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THE

# BRITISH AMERICAN JOURNAL.

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## ORIGINAL COMMUNICATIONS.

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ART. XV.—*Excision of the Elbow-joint.* By JOHN R. DICKSON, M. D., Professor of Surgery, University of Queen's College, Kingston, C. W.

J. F. McCoy, aged 17 years, was admitted into the Kingston Hospital on the 11th October, 1861, to be treated for a traumatic deformity of the elbow-joint which rendered the arm useless.

He stated that more than three months previous to his admission, he was assisting to build a log fence; that whilst supporting a heavy log with a handspike, he fell, and the log rolled over his arm.

On his way home an old woman looked at his arm, and told him that it was broken. She applied a couple of splints and a bandage, extending the forearm as much as possible, and instructed him to keep the parts wet with vinegar.

The splints were not removed for three weeks, when the same feminine bone-setter imagined matters were not progressing favorably, and thought he had better consult a doctor.

He stated that he visited a medical man in a village adjoining his residence, who told him there was a dislocation of the elbow-joint, and made prolonged extension without altering the shape of the joint, after which he re-applied the splints, and told him to wear them three weeks longer, when he would find all would turn out right.

At the end of three months, the parents of the boy became alarmed at the deformity and immovable condition of his elbow, and brought him to the Kingston Hospital.

On admission it was found that, there had been an oblique fracture of the inner condyle of the humerus, the olecranon ulnæ was thrown backwards, and the head of the radius forward. The elbow and forearm had a strangely twisted appearance, the latter slightly flexed, and the hand prone.

The fracture had united in a most awkward position, and some spiculæ of bone threatened to pierce through the skin which was exceedingly tense. The transverse diameter of the joint was nearly double the natural size.

Hot fomentations and poultices were ordered for a few days, as the joints and

neighbouring parts were highly inflamed; much relief was thus procured, and a greater facility for examining the joint afforded.

It was now found that, independent of the ankylosis which existed, it would be impossible to flex the forearm on the arm to any convenient or useful extent, owing to the mechanical obstruction of the head of the radius lodged on the anterior face of the humerus. Nor was there any hope of restoring the now adherent condyle of the humerus, nor the displaced head of the radius nor the ulna to their natural positions.

A consultation was held, when it was decided that resection of the joint offered the only hope of restoring the arm again to any degree of usefulness.

On the 28th of October the boy was brought into the operating theatre, and placed under the influence of chloroform, when, assisted by Dr. Meadows, and in presence of the surgical class, I proceeded to the operation.

Having placed him on his left side on the table (the right being the injured one) I made an incision about three inches long above, and one inch below the joint on its radial side, and one transverse incision about two and a half inches in extent across the olecranon ulnæ. I made my incisions in this manner, to guard more effectually against wounding the ulnar nerve, as it was impossible to tell where it lay in the greatly deformed condition of the joint. The flaps embracing all the soft parts down to the bones, were carefully dissected to the ulnar side of the arm. The chain saw was then carefully passed round the humerus, about an inch beyond the condyles, where it was readily sawn. The olecranon ulnæ was removed with the bone forceps. No vessels required ligation; the flaps were brought together by three points of interrupted suture, and cold water ordered to be assiduously applied. A long splint, extending from the armpit to the hand, was adjusted on the forepart of the arm and forearm to maintain them in a quiescent extended position, until cicatrization would be effected, which took place in about twelve days. Gradual flexion with gentle passive motion was then practised daily, and the case progressed very favorably. On the 19th of December, being little over seven weeks from the day of the operation, the boy was able, without any assistance whatever, to flex the forearm on the arm and carry his hand to his mouth.

The elbow has now quite a natural appearance, two or three points, where spiculæ of bone threatened to pierce the integuments before the operation was performed, ulcerated soon afterwards; the cicatrices however in these places are firm and depressed, giving at those situations deep-pitted appearances.

The case on the whole was exceedingly successful, and the boy was discharged from the Hospital on the 15th of February, 1862. He and his parents were highly gratified at the result of the operation.

Kingston, 3rd March, 1862.

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ART. XVI.—*Treatment of Acute Rheumatism by the Tincture of the Bole-tus Laricis Canadensis.* By JAMES A. GRANT, M.D., Attending Physician, General Protestant Hospital, Ottawa City.

Of the various diseases to which the human frame is subject, there are few more deserving of close attention and careful investigation, than that most

painful, obstinate and common malady, designated by the term "*Rheumatism*, an affection obscure as to its origin, and obstinate as to its treatment. From these considerations it appears that any medicinal agent, which would exert particular control over this disease, would be of general interest to the profession, and on this account do I submit the following notes of cases, treated by the Tincture of the Polyporus or Boletus Laricis Canadensis, which up to the present has not found its way into the *Materia Medica*, nor am I aware of its having been previously prescribed in Rheumatism. The fungus, Polyporus Officinalis, or "Larch Agaric" of other countries, has been described by Dioscorides, and administered, according to Pereira, as an emetic, cathartic, discutient, anti-sudorific and astringent. The Canadian Agaric is procured in considerable quantity by the Lumberers on the various tributaries of the Ottawa River, by whom it is frequently used as a grateful tonic and stomachic. This fungus, as found, varies in size and form, some being almost square-shaped, and others oblong, weighing from 15 to 40 pounds, and arranged in parallel tiers. The trees from which it is removed are generally unsound, and useless for lumber purposes. In fact the perfect growth of these fungi appears to be the last act of vitality of the tree. They are most frequently observed thirty or forty feet from the root, and a short distance below the first branches. On rare occasions a small fungus may be observed above the branches; in other respects, it resembles the the European Agaric.

CASE I.—James Stewart, æt. 21 years, a strong and generally healthy person, and engaged as a laborer on the Government works, July, 8th 1861, was seized with shivering and wandering pains, which during the night settled down into the right knee and left ankle, attended with much local pain and swelling. Two days previous to this attack, he was exposed during a heavy shower of rain, having suffered about three years ago much in the same manner, from exposure; skin hot; pulse 100 and hard; tongue covered with a white coat; urine scanty and high colored; inability to sleep during the night; and the body fixed in one position, owing to the painful state of the limbs, which rapidly became subjected to the *rheumatic influence*. The bowels having been relaxed by Ol. Ricini, I ordered:

℞. Tinct. Fung. Laricis. Canadensis,  $\frac{3}{4}$  j.

Aquæ Puræ,  $\frac{5}{8}$  ij.

Misce. Ciat cochliare amplum quaque tertia hora.

Hop fomentations to the painful joints, and low diet. 9th. Passed a tranquil night, slept several hours, pulse 95, skin moist, tongue still coated, pain in the joints much relieved, urine voided in large quantity, acid and less high coloured; bowels regular. To continue mixture as formerly during the day, and ℞ Morph. Acet. gr.  $\frac{1}{2}$  H.S.S.

10th. Slept at intervals throughout the night; the joints much easier and the swelling around the knees and ankles almost entirely subsided, with moderate ability to move the limbs. Tongue moist and cleaner towards the lip and edges; perspired copiously; urine voided in still larger quantity and clearer; bowels continue regular; pulse 85 and full. Perfectly normal condition of the heart's sounds. To continue mixture every four hours during the day. 12th. Rested

well during the last two nights. Pain and swelling much abated, also improving in every other respect.

14th. Has had a good night, almost entire subsidence of swelling, is now able to elevate his hands above his head, and as to the mobility, may be considered almost well; tongue clean, pulse regular; urine now voided in normal quantity and clear, skin moist, bowels regular and perfect freedom of the heart's action. From this time he gradually improved, and on the eighth day from the attack was able to leave his room and walk about with ease and comfort. During the first attack in England he was confined to bed a period of four weeks, and suffered more or less from subacute symptoms for two or three weeks afterwards. Up to the present he has experienced no relapse, and enjoys all the comforts of health.

CASE II.—Joseph Bryant, æt. 22 years, native of England, and painter by trade; thin, pale, and not otherwise robust, still has enjoyed comparatively good health. About seven years previous to the present attack, he was an inmate of Middlesex Hospital, London, and was then pronounced as suffering from acute articular Rheumatism, which continued for a period of nearly three months. The present attack developed itself on the 7th August, 1861, first by tightness in the chest and pain over the lumbar region. August 8th, severe pain and swelling in the left wrist, on the 9th in the left knee, and during the 10th and 11th both legs were similarly affected, all attempts at walking being useless. August 13, 1861, was admitted into the General Protestant Hospital as a patient, at which date there was no moderate degree of suffering. Ordered—the body to be sponged; milk diet: and the following mixture.

℞. Tinct. Fung. Laricis Canadensis. ʒj.  
 Aquæ Puræ, ʒij.  
 Misce, Capiat cochl. amp. quaque tertia hora.

15th. Slept well last night, and feels the various painful joints much relieved, and improved as to the extension of movement and the reduction of the swelling. Bowels regular, tongue moist and gradually cleaning towards the centre; skin cool and perspiration moderate; urine voided in greater quantity and clearer than usual. To continue mixture every three hours during the day, and occasional fomentations of hops to be applied to the joints most painful. From this date he continued to improve rapidly, and on the 18th was entirely free from pain, and able to walk about his ward with comfort, experiencing at the same time increased appetite, and otherwise a return to a healthy condition as concerned general functional activity. Neither endocardial or exocardial murmur was detected throughout.

CASE III.—D. McDonald æt. 42 years, a stout able-bodied man, of short stature, swarthy complexion, and temperate habits. January, 4th, 1861. Having caught cold some days previously, was now seized with general feverishness and severe pain and swelling in the hands, wrists and elbow joints, also slight pain in the right ankle. His conjunctivæ were yellow, tongue coated, and the skin, rather dry; bowels not free. Urine scanty, high coloured and loaded with lithates; pulse 108, and regular. Heart sounds clear. Ordered the skin to be sponged with warm water, and ℞. Hydrarg. Chloridi, gr. v.

Potassæ Bitart. ʒ ij.

Pulv. Jalapæ. ʒ ss. Miscæ. H.S.S.

also in the morning, ℞. Tinct. Fung, Laricis Canadensis ʒ j.

Aquæ Puræ ʒ vij. Miscæ.

Capiat cochleare amplum quaque tertia hora.

Has had a copious evacuation during the night, and feels considerably relieved. To continue the mixture. From this time he went on improving almost daily, and on the sixth day was able to move about the house, free from pain and swelling in the joints; clearness of the conjunctivæ and a healthy condition of the secretions and excretions. About 18 months prior to the present illness, he was confined to bed for a period of four weeks, during which the efficacy of colchicum and Potassæ. Iod. was well tested, and only after this protracted interval did convalescence take place, on no occasion avoiding to guide the action of both the skin and the bowels, points of primary importance in various perverted conditions of the system.

CASE IV.—Frederick Prodrick, æt. 21 years, of florid complexion and active habit of body. On the 28th January, 1862, was for the first time seized with an attack of acute rheumatism, making its appearance first in the right shoulder joint, afterwards in the left knee, and subsequently passed into the various joints with considerable rapidity, and prevented the slightest movement of the body, without great pain and suffering.

February 2nd.—Visited Mr. P. for the first time, and found him stiff in every sense of the word, and perspiring freely, tongue coated and white, urine acid, high colored and rather scanty. Bowels had been opened by Mag. Sulph. Pulse 120 and rather sharp. Neither pain over the heart nor extension of the præcordial dulness. I ordered the most painful joints to be fomented with hops placed in small cotton bags, and saturated in warm water; also ℞. Tinct. Fung. Laricis Canadensis, ʒ jss. Aquæ puræ, ʒ vij. miscæ. A table spoonful taken every three hours during the day; also ℞. Morph. Acet. gr. ss. H.S.S.

February 3rd.—Signs of amendment; slept several hours during the night; perspired copiously, and feels in every respect more comfortable to day. To continue mixture and low diet.

February 5th.—Sleeps well at night, and is rapidly improving in every respect. Bowels relieved by an injection of warm water; pain and swelling very much subdued. Tongue moist and clean; can move the limbs, and only complains of slight stiffness and uneasiness. To proceed with mixture. From this date each day developed a most marked change for the better, and on the 9th the pain in the joints entirely subsided; perfect freedom of motion, but weak, owing to the reduced state of the system from the debilitating influence of the disease; urine voided in normal quantity and quite clear; skin moist; tongue clean; bowels regular and appetite increased. From this period there was no return of the symptoms, and on the 10th day from the commencement of treatment, he engaged in the discharge of his outside duties, much contrary to my wishes, having up to the present time experienced no inconvenience.

CASE V.—Mr. Craig, æt. 38 years, engaged in a seafaring life, and for a period of 6 years has been subject to frequent attacks of rheumatism, resisting

the most scientific treatment for periods varying from three to four weeks. Was admitted into the General Protestant Hospital, January 20th, 1862, ankle and knee joints much swollen, red and painful. This redness, however, was the result of a popular remedy called "*Pain Killer*," which was previously applied by the patient himself. The right wrist and elbow joint were swollen and painful; tongue coated with a white fur, bowels regular, urine scanty, high coloured and abounding in lithates; pulse 95 and full; complete inability to turn in bed or even elevate the body without assistance. Heart's sounds normal. Ordered hop fomentations to the most painful joints. Also

℞ Tr. Fung. Laricis Canadensis,  $\frac{3}{5}$  jss.  
Aquæ puræ,  $\frac{3}{5}$  vij. Misce.

Capiat cochl. amp. quaque tertia hora, and ℞. Pulv. Ipecac. Co. gr. x. h.s.s.

From this date there was a gradual subsidence of the inflammatory symptoms, and a return to healthy action throughout, so much so that on the 27th January the patient left the Hospital feeling well and entirely free from pain, with perfect motion of his limbs.

CASE VI.—Mr. Kerr, æt. 25 years, formerly a resident of Montreal, dark complexion, short stature, thin but active, and with the exception of rheumatic attacks, is accustomed to enjoy a tolerable share of health. From a boy of six years, has suffered every few years from severe rheumatic attacks, continuing in the acute stage five or six weeks upon an average, and frequently protracted in the sub-acute form, for a period of four or five months.

March 13th.—Was seized with a severe pain in the ankles and feet, associated with considerable heat, swelling, and the various constitutional symptoms indicative of the inflammatory process. After a few days the various joints participated in this action; perspiration not very profuse, but very acid and characterized by the peculiar odor; urine abounding in lithates, pulse 106, full and forcible. Heart's sounds regular and free from murmur. ℞. Morph. Acet. gr. ss. h.s.s. Also every three hours during the day the usual mixture.

℞ Tinet. Fung. Laricis Canadensis,  $3\frac{1}{2}$ .  
Aquæ puræ,  $\frac{3}{5}$  vij. Misce.

Diet, gruel, arrow-root and milk.

14th. Slept well; ankle joints less painful; wrists more swollen and painful; urine increased but high coloured; bowels relaxed; tongue still coated; perspiration not so copious. To continue mixture.

17th. From this date he continued gradually to improve, experiencing the most marked subsidence of the swelling and freedom from pain in the joints, which during previous attacks was described as of the most excruciating character.

22nd. Nine days from the administration of the mixture, he was up and about, enjoying perfect freedom of motion in the limbs. However, to guard against a relapse, more quietude was enjoined; and at present he is enabled to enjoy the "good things of life" as usual.

I might cite various such cases in corroboration of the marked influence which this material exerts over the "*materies morbi*" of Rheumatism, which in my opinion appears to be eliminated in a great measure through the kidneys; no

purgation being induced by the action of this medicinal agent, beyond ordinary alvine evacuation; but on the other hand, most decided increase of urinary secretion. From the marked circumstances in connection with the reported cases, and the others which have come under my observation, I feel perfectly convinced that the Canadian *Boletus*, possesses so beneficial an influence over the system (*be that action specific or otherwise*), towards the removal of these acute rheumatic attacks, as to render it worthy of a place and trial by those who take an interest in the products of our own country.

Ottawa City, March 31st, 1862.

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ART. XVII.—*Ligature of the Gluteal Artery for Traumatic Aneurism.* By GEO. W. CAMPBELL, A.M., M.D., L.R.C.S.E., &c., Professor of Surgery, McGill University, Montreal.

The patient was under the care of Dr. Fenwick, from the occurrence of the accident till the 29th January, and the description of the case till that period is from his notes.

“C. A., æt. 14 years, small but muscular for his age, was accidentally wounded in the right buttock on the afternoon of Friday, 17th January, 1862.

It appears that he had taken a small sled to a blacksmith's shop to have some part of it ironed; the smith had heated a piece of iron of about the size of a 3-inch nail, intending to bore a hole with it in a slender piece of wood; as he left the fire with the iron in his pincers, heated to whiteness, he accidentally came in contact with the boy, but as he sprung out of the way, and did not express any sense of pain, the smith paid no attention to him but proceeded with his work.

In a few moments the boy said, “I am bleeding.” The smith at once turned to him, took down his trowsers, and in doing so blood, in a considerable stream, spouted out of a small hole in the buttock. He immediately placed his finger over the wound, but had hardly done so before the boy fainted. Still retaining his thumb in position, he carried him to his father's office which was in the neighbourhood. When I saw him he was pale, exsanguine, and almost pulseless; complained of dizziness, ringing in the ears, and said he felt sick at the stomach. No pain or uneasiness was experienced in the wound, and with some little difficulty I induced the blacksmith to relinquish his hold. As he did so a drop or two of dark coloured blood welled from a small wound, in size about that of a pea, situated about one inch and a half behind the right trochanter major. The trajet of the wound appeared to pass upwards and backwards. I made no examination of its depth, but applied a graduated compress and roller, enjoined perfect rest, and ordered cold water dressing. The following day there was slight uneasiness felt in the wound, and general tenderness all over the buttock. The bandage was removed, but the compress was left, retained in position by adhesive plaister. On the fourth day, great pain of a bursting character extending down the back of the thigh was complained of. On removing the compress, a considerable quantity of pus flowed from the wound, which was followed by a bloody ichor. This gradually altered in character, becoming puru-



lent, and lessening in quantity. The lips of the wound presented a charred appearance, and a small slough was separating. The following Sunday, ten days after the accident, he got up and was going about the house; the limb was stiff and sore, and he could not walk without the help of a stick. There was very slight discharge, and healthy granulation had filled up from below. The next day, Monday, in attempting to leave his bed, blood in considerable quantity spouted again from the wound. I saw him shortly afterwards, but the hæmorrhage had been quickly arrested by a compress and ice. He was suffering much pain in the buttock and calf of the leg. On Wednesday, the 13th day after the accident, while I was in the house, he called out that it was bleeding again. On removing the dressings, a stream of arterial blood spurted from the wound with considerable force; I immediately arrested it with my finger, and in doing so, felt the blood well up against the finger, and elevate the buttock into a sack, which I judged to be about the size of a hen's egg."

It was at this point in the history of the case, on Wednesday, 29th January, twelve days after the occurrence of the injury, that Dr. Fenwick, who has kindly favoured me with the foregoing statement, requested me in conjunction with Dr. Jones, to visit his patient. Upon examination the small punctured wound, already described, was observed, which led to a tumour three inches posterior to the right trochanter, about the size of a hen's egg. The tumour was beneath the *gluteus maximus* muscle, was very painful to the touch, and a faint *bruit* was heard in it, upon the application of the stethoscope. It was evidently aneurismal, and from the course of the wound, which ran backwards and upwards for about three inches in the direction of the *sacro-sciatic* notch, it was believed to be traumatic aneurism, either of the trunk, or one of the large branches of the gluteal artery, in the immediate vicinity of the notch.

It was agreed to try the effect of injecting the aneurismal sac with the solution of the perchloride of iron, to endeavour to produce coagulation of its contained blood, with the hope that further operative proceedings might thereby be rendered unnecessary. The stilette of the syringe was introduced into the sac through the wound, and one drachm of the fluid injected. The tumour became hard immediately after the injection, and all hæmorrhage ceased. The discharge, a couple of days afterwards, again became purulent, and the indications seemed to promise a successful result, when on the following Monday, five days after the injection, being in the immediate neighbourhood, I was requested in great haste to visit the patient. I found there had been a recurrence of free arterial hæmorrhage from the wound, a vermiform clot of about three inches in length having been previously expelled by the *vis a tergo*. The boy's mother had arrested the bleeding, by placing her finger upon the orifice of the wound. He complained of great pain and a feeling of tension in the hip, which was evidently elevated and tense from the sudden distension of the sac. I covered the wound and tumour with snow, and requested his mother, should bleeding again recur, to place her finger as formerly upon the orifice of the wound, appointing to return with Dr. Fenwick and some other professional friends in a few hours thereafter, to take more efficient measures for the permanent arrest of the hæmorrhage.

Upon consultation three methods of procedure were discussed: 1st. To cut

into the aneurismal tumour, to turn out the coagula, look for the mouth of the wounded vessel, and secure it where it entered the sac; 2nd. To endeavour, if possible, to avoid opening the sac, cutting down upon the trunk of the gluteal artery, and tying it where it emerges from the *sciatic notch*, and 3rd. To ligature the *internal iliac*. This last although the proper operation for spontaneous aneurism of the gluteal, was rejected as unsuited to traumatic aneurism, and the 2nd was selected, as likely to be less bloody than direct incision, and unattended with any of the dangers of peritoneal inflammation, and less hazardous in its consequences than deligation of the *iliac*; besides it was in close proximity to the injured part of the artery, and on that account a better operation for traumatic aneurism. I was assisted by Drs. Sutherland, Scott, Fenwick, and R. P. Howard; the first named gentleman compressed the abdominal aorta against the spine, by means of a small book, and the others were prepared to assist in the steps of the operation, and in arresting hæmorrhage, should the incisions, to reach the trunk of the artery, open up the sac. The patient was put under chloroform, turned upon his face, and the operation commenced by making an incision about 6 inches long, from half an inch below the posterior spine towards the trochanter, through the integuments and subjacent cellular membrane, down to the gluteus muscle, the fasciculi of the muscle were then separated to the same extent, and in the same direction as the external wound, by the handle of the scalpel, the sides of the wound were separated by curved retractors, and the deeper layer of muscles was exposed. Not half an ounce of blood was lost. There was no need for hurry in the further steps of the operation; the pulsation of the artery was felt for at the upper and anterior portion of the notch; and when discovered, the aneurism needle, guided by the forefinger of the left hand, which was held on the artery deep in the notch, was placed under it; the end of the ligature was with some difficulty, from the great depth of the vessel, seized with a pair of dissecting forceps, and the artery was felt pulsating in the bight of the ligature before it was tied. From three to four ounces of coagulated blood were then pressed out of the sac, through the wound made by the nail, the trajet of which ran parallel to, and about half an inch beneath, the line of incision. The hæmorrhage having been found to be completely arrested, the sides of the wound were brought together by metallic sutures and adhesive straps, the boy was put to bed, and water dressing applied. Free suppuration both from wound and sac, commenced about the third day, and the ligature came away on the 6th day. A considerable quantity of offensive pus continued to be discharged for several weeks from the sac, the wound at length healed up, and the boy has now recovered perfectly.

I believe the plan of procedure selected in this case, the details of which have just been given, was more fortunate in its results, and certainly much less difficult in its execution, than if the ordinary rule in traumatic aneurism had been adopted, to open the sac and secure the orifice of the artery where it entered it. The patient was so aræmic from the previous hæmorrhages, and so greatly reduced in strength from suffering and confinement, that it was essential to his very existence, that the operation should be performed with as little loss of blood as possible.

The original operation of John Bell, and the recent one of Mr. Syme of Edinburgh, where the sac was opened, were most formidable and bloody on that account. Few surgeons after perusing the details of Mr. Syme's case, so courageously and skilfully conducted to a fortunate termination, would, if any other feasible plan could be adopted, willingly undertake such an operation. I am aware that it might be objected to the method adopted in this case, that possibly the aneurism might have been formed upon a branch of the Sciatic artery; this, from the direction of the wound, I considered as very improbable, and granting that it was so, and that the ligature of the Gluteal had failed to check the bleeding, by drawing downwards the lower lip of the wound already made, the inferior margin of the *pyriform* muscle might have been reached, and the *sciatic artery* secured.

Montreal, 10th April, 1862.

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ART. XVIII.—*Notes of Hospital Cases in London, (England)*. By FRANCIS WAYLAND CAMPBELL, M.D., L.R.C.P., London; Licentiate of the College of Physicians and Surgeons, Lower Canada; Member of the Royal Medical Society, Edinburgh; Corresponding Member of the Dublin Microscopic Club.

In the last number of the Journal, I gave several cases possessing considerable interest, which came under my observation in the London Hospitals, during the summer of 1861. I now send you several others, possessing equal interest to the profession.

*Necrosis of the tibia and astragalus.*

At the Westminster Hospital, in June, I saw a young girl, with very extensive necrosis of the tibia and astragalus which she had suffered from for some months. The leg was entirely useless. Mr. Brooke operated soon after admission, removing from the tibia a sequestrum, some five inches in length. The limb was then placed on a side splint, and water dressing applied. After this operation she made a speedy recovery, but the disease in the astragalus still increased. Previous to admission she had been in one of the lowest localities in London, and was badly fed and clothed. She was therefore ordered wine, beef tea, and cinchona, which improved her greatly. A large portion of the astragalus was then gouged away. She then improved rapidly, and when I last saw her, she was limping round the ward of the Hospital, bearing considerable of her weight upon the diseased limb.

*Necrosis of the astragalus.*

On the 24th of June I saw in the operating theatre of the Westminster Hospital, a young lad aged seven years, of a strumous diathesis, with disease of the astragalus. The disease had resulted from an injury. A year previous he fell from the top of a high wall. After the fall he felt as if something had given way in his foot. Swelling immediately set in at the ankle, and he was unable to walk. Things continued in this state for eight months, when an abscess formed in the joint, which was opened by Mr. Hilman. The wound never closed, but

continued to discharge matter. A small sinus also formed on the opposite side of the limb, through which dead bone could be detected. Mr. Hilman having determined to operate, he made a semi-lunar incision at the outer ankle, and forcibly bending the foot inwards, removed by means of the gouge, a large quantity of dead bone, and with an instrument called the ostedrite, smoothed the rough surface of the remaining bone: a small pledget of wet lint was inserted into the wound, and the edges brought together with silver wire suture. An opening was left for the discharge of matter. Two lateral splints with foot piece were put on, and the lad removed to bed. I did not see the patient again till the 30th of July, when he was improving, with free discharge of pus, and granulations healthy. In another month the wound had entirely closed. There was some slight deformity of the foot, it being at an obtuse angle with the leg, to remedy which a light iron boot was employed with success.

*Fracture of the ribs and both clavicles.*

On the 23rd of July, 1861, there was admitted into University College Hospital, under the care of Mr. Erichsen, a man aged twenty, who on that day, was caught between the buffers of two railway carriages. One buffer struck him just below the second rib on the left side, and the other immediately below the right arm. On admission shortly after the accident, the patient was pale and collapsed, pulse weak, respiration hurried, and accompanied with great pain. On the following day I was present when Mr. Erichsen examined him, and made out the following state of the case. The right true ribs from the second to the seventh, both included, were fractured near their sternal extremity, the outer fragment projecting upwards and forwards over the inner. The eighth, ninth and tenth ribs on the left side were broken near their cartilages, but not displaced much. Both clavicles were broken, the right about its middle, the left at its outer third. The entire of the right side of the chest had a very flattened appearance, and there was slight emphysema on the same side. There was no cough or hæmoptisis. Owing to the excessive pain which a bandage caused over the projecting fractured ribs, it was decided to dispense with it, the patient receiving instructions to lie steady on his back.

On the next day (July 29th), the shock had entirely disappeared, and the respiration had regained its normal standard.

It was now finally determined not to apply anything to the chest, but to leave everything as it was. The patient was again enjoined to remain as steady as was possible. In about three weeks the patient was up, and walking around, with a slight degree of flattening on the right side of the chest. In about one other week, he was discharged.

*Tumor near the meatus urinarius of a female.*

On the 1st of August, Mr. Pollock proceeded to operate at St. George's Hospital upon a female, rather elderly, who had a tumor about the size of a walnut, somewhat pyriform in shape, and arising from the upper part of the nymphæ. It had been growing for some years, and lately had commenced to ulcerate, with slight reddening of the surrounding integument. It was somewhat hard and resisting in its nature. It was removed at its peduncular end by

means of a double ligature, and was attended with very trifling hæmorrhage. On examination the tumor proved to be fibro-plastic in its nature. The patient made a good recovery.

*Strangulated Hernia ; operation. Stricture of the Urethra and operation.*

Early in the month of June a man aged sixty-seven years, was admitted into the Westminster Hospital under the care of Mr. Holt, for a hernia which had been strangulated for three days. He had suffered from hernia for 14 years, it being the result of violent straining to empty the bladder, in consequence of a stricture of thirty years standing. The taxis having been employed and failed, Mr. Holt operated. I was not present. The result of the operation was very successful, and as he suffered greatly from the stricture it was determined just a month and two days from the operation for hernia to relieve the stricture. The patient being placed under the influence of chloroform, Mr. Holt split the stricture, and immediately after introduced a No. 11 catheter. The hæmorrhage was very slight. He was removed to bed, and ordered two grains of quinine, and ten drops of tincture of opium every 6 hours. On the fourth day there was a capital stream, and the catheter passed with such ease that he was discharged from the Hospital. I had all but forgotten to mention that he also suffered from piles, due Mr. Holt stated to the stricture ; and very frequently when straining violently to empty the bladder, they bled profusely.\*

*Treatment of Stricture of the Urethra.*

The very rapid manner that a stricture will dilate, under the dilating process is often extremely remarkable, as will be noticed in the following case which occurred in the charge of Mr. Henry Thompson, one of the rising Assistant Surgeons of University College Hospital. The patient, was a young man, who for many months had suffered from a so-called impermeable stricture. He was admitted on the 8th of July, and on the following day he was examined. The stream was very small, and a stricture was detected about five inches from the meatus. An attempt to pass No. 1 catheter totally failed. On the 11th, after considerable careful manipulation, No.  $\frac{1}{2}$  was passed, and the urine drawn off. It was tied in, and allowed to remain till the following day, when it was exchanged for a gum catheter No. 1 which was tied in. On the 14th, No. 3 catheter replaced it. By the 18th, No. 4 passed with ease, and on the 25th, No. 10 was reached, which he passed himself. He was discharged to-day. There was no rigor, no bleeding, in fact no bad symptoms throughout. Two other cases almost precisely similar came under Mr. Thompson's care, one in April and the other in May. They were treated in a manner similar to this one, and with equal success.

*Carcinomatous Tumor of the Tibia. Amputation and recovery.*

The patient in this case was sixty-six years of age, very healthy in appearance and of steady habits. He was admitted into Guy's Hospital on the 1st of July under Mr. Bryant's care. He stated that five years previously he struck the lower part of the tibia with an axe, very shortly after which he noticed a small

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\* The hernia was also due to the stricture, as it was while violently straining to empty the bladder, that he first noticed the descent of the gut.

swelling, apparently on the bone appearing on the upper part of the lower third of the anterior portion of the tibia. It was not painful, unless struck. In about two years it had increased to the size of a walnut, when it was slightly painful, which was increased by walking. It continued to enlarge till September, 1858, when he sought admission to Guy's Hospital, and was admitted by Mr. Bryant. The tumor was hard and bony to the touch. The man's health was good, and there was no glandular enlargement. Amputation at the thigh was advised, to which the man would not consent, and he accordingly left the Hospital. When admitted in 1861, the tumor had increased greatly in size. Its surface was ulcerating, and appeared to be in a condition almost approaching sloughing. Its circumference at its base was nine inches, and it was raised three inches from the bone. It was believed to be malignant. No glandular enlargement existed. On the 9th of July the patient being placed under chloroform, Mr. Bryant, a very capital operator, amputated the limb above the knee. The loss of blood was very trifling. The convalescence was steady, though when I saw him last the stump had not completely healed. The tumor was examined before the class, and found to be a large hard cancerous tumor developing itself within the shaft of the tibia.

*Myeloid Tumor in the head of the Tibia; amputation.*

On the 11th of June I saw Mr. Bryant amputate the limb of a delicate young married woman above the knee. The history of the case as related to the class was as follows: The patient had been admitted into Guy's Hospital in the month of April. Nine months previous to this she noticed a severe pain in the right knee joint, which she thought was rheumatic. Turpentine was applied without benefit, and she soon after noticed the part swollen. This state of things continued for three months, when they received an impetus by her falling over a stool. The swelling gradually increasing in size she was admitted by Mr. Bryant. On examination there was evident enlargement of the head of the right tibia. The tumor was elastic to the touch, and congested veins could be distinctly traced over it. Pain on pressure was complained of, extending down the leg, and up to the hip. She was placed in bed, and tonics given. Amputation was proposed, but before her mind was made up, domestic reasons forced her to leave Hospital. On the 3rd of June she returned, the tumor having largely increased in the interval; the circumference of the leg at this point being sixteen inches. The leg was also partially flexed on the thigh, and it was impossible to extend it. There was no glandular enlargement. Amputation being proposed and accepted by the patient, Mr. Bryant on the 11th of June proceeded to remove the limb above the knee, forming an anterior and a posterior flap. The tumor on being examined, was found to be a fine specimen of the myeloid character, developed within the head of the tibia. The articular cartilage was perfectly healthy, and alone separated the tumor from the joint. The patient, notwithstanding her anæmic condition, made a rapid recovery. Previous to the operation a cast of the case was taken, to be added to the museum of Guy's Hospital.

Montreal, April 10, 1862.

## HOSPITAL REPORT DEPARTMENT.

Edited by FRANCIS W. CAMPBELL, M.D., L.R.C.P., London.

*Pleuro-pneumonia, with Delirium Tremens.* Under the care of DR. CRAIK.

Reported by Mr. D. P. CAMPBELL.

On the afternoon of the 4th of March, 1862, Dr. F. W. Campbell was called to attend George F——, who, it was said, was suffering from an attack of delirium tremens. He was living in a boarding-house, and as they were very unwilling to keep him, Dr. Campbell made arrangements to have him admitted into the Montreal General Hospital, whither he was taken late in the evening. During the night he was very restless, constantly getting out of his bed.

*History.*—He belongs to a healthy family, and for the last few years his occupation has been that of a clerk. Has enjoyed general good health, but has had several attacks of delirium tremens. Previous to his admission he had been drinking rather heavily, and frequently got his feet wet. On the 28th of February, he was seized with a distinct rigor, followed by slight fever, and slight difficulty of breathing, but not with any pain or cough.

*March 5th.*—When seen to day by Dr. Craik he was somewhat dull and sleepy; appetite all gone; very thirsty; skin hot and dry, with slight flushing of the cheeks; tongue thickly coated with a white fur; bowels regular; urine scanty and high colored, with a high specific gravity, and deficient in chlorides; has no pain whatever; pulse 128; respiration 50; the cough is *very* slight, and the expectoration difficult; it is of a rusty color. On percussion we have dullness all over the infra-scapular and lower scapular regions of the left side. By auscultation tubular breathing heard in the same regions. In the left mammary region there is a distinct friction sound. In the right lower scapular region we have fine crepitation, and higher up on the same side we have natural respiration mixed with bronchitic rales. He was ordered to be cupped on the left side, and to have ten grains of Hyd Submur. immediately, followed in two hours by a dose of Castor Oil, after which he was to be put on Graves' mixture.

*March 6th.*—Still very restless, constantly getting out of bed; skin hot and dry; pulse increased to 136 in the minute, and the respiration to 56; tongue still coated, great thirst; cough more troublesome than yesterday, and the expectoration in larger quantity; the difficulty of breathing is increased; all the physical signs to day indicate spreading of the disease. He was ordered the following. ℞. Hyd Submur. gr. ii., Pulv. Ipecac Co. gr. iv. every six hours. A large poultice extending from the sternum round to the spine ordered to be applied immediately; other medicines to be continued as before.

*Diagnosis.*—The diagnosis was Pleuro-pneumonia; pleurisy of the left side with extensive inflammation of the left lung in the second stage, and of the base of the right lung in the first stage.

The patient died early on the morning of the 7th instant.

*Autopsy.*—Lower lobe of left lung in a state of grey infiltration; upper lobe simply congested; lower lobe of right lung in a state of engorgement; pleura generally adherent; liver enlarged; all other organs healthy.

## PARIS CORRESPONDENCE.

M. Louis Lucas, a gentleman well-known for his scientific attainments, on Thursday last received a select circle of visitors at his house, to exhibit and explain the principle of an apparatus of his own invention, by which a physiological fact of great importance is rendered apparent, viz : the direct action of the living frame on the magnetic needle. The apparatus itself is of extraordinary simplicity. A single element of Bunsen's battery has its pole in communication with an electro-magnetic bobbin, surmounted by a graduated disc, bearing a magnetic needle which oscillates freely round its centre, as in the common compass. This part of the apparatus is protected by a glass shade ; the plate may be raised and lowered at pleasure by a wheel and rack. The conducting wires, after communicating with the bobbin, branch out towards the operator, and are connected together by a loose metal chain. The apparatus being in this state, the needle remains perfectly quiescent, until the operator takes hold of the chain either with one hand or both, when the needle at once begins to move, describing arcs of from 10 to 90 degrees. No principle hitherto admitted into physical science can account for this strange phenomenon, and we are compelled to admit a physiological action capable of producing such motion. The experiment was varied in many ways in our presence, and we were ourselves allowed to test our individual power on the needle. That the cause of the motion was of a physiological nature was further proved by the circumstance that the oscillations of the needle varied in intensity according to the persons experimenting, and even according as the same person might be differently affected either by tranquillity or a warm discussion, such different states naturally modifying the susceptibility of the nervous system. Stranger still, some persons present produced the oscillations by merely touching the chain with a glass rod about six feet long, glass being, as you know, a non-conductor. Whatever explanation may hereafter be given of M. Lucas's discovery, one fact seems even now indisputable, namely, that the human body may directly influence the needle—what consequences may be evolved therefrom time alone can show.

M. Husson, Director of the *Administration Générale de l'Assistance Publique*, has just published his report of the operation of his department during the year 1860, when Paris was enlarged by the annexation of all the communes lying within the fortifications. The volume contains an immense mass of valuable information, from which I have gleaned the following more important items :—

*Admission into the Hospitals and Hospices.*—As a general rule, none but the domicile inhabitants of the department of the Seine are admitted into the hospitals of Paris ; nevertheless, in infant cases, this rule is departed from, not however without claiming the re-imbusement of the cost of maintenance from the *Département* to which the patient thus admitted belongs. The ill-advised custom of allowing patients afflicted with chronic and incurable disorders to abide permanently in the hospitals, thus diminishing the number of beds available for acute affections, has been suppressed. The admission of incurable patients to the Hospices of the Incurables, (hommes), and the Salpêtrière, (femmes), has been entrusted to a commission of seven members which meets at the Hotel de l'Assistance



Publique, and decides upon all applications, rigorously rejecting those cases in which the indigent and ailing state of the applicant is not sufficiently established.

*Physicians.*—According to the old regulation, all medical students must, before taking the doctor's degree, have passed a year in an hospital, aiding the *internes* in their duties. This term having been found insufficient a new decree has been prepared, by which two years at least of service in the hospitals, counting from the ninth inscription, is now required of candidates, to qualify them for the doctor's degree. In order to afford physicians the advantage of the immense experience gathered in the hospitals of Paris, where upwards of 100,000 patients are annually received, M. Husson has organised the regular compilation of the "Medical statistics of the hospitals of Paris," in which the sex and age of the patients, the duration of the disorder, its complications and termination, are registered with care, and will, in course of time present a most valuable collection of medical facts.

*Gratuitous medical advice.*—In all the hospitals, at certain hours, gratuitous consultations are given to out-door patients. At the two children's hospitals of Ste. Eugénie, and the Rue de Sèvres, the number of children that came for advice in 1860 was 28,507, viz: 14,664 boys, and 13,843 girls; the medical cases were 16,026, the surgical ones 12,481. In 1859 the number was 32,965; so that, notwithstanding the aggrandisement of Paris, there was in favour of 1860 a falling-off of 4,458 out-door patients, an evident proof of the better condition of the working classes. At the Hôpital St. Louis (for cutaneous disorders) the number of consultations, both medical and surgical, was 65,967 in 1860, being 3,222 less than in 1859. The number of baths administered to out-door patients was 89,116, or 11,493 less than in the previous year.

*Establishments connected with the Hospitals.*—The central Dispensary, (Pharmacie Centrale) has felt the effects of the enlargement of Paris, its expenses having risen in 1860 to 760,469 fr. against 684,192 fr. in 1859. But the establishment, which has particularly engrossed M. Husson's attention, is the Central Bakehouse (Maison Scipion) where bread of the first quality is baked at a low price, not only for the hospitals, but also to a certain extent for the public, by improved methods tested by numerous experiments. As the various operations of bread-making are performed by steam, a reduction in the consumption of fuel became highly important;—this has been effected by the erection of a new engine, which consumes only twenty-six lbs. of coal per sack of corn, instead of 42. This produced a saving of 20,000 fr. in 1860. The injurious increase of temperature, which the flour acquires in passing under the millstones, has been obviated by a powerful ventilator. The establishment possesses improved kneading machines, and ovens with turning floors; a new store-house able to contain 50,000 lbs. of bread, has been completed, and other store-houses for corn and flour are under construction. M. Husson here enters into some details about M. Mège Mourié's method of panification, which consists in mixing with flour of the first quality a large proportion of inferior flour, which, though less inviting to the eye, is richer in nutritive elements than the former, and in doing this, without injuring the whiteness of the bread. M. Mège's experiments are still in progress at the Boulangerie Centrale, and with every prospect of continued improvement.

For the present, there is a saving of 2 fr. 77c. on every 200 lbs. of flour employed. During the year 1860, the establishment baked 15,057,910 lbs. of bread, or about 100,000 lbs. more than in 1859. The net profit was 171.822 fr. and the bread produced was, on an average, 3 centimes per 2 lbs. cheaper than the out-door price. This is a very important item, especially for the greatest bread-eaters in the world.

*Medical statistics.*—The following was, at the end of 1860, the statistical condition of the general and special Hospitals of Paris—Admissions, 60,700 medical, and 24,123 surgical cases; cures, 52,824 medical, and 22,692 surgical cases. Deaths, 7,959 medical, and 1,348 surgical cases. Average number of days passed in the hospitals by men 25.67, by women, 27.19, boys, 32.38, girls, 35.92. Mortality; men, 1 in 10½, women, 1 in 9.57, boys, 1 in 6.35; girls, 1 in 6.43.

M. Husson concludes his report with various details concerning the finances of the Administration, which I must omit, as not interesting to your readers.

The Académie Imperiale de Médecine is still engaged considering the sanitary condition of the Paris hospitals as compared with those of London. The general opinion is, that the excessive mortality is due, not so much to deficiency in the method of treatment of the French physicians, as to the accumulation of too large a number of patients in the wards. The hospitals here are crowded to excess.

At the last sitting of the *Académie des Sciences*, Dr. Jobert de Lamballé, who has already made several communications to the Academy on the regeneration of tendons, read another paper on the same subject, in which besides experiments on horses, he described cases of human subjects, in which the *tendo achillis* had been transversally divided, and had been found after death from other causes, to have completely regenerated. Dr. Velpeau, on this occasion, asked Dr. Jobert what he thought of the opinion of various physiologists who attributed to coagulated blood the faculty of assuming an organised shape, a faculty denied by others. To this Dr. Jobert replied that in all his numerous experiments he had found that the reproduction of a tendon commences with a clot of blood. M. Alexandre de la Roche sent in a note on the probability that chlorine, iodine and bromine, instead of being simple bodies, might turn out to be mere compounds containing a common radical; these three substances having a great affinity for each other, and generally behaving in the same manner. Thus all three have a strong affinity for hydrogen, forming therewith acids endowed with nearly identical properties since hydrochloric, hydriodic, and hydrobromic acids yield white vapours on evaporating in the air, and also display the greatest avidity for water, in which they are extremely soluble. Again, the action of chlorine, bromine and iodine on vegetable matter is the same; and all three are generally found united with sodium. M. de la Roche is of opinion that chlorine exists in iodine and bromine, united with elements either already known or not yet discovered, and of a density greater than chlorine. He also believes that selenium and sulphur, which have many properties in common, are compounds of the same radical still unknown.

W. N. C.

Paris, Ecole de Médecine, March 25th 1862.

## REVIEW DEPARTMENT.

ART. XIX.—*A System of Surgery, Pathological, Diagnostic, Therapeutic, and Operative.* By SAMUEL D. GROSS, M.D., Professor of Surgery in the Jefferson Medical College of Philadelphia. Second edition; in two volumes. Philadelphia: Blanchard & Lea. Montreal: Dawson & Son. pp. 1062 and 1134.

The greatest tribute which could be paid to Dr. Gross, consists in the fact that in the short period of time since the first edition of his work was issued,—a period of about two years,—a second should be called for to meet the demands of the profession. The present differs from the former edition mainly in the addition to it of various subjects of military surgery, which from the peculiar political condition of our neighbours, became a matter of necessity at the present time. We cannot but regard these two volumes as constituting the most comprehensive system of surgery that we have extant, excelling that of Chelius in many most important respects.

ART. XX.—*The Sydenham's Society's publications for 1861.*

1. Casper's Forensic Medicine, vol. 1.
2. Selected Monographs. Czermach on the practical uses of the Laryngoscope. Dusch on Thrombosis of the cerebral sinuses. Van der Kolk on atrophy of the brain. Radicke on the application of Statistics to medical enquiries. Esmarch on the uses of cold in surgical practice.
3. Atlas of portraits of diseases of the skin, issued by the New Sydenham Society. Second fasciculus, containing three portraits from Hebra's Atlas. Portrait 4, Psoriasis Diffusa. Portrait 5, Icthyosis. Portrait 6, Lupus Serpiginosus or Alopecia areata.
4. Atlas of Pathological Anatomy, illustrative of a clinical treatise on diseases of the liver, by Dr. F. T. Frerichs. Part 2, translated and edited by Charles Murchison, M.D., F.R.C.P.

We have to acknowledge from the honorary secretary of the Sydenham Society, Dr. Fenwick, the reception of the above mentioned volumes, which well maintain the literary character of this Association, and tend still further to show, that if properly sustained by the profession at large, the latter must receive a most handsome return for their annual subscription. Casper's Forensic medicine, although especially adapted to the laws of Prussia, contains a vast fund of important information, available to the student of this particular department in any quarter of the globe. We regard it as a most essential contribution to this department of medical knowledge, and in many points rivalling Taylor's or Beck's works.

As regards the second volume, we are happy to perceive that the first article, "on the Laryngoscope," appears under the auspices of our friend, Dr. Gibb of London. Every one of the papers possesses intrinsic excellence, only to be appreciated by those who have perused them. The monograph of Dr. Radicke

s one which we would especially commend to the attention of our readers, whose tastes lead them to this particular department of the profession. They will find here thoughts and hints of especial value.

The Atlas of Pathological Anatomy, illustrative of diseases of the Liver, is executed in the same style of excellence as its predecessor, and most worthily merits the recognition of the members of the Society. The drawings are executed in the highest style of art, leaving in this respect nothing to be desired, in fact capable of pleasing the most fastidious taste.

The wonder to our mind is, that a society, such as the Sydenham, whose sole object is the dissemination of important professional knowledge, acquired from the writings of the best authors, should not receive that due support, to which, we think it fairly entitled. Not a year since its establishment has passed, without the members having been put in possession of volumes, whose intrinsic value far exceeded that of the annual subscription of five dollars. And if the members of the profession would only reflect that the more funds at the disposal of the managing committee, the greater will be the return for their outlay, we feel surprised that, in this Province at least, it is not more generally patronized. We cannot therefore but endorse the observation made in the last report of the committee "that several very costly undertakings have been commenced, and that there is still much room for personal exertion in its behalf."

We observe that the society now numbers 3,500 members, and it is contemplated, that if that number can be increased to 4,000, "in addition to the Atlas and the Year-book, three other printed volumes may be annually supplied for a single subscription."

With regard to the illustration of Skin diseases, and the Year-book, we permit the committee to speak for themselves. We cannot, but observe, that the second fasciculus of the former fully sustains the character of its predecessor. Art, it appears to us, could do no more in the characteristic delineations. With reference to the Year book, a criticism on which appeared in one of our numbers of last year, the following apology is offered to which we now refer, and with which we conclude this article. We cannot but admit that the Society has met every engagement, in fact has performed more than it promised, and is therefore deserving of the patronage of the entire profession.

"The Illustrations of Skin Diseases hitherto selected are from Hebra's Atlas, but the Council by no means contemplates the restriction of its choice to this work. The size of the sheets will be kept uniform with those already issued, but it is intended in some instances, where the subjects admit of it, to introduce more than one on each sheet, and thus expedite the completion of the work. The translation of a volume on Diseases of the Skin is in contemplation, when the Atlas shall be further advanced. In the meantime, by the introduction of synonyms on the face of the plates, it is endeavoured to make each plate complete in itself.

With regard to the Year-book, the Council has the satisfaction of knowing that the general plan of their first volume has met the approbation of many of those for whose use the work is designed. That some disappointment should have been felt at first, on the part of those who have not had opportunities for fairly estimating the details involved in such a work, was quite to be expected. To produce a work which should be a complete and full *resumé* of a year's medi-

cal literature, which should save to its readers the need of reference to the original works and papers, is a task which, if it were practicable, would require more than the entire income of the Society. It is simply impossible to condense beyond a certain point, and whoever has glanced at the titles of the almost numberless contributions which every year supplies, must be convinced that to give abstracts of all would necessitate at least five such volumes as that to which, by financial considerations, the Society is restricted. Well aware that the attainment of anything like completeness is not to be hoped for, the Council still confidently trusts that each succeeding Year-book will (should the Society approve of its continuance) be found to be an improvement on its predecessors; and it feels convinced that the volumes, as they accumulate, will supply a want which has been greatly felt by the English medical reader."

We will only further add that as the second edition of the volumes for 1859 has been exhausted, as many new Members are desirous to obtain these Volumes the Council has decided upon a third reprint, which will probably be ready towards the end of the year. Those desirous to secure these Works are requested to send without delay their names and the subscription for the year to the Secretary.

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#### EDITORIAL SUMMARY.

*A certain remedy for Tic Dolooureux, according to Bardach.*—Take corrosive sublimate and sulphate of ammonia, equal parts; make a solution so that  $\frac{1}{30}$ th, or at most  $\frac{1}{5}$ th, of the solution shall be contained in each dose, along with wine of the seeds of colchicum, thirty drops, which may be increased to sixty, every two hours. Mr. Bardach adds, that it is necessary for the success of this treatment that the sublimate shall be given in solution, but that in the above-named dose it is taken without inconvenience.—*Dublin Med. Press.*

*Sugar in the Urine in certain cases of Intermittent Fever.*—Dr. Burdell announces that in fevers occurring in a marshy situation, a diabetic state of the urine accompanies the febrile paroxysms, from beginning to end, but ceasing with it; that the quantity increases with the violence of the paroxysms, and that when the paroxysms become milder and more frequent, and even succeeded by a state of cachexia, the quantity of sugar is diminished.—*Ibid. from Bull. de Th.*

*A Gigantic Saurian.*—The discovery of the fossil bones of a new and gigantic Saurian in a cutting recently made for a railway line near Poligny, has just been announced by M. Berthrand. The animal must have been between 90 and 120 feet in length, and must have existed towards the end of the Triassic period.—*Medical News.*

Daily experience convinces me of the injurious consequences to the eyesight which have followed the introduction of railway travelling, and with it the strong inducements to read whilst on the journey. In the majority of cases, the publications so read are cheap papers or books purchased at the station, printed in imperfect types on thin paper. Under the most favourable circumstances, there is on railways a vibration requiring incessant efforts on the part of the muscles and adjusting apparatus of the eyes to follow the shaking words, and in proportion as the carriages are ill-hung or the line rough, are these efforts great. Many persons never can read in railway carriages; a sensation of swimming in the head speedily follows the attempt. There can be no doubt that the practice is fraught with danger; the effort is analogous to that made by the muscles of the body to maintain the equilibrium, whence proceeds much of the stiffness and fatigue inseparable from long journeys.—*Lancet.*

THE  
**British American Journal.**

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MONTREAL, APRIL, 1862.

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THE LICENSING OF MIDWIVES FOR THE TOWNS OF THREE RIVERS,  
MONTREAL, AND QUEBEC.

We submit to the members of the College of Physicians and Surgeons of Lower Canada, the following very important opinion of Mr. Stuart, one of our leading gentlemen, learned in the law, which tends to upset all the previous acts of the College in regard to the licensing of midwives. We publish in the first place Dr. Trudel's letter to ourself; 2nd, the certificate to Sœur St. Jeanne Françoise de Chantal, of the St. Pelagie Lying-in Hospital of this city; and 3dly, the legal opinion of Henry Stuart, Esq., which the President of the College, after due consultation with the other officials of that Institution in this city, deemed it a matter of the utmost importance to seek.

As our columns are so full at the present moment, we have not space to devote to the reflections which the preceding papers naturally suggest. These we must defer to a succeeding number. But if it be fact, that the obvious intention of the law,—that to secure to women during their lying-in the attendance of thoroughly competent women—can be thus overridden, and that any two members of the College can give to a woman who can neither read nor write, in fact a most grossly ignorant woman, one ignorant of the alphabet even, a certificate entitling her to practise, we can only observe, that the sooner an amendment is made to the law in this respect, the better. We know that such was far from the intention of the framers of the 10 and 11 Vict., cap. 26, and 12 Vict., cap. 42, and we only regret that the first opposition to it should have emanated from the source whence it has, which can only tend to flood the towns with a pack of incompetents passed through partiality, and whose ignorance may lead to the most serious mischief.

No. 1.

MONSIEUR LE RÉDACTEUR,—Dans le dernier numéro de votre Journal vous accusez de nouveau avec beaucoup de bienveillance les Révérendes Sœurs de l'Hospice de la Maternité de Montréal, de pratiquer sans licences.

Les notes que nous avons échangées me faisaient croire que vous ne ramèneriez pas la question devant le public sans me le laisser savoir, ou du moins sans

publier dans votre journal la lettre que je vous avais envoyée pour y être insérée.

La loi exige des sages-femmes un certificat délivré par deux membres du Collège des Médecins et Chirurgiens du Bas Canada. Les Révérendes Dames de l'Hospice de la Maternité se sont conformés à cette exigence. Elles ont obtenu les leurs en 1849.

Je crois qu'elles ont été des premières, si-non les premières, à se soumettre à la loi du Collège. Aucune clause de cette loi ne peut faire croire à l'obligation, pour les sages-femmes, de faire enrégistrer leurs certificats.

Je crois donc avoir eu raison de dire dans ma première note que les Révérendes Sœurs de l'Hospice de la Maternité s'étaient montrées très empressées de se soumettre à la loi.

Je suis aussi d'opinion, que si l'on a exigé de l'argent des sages-femmes pour l'enrégistrement de leurs certificats, on a commis un acte qui n'est pas autorisé par la loi.

J'ai l'honneur d'être, Monsieur,  
Votre obéissant serviteur,  
E. H. TRUDEL.

A. Hall, Ecr., M.D.  
Montreal, 6th April, 1862.

No. 2.

Montréal, 12 Juillet, 1849.

Nous sousignés certifions qu'ayant aujourd'hui examiné la Sœur Ste. Jeanne François de Chantal, de la maternité de Ste. Pelagie de Montréal, sur l'art des accouchemens, nous l'avons trouvée qualifiée pour pratiquer comme sage-femme.

J. G. BIBAUD, M.D., M.C.M. & C.B.C.  
E. H. TRUDEL, M.D., M.C.M. & C.B.C.

No. 3.

Montreal, 16th April, 1862.

SIR,—After the examination of the 10th and 11th Vict., chap. 26, and the amending Act 12 Vict., chap. 42, and By-laws of the Corporation of the College of Physicians and Surgeons of Lower Canada, it will be found by the first mentioned Act, that the affairs of the College shall be conducted by a Board of Governors, who are constituted the Provincial Medical Board for the examination of candidates, and that no person shall receive a license to practise Physic or Surgery, unless he shall have obtained a certificate of qualification from the said Provincial Medical Board, and which license the Governor of this Province shall grant upon production to him of such certificate.

Many other subsequent sections of this Act prescribe the qualifications required, from persons about to commence the study of medicine, as well as those required to obtain a license to practise.

It is provided however, by the 15th Section, that nothing in the Act shall be construed, to prevent any competent female from practising midwifery, such female proving her competency before any two members of the College, and obtaining their certificate to that effect.

By the 12th Viet. the necessity of obtaining the license from the Governor is rendered unnecessary, and the power is given to the Provincial Medical Board.

I am of opinion that the alteration authorising the licenses to be issued by the Provincial Medical Board, is only applicable to the cases where the Governor was the person authorised to issue the licenses, and cannot be made to apply, and has no influence upon the certificates of competency, authorised to be issued by two members of the College to competent female midwives.

As to the question of fees to be paid by the females, I observe no authority given by the Statute to impose such fees, except upon candidates about entering on the study of medicine, and upon persons who obtain from the Board a license to practise medicine. Indeed no provision is made by the By-laws for this exceptional case.

In the absence of Legislative enactments authorising any charge, and a By-law fixing the amount, it is more than doubtful if any fee could be charged by the members of the College for a certificate of competency to the midwives.

I have the honour to be,

Sir,

Your obedient servant,

Hector Peltier, Esq., M.D.

HENRY STUART.

Secretary C. P. & S., L. C.

#### CORONER'S INQUEST AT WOODSTOCK, C. W.

We copy from the "Woodstock Times" of 11th April, the following particulars of a case of acute Articular Rheumatism terminating fatally by Pericardial and probably Endocardial inflammation, treated upon the most approved Homœopathic principles. That an inquest was deemed necessary we are not much surprised at; our only astonishment is, that they are not more common under such circumstances. Who Dr. Field is, we do not know. We have looked in vain for his name among the licensed practitioners of Canada West, but as he has sworn to the fact that he is one, we cannot but receive his assertion to that effect. The ignorance, however, which he has displayed in neither recognising the disease under which the patient laboured during life, and the more than gross incapability in not detecting the ravages of the affection after death, speak but little for the scientific character of the Medical Board from whose certificate of competence he secured his license.

Nor can we say much in favour of the report of the post mortem examination of Drs. Scott and Philip. How, for example, could "the lungs be much collapsed?" and how could "all the cavities of the heart be filled with dark venous blood?" and finally, in which "organ" did the dropsical effusion occur, the heart, or its enveloping membrane the pericardium? In short, we have rarely perused a more carelessly drawn up document in an inquisition of such importance.

Without moralizing in the least upon a case, which affords such ample grounds for it, we may be permitted the expression of our amazement that a homœo-



pathist should receive a lesson in pathology from a coroner's jury, especially, when as a class, they lay claim to the possession of such a superior amount of professional knowledge.

Nothing could be more apposite than the remarks of the editor of the journal from which we quote, and in which every reader of this periodical must concur.

At the request of a member of the inquest, held on the body of the young Jonathan Thornton who died on Saturday last, we give the material portion of the testimony in regard as well to the medical treatment as to the probable cause of death. The case of the unfortunate lad possesses no particular importance, perhaps, to the general public; but to the medical profession it will appear somewhat singular that the diagnosis of the complaint, formed by the attending practitioner, and conveyed to the patient and his parents, is not proven correct in any particular; nor does it appear from the facts brought out at the *post mortem* examination that Dr. Field was, even after a close personal inspection of the body, particularly of the diseased parts, able to divine the actual state of affairs—for, while we find him declaring that the liver of the deceased was increased to four-fold its natural proportions, that organ, by the evidence of the medical examination, is described as presenting only normal dimensions. Again, we find Dr. Field speaking positively of a tumour; and investigation proved that no tumour existed! Then, as to the heart and its condition, a wide diversity of opinion is exhibited. The treatment may or may not be liable to censure; at all events, the appearance and actual condition of the stomach indicated the presence in a larger degree of powerful poisons than might be expected from a course of homœopathic treatment; and the conclusion one might safely arrive at is, that in effect *arsenic* administered by an "old school" practitioner, is not more potent than *arsenicum* when given by a homœopathist; nor is the *spigelia* of Dr. Field one whit less powerful than the same thing when administered under the name of *pink root* by an allopathist.

Adopting the theory propounded by Dr. Field as correct, (namely, *that on account of their greater strength, his medicines are given in less quantities than are those procurable in the chemist's shop,*) the same quantity in effect is given, therefore between the two schools of medicine a perfect similarity exists. The only question that arises is one in reference to professional experience and skill. On that head the public, not the individual, must be the judge.

The following is the chief evidence taken at the inquest:—

Gilbert C. Field, of the town of Woodstock, being sworn, saith that he is a licensed Homœopathic practitioner; believes the child died from inflammation of the stomach, and overgrowth and engorgement of the liver. He was first attacked about a month ago; was sick then about 10 days; complained of severe pain in the stomach and vomiting; these were the principal symptoms; he had considerable of fever; also there were some pain in the joints of his fingers, wrists and elbow; these pains soon passed off—were transient, great deal of tenderness and soreness about the region of the stomach; was better for about two weeks, and then taken down with the same disease again; he was treated homœopathically; was treated with aconite and ipecacuanha—aconite in dilution in tincture; it was of the root; he also got arsenicum; third potency of that 3 times a day; cannot say how much arsenic in each dose; one grain mixed with 100 of sugar of milk, makes the first potency or 10 per cent; 1 grain of that, with 100 more of sugar, ~~this is~~ is the second potency; one grain of that with 100 more makes the third—then a grain of this is a dose;—the aconite is made in the same ratio with alcohol;—he also had some tartar emetic prepared at the same rate;—I think the ipecac I use is prepared with the decimal, I mean it is stronger;—I do not know what Fleming's tincture of aconite is. The medicines were

use are not found in the apothecary's shop, neither prepared nor in the crude state; the medicines are of the same name; our preparations are supposed much purer;—I cannot say whether the ipecac powder is purer in the apothecary's shop than we use;—our medicines are supposed to be much purer—one reason for our giving a smaller quantity; under the treatment the child got better about two weeks; he was ill at that time about 8 or 10 days: I was again sent for at the end of two weeks, I think a week ago last Friday or Saturday;—he then complained of the same pain in the stomach, with vomiting; he had no other particular symptoms except considerable enlargement in the region of the liver, and considerable fluttering and palpitation of the heart; I should think there was some enlargement of the heart by the sound—I supposed to have been sympathetic from disease of the stomach; it got gradually worse till he died on Sunday last. Sunday morning symptoms appeared considerably mitigated; rather better, had considerable appetite; I think ate some baked potatoes, this was given to him in the morning before I saw him; shortly after he began to grow worse; the vomiting returned again which had stopped for some time previous; the day before he had, I think, vomited once;—he got some of the same medicines; he got arsenicum last; he also got spigelia (pink root) on account of strong beating and fluttering of the heart; it was prepared in the same way as the other remedies are;—after that he got worse from nine until about four when he died;—I know that one millionth part of a drop of tincture of aconite has a remedial effect; we give it as a substitute for bleeding; I would in ordinary cases give the third dilution of the aconite to a boy of his age. It does not require long time to act; it will act from half an hour to 3 or 4 hours;—I would repeat it after or not, depending on the inflammation—sometimes in half an hour, sometimes in an hour. I opened the child to ascertain the appearance of the liver, and to find out the cause of a tumour in the side; I also opened the stomach; I found the stomach a good deal of the appearance of having a good deal of inflammation with I think sloughing of the mucous membrane; I examined it yesterday noon about 9 a m; this was about 18 hours after death;—I have nothing more to add but that it was my opinion for two or three days before his death that he would not or could not recover;—told his mother I thought he would not live;—told her, so that if she wished any other physician sent for, she had my permission to do so.

JONATHAN THORNTON, a resident of the town of Woodstock, being sworn saith, in the first place my son was attacked in town by what was called by Dr. Field inflammatory rheumatism. He was better of that in a day or two; he said the boy had the inflammation in his stomach, and doctored him for some 3 or 4 days for that; and the next he said it was an enlargement of the heart; he did not get any better of that; he then examined him and said a tumor was growing in his stomach; he doctored for that for about 2 days; he then said inflammation took place again; ordered cold water cloths to be laid on: this is all I think; he gave him medicine—some in 20 minutes, some in half an hour, some in two hours, and the powder in 4 hours; he got that nearly for the whole week; he was ill about six weeks, he first attended him for ten days, he then got better so as to be able to go out, but was far from being well, and remained so for about two weeks; he was then taken down, and was ill for one week, when he died: he complained then of a pain in the stomach; I did not hear him cough the boy took a good deal of medicine the same as before—3 tea cups with medicine, and two kind of powders, appeared like sugar; he took medicine on Sunday till 2 o'clock; we then tried to give him some more; but he would not take it, and said he would not take any more medicine if he were going to die; we still kept coaxing him, but he would not and did not; he then grew so bad that we sent for the doctor again; he came down and examined him again; took a young man with him for medicine to ease him; he came

with the medicine; they mixed it in a teacupfull of water; the boy took a teaspoonful, and then in a very few minutes, he died; he knew he was dying; called all together and wished them good-by. The most he complained of was pain in the stomach and shortness of breath; and the heart fluttered and jumped terrible; never knew him to have palpitation of the heart before; the medicines he took had no effect, neither up nor down; he was troubled with vomiting towards the last, that is Saturday and Sunday morning. Saturday was the first I saw of it; vomiting was not a prominent symptom; he was always very thirsty; the first attack he had some fever, but not the last time he was sick; I was in the house when the doctor examined the boy after death; he came and said that we all had to die—that it only shortened his days some; he then went into the room alone; I had previously received a message from him, asking if I had any objection to his examining the boy. At first I said yes, then afterwards consented; I told the man if he would fetch 2 or 3 with him I did not care; "oh," said the man, "he will fetch them;" after he had been for some time in I told the wife to go in; she found the door fastened, and she could not get in; the man and I wondered what he was doing—"he must be doing something," I said perhaps he has gone at it alone;" some fifteen minutes afterwards he opened the door and wanted we should go in and look at the boy; the boy was naked and cut open; the doctor says, "here it is: "the liver you can see is as large as four ought to be;" then he showed me the stomach next, there was nothing in it; it looked a *little kind of dark* in one place but nothing I should judge to hurt; he raised the side of the liver so that I could see the gall; he said there was one ulcer underneath the liver; so I understood; I asked him where the heart was; he said it lay up here so far that it was not worth while going any farther; it never ate anything, for a week before its death; it asked for potatoes on Sunday morning; I had one baked and peeled and he got some of it; there was not a speck in the stomach as I could see; I do not think his bowels were open for a week, not regular; at the first time he got an injection which operated on the bowels; the last time he was not regular, but had passage occasionally once in a day or night, or a couple of days; on Thursday he complained of his feet being asleep, and tingled a little he said; I told my wife to apply hot flat irons to them; they never got them warm till he died; the mixtures given were quite clear as crystal; they tasted all sweet; he lost the use of his arm on Sunday; complained of difficulty of breathing pretty much all the week; there was a good deal of medicine left; the child complained that the medicines had done him no good but that I thought he (the doctor) did the best he knew how; I do not know whether or not, he had a kick from a horse; if he had I should most likely have heard it, the cold cloths were applied constantly until his death; he, (the Dr.) wanted them changed every five minutes. The doctor said he had three complaints all at once—the stomach, heart and liver.

**JULIA THORNTON**, the mother of the deceased, sworn.—The result of the examination, was the Dr. told me that the liver was larger than it ought to be, as large as four livers ought to be, with an ulcer growing right under the liver which seemed to choke him so when he was breathing.

**ELIZA PETERSON**,— I was present in the room when the doctor examined the body of the deceased; he said the liver was four times the size it ought to be in grown up persons; that there was an ulcer under the liver.

Drs. S. A. Scott and D. L. Philip, having been requested by the jury to examine the body, submitted the following report:—

"We, the undersigned Medical Practitioners of the Town of Woodstock, being called upon by the Coroner, J. Turquand, Esq., M.D., to perform a *post mortem* examination upon the body of Jonathan Thornton, deceased, report as follows:—We found the body had been already examined. The stomach had been

opened by a transverse incision; part of its contents still remained. It consisted of a bloody grumous matter; the coats of the stomach were very much inflamed, and in some places softening, as a result, had ensued. In little patches here and there the mucous membrane had separated. The liver we found to be apparently healthy, of its *normal* or natural size, slightly congested. Its weight was  $2\frac{1}{2}$  lbs; the gall bladder was filled and distended; the kidneys were quite healthy. Upon opening the chest, in the right pleural cavity a large quantity of fluid was effused, at least a pint, of a light straw colour; in the left cavity about four ounces. The lungs we found to be much collapsed. There were no traces of inflammation, nor in fact any unhealthy appearance whatever. In opening the heart about four ounces of fluid escaped from the pericardium. The pericardium was visibly inflamed, and as a result had thrown out lymph, which had glued its walls in some parts to the muscular tissue of the heart. The heart itself was somewhat enlarged, and all its cavities filled with dark venous blood; the valves of the heart were normal. We have not examined the brain, as in our opinion we have found sufficient evidence in the chest to account for death. As for the great amount of inflammation in the coats of the stomach, we are unable to state what could have been the primary cause."

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#### SUSPENSION OF DR. STEWART.

The following very appropriate and judicious resolutions were passed at a meeting of the Medical students of Queen's College.

Moved by W. M. Thornton, and seconded by Thos F. McLean, that, whereas Dr. Stewart has represented that the Medical Students of Queen's College approve of the course of conduct he has seen fit to pursue towards his fellow-Professors, we feel ourselves called upon to correct such a misrepresentation,—it is therefore

*Resolved*,—"That, in the opinion of this Meeting, the conduct of Dr. Stewart towards his fellow-Professors is unjust towards them, and detrimental to the best interests of the Students of Queen's College."

Moved by H. Skinner, seconded by John D. Kellock, and

*Resolved*.—That we have full confidence in the ability and integrity of the Medical Faculty of Queen's College."

Moved by H. Skinner and seconded by James McCammon,

"That copies of the preceding Resolutions be sent to the *Daily News* and *Argus* for publication, and also to the Secretary of the Medical Faculty."—*Carried*.

R. B. FERGUSSON, *Secretary*.

A. T. DUNN, *Chairman*.

Queen's College, Kingston, 12th March, 1862.

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#### THE TURKISH BATH.

It is with pleasure that we announce that Mr. Alloway has constructed a Turkish bath in this city, with all the necessary appurtenances, in his establishment in Coté Street, opposite the building of the Medical Faculty of McGill College. After this intimation we have little doubt that many physicians in the country as well as in the city, may find it incumbent on them to recommend their patients to avail themselves of the advantages thus offered, in cases of rheumatism, &c. The apartments destined for the purpose, though small, are well adapted to the objects contemplated, and we hope that Mr. Alloway will be fully recompensed for the outlay to which he has subjected himself.

## TORONTO MEDICO-CHIRURGICAL SOCIETY.

The last ordinary meeting of the first year of the Society was held at their rooms, Temperance Hall, on Tuesday, February 25th 1862. The Reports of the Secretary and Treasurer were read and adopted. The Members then proceeded to elect their officers for the coming year. The vote, which was taken by ballot, resulted as follows;

Dr. Wright,	President.
“ Thorburn,	1st Vice-President.
“ Lawlor,	2d Vice-President.
“ Bull,	Secretary.
“ O’Dea,	Corresponding Secretary.
“ Ross,	Treasurer.

The meeting then adjourned until the second Tuesday in March.

The first ordinary meeting of the New Year was held in the Society’s rooms on Tuesday, March 18th. In the absence of the President, the 1st Vice-President took the chair. Dr. Bull brought before the Society the question as to the proper time to operate for fissure of the Palate. A long and entertaining discussion took place during which the arguments in favour of early operation appeared most in accordance with the views of the meeting. The Meeting adjourned until the second Tuesday in April.

## NEW YORK ACADEMY OF MEDICINE.

We have received from the Recording Secretary, and give space with pleasure to the following preamble and resolutions of the Academy. The benefits derived from an interchange of opinion on the part of those who, from the accidents of war are debarred from meeting their fellow-practitioners for scientific purposes, can only be estimated by those who have partaken of the advantages of the reunions, and who now miss them from the fact of non-membership. The following are the proceedings at the meeting alluded to:—

## NEW YORK ACADEMY OF MEDICINE.

New York, March 20th, 1862.

At a stated meeting of the Academy held last evening, the following Preamble and Resolutions were presented by R. H. Stevens, and unanimously adopted;

*Whereas*, during the present war many of our professional brethren in service among the combatants have risked their lives, or gone into voluntary captivity, rather than desert their sick and wounded, and have exercised their skill alike on friend and foe: Therefore,

*Be it resolved*, That in such conduct this Academy recognises the true spirit which should ever animate the ministers of humanity, and in testimony whereof,

*It further resolves*, To welcome to its sittings those who have acted under these self-sacrificing and generous impulses.

On motion of Dr. J. H. Griscom, the Secretary was directed to read a copy of the above to each Medical Journal in the country.

J. H. HINTON, *Recording Secretary*

## VACCINE VIRUS.

We would inform our brethren in the country who may be in want of good Vaccine Virus, that it may be obtained in any quantity from Dr. Francis W. Campbell, one of the Vaccinators for this city. Letters must be prepaid and contain the money. Healthy crusts from \$1 to \$2, according to size.

## THE SURGEONCY OF THE PROVINCIAL PENITENTIARY.

The decease of the late Dr. Sampson of Kingston rendered this important situation vacant, and we are happy to announce that it has been bestowed upon John R. Dickson, M. D., Professor of Surgery in Queen's College, Kingston. This is emphatically a judicious appointment, as Dr. Dickson's qualifications eminently entitle him to the office, and while congratulating him upon it, we trust that he may be spared many years to fulfil its duties.

## COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

The last semi-annual meeting of the present triennial period, will be held on Tuesday, 13th May, in the Mechanics Hall of this city, for the examination of candidates and other business. Candidates will please hand in their credentials in the usual manner to the Secretaries either at Quebec or Montreal, Dr. Landry or Dr. Peltier.

A full attendance of the Board of Governors is requested, as important business will be submitted.

## CONVOCAION AT MCGILL UNIVERSITY.

The annual convocation for conferring degrees will be held on Monday and Tuesday the 5th and 6th May ensuing. The proceedings of the first day will be confined to the Faculty of Arts, those of the second, to the Faculties of Medicine and Law. In consequence of the impossibility of getting the Molson wing finished in time, which it was intended to inaugurate with these proceedings, the Convocation will be held in the Normal School building. All graduates of the University are requested to attend.

## BIRTHS, MARRIAGES, AND DEATHS.

## BIRTHS.

At Orangeville, C. W., on the 18th ultimo, the wife of Wm. S. Hewitt, M.D., of a daughter.

On the 20th March, the wife of F. W. Bird, M.D., Coroner of Brighton, of a son.

## MARRIAGES.

On Wednesday, the 9th instant, at Christ Church Cathedral, by the Lord Bishop of the Diocese, Metropolitan, Gilbert Proul Girdwood, Esq., Assistant Surgeon, Grenadier Guards, second son of G. F. Girdwood, M.D., of London (England), to Fanny Merriman, eldest daughter of Thomas E. Blackwell, Esq., of Montreal, and Clifton, England.

## DEATHS.

In Belleville, C. W., March 17th, Bertha A., infant daughter of Dr. E. Burns, age 11 weeks.

On the 20th March, at the residence of her son, J. S. Brigham, M.D., Phillipsburgh, Lydia Ball, widow of the late Elbridge Brigham, Esq., aged 67 years.

In Omemeo, C. W., on the 10th March, Dr. John Irons, aged 39 years.

In Douglass, C. W., on the 1st instant, Martha, fourth daughter of Dr. Cameron, aged 2 years.

At Passy, near Paris, aged 84, very recently, M. Brefonneau, of Tours, well known for his Treatise on Diphtheria, &c.

At Brussels, recently, of heart disease, Baron Seatin, Prof. at the Faculty of Medicine. He was one of the most eminent of the Belgian surgeons.

Recently, Baron Thevenot, formerly Physician to Louis XVIII.

On the 8th February, Dr. Rainy, late Lecturer on Midwifery, King's College, Aberdeen.

Recently, aged 80, M. Nugier, Honorary Director of the Medical school at Angers, and author of various interesting Memoirs.

At the age of 89, M. Biot, the father of French Savans.







**ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT MONTREAL IN MARCH, 1862.**

*By Archibald Hall, M. D.*

Day.	DAILY MEANS OF THE						THERMOMETER.		WIND.				RAIN AND SNOW.		GENERAL OBSERVATIONS.	
	Barometer corrected and reduced to 32° F. at 32°	Temperature of the Air.	Dew Point.	Relative Humidity.	CLOUDS.		Maximum read at 9 P.M.	Minimum read at 7 A.M.	Its general Direction and Force from 0 to 10 Clocks	to 10 Vacuum	Hurricane.	Rain in 24 hrs read at 10 A.M.		Snow in 24 hrs read at 10 A.M.		Total rain and melted snow.
					Amount.	General description						Inch.	Inch.			
1	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
2	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
3	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
4	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
5	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
6	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
7	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
8	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
9	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
10	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
11	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
12	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
13	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
14	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
15	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
16	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
17	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
18	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
19	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
20	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
21	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
22	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
23	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
24	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
25	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
26	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
27	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
28	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
29	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
30	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
31	29.728	20.2	16.5	.75	8.5	7.6	21.4	15.8	W			0.10		0.12		
S's	29.810	30.62	24.34	.704			38.75	22.23				2.18	23.15	4.27		
M's																

**ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT TORONTO IN MARCH, 1862.**

*Compiled from the Records of the Magnetic Observatory.*

Day.	DAILY MEANS OF THE						THERMOMETER.		WIND.		RAIN AND SNOW.			GENERAL REMARKS.	
	Barometer reduced to 32° F.	Temperature of the Air.	Relative Humidity.	Amount of Cloudiness.	Max'm read at 4 A.M. of next day.	Min'm read at 2 P.M. of same day.	Dew Point at 3 P.M.	General Direction.	Mean Velocity in Miles per hour.	in 24 hours, ending at 6 A.M. next day.		Ozone in 24 hours ending at 6 A.M. of next day.			
										Rain.	Snow.		Total rain and melted Snow.		
1	29.6382	17.75	.76	0-10	29.0	11.6	17.5	W	11.17		Inap.	Inap.			Heavy storm of wind & rain.
2	.6588	34.70	84	10	34.6	8.0	30.0	N.E.	10.55						
3	.1372	23.78	84	10	24.2	19.0	30.0	E.	16.73		7.00	3.0	1.000		
4	.2012	23.78	83	10	29.5	21.3	30.0	W.	10.93						
5	.3475	24.68	83	5	29.5	15.5	29.5	W.	8.10						
6	.4667	32.83	78	5	30.5	23.8	25.0	W.	8.40						
7	.6062	34.52	77	5	37.2	32.0	26.0	W.	5.61						
8					39.0	32.0	25.0	W.	4.19						
9					39.0	32.0	25.0	W.	7.91		370		.970		Solar Halo.
10	.3532	35.95	89	7	39.0	33.0	37.0	W.	11.50		160		.160		Foggy.
11	.6275	30.38	81	2	37.8	24.8	24.5	W.	7.55						Imperfect Solar Halo.
12	.7018	27.02	74	3	35.0	22.8	18.0	W.	12.43			0.1	.010		Lunar Halo.
13	.7612	25.25	81	10	28.0	20.3	23.5	E.	12.35			0.1	.010		
14	.6255	29.25	86	10	32.0	25.0	26.0	E.	8.59		525		.525		Rain, freezing as it falls.
15	.2537	31.63	96	10	33.2	29.8	32.6	E.	10.44		745	3.0	1.045		
16					32.0	27.0	28.0	E.	4.60			1.0	.100		Trees and fence covered with an incrustation of ice.
17	.4747	29.58	87	7	35.0	20.7	30.0	W.	5.23						
18	.7640	28.75	78	0	37.0	23.0	22.0	W.	3.47						
19	.7433	28.22	78	4	37.6	14.8	22.0	E.	4.51						
20	.5422	30.97	75	7	34.5	25.8	26.0	W.	5.06						
21	.1743	31.57	96	16	33.1	29.2	31.5	E.	63 E.			9.0	.900		Heavy snow and drift from 10 p.m. of 20th to 3 p.m. 21st
22	.0810	31.90	91	7	37.8	29.0	33.5	W.	4.59		.020	0.2	.040		
23					40.5	26.6	34.0	W.	12.50						
24	.3913	26.00	82	0	31.5	25.6	22.0	W.	13.80		0.1	.010			Zodiacal light bright.
25	.5568	23.80	78	0	34.0	15.4	26.0	W.	7.25						faint aurora.
26	.6545	26.30	77	0	35.6	12.0	24.0	W.	4.01						
27	.6710	32.32	67	5	43.2	20.7	24.0	W.	8.87						
28	.7310	27.27	72	2	35.2	23.8	12.0	E.	8.94						
29	.7303	27.98	77	4	32.4	20.3	23.0	E.	11.00						
30					37.5	29.8	35.0	E.	72 E.						Very fine halo & parhelia.
31	.5865	36.43	85	8	40.0	33.5	31.0	W.	15.12		.040	.040			Sheet lightning at 10 p.m. in S. W., first of season.
S's	29.810	30.62	24.34	.704			38.75	22.23			2.500	18.0	4.360		
M's	29.5036	28.70	82	6	31.64	23.12	24.85	N. 12 W.	9.36						