	29.970	29.891	29.872	29.851	33.2	49.8	35.9	44.3	.181	.278	.187	.252	.96	.79	.89	.87	N. N. E.	Calm.	Calm.	—	Halo r'd m'n 4 am. Lt cl'ds & haze Fine
31,	29.874	29.772	—	—	44.9	51.0	—	—	.263	.320	—	—	.90	.75	—	—	Calm.	N.E by E.	——	—	Halo r'd m'n 0 & 1 am. Lt cl'ds & haze.
Mean	29.6865	29.6577	29.6796	29.6753	39.88	49.30	41.76	43.71	.228	.260	.237	.242	.88	.71	.84	.81				4.390	Clouded all day.

Highest Barometer, 30.396 at 10 a.m. on 28th. } Monthly
Lowest do. 29.014 at 9 p.m. on 12th } Range 1.382
Highest Temperature, 64°.6 on 5th, at 3 pm } Monthly
Lowest do. .. 20°.2 on 26th, 1 a.m. } Range 44.4
Mean Max. Therm., 50.94—Mean Min. Therm., 37.61.
Mean Daily Range, ..13°.34
Extreme Daily Range, 25°.3 from 2 pm 19th to 6 am 20th.

Proportion of Wind from each Quarter--

N.W.	120	Total.	406
S.W.	101	Winds,	406
S.E.	68	Calms,	218
N.E.	117		——
		Obser.,	624

Mean force of the Wind, 6 miles per hour.
Greatest Day's Wind, 25th.—Mean Velocity, 10 miles p hr
Least do. 31st. " 2 do do.
Maximum force from 4 to 5 pm on 25th, 18 do do.

Temperature for September.

Year.	Mean.	Max.	Min.	Range.	No. Days.	Rain. Inches.	Winds.	Calms	Mean force.	Snow No of days.
1840, ...	44.9°	73.0°	23.0°	50.0°	13	1.860				3
1841, ...	41.8	59.7	20.6	39.1	6	1.360	206	106	0.41	2
1842, ...	45.3	68.6	27.5	41.1	8	5.175	398	226	0.35	0
1843, ...	41.92	68.0	21.2	43.8	12	3.790	321	303	0.54	4
1844, ...	43.66	71.6	15.9	55.7	7	1.215	302	316	0.43	4
1845, ...	46.49	64.0	19.7	44.3	11	1.760	311	337	0.26	1
1846, ...	44.81	70.1	20.7	49.4	14	4.180	436	212	0.44	2
1847, ...	43.71	64.6	20.2	44.4	13	4.390	406	218	6 mile	2

Under the head of Tension of Vapour, is given the elastic force of the Aqueous Vapour in the Atmosphere at each Observation, in decimals of an inch of Mercury, or the proportion of the Barometric pressure due to its presence.
Under the head of Humidity of the Air, is given the proportion the Aqueous Vapour bears to the quantity the air is capable of sustaining at the existing temperature, saturation being represented by 1.00.
The Instruments are Standard Instruments. The Rain Gauge is 27 f et above the soil.—The Means entered are the Means by 24 hourly Observations, from 6, a.m., to 6, a.m.
The quantity of Rain received for the last 24 hours, is noted at 9, a.m.
The Observations entered at 7 a.m. on Sundays, are actually taken at 9 a.m. The two Observations taken on Sundays are not included in any of the means.
* 14th, First snow of the season—20th, Slight snow—quantity not appreciable. † 25th, Brilliant Meteor in N. W., at 6h 32m.—T. M. T.