

## Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /  
Couverture de couleur
- Covers damaged /  
Couverture endommagée
- Covers restored and/or laminated /  
Couverture restaurée et/ou pelliculée
- Cover title missing /  
Le titre de couverture manque
- Coloured maps /  
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /  
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /  
Planches et/ou illustrations en couleur
- Bound with other material /  
Relié avec d'autres documents
- Only edition available /  
Seule édition disponible
- Tight binding may cause shadows or distortion  
along interior margin / La reliure serrée peut  
causer de l'ombre ou de la distorsion le long de la  
marge intérieure.
- Additional comments /  
Commentaires supplémentaires:

Texte en français et en anglais.

Text in French and English.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /  
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed /  
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /  
Qualité inégale de l'impression
- Includes supplementary materials /  
Comprend du matériel supplémentaire
- Blank leaves added during restorations may  
appear within the text. Whenever possible, these  
have been omitted from scanning / Il se peut que  
certaines pages blanches ajoutées lors d'une  
restauration apparaissent dans le texte, mais,  
lorsque cela était possible, ces pages n'ont pas  
été numérisées.

THE  
**Quebec**  
MEDICAL JOURNAL.

CONTAINING

A CRITICAL ANALYSIS OF RECENT PUBLICATIONS,

WITH

A DETAILED AND COMPLETE HISTORY OF THE NEW DISCOVERIES AND IMPROVEMENTS OF THE MOST EMINENT PRACTITIONERS ON THE VARIOUS BRANCHES OF MEDICAL SCIENCE, VIZ: ANATOMY, PHYSIOLOGY, MEDICINE, SURGERY, CHEMISTRY, PHARMACY, BOTANY, NATURAL HISTORY, MEDICAL JURISPRUDENCE AND MEDICAL POLICE, AND THE BRANCHES OF HYGIENE, AND ALL THE OBSTETRIC ARTS.

AND ORIGINAL ESSAYS, CASES, &c. &c.

EDITED BY

XAVIER TESSIER,

VOLUME II.

**Quebec:**

PRINTED FOR THE PROPRIETOR, BY FRANÇOIS LEMAITRE,  
NUMBER 4, NOTRE-DAME STREET, MARKET-SQUARE,  
LOWER-TOWN, QUEBEC.

1827.



THE  
Quebec Medical Journal.

---

JANUARY, 1827.

---

CRITICAL ANALYSIS.

---

*Elements of Medical Jurisprudence.*—By THEODORIC ROMBEYN BECK, M. D. Professor of the Institutes of Medicine, and Lecturer on Medical Jurisprudence in the College of the Western District of the State of New-York, &c. &c. Second Edition, with Notes, and an Appendix of original cases and the latest discoveries.—By WILLIAM DUNLOP, M. R. C. S. L. Member of the Medico-Chirurgical, and of the Wernerian Society of Natural History, Edinburgh; Lecturer on Medical Jurisprudence, &c. &c. pp. 640 London, 1825.

FROM the immense number of works, which have, of late years, swelled the medical library of the public, with all the information which men could ever be expected to obtain, it had almost become a question, whether any thing more remained to be added to the vast stock of knowledge it already possessed. Hence that overflow of writings and books which would make reading a mere amusement, instead of proving a plentiful source of useful instruction. But the work now before us, the contents of which we shall attempt to present to our readers, is one of the few which have powerfully contributed to place this question beyond doubt; nay, its author

has carried the science of Medical Jurisprudence to a degree which leaves hardly any thing to desire, in the various departments which it embraces. The Editor himself does not fear to challenge a comparison with any of the English works, in scientific accuracy, philosophical plainness and precision of style, extent of research, genuine scholarship and erudition, pointedness of illustration, and copiousness of detail and reference to original documents. Dr. Andrew Duncan Junr. also asserts that, under the unassuming title of Medical Jurisprudence, Dr. Beck has presented us with a comprehensive system, the diversified departments of which have been so minutely investigated, that few cases can ever occur in practice on which it will be found necessary to seek elsewhere for farther information. Indeed we may say that it contains within its comparatively small bulk, the choicest Medico-legal library for the practitioner. Dr. Male also, the father of English Medical Jurisprudence, expresses his opinion in the following words: "Dr. Beck has recently published one of the best works on Juridical Medicine which has been compiled either in this or any other country."

In our last number, we took occasion to dwell on the importance of this science, and on its necessity in the cause of justice and humanity, when speaking of M. Bertrand's Manuel, but more particularly in the notice we gave of a trial for rape which lately took place in this city; and although the convict was then under sentence of death, we did not hesitate to express our conviction of his innocence, and we feel no little gratification, from hearing that some circumstances have since appeared which corroborate our assertion, and in consequence of which our equitable Governor has set the captive at liberty.

Such are the happy results which would invariably follow a careful enquiry of all the circumstances necessary to the beneficial administration of justice. But, however satisfied we

may be of having discharged our duty in the protection of innocence, we cannot but regret that these investigations should not be made during the trial, which would in many cases, save to an honest and useful citizen, the disgrace of an unmerited sentence which stamps his character with an ignominious and lasting reprobation; whilst they would, on the contrary, tend to the detection of crimes, which can only be truly delineated by the means which Medical Science affords of giving to attested facts, a just appreciation of the confidence to be placed in the assertion of ignorant or corrupt witnesses. We are however bound to acknowledge, that in the particular instance to which we just alluded, the life of the accused could not be entrusted into abler hands than those of the eminent Counsel who stood in his defence, but who, unfortunately, placed too much confidence in the judgment of an unenlightened jury. This reflexion we are led to introduce on the present occasion, as it proceeds from a thorough conviction that the practice hitherto observed in this country, of selecting Jurors among the lower class of citizens, who are generally without any education, does not contribute so ably to the ends of justice, particularly when the life of a man is at stake, as if that important body were taken from the more enlightened classes, such as the Grand Jurors are: the latter being, in our opinion, a more competent tribunal than the former, for the discharge of this very serious and sometimes difficult function; still we are happy to observe this precaution taken in matters of a civil jurisdiction, when the honor or property of the citizen is in jeopardy, and we sincerely hope it may be extended to the protection of life, the dearest of all properties.

We beg pardon for this suggestion; and we feel confident it would not be doing justice to the good sense of our countrymen, if we were to expatiate longer on a subject which it is our intention, in the following pages, to place in its true

light. Our readers will shortly be convinced, that we could not have a better opportunity of laying before them a complete and faithful view of the present improved state of Juridical Medicine, in all its departments, than by unfolding the pages of Dr. BECK'S volume, which he has offered to the public with that diffidence and modesty, the true criterion of superior merit. In the Preface, instead of meeting with the usual apology of author's pretensions to priority of opinion or improvement, or the display of vain humility, we find an acknowledgment of the various sources from which he has collected his principal materials, leaving the reader to appreciate his own personal merit. In the Introduction, which is a comprehensive retrospect of the progress of medical jurisprudence in Germany, France, England, and the United-States, we also observe with much pleasure, a spirit of liberality which is above those national prejudices, not unfrequently to be met with in the more ordinary class of authors. Thus after acknowledging that American literature has been in a great degree derived from Great-Britain, Dr. Beck attributes the little interest which this science has excited on this Continent, to the want of its deserved attention in that country.

We are also indebted to Dr. Beck for the revival of the memory of the late Dr. Stringham of New-York, who was the first that ever delivered a course of lectures on this science, before an American audience, at nearly the same period that they were commenced in England; and since that time, Medical Jurisprudence has been cultivated with such ardour and success in both countries, as to make it impossible to determine which of the two has more ably contributed to its present improved state.

The first chapter is on *Feigned Diseases*. The Author very judiciously observes that, the police of every well-regulated country should direct its energies against such impositions; for a very severe injury may not only be inflicted on in-

dividuals through them, but the public morals may be deteriorated. The following diseases have at various times been feigned.

“Alteration of the pulse; altered state of the urine; hæmaturia; incontinence of urine; suppression of urine; maiming and deformity; dropsy and tumours of various kinds; excretion of calculi and various foreign matters; ulcers; hæmoptysis; hæmatemesis; jaundice and cachexia; fever; pain in various parts; Syncope and hysteria; diseases of the heart; apoplexy; paralysis; epilepsy; convulsions; catalepsy; nostalgia; near sightedness; ophthalmia; blindness and deafness, with or without dumbness.”

The state of the pulse may be weakened or even rendered imperceptible by a pressure along the course of the artery, but this will be easily detected. In the case of incontinence of urine, Fodéré recommends applying a ligature round the penis, which will thereby become so enlarged as to render its removal necessary in a short time, if it be real, and not when it is feigned. The urine is also altered in its colour by various means. The Indian fig (cactus opuntia) and cantharides taken internally, will make it as red as blood. Maiming or deformity can be also ascertained by a careful examination. Artificial dropsy and other tumours, have been produced by inflating the cellular texture under the skin in various parts of the body, thereby giving the appearance of disease; but as the mere existence of a tumour is not a sufficiently conclusive symptom, it will be the duty of the Physician to attend to the other concomittant circumstances. A feigned excretion of calculi will be ascertained by chemical processes. Calculi pretended to have come from the bladder were found in the vagina, and in the pockets of the impostor.

Artificial ulcers may be distinguished by their border being less callous, their surface more superficial, and less painful than real ones; and by their promptly yeilding to the use of lukewarm water, and being covered with lint. Cancers have been feigned by the application of a part of spleen, glued on



its smooth side to the skin. A false eruption of petechiæ or pustules may be detected by examining the person perfectly naked. All the species of hemorrhage are marked with symptoms which need not be enumerated. Jaundice may also be feigned by a daily use of muriatic acid in small doses, and other means; but it must be recollected that real jaundice is frequently accompanied with vomiting, pain, and sleeplessness, and always with a yellow colour of the adnata. Real cachexia or great weakness, is marked by a loss of appetite, or of strength, or swelling of the legs.

Pain is difficult of detection, to a degree that Fodéré himself relates instances in which he has mistaken feigned pain for real and real for feigned. But pain in any one part is generally accompanied with an alteration of some of the natural functions of the part affected. Real pain is also frequently accompanied with want of sleep, of appetite and with some fever. Feigned syncope or hysteria cannot resist the application of sternutatories to the nostrils. In the former it is difficult to dissemble a small, feeble, and languishing pulse, an almost suppressed respiration, cold sweats, coldness of the extremities, and great paleness of the countenance. Persons have succeeded in moderating, others in increasing, the action of the heart. Apoplexy cannot be long dissembled, and according to Zacchias, will not resist sternutatories, and in paralysis a powerful shock from an electric jar may develope the deceit.

Feigned epilepsy is however of common occurrence. In the real disease, the person falls suddenly to the ground, the face is livid, the pupil fixed and does not contract nor relax in the light or in the dark, lips pale, mouth distorted and frothy, and the pulse altered; there is a total loss of feeling, and insensibility even to actual cautery, the eyes open with a wink and not in the natural manner. A true epileptic is generally ashamed of his situation. Convulsions and catalepsy,

if suspected to be assumed, may be recognized by the actual cautery. A soldier, named Drake, had resisted all applications, but on hearing of the hot iron, rose up and acknowledged the fraud. Another, Phineas Adams, remained from the 26th. April to the 8th. July 1811, in a state of feigned insensibility, resisting all violent and powerful means, and even the operation of scalping ; and having in consequence obtained his discharge, he was seen, two days after, carrying a heavy load on his back to his father's house. Extacies and possessions are now considered impossible.

Nostalgia, or *Maladie du pays*, frequently occurs in the military, from an ardent desire of returning home. Though an imaginary disease, it may occasion by its long duration a real disease ; and should therefore be attended to. But false myopia, or near-sightedness, which is sometimes induced by wearing convex glasses, may according to Fodéré, be ascertained by presenting an open book, close to the nose, even with the aid of glasses used by near-sighted persons, and the impostor will not be able to read. Artificial ophthalmia arrives at its acmè within a few hours after the application of an acrid substance. Feigned blindness is difficult of detection. In amaurosis, a dilated and fixed state of the pupil, does not always attend. Deafness may also be ascertained by a careful examination. The celebrated Sicard discovered the fraud of a pretended deaf and dumb, who said he had been instructed at his school, and who had always escaped the minutest research, on reading a letter written with his own hand. The following is a specimen : “*Je jur de vandieux ma mer et né en Nau-triche, quhonduit (pour conduit) essepoïse (pour espoir) torre (pour tort) ; ru S. Honoret, jui tas present (pour j'étais présent) ; jean porte en core les marque (pour j'en porte encore les marques)*. This man wrote from sound, while the deaf and dumb write only as they see, and he knew that the sound of the gutturals *q* and *c* was similar.”

*Abstinence* has also been used to excite commiseration and charity. A most remarkable instance is that of the well known Ann Moore. In the 31st year of Edward III, a woman, Cicely De Rydgeway, from a record in the tower of London, indicted and condemned for the murder of her husband, fasted in prison forty days. The record adds : "Nos eâ de causâ, pietate moti ad laudem Dei, et gloriosæ Virginis Mariæ, matris suæ, undè dictum miraculum processit, ut creditur." She was of course pardoned.

The second Chapter treats of *disqualifying diseases*. In all cases where a Physician is consulted as to the fitness of persons serving as jury, witness, or in any other office required by law, or as to the condition of a criminal for hard labour or other severe punishment, he must study the peculiar symptoms and indications with great attention, and, while he leans on the side of mercy, avoid being deceived by feigned representations of imaginary diseases ; for, it is impossible to suggest specific rules, applicable to every instance that may occur. The rest of this chapter chiefly relates to military laws and duties, we therefore refer those of our readers who might wish to devote their attention to that particular object, to the work itself, to the *Code de la conscription*, of Napoléon, or to a report of Dr. S. L. Mitchill, to the Legislature of New-York, in 1819.

From the fourth Chapter we select the following paragraph in the author's own words, which appears to place the long disputed question of *doubtful sex* in its true light.

"It will readily be observed, from the above illustrations, that all the cases of supposed hermaphrodites are referable to the classes now described. They are either males, with some unusual organisation or position of the urinary or digestive organs ; or females with an enlarged clitoris, or prolapsed uterus ; or individuals in whom the generative organs have not produced their usual effect in influencing the developement of the body. Thus it is evident,

that, instead of combining the powers of both sexes, they are for the most part incapable of exerting any sexual function.

“ Dr. Andrew Duncan Junr. says: ‘ In the two sexes, there are organs which correspond to each other, and which may be called analogous organs, the penis to the clitoris, the scrotum to the labia, the testes to the ovaria, and the prostate to the uterus; and it further appears, that of these analogous organs, no two were ever found on the same individual. No monster has been described, having both a penis and a clitoris, nor with a testis and ovarium of the same side, we may venture to say, with testes and ovaria, nor one having a prostate and uterus.’ ”

We now come to the fifth Chapter, concerning *rape*, and cannot better introduce this subject than by giving the judicious opinion of Sir Mathew Hale, quoted by the author.—“ It is an accusation,” said he, “ easy to be made and harder to be proved, but harder to be defended by the party accused, though innocent.” The hymen has been wanting in chaste females, and existing in other cases in the opposite circumstance, practitioners having even been called to perforate it in cases of actual labour.

Hence a great variety of opinion has been entertained by the most distinguished Physicians, but Dr. Beck retains its existence among the signs of virginity, provided it be connected with other physical proofs. The *carunculæ myrtiformes* have sometimes been found in the place of the hymen. Zachias says that they are indicative of chastity when red, tumid, and connected together by *cordæ carneæ*; whilst it is the contrary, when they are found pale, flaccid, and their connexion destroyed. They are, however, generally considered as the remains of the hymen, “ et corruptæ adeo pudicitiaë indicia,” but disappear after some time.

When a rape has been committed, there will be, besides an absence of the signs of virginity, others indicative of the employment of force, such as contusions on various parts of the extremities and body. Dr. Beck is so far from considering

these as unnecessary, that he believes them compatible with a final consent on the part of the female. One case among many of the same nature, is related, where, in consequence of an inflamed state of the genitals in a young girl, which terminated in death, and who complained of having been much hurt by a young man with whom she had slept, Mr. Ward, Surgeon, then attending the Manchester Infirmary, gave a verdict of murder against the young man. From the subsequent admission into the Infirmary of several youths similarly affected, and in which it was absolutely certain that no injury or violence whatever had been inflicted, M. Ward hastened to rescue from an impending fate, the victim of a scientific error. Capuron has observed similar cases which he ascribed to an epidemic catarrhal affection then prevalent in Paris.

But, as Dr. Duncan says, we must take care not to run into the opposite error, "*for it is extremely improbable that diseases which occur so rarely, should happen to appear in a child to whom violence was offered, unless that violence had some effect in producing it.*" Marks of external injury, however, continues Dr. Beck, are only *corroborating*, and cannot operate as *certain* proofs, except when the age, strength, and state of mind of the respective parties are properly considered. On the question of the possibility of a woman being involuntarily deprived of her chastity, Mahon says: "*D'après l'impossibilité presque entière où est un homme seul de forcer une femme,—on doit rarement ajouter foi à l'existence du viol ; je crois même qu'il serait prudent de ne l'admettre que lorsque plusieurs hommes armés se sont réunis pour commettre ce crime.*" Farr is also of opinion that it is impossible, for a woman always possesses sufficient power to resist the attempt. Fodéré, Capuron and Brandelius assert the same. Metzger only allows of three cases in which the crime can be consummated: where narcotics have been administered, where many are engaged against the female—and where a strong

man attacks one who is not arrived at the age of puberty. The following answer of the Medical Faculty of Leipsic is here given, which we believe worthy of being copied:—

“ Si circumstantias quæ in actu coeundi concurrunt, consideramus, non credibile, nec possibile videtur, quod unus masculus nubilem virginem, (excipe impubem, teneram, delicatam, aut simul ebriam puellam) absque ipsius consensu, permissione, atque voluntate vitare, aut violento modo stuprare possit; dùm sœmblæ cui-libet facilius est, si velit, penis immissionem recusare, vel multis aliis modis impedire, quam viro eidem invitæ planè intrudent.”

Menstruation has been mistaken for defloration, as well as other appearances of momentary inflammations produced by the introduction of irritating substances or bodies. From this remark of our author, we are led to ask this question with regard to the case to which we alluded at the commencement of this article; was not the state of the parts as reported by the women, the consequence of the first menstruation? This would seem not to be altogether impossible from the fact of her not having menstruated before the period complained of, and from the assertion on the part of the accuser of the hemorrhage having continued during the three subsequent days.

Here the author gives a sketch of the laws of different nations against rape; those of England and Scotland make it a felony without benefit of clergy, as well as some of the Provinces of the United States, but in the generality of these and in France, from the Napoléon code, it is punished by imprisonment or fine, or by both. The remainder of this chapter is devoted to some medico-legal questions, connected with this subject. To the question whether the presence of syphilis in the female is a proof in favour or against her accusation, the author remarks that the infection generally taking place not before three days, the examination should be made within that time. We must observe that this is not frequently the case in our climate, as it mostly occurs after 48 and sometimes

36 or even 24 hours, and this might operate as a reason for us to require an examination somewhat sooner. The author denies the possibility of a woman being violated during sleep, without her knowledge, except when she is under the influence of powerful narcotics. He also opposes the opinion of Dr Bartley and Farr who maintain that pregnancy following rape is to be considered as a proof of acquiescence, and that in order to ascertain this, the punishment of the criminal should be delayed till the requisite time. In concluding, we give the following opinion of Dr. Beck as one which should always be kept in mind, that, "No man ought to be condemned on medical proof solely. The Physician should only deliver his opinion, for or against an accusation already preferred." We will for the moment pass over the Chapters which treat of Impotence and Sterility, Pregnancy and Delivery, and various others equally interesting, in order to arrive to that concerning *persons found dead*, which, as it includes a variety of useful instructions to the Coroner and the Physician, will therefore occupy our attention in preference; and in our selections, we shall give, as we have hitherto done, the ideas of the author in other words, in order to be more concise; as we shall have little occasion for our own remarks, on any of the subjects the work embraces, and which, as we have already said, are so completely investigated by Dr. Beck, that it would be almost impossible for us to enlarge on any of them. Our regret, on the contrary, is that our limits do not permit us to give them in his own words.

We pass over some minute directions for the dissection of persons found lifeless, and proceed to extract what it most necessary to be attended to, in the examinations of the several accidents and appearances which may tend to the discovery of the circumstances attending a sudden death. The following distinction between *sugillation*, which is a spontaneous effusion of blood, originating from malignant fevers, scurvy, or a

commencement of putrefaction, and *ecchymosis* the result of violence, deserves notice.

“*Sugillation* is marked by livid, dark-coloured spots.—Thus, on a person hung, an *ecchymosis* marking the course of a rope, at the neck or on the extremities, is a certain proof that the injury has not been inflicted on a dead body.”

“It should also be remembered that blood is sometimes found extravasated in one or more of the large cavities, and is to be considered as a natural appearance, unless we find some of the blood vessels injured.”

“*Wounds* received before death are marked by red, bloody, and separated edges. Those inflicted afterwards are livid, and their edges close to each other. Similar appearances characterise contusions or blows, in which there has been no solution of continuity; and, on dissection, they are, if inflicted on the living, found to be sub-cutaneous wounds: vessels are seen torn and fluids extravasated, and the whole exhibits the marks of tumour, in its elastic and circumscribed shape. Violence to the dead body can only produce livid flaccid spots, unattended with engorgement or tumour. Gangrene also is marked by its being surrounded with a red edge: putrefaction is not, and the spots caused by the latter are of various colours. Dry gangrene cannot take place on the dead body, since there is no heat, or action of vessels to produce it, but the disorganization observed is of a humid nature.”

It is here remarked that extravasated blood is sometimes found on the body of persons dying in a state of intoxication, and which may not be the result of violence or blows.

Carbonic acid gaz, which is so pernicious to life, may be generated in narrow and unventilated places crowded with people. It arises from burning charcoal, lime-kilns, and cellars, where beer, wine, or other liquors are in a state of fermentation. It is also frequently produced in wells, marshes, and mines. The fumes of a candle, according to the



Faculty of Leipsic, are identical with the vapours from charcoal and lime, and will produce the same deleterious effects.

“If they are discovered,” say Struve and Belloc, “after the gaz has had its full operation, their bodies present the following appearances: the head, face and neck are swollen; the eyes are propelled from their sockets, but preserve their brilliancy often for two or three hours after death; the tongue is protruded, swollen, and inclined to one side of the mouth, the jaws are firmly closed; the face is livid; the lips are of a dark blue colour; the abdomen is inflated; the body preserves its warmth for a length of time, and sometimes indeed is warmer than natural, while the limbs remain flexible for some hours.”

To these marks, Dr. Beck adds that, effusion of serum, tinged with blood, are found, particularly in the ventricles of the brain, and in the bronchiæ, while the muscles are so soft as to be torn by the slightest exertion, and that the epiglottis is always elevated.

*Of Persons found hung.* Dr. Beck continues, the circumstance that actually takes place, in consequence of hanging, is a deep sleep, arising from the cerebral compression, unaccompanied with the symptoms that attend apoplexy, and in no case of recovery, followed by the ordinary termination of that disease, viz: paralysis. On enquiring of the persons who have survived hanging, they all agree in stating that they feel no pain, but immediately fall into a profound sleep. If the person has been suspended after death, the impression of the cord is of a livid colour, instead of being red and accompanied with a suffused countenance. An attentive dissection is, however, essentially necessary in these cases.

In cases of strangulations the external marks will be evident, and those of the cord bear some difference with regard to the absence of weight of the body as in hanging. It is extremely difficult for a person to strangle himself with his own hands, since they lose their strength the moment compression begins.

The numerous signs which are ascribed by authors, as indicating death from drowning, are all equivocal, and according to Dr. Beck, the presence of frothy mucus, is undoubtedly the most important one. No water will be found in the stomach of persons dead before drowning. In the first case, the blood is generally fluid, and particular attention is to be paid to external injuries, and the circumstances attending submersion; and it is to be remembered that every instance is marked with peculiarities which render it impossible to lay down general rules applicable to all cases. The Physician, therefore, must be possessed of an accurate knowledge of physiology and pathology, to enable him to give a correct opinion.

“In death by smothering, circumstantial evidence must be the principal, if not the only means of ascertaining whether the event has been produced by crime or accident. Tumours pressing on the organs of respiration, or foreign bodies found in the trachea or œsophagus, are of course indications of accidental death.”

In the cases of death from wounds, we find a great number of interesting narrations and trials, as well as valuable instructions to the Surgeon, which are long and do not admit of being given in a smaller compass, than in the author's own words, without proving in a great degree useless. The article on *spontaneous combustions* is also very important, and the number of cases which are related of this extraordinary accident, amounting to eighteen, seem sufficiently authenticated as to leave no very reasonable doubt of the possibility of its taking place, at least in individuals who indulge in hard drinking.

The concluding paragraph in this chapter is on persons dead from hunger, and we copy the following indications of this accident:—

“The body is much emaciated, and a fœtid, acrid odour exhales from it, although death may have been recent. The eyes are red

and open. This appearance is uncommon from other causes of death. The tongue and throat are dry, even to aridity, and the stomach and intestines are contracted and empty. This last mark has been repeatedly noticed. Haller dissected the body of a person who destroyed himself by hunger, and found the organs in question entirely empty. Not the least vestige of feces was to be seen in the intestines. The gall-bladder is puffed with bile, and this fluid is found scattered over the stomach and intestines, so as to tinge them extensively. The lungs are withered, but all the other organs are generally in a healthy state. The blood-vessels are usually empty."

Our limits compel us, though reluctantly, to conclude for the moment, the analysis of this highly useful and justly celebrated work, and it is our flattering expectation that what we extract from it, may prove sufficient to convey to our countrymen an idea of its excellence. Let us, therefore, be permitted to indulge the hope, that such a scientific auxiliary and useful companion, may become the constant adviser of the Jurist, as it will prove a safe guide to the Physician who may be called upon to deliver an opinion, on which may depend the honor or even the life of a fellow creature. Dr. Beck's work also possesses another advantage over a number of others of the same nature, as its subjects are particularly applied to the constitutional laws, which, in the criminal department, are generally those of Great-Britain, prevailing in this country.

The former Editions are now entirely consumed, and we understand the author is superintending another, which he will enlarge and illustrate with new and interesting documents. As soon as it is issued from the press, we will make it a duty to give timely notice, that all may have an opportunity of being provided with such a valuable acquisition; and as our present analysis has been limited to a few chapters, we will only resume our labour, when this new Edition is completed.

*A practical treatise on various diseases of the Abdominal Viscera*, by CHRISTOPHER ROBERT PEMBERTON, M.D., F.R.S. Fellow of the College of Physicians, Physician extraordinary to His Royal Highness the Prince Regent, Physician to His Royal Highness the Duke of Cumberland, and late one of the Physicians to St. George's Hospital.—Fourth Edition, revised and corrected. London. G. & W. Nicol, pp. 201, 1820.

The title of this handsome little volume would alone deserve our attention, if the high credit of its author, as a Professional man, did not sufficiently warrant our notice; but when we come to examine its contents, the comparative exiguity of the book vanishes under the conviction of its extensive usefulness. In delivering our general opinion of this work, we cannot but recall to mind a reflexion which we took occasion to make sometime ago, when speaking of M. Brodie's treatise, originating in the conviction that the healing art is in a great degree indebted of its present flourishing state, to the taste which our contemporaries have shown for researches on particular and separate subjects. The difficulty of including most of the diseases under the same physiological and theoretical themes, had compelled the ancients to have recourse to principles derived from the philosophical opinions of the day, and in this manner, the science of medicine has inevitably experienced the vicissitudes of ages and the variety of the opinions prevailing in different nations. But in the present century, a new direction has been imparted to genius, which by obeying its natural propensities, has been directed to investigations which had previously been mere objects of amusement or speculation. Thus the study of Pathology has opened the path to subsequent and repeated discoveries, in the knowledge of diseased organization, and hence again the attention has become directed to their numberless varieties,

thereby giving rise to a classification founded on the nature of these alterations themselves.

The spirit of inquiry resulting from this unrestricted liberty of reasoning, has been directed to the study of particular organs ; but it must be acknowledged that the study of the viscera is yet the least cultivated, if we compare their importance in the organization, the obscurity which envelops a number of the affections to which they are liable, and the consequent difficulties attending their treatment. It is to be hoped, however, that this subject will meet with that consideration to which it is so justly entitled, and in the mean time, we must feel satisfied that the work before us, is one which from its minute researches and the illustrative documents which it contains, is a valuable acquisition to the practitioner.

In the preface, the Author announces that his book will be found to contain his own observations and reflexions, and “the reader must not expect to find in this work a regular history of the abdominal diseases as they are recorded by the authors, who have collected the opinions of others, on this ample and important theme.” This mode of instruction is not altogether so undeserving as might at first appear, when we consider how advantageous it is for the interest of science, that the opinions and experience of observers should stand the test of others engaged in the same pursuits ; but we fear that this exclusion of other writer’s opinion may become, in less honorable hands, the cause of idle attempts to draw false conclusions from isolated facts and *ex parte* experiments, besides the necessity which it imposes on the practitioner, residing at a distance from the Metropolis, of collecting a number of works on one subject which might sometimes be encompassed in less voluminous and expensive sizes.

The book which we have perused in the preceding article, is a very satisfactory evidence of this truth, as it contains all

the information which it would be possible to seek for in other more voluminous works; we sincerley hope, however, the reader may say, with Dr. Pemberton, "that this little volume will be found to contain some remarks, not altogether unworthy of attention, even to the experienced practitioner, upon almost every disorder of the abdominal viscera: and he will, I trust, not fail to discover a vein of enquir; into certain diseases, which others have but slightly recorded, or inadequately conceived."

It is divided into eleven chapters, which comprehend as many diseases of the chylopoëtic viscera. The description of their symptoms, the varieties of the complaints, and their course, are given in a minute but accurate manner which we have seldom met with, and which alone convey as complete an idea of the disease, as if the patient himself was under view. Did not the work possess other merits, these are more than sufficient to render its perusal indispensable to the practitioner, and we fear not to say that in this respect, it is inferior to none of those we have yet had occasion to read.

We now proceed to examine its contents, and on opening the first chapter, which speaks of Peritonitis, we find the author's opinion on the long disputed question, whether this is idiopathically the same as puerperal fever, which he delivers in the negative, considering peritonitis only as a symptom of the latter complaint. His observation, however, that is is much more frequent among women than men, deserves to be recorded, as it may tend to an enquiry on the causes of this preference, which might throw some light on its identity with puerperal fever. Again, Dr. Pemberton has remarked that in the acute form, alvine discharges whether spontaneous or induced by art, do not diminish the pain and tension; and if this be strictly true, it would seem to differ in a superior degree with puerperal fever; as it is now proved that extensive evacuations are so beneficial in this disea-

se, that turpentine itself is at this day freely administered in order to induce them. It need hardly be mentioned that he depends chiefly on bleeding, general and topical, immediately followed by blisters.

It is sufficient to mention the name of Broussais, in justification of our astonishment on beholding the following sentence, "The *Chronic Inflammation* of the Peritonæum, is a disease which, though cursorily introduced by writers, yet has not, as far I know, been hitherto considered in any separate discussion. I the more wonder at this circumstance, since I do not regard it as a complaint of very uncommon occurrence."

The general division of the work is as follows: 1st The Peritonæum, 2nd the liver, 3d the gall-bladder, 4th the pancreas, 5th the spleen, 6th the kidneys, 7th the stomach, 8th the intestines, 9th inflammation of the peritonæal coat of the intestines, 10th inflammation of the mucous membrane of the intestines, 11th disease of the mesenteric glands.

When speaking of the difficulty of discerning inflammation of the liver from that within the chest, the author gives the following direction, which appears extremely plausible:—"That in the former case, a gradual inspiration does not produce cough, although it increases the pain; that the pain is increased by pressure under the margin of the ribs, and that the cough (if it is present) is found to have *succeeded* the pain several days, and not to have *preceded* it, or to have been *coætal* with it, as in Pleurisy."

"Inflammation of the liver may be distinguished from spasm on the gall ducts, by there being no nausea—no profuse sweating—by the pain being permanent—by the pulse being upwards of one hundred in a minute, and by the patient always preferring to keep the body in a straight, quiescent posture; whereas the greatest ease is obtained by bending the body forward on the knees, when there is spasm on the gall ducts."

Dr. Pemberton also remarks that since this treatise was written, his observation leads him to believe that very little practical advantage is to be derived from the nature of the pulse, *taken by itself*, in acute inflammatory diseases; "for, says he, "I have known the pulse remain perfectly unaccelerated, and in every respect natural, in inflammatory disorders of the most alarming magnitude; where venæsection has proved the buffy condition of the blood, and unequivocal relief has justified the operation."

This proposition, in its general sense, is a great truth, and from the opportunities we have had of witnessing this circumstance, we are led to ascribe it rather to a peculiar condition of the system, than to a variety in the disease itself. But it does not appear to us altogether consistent to admit it in all its bearings, for it is also practically true, that an acceleration in the pulse is not a more essential condition of the inflammatory diathesis, than the existence of the buffy coat of the blood can alone justify depletion. On the other hand, we have the authority of Rush himself and the test of experience, for asserting that the state of the pulse which indicates venæsection is altogether independent of its frequency, viz: that peculiar feel of tension in the artery, without which it is doubtful whether bleeding will not prove prejudicial. Medical men are every day called to patients indulging in ardent spirits, who exhibit all the ordinary indications of inflammation, which would seem to urge the necessity of bleeding, and still that operation will prove injurious and sometimes fatal, although the pulse is accelerated, large and full, but not possessing that peculiar condition which we have just noticed; whilst it is needless to say that the buffy coat will frequently be seen in cases which do not call for the use of the lancet: for this evacuation may also afford temporary relief, even in cases where it would appear contra-indicated, or at least useless, more particularly if the strength and constitution of the



patient is such as not to be materially affected by what might prove injurious under more alarming circumstances.

We are unwilling to carry farther our observations on this isolated question, although we should feel inclined to draw the attention of the practitioner to the importance of consulting the state of the pulse, in all cases where an inflammation is suspected to be present; and it will be found that, while other symptoms may by their varieties and anomalies with respect to the nature or the seat of the complaint, create some difficulties in his mind, the pulse will faithfully indicate the condition of the circulating system, which can undergo no deviation from its natural functions that will not be communicated to the arteries.

It may not be unnecessary to add that in the cure of acute hepatitis, the author greatly relies on the use of purgatives, even with calomel, which he justly condemns in an alterative form before the symptoms have disappeared. In the chronic affection, and even in incipient schirrus of the Liver, Dr. Pemberton has derived much benefit from the use of a pint of the infusion of *Taraxacum* taken daily, in divided doses. He prepares it, by adding a quart of boiling water to ten fresh plants, root and leaf, straining off the liquor as soon as it is cold. Our author acknowledges that he is acquainted with no symptoms by which an abscess occasioned by hydatids, can be distinguished from one arising from common inflammation.

The *gall-bladder* may, by inflammation, be thickened in its coats, so as to lay the foundation for an incurable jaundice, which will then be known, "if the jaundice is intense and permanent, and when the patient suffers little or no pain in the region of the stomach; for the intensity of the jaundice will prove that the liver is itself not interrupted in its natural function; and the patient being free from pain, will prove that the duct is not stopped by a gall-stone. But the jaundice

from spasm, or from gall-stones, may be known by a sudden acute pain at the pit of the stomach, attended with nausea, and retchings—and diffusing over the whole of the epigastric region, the right side and the back—with irregular and spasmodic twitches, in various parts of the body.”

“Though the patient, during the passage of a gall stone, is never free from some pain, yet it increases, by paroxysms, to a degree of acute suffering, and subsides again into one of comparative ease; and these paroxysms occur several times in an hour. The greatest relief from pain is experienced by bending the body forward upon the knees. The urine is of a dark brown colour, from an admixture of bile; the stools are, from a deficiency of it, clay-coloured. The state of the bowels is very irregular: they are as often relaxed as constipated.”

In the cure of this disease, the author seems to place much confidence in opium, and says that, “the quantity of opium ought to have no limit but the absolute abatement of the pain, and till that object is obtained, the patient should take a grain of solid opium, or twenty-five drops of tinct: opii every hour.” He is not much inclined to recommend emetics, but, as soon as the pain is relieved, he prescribes “a pill of five grains of calomel, and about four hours afterwards a solution of neutral salts in peppermint water; and these should be repeated every third day till the disease disappears.”—When the colour of the stools indicates a removal of the obstruction, he directs two ounces of some slight bitter, such as the Infus: Gentian: comp: or the Infus: Cascarrillæ, three times a day. It is also mentioned that a variation in the yellowness of the eyes and skin may occur, while the obstruction remains the same.

What is said in the third chapter concerning the knowledge of the diseases to which the Pancreas is liable, amounts to a positive proof that we know nothing of their existence in the living subject, although the author would attempt to ascer-

tain them, by the absence of other diseases. This negative mode, however, may perhaps prove as ineffectual, as it is for the most part difficult, if not altogether impossible to arrive to that conclusion.

The same obscurity envelopes the affections of the spleen. We must, however, mention the symptoms given by Dr. Pemberton, indicating the indolent swelling, or *engorgement*, of this viscus. These are : difficulty of lying on the right side, complexion of a leaden colour, and very sallow, though without jaundice. It is a very singular circumstance, indeed, that a long continuation of intermittent fevers, especially of quartans, give a tendency in the spleen to swell. On the whole, we may acknowledge that the diseases of the spleen are not much better understood than its natural functions.

Among the symptoms enumerated in the sixth chapter, indicating a disease of the kidneys, we notice the following : "a torbid urine, with a settlement of purulent matter, extremely offensive to the smell and streaked with blood ; also a dull pain in the buttock of the side affected, extending down the thigh, and often (though not always) a retraction of the testicles, or a mere soreness," But when a stone is in the ureter, "the pain is more acute, the pulse less frequent, and a sympathetic pain on the skin of the abdomen, midway between the os ilium and navel whilst in inflammation of the cellular membrane under the psoæ muscles, the pain is increased by rotating the thigh, the flesh becomes wasted, and the nausea attending a disease of the kidneys is wanting.— Large stones have sometimes been found without having ever been suspected during life."

On noticing the striking occurrence that diseases of the kidneys produce no emaciation, Dr. Pemberton takes an opportunity of suggesting an ingenious distinction between the organs whose diseases occasion a wasting of the body, and

those in which it is not so ; and this is apparently so plausible that we cannot pass it unnoticed.

He proposes to divide the glands of the body, into those which secrete a fluid from the blood, for the use of the body, and those which secrete a fluid to be discharged from it. The former may be termed glands of supply, and the latter, glands of waste. The first are the Liver, the Pancreas, the Mesenteric glands, perhaps the stomach, and the small intestines ; the Spleen is also included in their number. The second, viz : the glands of waste, are the Kidneys, Breasts, exhalant Arteries, and the large Intestines. In the former class of organs, the diseases are invariably accompanied with a wasting of the body, whilst in the glands of waste, emaciation does not take place. There is both truth and ingenuity in this division, but whether it can be strictly applied to practice, and in that case, how far it might not be extended to a greater number of diseases and of organs, are queries which, in our opinion, deserve investigation. We therefore leave them to more experienced and competent judges.

In the next chapter, the diseases of the stomach are enumerated. "A pain in the stomach," says the author, "not arising from an organic disease of that viscus, does not affect the pulse, for although it may be frequent from irritability of habit, yet it is not more so when the patient is suffering from pain, than when he is without it, and in this case the tongue is moist and without fur." Pyrosis or Water Brash he has also frequently observed in Scotland and Ireland, more commonly among women than men, and, attributes it to the use of potatoes, "because," says he, "their living chiefly upon potatoes, seems to be the only peculiarity in their mode of life." But he does not believe it arises from the use of ardent spirits ; he is, on the contrary, led to consider that drunkards are less liable to it than others. Dr. Pemberton adopts the opinion of Dr. Hollo, respecting the affinity and resemblance

of pyrosis with diabetes. In the treatment, he places great reliance on Opium combined with Kino in pills. Alum, and Rhubarb are also prescribed, but emetics are reprobated.

The other species of pain in the stomach, which the author attributes to the muscular fibres of the stomach partaking of the general irritability of all other muscular parts in an irritable habit, also deserves great attention. "In this complaint, the pain is most felt when the stomach is full—the tongue, towards the root, is covered with white mucus, the food will remain down perhaps half an hour (or more) before any uneasy sensations are produced. The pain continually increases till the food is returned again, very little changed by the operation of digestion. The disease is also attended with sympathetic headache, and seems more particularly to attack chlorotic women, and hypochondriacal men.—It may be distinguished from that pain which is produced in a stricture of the Cardia, by the pain not being perceived *the instant* the food is swallowed—by the seat of the pain not being confined to one spot, (both of which circumstances attend a stricture of the Cardia)—and by there having existed constitutional derangement *precious* to the stomach affection; whereas in stricture of the cardia the constitution is *subsequently* affected." The medicine which is here prescribed, is an ounce and a half three times a day of the *Mistura feri composita*. The author adds that he has known the recurrence of the pain prevented, by the taking of a tea spoonful of brandy before each meal, although fermented liquors should in general be avoided.

There is also another state of disease of the stomach which as it has never been properly described, we cannot pass unnoticed. It is represented by Dr. Pemberton to be a vomiting, in consequence of nausea unattended by pain. "It attacks the patient in paroxysms, after considerable intervals of perfect health, and what is thrown up is usually small in

quantity, and often sour : there is also frequently a sensation at the root of the tongue, and sometimes through the whole length of the œsophagus, which constitutes what is called Heart-burn. There are eructations, and usually great headache, and the pain is often confined to the ball of one eye.—The tongue is moist and white ; the pulse natural, and there is no thirst. A predisposition to it appears hereditary, and its returns are much influenced by the imagination." In order to remove the paroxysm, the author prescribes an emetic or a purge ; but to prevent its recurrence, the patient is directed to abstain from hot soups, animal broths, fish, the fat of meat, milk and all fermented liquors. On the contrary, he is advised plain meats in moderation, with dressed vegetables, exercise to a degree as to occasion some perspiration, and Seidlitz water as an evacuant. In that species of heart-burn caused by the formation of an acid in the stomach, thereby giving rise to a sensation of heat about the cardia, and of rawness along the internal surface of the œsophagus, our author recommends five drops of the nitric acid every three or four hours in cold water ; and when the disease is checked, this is to be diminished to three, two, and at length one drop every three or four hours.

We now proceed to some organic diseases of the stomach, which, although well understood, are still beyond our means of cure, and therefore worthy of our most serious attention. The first is a stricture of the cardia, which, according to Dr. Pemberton, is indicated by a peculiar sensation on any attempt to swallow solid food "This is a sort of tensive circumscribed sensation about the pit of the stomach, striking through to the back, producing a feeling of incipient suffocation. This continues till the food is rejected, which is done by an effort more resembling hiccup than vomiting." A stricture of the pylorus, says the author, may be confounded with that state of stomach attending chlorotic women ; but

in this latter case, a constitutional derangement has preceded the stomach affection, whilst in the former, it is the reverse, and the food having passed to the stomach without pain, as in stricture of the cardia, is thrown up by vomiting, and not by that peculiar effort above mentioned.

The author knows of no symptom indicating a schirrhus of the stomach, but when it is formed into an open cancer, "there is generally an eructation of very fœtid air, and also a vomiting of dark coloured mucus, which is also very offensive. The pain is constant, though varying in degree, and is increased by taking any acrid substance, and not by taking mild fluids such as milk, &c." In the treatment he relies chiefly on milk diet, and on cicuta and calomel, the latter not to a degree to affect the system.

The last accident mentioned in this chapter is the vomiting in old people. This malady does not proceed from any known cause, and is to be relieved by salts, opium and a spare regimen. A total abstinence from every thing for six or eight hours, has sometimes restored the patient.

With respect to the diseases of the intestines which are the subject of the eighth chapter, we find nothing particular where the author speaks of cholera-morbus; but in Dysentery, which he does not consider by any means infectious, he directs purgatives, untill the complete evacuation of the scybala, and when the griping pain has in some degree subsided, he has obtained the greatest relief from twelve drops of Balsamum Copaibæ, every four or six hours, with cinnamon water and the yoke of an egg. "A constant pain round the navel, with a retraction of the integuments towards the spine; a costiveness, an absence of fever, an accelerated pulse, and a preference to a bent position, will distinguish colica pictonum from any other disease of the abdomen." The author considering the costiveness as spasmodic, recommends opium as a cathartic, with salts or castor oil, or if no fluid

can be taken, with calomel in the form of pills. "The oily draught, or half an ounce of neutral salts, should be taken every morning, in broth containing a large proportion of fat and suet as prescribed by De Haen." Dr. Pemberton has succeeded in curing a paralysis of the wrist, the consequence of this affection, by supporting the arm with a splint made fast under the arm, to the extremities of the fingers, the hand being laid flat upon it; and a cure was effected by him in four or six weeks, the splint being kept night and day.—He acknowledges, however, that this trial in cases of paralysis not proceeding from the absorption of lead, has not succeeded.

Our Author dwells somewhat at length on the distinction between the *Febris infantum remittens*, the seat of which he allows to be in the intestines, and Hydrocephalus. In the former, he very judiciously insists on the propriety of administering full purgative doses, if the costiveness is obstinate; although he fears that by producing a great discharge, the intestines may become distended with air, and thereby occasion a fatal Tympanitis. In a case of this kind, which occurred lately in our practice, we gave half an ounce of turpentine, after the failure of the strongest cathartics, and the child being about five years of age, speedily recovered, and is now doing perfectly well. We must, however, add as an uncommon occurrence, that during the convalescence of this child, large abscesses broke out, on the forehead, behind the neck, under the chin, along the spine and the extremities, all at the same time, and of about the size of an egg.

In the inflammation of the peritonæal coat of the intestines, our author recommends, besides general bleeding, the application of cupping on the abdomen, but particularly opposite to the cæcum, and purgatives are to be continued during the whole progress of the disease. He also directs, when the disease runs on to the sixth, seventh, or eighth day, without a



sensible abatement of the symptoms, the throwing up the rectum the smoke of tobacco, or its infusion in the proportion of one drachm of tobacco to ten ounces of boiling water, for an enema, which may be repeated every six or eight hours.

An inflammation of the mucous membrane of the intestines is marked by the pain being "confined to some one part of the abdomen, and not acute though constant, and by the absence of tension of the abdomen. The pulse is about 112 in a minute, and the bowels are costive.—This inflammation generally terminates by a throwing out of coagulable lymph, which may be discovered in the evacuations, resembling shreds of boiled macaroni, and which announce that the patient will soon recover. But if the evacuations are particularly offensive, and appear curdled, with here and there specks of blood; and especially if these continue for any length of time, there will be good reason to apprehend, that the inflammation has terminated in ulceration. The disease, in this state, is extremely dangerous; though a steady adherence to a milk diet will frequently restore the patient, when it is assisted by small doses of some astringent bitter, such as the Decoctum Cinchonæ, or a weak infusion of the Cortex Granatorum.—When ulceration appears to be low down in the rectum, an injection of the expressed juice of carrots has appeared to remove the offensive smell of the fæces, and to give the ulcers a tendency to heal."

The concluding chapter is devoted to the disease of the mesenteric glands called by the French (*le Carreau*). The symptoms of this afflicting malady, and the means of distinguishing it from others with which it has a resemblance, are ably and accurately described. But the conclusion amounts to a corroboration of this painful truth, that it is like many others, an incurable disease.

In parting with this excellent work, we must again express our conviction, that, in a practical point of view, it will

be found one of the most useful books of reference to the practitioner ; and although it is only devoted to a limited number of diseases, yet the importance of those to which Dr. Pemberton has directed his researches, as well as the limited means of cure which we possess against many of them, it is yet entitled to rank among the most valuable productions in the science of Medicine ; and we do not hesitate to say that it will contribute in no little degree, to maintain the exalted Professional reputation and eminence which its distinguished author deservedly enjoys in the opinion of his contemporaries both at home and abroad.

## QUARTERLY RETROSPECT

### OF IMPROVEMENTS IN MEDICAL SCIENCE.

---

#### *The Canadian Review and Magazine.*

*Geological and Mineralogical characters of the "Black Rock" of Cape Diamond.*—The rock of Cape Diamond, commonly called the "Black Rock," has been sometimes denominated a Limestone. With the view to expose its claims to that distinction, we shall give, to the best of our ability, its Geological and Mineralogical characters. The Strata, as they lie naturally and artificially exposed, on the northern shore of the St. Lawrence, between Cape Rouge and Sillery Cove, are of that variety of argillaceous schist, called Grey Wacke, associated, in conformable order, with that finer variety denominated Clay Slate or Argilite. The dip of the Strata is to the S. E., at about an angle of 35°, its consequent bearing N. E. and S. W., with a slight inclination of its upper edge below the horizon, towards the N. E. It is probably owing to this inclination, that the Grey Wacke is lost before it reaches Quebec, by descending below the level of the St. Lawrence: indeed the last of it is seen at Sillery Cove, very near that level, and five miles from Quebec. Here the Clay Slate, which has been running in parallel strata at the back of the Grey Wacke, is alone visible. It forms a low ridge, but continues to rise towards Quebec with the interruption of a valley or two, until at Cape Diamond it forms a precipice about 320 feet above

the level of the river. All this distance, it preserves much the same dip and bearing as the Grey Wacke, with which, in some places on the opposite shore, it may be seen alternating. Although no Geological difference, thus far, appears between the Clay Slate at Sillery Cove and the "Black Rock" at Cape Diamond, a very evident chemical one exists. At the latter place the rock has become often of a stooty blackness—exhaling a bituminous odor when struck or scratched, and sometimes soiling the fingers. The cause of this is the presence of Carbon, which has been found in the rock in the proportion of 20 per cent. There appears also to be a difference in the effect of weather, or other destructive agents. On the Clay Slate, between Sillery Cove and Cape Diamond, they exert their influence by covering the base of the rock with a crumbling deposit of small wedge shaped fragments, sometimes highly ferruginous. At Cape Diamond they act by displaying a continuous schistose structure of little tenuity parallel with the plane of stratification.

The general bearing of the "Black Rock," is to the N. E. However, in some places the strata may be seen running North, the dip being reversed to the N. W. In some cases the strata are vertical, or nearly so. All this may be occasioned by the bending or waving of the strata.

The thickness of the strata varies from three feet to three inches. The former are often, to all appearance of a very compact structure, breaking with conchoidal surfaces and sharp edges. In most of these, however, weather effects what the hammer fails of doing, and displays its really schistose structure. It is on account of this, and its absorbent character, that the "Black Rock" is not a good building stone.—The thin strata are generally very schistose, apparent to the eye. They are sometimes compact and break into long prismatic pieces, which yield a ringing, metallic, sound when struck : these separate the thicker strata at certain intervals

and often determine the planes of stratification when they might otherwise be doubtful, from the resemblance which the whitened and even surfaces of the natural joints sometimes bear to them. The latter are never continuous—another useful test.

Among the peculiar appearances common to the “Black Rock,” and displayed by fracture, is a ribbed aspect: another is a glossy convexity, a surface resembling polished shoe leather. The effect of weather is also sometimes remarkable.—In most cases it exhibits the schistose nature of the rock; in others more compact, it shows a rounded and whitened surface forming a striking contrast with its sooty interior.—While again in others, by the rounding of successive laminæ, a series of concentric irregular ovals are formed, much resembling the grain of fir; and when the surface is browned or reddened, a singular imitation of wood is produced.

In excavating, strata are met with, the colour of which is a lively green: these have, for the most part, undergone a considerable degree of induration and resemble flint in fracture, translucency, hardness and effect of the blowpipe (query siliceous schist?) spheroidal concretionary lumps of the same, and of a dark grey variety, are common,

Some of the strata are decidedly more calcareous than others: and two instances of an unquestionable Limestone have met our observation. The first is fetid and somewhat Crystalline: the other compact. Both are situated on the same plateau, and bordering on the local and conformable conglomerate, which characterizes the precipice to the N. and N. W. of the town. The last mentioned stone is of an excellent quality, and dissolves in acid almost totally, with violent effervescence, and burns to a white caustic lime. Unfortunately for the inhabitants of Quebec, who procure their lime at Beauport, a distance of five miles, on the other side of the St. Charles, it does not preserve these characters for any

considerable distance, but becoming suddenly impure, it is lost by abruptly dipping under the "Black Rock" in the direction of its bearing. The fragment of one solitary bivalve was observed <sup>in</sup> it.

The minerals found in the "Black Rock" are

1st. Iron as an oxide and as a sulphuret : the former, in a state of solution, often bestows a red or yellow stain on the surface of the rock. The latter is not so common and is generally found with a soft greenish variety of the rock.

2nd. Quartz sometimes in fine acicular crystals of considerable transparency, as are also others approaching the form of the double pyramid, applied base to base more frequently in ill formed semi-transparent prisms. They vary in size from drusy, to crystals as large as the thumb. The latter are never transparent throughout ; and often appear in the progress of formation.

3rd. Calcareous Spar, in white and brown acicular crystals, finer than spun glass, radiating from a white calcareous base, often enclosing ill formed crystals of quartz ; also in perfect rhombs. But its most common appearance is in veins of a laminar structure, traversing the rock in all directions ; these in some places become so numerous as to give the rock the aspect of a conglomerate ; they often traverse each other, and in this case, one vein appears to have dislodged that portion of the other it met with in its progress.\*

4th. Petroleum, in soft translucent pieces of a green and yellow colour, sometimes surrounding the soot, more rarely insinuating itself into the interior, of a crystal of quartz.

5th. Coal-dust or soot, often investing the surface of quartz. Crystals, in drusy cavities.

---

\* The same thing has been observed of veins of granite in gneiss—the former is owing to the infiltration of calcareous spar, through the agency of water, into fractures of the rock across older veins of that mineral. The latter does not probably admit of so satisfactory an explanation.

6th. Fluor Spar. As far as we can learn, this is by no means common. One specimen of an imperfect crystal we have met with. Its colour is a deep purple, so intense as to render the crystal scarcely transparent. Its form is that of half a cube divided diagonally. It was found associated with calx spar in a crevice of the "Black Rock."

The earthly minerals above named, occur for the most part, in crevices and small fissures in the rock.

Of two specimens of rock, one procured from Wolf's Cove, between Sillery Cove and Cape Diamond—the other from Cape Diamond, the following is a comparative mineralogical description.

*Wolf's Cove.*—Colour, dark ash grey, opaque—structure compact, fracture uneven, somewhat conchoidal with sharp edges—easily scratched by the knife—receives a trace from copper—colour of powder, reddish—streak dull light grey. Sp. Gr. 2,57. Moderate effervescence in acid with or without being powdered, which soon subsides, leaving considerable sediment. Before the blow-pipe it forms a yellowish or brownish enamel; the part furthest from the flame is whitened.

*Cape Diamond.*—Colour brownish black—opaque—structure compact fracture uneven conchoidal, with sharp edges, scratched by the knife, but not quite so easily as the foregoing—colour of powder, reddish ash grey—streak reddish grey—exhales the bituminous odor when struck—effect in and the same as the last, with the addition of the solution being discoloured. Sp. gr. 2,54. Effect of the blowpipe precisely the same as in the last instance.

Such is a very imperfect sketch of the Geological associations and Mineralogical characters of the "Black Rock" of Cape Diamond; from which it appears to be an argellite and not a L. stone. The only characters it possesses in common any of the varieties of the latter, are a slight efferves-

cence in acid, and its bituminous odor. But as the clay, slates, sand stones, and shells, in this neighbourhood, possess one or both of these characters, as they often do elsewhere, they are liable to be confounded with the L. stones, if the "Black Rock" be considered one. A. B.

---

*London Medical and Physical Journal.*

*Case of small pox after inoculation with small pox.*—A case of small pox occurring after small pox from inoculation is reported by Mr. Richards. It appeared to have been modified and materially influenced by the previous inoculation.

*Effect of Ergot.*—It will be recollected that in our second No. cases were published by Drs. Morrin & Painchaud of this city, as also a valuable communication from Dr. Taché of St. Thomas, illustrative of the efficacy of *ergot* in promoting uterine action. We have the pleasure to announce similar successful results in three cases published by Mr. Clark, Surgeon, Bristol. In other publications, we observe that this remedy has also been given in uterine hemorrhage with a decided benefit, as was suggested by Dr. Taché some time since.

*Wound of the abdomen.*—Mr. Wm. Dix, of Northamptonshire, was called to a young man who had received from the horn of a bull, a wound of the abdomen of about three inches in length. Nearly three feet of intestines protruded, with a portion of the mesentery and omentum. He was called twenty minutes after the accident, returned the protruded parts, and kept the wound closed by means of a suture and sticking plaster. The patient recovered in less than a fortnight.



*Ossification of the uterus.*—In a lady 69 years of age, who had died of a strangulated hernia, Mr. Fowkes found a large spherical mass of bone, of the size of a pullets egg, imbedded in the uterus, behind the triangular cavity; part of the substance of the uterus being distinctly to be traced over its upper part.

*Uterine Hemorrhage cured by transfusion.*—We mentioned in our last the case of a young woman into whom Dr. Blundell had injected *four ounces* of blood with success, and we have the pleasure to announce a second successful trial in a similar case which occurred to Dr. Doubleday, who injected *fourteen ounces* of blood taken from the husband's arm. The operation was performed in the same manner as that of Dr. Blundell, and the recovery was also speedy and complete. The subject in this case was much stouter and of a larger size than the other, which may account for the greater quantity of blood required. Two equally successful cases are also related by C. Waller, Esq.

*Comparison of Indian and European Skulls.*—Dr. Patterson, of Calcutta, from a comparison of numerous skulls of Indians with those of Europeans, has deduced that the head of the former is to that of the latter race as two to three. Or otherwise, that the head of an European fifteen years of age, is of the same size as the head of an Indian thirty years of age.

*Experiments on Poisoning.*—M. Segalas communicated to the Academy of Medicine the result of some experiments made by him, tending to prove that poisons rather produce their effects through the medium of the vessels than of the nerves. The following is the result of his researches :—

1st. Having cut the spinal marrow of an animal, so as to render it paralytic, and having placed some alcoholic extract of nux vomica in the paralysed parts, he perceived that tetanus came on just as quickly and powerfully as if the nervous system had been entire.

2d. Having, on the contrary, left the spinal marrow untouched, but prevented the blood which returned from the part where the poison had been lodged, from being carried to the heart, he observed that the poisoning did not take place.

3d. Tetanus appeared to come on equally quickly when he injected the poison into the bronchiæ, although the eighth pair of nerves were divided.

4th. The nux vomica placed in the thigh of an animal rendered paralytic by the division of the spinal marrow, produced tetanus not only in the trunk and upper extremities, but also in the paralysed parts.

5th. The same result takes place in whatever part the poison has been placed; only the contraction of the paralysed muscles is slower, and seems only to occur in proportion as the blood conveys the poisonous matter to the nerves which animate them.

6th. Having injected the poison into the crural artery of a paraplegic animal, its effects were manifested in the like manner: the convulsions commenced in the thighs, and only became general after the lapse of time judged to be necessary for the conveyance of the poison to the spinal marrow.

M. Segalas concludes from his experiments, that the voluntary muscles can contract themselves, in certain cases, independently of the action of the spino-cerebral system.

In these experiments, M. Segalas has often designedly made the division of the spinal marrow at different points, but most commonly on a level with the last vertebræ of the neck, or the first of the lumbar vertebræ; and this has produced no modification of the phenomena.

*Re-union of a Nose, which had been completely separated.*—The following abstract of an instance in point we take from one of the best German Journals of the day:—

An unfortunate tailor, by the name of Gruzlewski, seated himself in a window, one wing of which he had opened. A

sudden and violent gust of wind shut it with considerable force, and a part of the glass which was broken carried off a great portion of the man's nose. The separated piece was about the length of a finger, and the whole breadth of the nose. It fell from the second story of the house into the street. The circumstance occurred about seven o'clock in the evening. A surgeon was immediately sent for, and he was satisfied with merely applying a plaster. Another surgeon, however, was consulted two hours after the accident. He sought for the nose with a candle in the street, and placed it in its natural situation. In a few days it had united, and regained its warmth and sensibility. The only mark of the accident which remains perceptible is a small, narrow, red scar.

It is observed, that the magistrates would testify the truth of this relation, if it were considered necessary.

A similar case is also recorded in the same Journal, in which complete union took place, where the nose had been entirely separated. (*Journal der Chirurgie und Augen-Heilkunde, von GRAFE und WALTHER; band 7, heft 4.*)

For much interesting information upon the subject of the re-union of divided parts, we refer our readers to a publication of WIESMANN, "*De Coalitu partium a reliquo Corpore prorsus disjunctarum.*"

*Gangrena Senilis.*—DUPUYTREN recommends the application of leeches in this form of complaint. By their frequent application, he cured an old woman, of sixty years of age, in the Hotel Dieu. The usual sedative, antispasmodic, tonic, and antiseptic means, had been tried in vain. The authority of this eminent surgeon is doubtless to be received with much attention; yet we may be allowed to doubt, not from any abstract opinions upon the subject, but from attentive observation, whether there are many cases of true gangrena senilis in which we can venture upon debilitating means of any kind.

*New Monthly Gazette of Health.*

*Cure for Epilepsy*—Dr. CUESOLM, of Canturberry, has cured several cases of Epilepsy, some of which were of many years standing, by the following method: he orders the tartar emetic ointment to be rubbed on the upper part of the arm, the bowels to be freely opened by croton seed oil every second morning, and a pill composed of one eighth of a grain of lular caustic with three grains of the extract of henlock, to be taken twice a day.

*Cure for Croup*.—Dr. HUFELAND, of Prussia, recommends the vomiting treatment, with a mixture of Antimonial wine, Ipecacuan, and oxymel of squills, continued until a membranous substance, and afterwards a tough phlegm are thrown up.

*Lecches*.—A very interesting article on the use of leeches, and their judicious employment in the various cases and constitutions, is given by the Editor, the practical utility of which would warrant our inserting it at full length, did not our limits preclude it. We will therefore present its prominent features. A leech will draw about its own weight of blood, and the same proportion will ooze out of the opening after its removal, provided warm fomentations be continued for some time after. Thus a leech weighing two drachms will draw about two drachms of blood, and the quantity which will escape afterwards will be very little more than that quantity. Thus the quantity to be taken may be ascertained by the weight of the animal itself. The blood taken up by the leech itself seems to be venous, whilst that which escapes after its removal is arterial. This is essential to be known particularly in typhus fever where the loss of arterial blood may be detrimental, whilst the venous may be abstracted with benefit. It is also desirable to know the quantity of blood which may be taken from the body of a child or of a weak person.

*Mercurial Ointment.*—M. Hernandez has communicated to the Society of Pharmacy of Paris, a new mode of making the mercurial ointment. It consists in heating the mortar in which the ointment is to be made so as to liquify the lard. As the lard cools, the quicksilver becomes divided or incorporated, during the trituration. By this plan, much time and labour are saved; an addition of a few drops of turpentine, which evaporates during the trituration, greatly accelerates the division of the quicksilver.

*Laudanum.*—It appears, by the verdict of a coroner's inquest, that two infants, aged only a few months, were poisoned by the dose of seven drops of laudanum. In many irritative complaints of infants, particularly during teething, laudanum is unquestionably a most valuable medicine; but in such cases, practitioners seldom order a greater quantity than a drop for a dose, and generally only half a drop. The basis of Godfrey's cordial being laudanum, its indiscriminate use has no doubt destroyed the lives of many thousand children. Of late years, this quack medicine has nearly fallen into disuse.

---

*Edinburgh Medical and Surgical Journal.*

*Case of Recovery from Rupture of the Uterus.*—By Lewis FRANK, Physician and Counsellor to the Duchess of Parma. (*Annali Universali di Medicina, Febbr. 1825.*)—A woman, 44 years old, in her sixth pregnancy, was taken with labour pains at the usual time. While standing, with the assistance of the midwife, she was suddenly seized with faintness and vomiting; and while her husband and the midwife were assisting her into her bed, she complained of a sense of tearing in the belly, and a feeling as if there were two fœtuses. The

belly soon began to swell, the vomiting recurred frequently, and the breathing became interrupted. Professor Rossi being called to see her, recognised a rupture of the uterus, and after consulting with some of his friends, proceeded to extract the child by the operation of gastrotomy. The incision was made on the left side of the hypogastrium where the feet could be felt, and in no long time the fœtus and secundites were extracted. The child gave some signs of life, but soon expired. Forty days after the operation, the woman was restored to a state of perfect health, except that she had a hernial tumour of the size of a large apple in the seat of the incision. Three years afterwards she became again pregnant, and brought forth a seven-month's fœtus, which lived fourteen days.

---

*Edinburgh Journal of the Medical Sciences.*

*Protrusion and Wound of the Stomach.*—Mr. TRAVERS relates, that a female, aged 53, and the mother of *nine:een* children, inflicted on herself a wound in the abdomen, three inches in length, and in a transverse direction. When admitted into St. Thomas' Hospital, at the expiration of six hours, the greater part of the large curvature of the stomach, the arch of the colon, and the entire large omentum, were protruded and strangulated in the wound. The omentum was partially detached from the stomach, which organ was wounded in two places; one, half an inch long through the peritoneal coat; the other, a perforation of all the coats, admitting the head of a large probe, and giving issue to a considerable quantity of mucus. Patient faint; pain slight; pulse 102, and irregular; some hiccup. A silk ligature was placed round the small puncture in the stomach, and the displaced

viscera returned, after enlarging the external wound. This last was closed by the quill suture. Warm fomentations, and abstinence from food and drink enjoined. 2d day, some reaction; had been sick in the night from some drink given; is free from pain; pulse 120; pain on pressure: an enema ordered. *Evening*, a dose of castor oil, and twenty leeches to the abdomen. 3d, much fever; V. S. 3xviii. and 20 leeches to the abdomen; bowels not opened. 4th day, two stools; pulse 98; tension of the abdomen; three more stools during the day. 5th, sutures removed; wound united, except at its right extremity, where a serous fluid is discharged in considerable quantities. On the 6th day, was allowed food, and on the 23d of Dec. about two months after the accident, was discharged cured.

---

*The New-York Medical and Physical Journal.*

Dr. FOUNTAIN on *Headache and Tic Dououreux*.—Many people, especially sanguineous and delicate females with flushed countenances, are occasionally affected in the afternoon with pain in the head, which increases until they have slept a sufficient length of time, when they awake free from distress, and in good health. This continues uninterrupted until mid-day, when the same action commences, and runs the same course. This affection, which is truly periodical, arises unquestionably from an increased action of the capillaries of the brain, and consequently would be aggravated by stimuli or irritants.

The nervous, or periodical headache of authors, however, is quite the reverse of this. It affects the feeble and nervous with emaciated habits and pale countenances. It commences early in the morning, sometimes a few minutes after a-

waking, and continues until just after mid-day, when it begins to decline, and in the evening ceases entirely. It arises, most probably, from a perturbed state of the faculties of the brain, favoured by debility both cerebral and vascular. That pure debility or atony will not produce this affection, is evident from the fact, that excessive hæmorrhages and other directly depletory means, how far soever they may be carried, will not of necessity induce the disease.

*Cure.*—The indication of cure in nervous irritative diseases in general, that of elevating vascular action, will not always overcome the morbid process constituting this disease; although it frequently will, especially when supported by tonics, effect that end. This affection more readily admits of relief from counter-irritants, inducing a new action in the parts concerned capable of maintaining its ascendancy. For this purpose no article possesses half the efficacy of *arsenic*. This herculean agent, administered in doses of one fourth or one half a grain twice in twenty four hours, with the interposition of a laxative every 4th or 5th day, will seldom, I may venture to say almost never, disappoint the practitioner.

*Of Tic Douloureux.*—The extreme remoteness of the affection from the centre of circulation, must render blood-letting either nugatory or utterly abortive, and purging promises but little more; but emetics give a general impulse to every living fibre, break old associated habits, give mobility to new laws, increasing the action of the veins and lymphatics, and yet diminishing that of the arteries. They indeed seem to debilitate, but the debility they induce approaches the nature of a languor, readily admitting relief from the action of tonics to whose remediate powers they give a degree of congeniality and facility of operation otherwise unattainable. They should not only precede a tonic course, but should be frequently interposed during its continuance.

Having cleared the way by an emetic, our next step is to



restore the action of the digestive organs, and through their instrumentality, the vigour of the whole system. This object is most effectually accomplished by chalybeates, especially the carbonas ferri, employed so successfully by Drs. Hutchinson, Ritchmond, and Carter, as reported in the London Journals. This article, so celebrated, admits however of auxiliary means: a careful attention to diet, bitter infusions, exercise in the open air, change of scene, in short every measure calculated to enervate the digestive powers.

*Contributions on Medical Jurisprudence*, by T. R. BECK, M. D. This article contains an elaborate investigation of two cases of murder which lately took place in New-York. The first is for the murder of Mr. Lambert, who was knocked down dead by a blow in the stomach. On examining the body, Dr. Post found on the internal surface of the stomach, some small red spots of a stellated form, apparently effusions of blood proceeding from some of the smaller vessels, and extending in different directions. It was contended that this might be a case of sudden death, as there were no other traces of something like morbid appearance, but those spots just mentioned. Drs. Post, Stevens and Chessman, being asked whether, if these appearances had been found in a case of sudden death, without any knowledge of the attendant circumstances, they would necessarily attribute them to an act of external violence, answered in the negative. "Circumstantial evidence must guide—but it was strongly intimated by several, that the marks could *hardly be produced* without some act of violence, and the idea would hence suggest itself. Dr. Stevens did not suppose that the same marks could be produced by a fall, for in such case, the muscles are in some degree contracted and ready to receive the blow." Verdict: *Manslaughter*.

Dr. Beck, whose work we have perused with so much satisfaction at the beginning of this number, and whose au-

thority, therefore, must stand very high in the Medico-Juridical science, here remarks, that the inference pretended to be drawn in this case, from the absence of some positive derangement equivalent to a common cause of death, is untenable; for it is well known that very slight injuries in the region of the stomach will frequently prove fatal, without leaving the slightest symptom of injury. Sir Astley Cooper and other equally eminent Surgeons relate similar instances.

*Malformation of the urinary and genitil organs.* Dr. CHARLES DRAKE, Physician to the New-York State Prison, relates the following extraordinary malformation observed on a prisoner named Robinson. *Description.* The first part that attracted attention in this remarkable malformation was a fleshy mass, situated over the region of the symphysis pubis. It was not unlike, in its general appearance, to the adhering surface of a placenta, and, at the time of the patient's death, measured in circumference at its base, nine inches and three fourths; its highest elevation was about an inch. The ureters having first crossed each other, terminated rather below the centre of this tumour and about half an inch apart. The urine, continually dribbling from these openings, kept the surrounding parts of the tumour in an abraded and inflamed state. The vasa deferentia terminated with patulous mouths at the lower verge of the fleshy mass, where the sulcus, representing the urethra, commences. These openings were as near together as in the natural state of these organs, and had between them a narrow granular elevation, which might be considered a crista galli. From the rami of the ischia proceeded the crura cavernosa penis, on which were directly placed, half an inch below the openings of the vasa deferentia, a glans of ordinary size and form. This glans was placed reverted, with its lower part uppermost, possessing an ample fold of skin below it—the vestige of a prepuce, but devoid of any trace of frenum, and the upper part of the parietes of the

urethra deficient, so as to constitute the urethra a mere sulcus, which extended between the risings of the crura up to the verge of the fleshy mass before described. Directly beneath this urethral sulcus, extending back beyond it, lay the prostate gland. A short distance below the openings of the vasa deferentia, in the sulcus, were three or four minute foramina—these were thought to be the excretory ducts of the prostate. Between the peritoneum and the inner surface of the os pubis, where this bone joins its fellow to form the symphysis, lay on each side a yellow condensed cellular substance, resembling, in some degree, in structure, the vesiculæ seminales, the rudiments of which bodies I have no doubt they were. The vasa deferentia passed under them, and might have communicated with them, but the parts were so altered and condensed by previous attacks of inflammation, that I despaired of tracing the connexion.

The testicles were large and apparently well formed, the scrotum without raphæ, and the anus situated more anteriorly than under ordinary circumstances. In each groin where the spermatic cord passes over the brim of the pelvis, there was a fulness and projection which gave the appearance of herniæ, but which, on examination, proved to arise from the unnatural size of the angles of the ossa pubis, which, instead of forming the symphysis, terminated at this place, leaving a space between the two bones of nearly four inches. As the body exhibited no trace of an umbilicus, the first object on opening into the abdominal cavity was, to ascertain how the fœtus had been nourished in utero. The round ligament was found passing from the fissure of the liver, between the peritoneum and the abdominal parietes, directly into the fleshy mass. From which it appears probable, that the fœtus had not possessed a funis, but had been attached to the uterus by means of this substance, which, in its general aspect, as has been before observed, was not unlike the adhering surface of a placenta.

The kidneys were in their natural situation, and the ureters took their usual course across the pelvis, terminating as pointed out above, without the intervention of any sac or bladder. The left kidney and ureter appeared to be healthy in every respect. Not so those of the right side: the natural structure of the kidney was almost entirely obliterated, presenting a tuberculous appearance, with internal ulcerations and purulent deposits. The surrounding parts were greatly thickened and altered in texture, showing the traces of former inflammations. The ureter of this side quite to its termination, was also much diseased, its coats thickened and of a cartilaginous firmness. Robinson acknowledged that his venereal desires had remained through life undiminished.

*Malformation of the œsophagus and trachea.*—A case in which the superior portion of the œsophagus terminated in a cul-de-sac, at about one inch and a half from the pharynx, whilst the ascending portion terminated in the trachea, is related by Dr. A. F. HOLMES, as having occurred in the practice of Dr. ARNOLDI, both of Montreal.

We have been led to notice this case, both from its coming from some of our countrymen, and from its containing an uncommon species of malformation; and as we cannot suppose that the reporters would altogether dread the eye of their countrymen, as it is given in a plain and intelligible language, we thus take the liberty of bringing it back to the place from whence it came, and where it should have been first made public. Whether the conduct of these Gentlemen in this instance, has been intended as a sort of *bravade* offered to this publication or its supporters, we are totally unaware; but we cannot be made to believe that they could have been actuated by such motives, when it is considered that the Quebec Medical Journal is honored with the support of all those who are truly respectable and enlightened in the country, and because they would then prove at variance with all the

friends of science, and the most respectable and learned part of the Profession in their own city. On the contrary, it appears probable, and no consideration can prevent our conviction, that they had in view to pay a merited homage to the talents and learning which are displayed in the New-York Medical and Physical Journal, by courting a place among the correspondents of that eminent publication, or at least that it has been unintentional on their part.

We cannot, however, allow the opportunity to pass, without giving a friendly advice to these gentlemen, and to some of the younger part of the Profession, which is, never to forget that new and authentic cases have become so rare of our days, that they seem to require something more than an ordinary notice, to entitle them to public confidence, more particularly when they come from a foreign country, or from any considerable distance. They should not therefore, go so far from home, that their veracity may be questioned, or otherwise exposed to ridicule. A very striking example of this truth can be found in a case related by Dr. Otto, of Copenhagen; and although his character as a Physician, stands high in the Profession, yet his veracity has been called in question by some, with regard to the extraction of 273 needles from the body.

We do not intend to give the same interpretation to Dr. Arnoldi's case; on the contrary, we have some pleasure in declaring our conviction, that there appears no reasonable ground for suspecting, we do not say his veracity, but the correctness and accuracy of detail. We are still more happy in having this opportunity of proving our strict adherence to the pledge we made, of devoting our undertaking to the interest of the Medical Profession in this country, and to the protection of its members. This duty, we hope, shall never fail to be exercised with impartiality to individuals, and justice to the interest of science. We expect to meet the co-operation of the enlightened class of our countrymen in this particular.

*The North American Medical and Surgical Journal.*

*Lunar Caustic on Wounds and Ulcers.*—The practice of healing wounds and ulcers by natural or artificial scabs, to which the attention of the profession was first directed by Mr. J. HUNTER, has been too much neglected, and the circumstances under which it is useful, have not been accurately stated. In a small work published by Mr. HIGGINBOTTOM, in January last, at London, the practice of forming an *eschar* by the lunar caustic over small ulcers and recent wounds, has been strongly recommended as saving the patient much pain, trouble, and danger. The whole surface is to be pencilled with the solid caustic so as to form an *eschar*, and where this remains *adherent*, the wound or ulcer invariably heals with comparatively little inconvenience. When effusion occurs under the *eschar*, whether of serum or of pus, there is more difficulty; but if this fluid be evacuated by a puncture, and the caustic applied to the orifice, the *eschar* will often remain adherent. Sometimes the fluid must be frequently evacuated. If the *eschar* does not separate favourably, a cold poultice may be applied, which not only removes the *eschar*, but lessens the irritation and inflammation. Should the sore not be healed, Mr. H. recommends the reapplication of the caustic. To prevent effusion under the *eschar*, and to preserve it adhering, he advises the whole to be covered with a piece of gold-beater's skin; but we may add, that as this effusion arises from too much inflammation, more powerful means may occasionally be employed, especially a solution of acetate of lead. LARREY recommends with the same view, after the application of *moxa*, the use of the *aq. ammoniæ*. Indeed any evaporating, cold, astringent lotion will be advantageous.

The application of the caustic, of course, produces some pain, but this soon subsides, and the patient experiences more ease than under any other mode of treatment.

*Fistula Lachrymalis.*—At the session of the Royal Academy, on the 15th of December, Mr. J. CLOQUET related the case of a female, who, three years previously, had submitted to the operation for fistul. lachrym. according to the method of M. FOUBUR. The canula which had been allowed to remain in the nasal canal, had ulcerated through the floor of the nose, and presented its inferior extremity on the inside of the mouth.

A practical commentary on this mode of operating, which is still recommended by able surgeons !

*Presence of Mercury in Samples of medicinal Prussic Acid.* Mr. REGIMBEAU, apothecary at Montpellier, has detected this impurity in some prussic acid, prepared in Paris. Its presence was first suspected, from a portion of the acid, accidentally dropped, leaving a white stain on the copper dish of a balance. It is probable, that the impure acid, spoken of, had been made by passing sulphuretted hydrogen through a solution of cyanide of mercury, according to VAUQUELIN'S process ; and that an insufficiency of the decomposing gas had been employed.

May not this accidental impurity explain the occasional salivating effects of prussic acid.

---

*Boston Medical Intelligencer.*

*The Cure for Worms.*—As considerable excitement has been created in several sections of the Union, from the publication made in this paper of the 13th ult. relative to the important discovery made by Mr. AARON HANNUM, for the expulsion of worms, and in consequence of which we have been solicited to give more particulars through the medium

of the above letter as well as by public journals, we shall endeavour to satisfy the public excitement not only from verbal information, but from ocular demonstration, as to the powerful efficacy of the Cedar Apple upon those within our knowledge who have taken it, as well as the impossibility of its doing any injury to those who may eat the apple.

1st.—The Apple or Knot is to be found upon the *red cedar*, the white cedar tree is not to be found, we believe in this country.

2nd.—The apple bears no resemblance in shape, size, or any similarity, to the Cedar berry. The apple is a sort of excrescence, and which is to be found at all seasons of the year, on the small boughs or twigs of the cedar tree, “varying in size from the hazel to that of the black walnut, bearing a strong resemblance to a nitted potatoe. The apple which is of last year’s growth, and perfectly dried, does not look like the orchard apple, and is not so bitter as those of this year’s growth, but as a medicine, they possess the same virtue as those that are green, and can be grated or pounded fine, and taken in molasses.

3d.—The apple, which contains some moisture, can be eaten like any other fruit. The quantity Mr. H. recommends, just as they come from the tree, is one for every year that the child is old, and to be taken nine mornings in succession, fasting.

From our own experience of the efficacy of the cedar apple, we should say that a much less quantity would do. However, the apple is perfectly innocent, and any quantity may be eaten without being attended with any bad effects. To prove that a small portion will answer, we will cite a case. A lad 13 years of age, belonging to this office, eat a piece of last year’s apple about the size of a *pea*, and in 24 hours afterwards, no less than *twenty-four worms* were expelled—and another case in the neighbourhood, of a child 17 months old, who eat about half an apple, and one hundred were expelled,



and we are happy to say, that in no instance have we heard as yet, that the remedy has failed in having the desired effect.

*Uterine Hæmorrhage.*—M. GONDRET, in a letter addressed to the Editor of the *Gazette de Santé*, states a simple method, which he has employed successfully, for arresting uterine hæmorrhage. He applies on the back, between the shoulders, a dry oxal cupping glass, the vertical diameter of which is four or five inches, and the transverse diameter from two to three inches. He lets it remain for half an hour; in general the hæmorrhage stops, or is very considerably diminished in the space of a few minutes. The application of cupping glasses, he observes, has also been found successful in diminishing immoderate menstrual discharge.\*

---

### *Journal Universel.*

*Coqueluche.*—M. CAYENNE déduit les conclusions suivantes pour ce qui regarde le traitement de cette maladie. 1. Que dans les tempéramens sanguins, elle exige les saignées et un régime débilitant. 2. Que la même chose doit s'observer dans tous les tempéramens, lorsque la maladie est chronique. 3. Que les antispasmodiques conviennent aux tempéramens nerveux. 4. Mais que la saignée et les débilitans doivent être rejetés pour les tempéramens lymphatiques; et cette vérité s'applique plus particulièrement à l'enfance, parce que la lymphe domine sur la partie rouge du sang, et que les fluides sont moins épais que chez l'adulte, Cependant l'auteur recommande la saignée modérée, quand il y a métastase inflammatoire sur quelque viscère.

---

\* The application of a large cupping glass to the breast, with a view of checking the menstrual discharge, is recommended in one of the Aphorisms of Hippocrates.

*Archives Générales.*

*Dothinenteria. Pustules des petits intestins.*—Ce nom vient d'être donné à une maladie dont M. BRETONNEAU, de Tours, et après-lui, SERRES, BROUSSAIS, ANDRAL et autres personnages distingués, nous ont donné une description satisfaisante, et qui consiste dans des pustules qui se trouvent ordinairement à l'extrémité inférieure de l'ileum. Suivant eux, cette maladie est aussi commune et aussi destructive que la petite-vérole, la rougeole ou la scarlatine ; il y a même peu de personnes qui n'en aient été atteintes durant leur vie ; ils soutiennent que cette maladie paraît contagieuse, mais qu'elle n'attaque qu'une fois dans la vie. Elle paraît avoir son siège dans les glandes de Peyer et de Brunner, dont Haller nous a donné une description dans son traité de Physiologie.

Nous nous abstiendrons d'entrer dans de plus longs détails pour le moment ; mais nous y reviendrons aussitôt que nous aurons appris le résultat d'une discussion qui a maintenant lieu à Paris sur ce sujet, et dans laquelle des médecins du plus grand mérite sont engagés.

*Huile extraite de l'Euphorbia Lathyris.*—A la séance de l'Académie Royale de Médecine, M. Bally a lu un mémoire contenant le résultat de plusieurs expériences cliniques, faites à l'Hôpital de la Pitié, sur l'effet de ce remède. Celle dont il a fait usage, et qui paraît avoir en effet plus d'activité que les autres préparations, était extraite par expression et au moyen de l'alcool. Administrée à quinze individus de différents âges, elle n'a pas produit d'effets bien variés, outre qu'elle n'a pas paru être un purgatif bien actif. Au contraire, il considère que l'huile de pignon d'Inde (*croton tiglium*) lui est préférable sous ce dernier rapport, sans parler de l'effet qu'elle a d'exciter le vomissement, vu qu'il faut en donner six ou dix gouttes pour qu'elle ait un effet purgatif. Cepen-

nant, comme elle ne provoque pas la salivation, M. Bally la préfère sous ce rapport au pignon d'Inde, surtout quand elle est fraîche, comme un purgatif utile pour les enfans.

*Calculs urinaires guéris par le sous-carbonate de Soude.*—

M. ROBIQUET a présenté à la même Académie un mémoire dans lequel il rapporte qu'il a guéri d'un calcul composé d'acide urique, une personne âgée de 74 ans, au moyen du sous-carbonate de soude, à la dose de 10 grains dans le cours de la journée ; et au bout d'un mois il retira le noyau d'un calcul dont les couches extérieures paraissaient avoir été dissoutes ou usées.

### *Bulletin Médical.*

*Division singulière de l'Aorte.*—M. ZAGORSKI de St. Petersburgh, a trouvé en 1802, l'arche de l'aorte divisée en deux branches pour admettre la trachée entr'elles, et se rejoignant aussitôt en un seul tronc, en sorte que la trachée se trouvait complètement embrassée. La compression qui a dû s'exercer durant la vie sur la trachée, a sans doute produit une difficulté de respirer. En 1808, on découvrit que la sous-clavière droite prenait son origine à la gauche de la crosse de l'aorte, et passait derrière la trachée qui se trouvait alors comprise entre ces deux artères. Les Français ont donné à l'artère innommée, le nom de brachio-cephalic, qui renferme l'idée de son office et de sa distribution.

*Distribution contre-nature des artères.*—MM. BAILLIE, LANGSTAFF, et FARRE, ont chacun vu un cas, et M. TIEDEMANN, dans son *Journal de Physiologie*, en rapporte un quatrième, où l'aorte et l'artère pulmonaire, ont changé de place. Dans ce dernier cas, les deux circulations étaient bien distinctes ; le sang du corps passant des veines caves dans

l'oreillette droite, ensuite dans le ventricule droit, et de là dans l'aorte pour se répandre dans tout le corps ; tandis que le sang pulmonaire ne parcourait qu'un petit espace, car après être passé par les veines pulmonaires dans l'oreillette gauche, et de là dans le ventricule gauche, il retournait dans l'artère pulmonaire. Les seules communications que Mr. TIEDEMANN ait aperçues entre les deux circulations étaient par le *foramen ovale*, le *ductus arteriosus*, et probablement une anastomose entre les branches des artères pulmonaires et bronchiales.

L'enfant n'offrit aucune apparence particulière avant le neuvième jour ; mais à cette époque il fut saisi de suffocations, avec une couleur bleue noirâtre de la peau, et mourut le douzième jour.

### *Le Propagateur des Sciences Médicales.*

*Digitule.*—Le Dr. NEUMANN de Berlin donne ce qui suit comme le résultat de ses observations sur l'emploi de la digitale dans les maladies des poulmons. Elle est inutile lorsque les poulmons sont en suppuration, à la suite de tubercules, ou d'une hémoptysie inflammatoire, ainsi que dans les *phlegmorragiæ* locales de ce viscère ; mais elle guérit presque toujours ces catarrhes chroniques qui résultent d'un état d'éréthisme de la muqueuse qui tapisse les bronches. Cette maladie a été aussi nommée bronchitis chronique, consommation muqueuse, catarrhe pulmonaire, ou ce que les Anglais appellent *galloping consumption*. Lorsque le diagnostic dans cette affection est bien établi, on peut toujours espérer une guérison, pourvu que les conditions suivantes se trouvent réunies :

1<sup>o</sup>. Le malade doit être susceptible de l'action stimulante du remède, quoique cela ne se rencontre pas toujours. La

digitale ne sera non plus d'aucun service, si après en avoir fait usage pendant quelques jours, le pouls demeure toujours uniforme et fréquent ; alors le remède ne convient pas.

2e. Il faut bien s'assurer que les feuilles, quoique sèches, soient entièrement vertes, sans aucune apparence de taches brunes. On en fait infuser deux onces, dans six onces d'eau bouillante. Le malade prendra une cuillerée à table de cette infusion, toutes les heures, jusqu'à ce qu'il éprouve des nausées, ou un resserrement dans la gorge, un étincellement dans les yeux, ou une irrégularité du pouls. Alors on discontinue le remède pendant sept ou huit jours, et durant cet intervalle, il développe toute son action, le pouls devenant irrégulier, et la sécrétion muqueuse diminuant par degrés. Si la première tentative ne réussit pas entièrement, on peut essayer de nouveau après quelques jours.

*Opération pour le Phymosis.*—M. T. CLCQUET a perfectionné cette opération, de manière à ne laisser aucune difformité. Il recommande de faire l'incision à la surface inférieure, près du, et parallèle au, frœnum præputii. L'incision longitudinale ainsi faite, devient transverse, aussitôt que le prépuce est ramené derrière le gland, et la cicatrice s'opère dans une ligne à peine visible ; en sorte que le prépuce acquiert ainsi en largeur ce qu'il a perdu en longueur. M. CLCQUET a guéri par ce moyen un grand nombre de personnes, sans que le prépuce ait paru dévier en rien de sa conformation naturelle.

*Rétention d'Urine, causée par une Stricture de l'Urètre.*—M. AMUSSAT raconte le cas suivant : Un homme âgé de 70 ans, d'une constitution pléthorique, avait eu, 30 ans auparavant, trois attaques de gonorrhée, et depuis ce tems avait éprouvé une difficulté considérable à décharger ses urines, dont il ne pouvait rejeter qu'une ou deux onces à la fois.—A huit r. m. il essaya d'uriner, mais en vain. Il éprouvait de grandes douleurs. Le pouls était agité, le visage coloré ; le

ventre enflé et globuleux à sa partie inférieure ; les veines sous-cutanées abdominales distendues ; et un demi priapisme. Les efforts pour uriner étaient douloureux et infructueux. Le jour suivant à 10 heures A. M. M. AMUSSAT passa une bougie, qui s'arrêta près de la bulbe de l'urètre, et amena un peu de sang. Les urines étaient retenues depuis 14 heures, quoiqu'il eût coutume de les faire 12 ou 16 fois par nuit. L'obstruction était telle qu'il ne restait plus d'autre alternative à employer, que l'introduction forcée du cathète, ou la ponction de la vessie. M. AMUSSAT eut recours au procédé suivant, qui réussit complètement. Il injecta avec force, mais par degrés, dans l'urètre, de l'eau chaude, qui, en dilatant l'orifice de la stricture, repoussa les mucosités épaissies qui l'obstruaient. Aussitôt que le liquide injecté eut atteint l'urine, le malade s'écria qu'il était guéri, et en effet ses urines revinrent comme auparavant. A deux reprises, il rendit près de deux chopines d'urine épaissie. La rétention n'a pas eu lieu depuis, et le malade continue en bonne santé. Cette manière, si l'expérience la confirme, est la plus avantageuse que l'on puisse désirer.

*Opération pour une oblitération de l'urètre.*—Un homme âgé de 27 ans, fut, le 16 Juin, 1815, blessé par une balle qui divisa l'urètre à sa partie moyenne, sans intéresser les corps caverneux. A mesure que la blessure guérissait, l'urètre s'oblitérait tellement, qu'en May 1819, le malade ne pouvait uriner que guttatim, avec douleur et difficulté, et il était menacé d'une inflammation du périnée. Les bougies ne donnant aucun soulagement, M. VANIER de Cherbourg, pratiqua une incision dans la direction de l'urètre, sur toute l'étendue de la cicatrice, de manière qu'une sonde pouvait être conduite tout le long du canal. Il ramena les lèvres de la plaie par dessus la sonde, et vers le cinquième jour les bords étaient réunis et cicatrisés. On enleva alors la sonde, et on introduisit à sa place une bougie qui s'étendait seulement au

dela de la cicatrice, et que le malade portait par intervalles. La guérison fut si parfaite que trois ans après, il pouvait uriner aussi facilement qu'avant sa blessure.

*Anévrisme faux consécutif, guéri par la méthode de Valsalva.*—Nous allons rapporter ce cas tout au long afin de donner surtout à nos lecteurs Canadiens, une idée parfaite de cette méthode que les modernes ont perfectionnée. L'exemple que nous allons citer est presque tout à fait semblable à celui dont parle Sabatier dans son traité de Médecine opératoire, qu'il dit avoir guéri par le même moyen.

Mademoiselle Antouard, âgée de 18 ans, jouissant d'une bonne santé, reçut, le 18 Juin 1825, un coup de poignard, qui intéressa la carotide gauche, au dessous de l'extrémité supérieure du sternum, l'instrument ayant été dirigé en dedans et en bas. Le sang se répandit aussitôt en abondance dans le tissu cellulaire de la partie latérale et antérieure du cou, et la défaillance eut lieu sur le champ. Le quatrième jour après, cette masse de sang était presque entièrement absorbée, mais une tumeur anévrismale se fit appercevoir au bord du sternum. Le Dr. SOUCHIER vit la malade un mois après l'accident, et la tumeur était de la grosseur des deux poings de la Demoiselle. Les pulsations étaient presque égales dans toute son étendue, mais surtout vis-à-vis l'orifice de l'artère. La tumeur ne causait point d'autre douleur que celle qui résultait de son poids, ce qui donnait lieu à un mal de tête continuel.

Le Dr. SOUCHIER ne trouvant pas prudent d'avoir recours à une opération vu la chaleur de la saison, et sur une tumeur située aussi profondément sous le sternum, se détermina à mettre en pratique les principes suivans : 1. Diminuer la masse du sang, et par là son action stimulante sur le cœur, qui, perdant ainsi de sa force projectile, ralentirait aussi la rapidité avec laquelle le sang s'échappait par l'ouverture de l'artère, et imprimait aux parois de la tumeur une secousse

qui mettait obstacle à la coagulation du sang. 2. Secondes l'effet des saignées générales et locales, par l'usage du *froid*, de la *pression*, et surtout de la *digitale* ; et la force de la circulation étant ainsi diminuée, on peut obtenir une coagulation du sang, et peut-être une guérison complète.

Mademoiselle Antouard se soumit de bon gré à ce traitement, et il lui fut prescrit, 1. de l'eau de riz, acidulé avec le jus de citron, et une infusion de mauve pour tout *brevage* et toute *nourriture*. 2. Des frictions sur l'abdomen et le dedans des cuisses, soir et matin, avec huit grains de feuilles de digitale, réduites en poudre, et préalablement macérées pendant 24 heures dans une suffisante quantité de salive. 3. L'application de 12 sangsues tous les jours, près de la tumeur ; et après avoir favorisé l'issue du sang occasionnée par leurs piqûres au moyen de fomentations émollientes, il était enjoint de couvrir la tumeur avec des compresses imbibées d'une solution froide de sucre de saturne, renouvelée souvent, de manière qu'elle fût toujours d'une température plus froide que la peau elle-même. 4. D'augmenter la pression sur la tumeur avec le fond d'un gobelet (tumbler), assujetti par les mains d'un assistant. 5. Enfin un repos et un silence absolus.

Aout, 2, 1825, *quatrième jour du traitement*. Les pulsations de la tumeur sont plus centrales ; la tumeur elle-même sensiblement diminuée ; le pouls moins fort et réduit de 86 à 74 par minute ; les menstrues, qui avaient été supprimées depuis deux mois, sont reparues le 31 du mois dernier, et continuent encore. Prescription : saignée  $\text{xxviiij}$  — le lendemain, 12 sangsues sur les parties latérales de la tumeur ; Digitale  $\text{xxiv}$  grs. en trois frictions pour la journée. Continue ut supra.

Aout, 8. La malade est tranquille ; le pouls à 60, plein, sans vigueur ; visage décoloré, mais conservant une légère teinte rouge ; mal de tête diminué ; point de nausées ; les



menstrues ont cessé le 6. Prescription : saignée 3xij.—quinze sangsues demain ; la digitale augmentée pour tous les jours suivans à xxvij grs. La tumeur diminuée d'un quart. Continue ut suprâ.

Aout, 12. Le volume de la tumeur réduit aux 3-5 ; le pouls 56 ; nuits tranquilles ; un peu de mal de tête, et d'estomac ; la malade se plaint de la faim et de faiblesse, ainsi que de la fatigue de ses assistans : ce qui oblige d'avoir recours à un bandage pour exercer la compression, malgré que ce moyen ne soit pas aussi efficace qu'avec la main ; mais on accorde cette faveur, vu que les pulsations sont diminuées, et deviennent de plus en plus centrales, tandis que l'élévation de la tumeur est elle-même peu considérable. De crainte d'altérer trop sa santé, on lui permet de se lever un peu de son lit, et d'ajouter à sa diète ordinaire un peu de crème de riz bien légère. Prescription : saignée 5x tous les deux jours, et huit sangsues autour de la tumeur ; la digitale est portée à 32 grs. par jour ; bain de pied pendant une heure, matin et soir ; silence absolu.

Aout, 18. La tumeur n'est plus visible ; les pulsations cependant un peu sensibles ; la peau est épaissie ; le pouls 50. Prescription : saignée 5vij. six sangsues tous les quatre jours jusqu'au retour des menstrues ; la digitale réduite à xx grains mais appliquée comme auparavant ; la compression est continuée ; on permet un peu de gelée de riz, une soupe à la vermicelle, et un léger exercice ; on persévère dans le silence et les bains de pied, et on permet un clystère pour diminuer la constipation.

Le Dr. SOUCHIER revit sa malade 15 jours après. Il fallait une main habile pour découvrir en quel endroit l'artère était cicatrisée, vu qu'on n'y pouvait appercevoir qu'une petite élévation au dessus du reste de l'artère. Le pouls est à 48 ; la faim est extrême, et les remèdes sont devenus désagréables. On en suspendit quelques-uns, et on permit à la malade quel-

ques fruits et le blanc d'un poulet, de plus que sa diète ordinaire. La digitale est réduite à 12 grains par jour ; la compression, le silence, et l'exercice modéré sont prescrits ; les menstrues ont reparu au bout de 20 jours, et en plus grande abondance que la première fois.

Au bout d'un mois, on ne pouvait découvrir aucune trace de la tumeur. La jeune Demoiselle prit par degrés un peu plus de nourriture et d'exercice, sans en éprouver d'inconvénient, et on cessa enfin tous les remèdes. Dans les mois de Décembre et Janvier dernier, elle n'éprouvait aucun malaise ni inconvénient de la part de la tumeur, et l'union des parois de l'artère fut regardée comme complète. Le Dr. SOUCHIER, se propose de publier ses commentaires sur ce cas important.

### *Revue Médicale.*

*Naissance.*—D'après les registres de Paris pour 1825, Mr. DUGES publie le tableau suivant des naissances dans cette ville. Sur 37, 441 accouchemens, il y en a eu 36,992 d'un seul enfant ; 444 de deux, et 5 de trois.

*Des sexes.*—Entre cinquante quatre cas de jumeaux, pris au hasard, cinq ont donné un garçon et une fille ; treize, deux filles ; vingt-six, deux garçons. Ce dernier nombre, qui est la moitié du tout, paraît être la proportion ordinaire. Dans deux cas de trois enfans, M. La Chapelle a vu dans l'un, trois filles, et dans l'autre deux filles et un garçon.

*Poids et volume.*—Les jumeaux sont en général plus petits que les enfans uniques, mais rarement plus gros que ceux qui viennent par trois ; en sorte que dans les deux premiers cas, le poids total diffère peu.

*Dispositions des enveloppes.*—Quelquefois les jumeaux sont contenus dans une seule enveloppe membraneuse, et nagent

dans les mêmes eaux, mais ces circonstances arrivent très rarement. Madame La Chapelle, célèbre accoucheuse, assure qu'elle ne l'a jamais vu ainsi ; au contraire, soit qu'il y eut deux ou trois enfans, elle a toujours observé que chacun était contenu dans un sac séparé par l'union des deux chorions et des deux amnios. Quelquefois il n'y a qu'un chorion pour les deux fœtus, malgré que M. Duges avoue n'avoir jamais vu cette disposition. Le placenta est le plus souvent unique, du moins dans trois cas contre deux. Quoiqu'il en soit, on rencontre une variété infinie dans cette espèce de réunion, depuis le simple contact jusqu'à l'union la plus parfaite, sans que la ligne de séparation soit même visible ; en sorte que les vaisseaux de l'un s'anastomosent quelquefois avec ceux de l'autre. Quand cette anastomose existe, ce n'est jamais au moyen des vaisseaux capillaires, mais par les gros vaisseaux, tels que ceux qui se ramifient sur la surface intérieure du placenta ; car on observe que dans le même placenta, les capillaires d'un colylédon ne communiquent pas avec ceux de l'autre.

*Rhumatisme guéri par le camphre en fumigation.*—M. Dupaquier rapporte plusieurs guérisons de rhumatisme, au moyen du camphre en fumigation. Il place le malade dans une chaise et le recouvre jusqu'au cou d'une couverture, tandis qu'il fait brûler du camphre sur une platine placée au dessous du malade, en jetant une petite cuillère de camphre tous les cinq minutes, jusqu'à ce qu'il en soit consommé une demi-once. Cette épreuve dure environ une heure ; le malade est remis au lit et continue de transpirer pendant quelques heures. La fumigation peut être renouvelée plusieurs fois le jour suivant l'urgence du cas. Dans un cas de rhumatisme à l'épaule, le même Monsieur a réussi à opérer une guérison, en faisant porter sous l'aisselle un petit sac rempli de camphre.

*Rhumatisme du cœur guéri par l'Acupuncture.*—M. Pegros dans un cas de cette nature, introduisit trois aiguilles successivement, entre la cinquième et la sixième côte, vers le

milieu du cartilage de cette dernière. La première était longue de 13 lignes, et aussitôt après son introduction, qui fut sans douleur, la malade étendit les bras, qu'elle contracta ensuite, et enfin tomba dans une sorte de délire, dont elle s'éveilla comme d'un songe au bout de dix minutes ; mais la douleur continuant, on introduisit au même endroit une seconde aiguille longue de 15 lignes, et enfin une de 18. M. Pegros ne doute pas que celle-ci n'ait pénétré le péricarde et atteint le cœur même. La malade fut guérie.

*Cancers guéris par les Antiphlogistiques.*—Dans la vue de donner une idée de cette nouvelle manière de guérir le cancer, nous rapportons ici un cas consigné dans le Journal ci-dessus, pour Février 1826, et traité par M. Lisfranc, à l'Hopital de la Pitié.

La malade était âgée de 36 ans, d'un tempérament vigoureux, et avait souffert l'ablation d'un cancer au sein, 18 mois avant son entrée à l'Hopital, le 10 Octobre 1825. La partie avait les apparences suivantes : sur toute l'étendue de la cicatrice, on sentait un grand nombre de ganglions engorgés, et une induration le long des muscles pectoraux, grand et petit, qui s'étendait de la clavicule à toutes les parties externes et supérieures du thorax, jusqu'au pli de l'aisselle, où on apercevait un certain nombre de ganglions. La surface de la cicatrice était élevée d'environ un demi-pouce au dessus du niveau de la poitrine. La malade éprouvait à de courts intervalles, des douleurs vives et lancinantes, qui se renouvelaient sans cause apparente, et devenaient plus sévère au moindre attouchement de la tumeur.

On employa des saignées de bras fréquentes et abondantes, les sangsues appliquées sur la tumeur, ainsi qu'à la partie supérieure et intérieure des cuisses, afin de provoquer les menstrues—la digitale pour calmer les palpitations—les émoullients, et une diète sévère. Le 10 Janvier, la tumeur et les douleurs étaient disparues, les menstrues continuaient avec ré-

gularité, et la malade avait recouvré l'usage de son bras, que l'enflure de l'aisselle avait rendu presque nul.

Cette manière de traiter les cancers est maintenant en grand usage en France, et vient de s'introduire en Angleterre et aux Etats-Unis. Elle mérite toute l'attention des Médecins.

*Magnétisme Animal.*—L'Académie Royale de Médecine de Paris, vient de nommer une commission composée de MM. LEROUX, BOURDOIS, DOUBLE, MAGENDIE, LAENNEC, THILLAYE, MARC, ITARD, FOUQUIER et GUENEAU DE MUSSY, pour s'enquérir des effets miraculeux que l'on prétend opérer par cet agent. On avait jusqu'à présent regardé cette pratique comme une manœuvre de jongleur et de charlatan, mais l'attention que vient d'y donner le corps savant dont nous venons de parler, et la considération dont les membres appointés pour faire rapport sur ce sujet, jouissent dans le monde, nous font croire qu'il y a là quelque chose de plus qu'ordinaire. Nous nous ferons un plaisir d'informer nos lecteurs du résultat de leurs recherches, aussitôt qu'il sera rendu public.

---

### *Bulletin des Sciences Médicales.*

*Scrophule.*—M. WERTZ recommande l'emploi de la potasse caustique dans cette maladie. Il fait dissoudre x grs. de potasse caustique dans une once d'eau d'écorce d'orange, et en donne de xij à xx gtt. quatre fois le jour, dans un peu de bouillon. Il employe aussi une solution de potasse caustique dans six onces d'eau distillée, pour guérir les ulcères.

*Ver Solitaire.*—Dans plusieurs cas de cette espèce qui avaient résisté à tous les plus puissans remèdes, M. BOUGARD a réussi au moyen de pilules composées de calomel et d'extrait d'aloës, trois grains de chaque divisés en trois pilules, qu'il donne tous les soirs pendant huit jours, en augmentant ou diminuant la dose, de manière à produire trois selles par jour. Il ordonne aussi une diète sévère.

## FOREIGN AND DOMESTIC

### INTELLIGENCE AND CORRESPONDENCE.

---

*An attempt to ascertain the value of the VACCINAL VIRUS, as a means of lessening the susceptibility to variolous diseases, with remarks on the most probable origin and nature of the small-pox. Read before the County Medical Society of New-York, April 11, 1825; by FELIX PASCALIS, M. D., Fellow of the College of Physicians and Surgeons, &c.*

[Continued from page 232, Vol. I.]

No. 6. Is a distressing combination of symptoms incident to the disease, and not exclusively marked by any kind of pustules: it is marked by the formation of swellings of the legs, of glands and joints, of imposthumes in different parts of the body, even of caries of bones, and of severe ophthalmia. These were observed and accurately described by Doctor Lewis Valentin, in the epidemic small-pox, which broke out in Norfolk, Portsmouth, and Princess Ann Counties in Virginia, in the year 1795. This excellent physician adds, that the inoculations which were resorted to in order to check the alarming progress of the calamity, participated in these malignant operations of the variolous poison, though chiefly among the blacks, and that he even saw infants with the collar bone projecting through the skin. The mortality was great, owing to the complication of abscesses, ulcers and tumours, which could not always be successfully managed by the general treatment of the small-pox; a similar com-

plication of malignant symptoms took place in this city during the last epidemic, under the care of Dr. Samuel Akerly, in a pupil of the Deaf and Dumb Institution. The Doctor was obliged to open two large abscesses in both shoulder joints ; another took place, which afterwards was discussed, and the boy recovered.

This statement of causes and effects, much abridged from what has been collected by the best judges in ancient and modern times, may satisfactorily demonstrate the greater malignity and virulence of the epidemic small-pox over the regular and ordinary course of the same disease, when excited by inoculation. It also evidently shows that the influence of the vaccine virus in the human system, rendering it unsusceptible to the latter, is not adequate to the repulsion of the former, when arrayed with all its most deadly symptoms. It can, however, modify the intensity of its operation ; it divests it of its particular factor, of its secondary fever, of its dangerous pustules and inflammations, and transforms it into a perfect *varioid*. This *secondary* attack is not altogether mysterious or incomprehensible, if we would reflect for a moment, and compare it with what takes place in a body labouring under a full and well marked attack of natural small-pox, it is, that when safely conducted to the last eruptive stage, and when all critical efforts seem to have been completed ; still by the presence, and from the unavoidable absorption of a great number of pustules, the patient is subject to a secondary fever, to a secondary eruption and formation of pustules, which equally prolong his sufferings, and require the care and attention of his physician.

It may be expected that in concluding this investigation, we should acquaint our readers with the history of our late epidemic small-pox and varioid, as they occurred during the years 1823 and 1824, in the cities of Philadelphia, New-York, and others, giving the results of mortality by the one,

and the vaccinal failures by the other. Our present limits will not admit of these interesting details, already authentically recorded in our Medical Journals. I shall select for the present purpose, the subjoined cases from my own observation, and that of others, such as will sufficiently illustrate the first and principal subject of investigation expressed in the title of this paper.

*Cases which occurred in New-York during the epidemic small-pox of 1824.*

Professor M<sup>r</sup>Neven informs us that a young gentleman, his pupil, caught the disease at a source which had affected a great many students of the college. He had been vaccinated in his infancy by the late Dr. Kissam ; nevertheless he sickened with considerable violence : his case was, however, considered as the varioloid, with brisk red spots. and then pustules all over the body. Three more in the family who had been vaccinated by the same physician took the disease. On the sixth day, Dr. M. used a little of the lymph from a pustule on his student to inoculate a healthy boy with, in the family, who had neither been vaccinated nor inoculated, and this progressed regularly into a fine distinct and benign small-pox ; in fine, the mother of the pupil, aged 40 years, who had been inoculated in her childhood and had the disease regularly, took it again on this occasion. It appears by this remarkable occurrence, that four cases of epidemic small-pox were all rendered mild and without danger by the influence of vaccination, and the other by that of the small-pox, which demonstrates that both possess the same degree of constitutional influence in relation to the epidemic small-pox.

A medical gentleman of this city experienced a violent attack of pneumonia, with a great determination to the head, and it became necessary to take repeatedly from him, a large



quantity of blood. With this and other means, the patient's disorder was subdued, but he was left in a very reduced state, from which he was scarcely recovering, when yielding to an urgent professional call, he was carried to a house where the small-pox yet existed. He was shortly after laid up again with an alarming fever, until a considerable eruption broke out on his face and breast, which proved to be variolous pustules of a distinct and tubercular kind, and clustered together in very red spots, creating an intolerable degree of pain. This varioloid, which progressed tediously, was in this subject a secondary attack, he having had the inoculated small-pox at the age of ten years.

Two sisters, Germans, aged 18 and 20, born in Westphalia, and inoculated with the small-pox during their childhood, still bearing good scars on their arms, lived in the same family, industriously engaged in their capacity of house-servants, and where they experienced no other indisposition than that incident to a change of climate. They separated before the epidemic took place, and shortly after, at no great distance of time, sickened with the variola, each in their respective places of residence, in which not any such case had occurred. The oldest experienced a somewhat confluent varioloid; the second, had a violent fever which required venesection, accompanied with a mixed tubercular eruption. They both recovered on the 18th. or 20th. day of the disease. These cases are instances of the activity of the epidemic, equal in strangers as in natives, and in either kind of protection, by the inoculation or by the process of inoculation.

IV. We see in the following, a reciprocal and simultaneous influence of the two diseases upon each other; the one by exciting the operation of the vaccine virus, which was dormant in the subject, and the other by changing the epidemic variolous matter, into simple varioloid. From which it results, that both the vaccine disease and the *artificial* small-

pox, are equally capable of controuling the *epidemic variola*.

I was desired to vaccinate a little girl of 6 or 7 years of age, lately arrived from Louisiana, and I attempted to do it three times without the least effect, always at 6 or 7 days interval between each operation. Apprehending that my daily attendance upon several cases of small-pox, might be the means at least of exposing the child to an attack of the existing epidemic, I requested the parents to permit her to be inoculated, as all circumstances rendered this measure perfectly justifiable. I used fresh lymph, from a lad of 18 years of age, just labouring under a heavy confluent small-pox, yet a very hopeful case. At the usual time, the little girl sickened, and at the same time, a fine vaccine pustule with an areola, arose on the spot where the virus had been inserted. A few days after which, a second eruptive fever brought on a gradual varioloid eruption; the pustules were rather small, not numerous, and were generally of the dry and tubercular kinds: her recovery was rapid and perfect.

It must now be confessed that the march of the human mind towards the knowledge of the natural laws which govern one of the most formidable diseases, has been to this day restrained or retarded by an opinion, which, without any foundation, has obtained the belief and assent of all nations; to wit: that the small-pox is specifically *unique und sui generis*; the same which long ago was imported from Arabia. From this it was afterwards inferred, that by the universal adoption of the Jennerian process, the small-pox must be eventually eradicated from the surface of the earth. That this philanthropic and benevolent desire has not and cannot be realized, twenty-five years of experience has already shown us. This disease has not disappeared from a single populous district or nation, and uninterruptedly exists in all the largest cities of the world. Should it be granted, however, that by the vaccine process, millions of infecting sources of

that virus have been suppressed, mortality by the small-pox greatly diminished, and that very few sweeping epidemics have occurred, it nevertheless appears certain that there remains some other sources of the disease, which the Jennerian prophylactic cannot reach, nor effectually control: or else there could not have been any epidemic small-pox in the midst of large populations, among whom the practice of vaccination is most rigidly enforced, nor such a number of vaccinal failures amounting even to thousands, been reported in a single populous city.\* Such existing sources it is our duty to investigate: The following short attempt, I confess, may be deemed preposterous; but I inform my readers, that I cannot produce better arguments or proofs, than those that are furnished by logical analogy and analysis. To those to whom they may not appear satisfactory, I apologise, by holding the vaccine virus as an invaluable discovery, not only by its influence against the small-pox, as it has been explained and represented, but because it is a precious key to unlock the hidden and mysterious source of the small-pox, and which may also guard the human race against its epidemical visitations.

Nothing is found in the science of therapeutics that could, by analogy, be compared to the power or influence of the vaccine virus, except it be that of the small-pox itself, of which it may be the prophylactic. But as it has been proved a complete preservative against the artificial disease, and an incomplete one against the epidemic, there may be inferred from this unexpected result, a very conclusive analogy, which would hold good, if epizotic diseases when existing in epidemic form, could affect or endanger the human constitution; for then a bovine or vaccine-epidemic, might at once, by priority, implant in our system an absolute insusceptibility to the

---

\* Vide Dr. Chapman's Journal of Medicine, &c. No. 14.

human pustular pestilence. Now if analogy is in all speculative sciences, and especially in that of mathematics and algebra, the very rationale by which we may progress from the known to unknown proportions or quantities, the above alleged hypothesis is admissible by way of comparison, from that law which limits the power of the vaccine virus to a preservation against the artificial small-pox. Furthermore, as there are no three or four diseases that present more striking analogies than we find between cowpox, the variolæ, and variola, it is next to a theorem, that by the one which is perfectly known to us, we should come at the true nature of the other; then to its source, and perhaps to the periods or circumstances of its formation.

Proceeding from this analogy to another series of attributes appertaining to the cow-pox, we find that this virus is a diseased matter secreted from the body of a cow, or from the hoof of a horse, on the authority of Jenner himself, of the celebrated Dr. De Carro of Vienna, and of the Dr. Chevalier Valentin. Their researches on the subject should not be passed unnoticed, in treating of a contagious matter which has not only been traced from one animal to another, but has been also transferred to different species and from them again to the human subject, in whom the *equine* virus has shown the same effects and efficacy: nay, it has been so much confounded with the vaccinal matter in certain countries, that Dr. De Caro did not know but *equine* matter had there superseded the *vaccine*! This fact being particularly interesting, we refer the reader for further details to the notes G, 7, and 8 in the "*Notice Historique sur le Docteur Jenner, &c. Nancy 1824. Second Edition, by Lewis Valentin, M. D. Knight, &c.*"

2. This virus being absorbed by the human body, after several days, a small quantity of lymph is assimilated to it,

which forms one or more pustules, retaining the same powers as that which originally came from the cow.

3. And when the evolution of this virus is completed in the human constitution, it is, in every respect, as far altered or influenced by the operation, as it would have been by the inoculated or artificial small-pox; although both diseases may be diversified in point of duration, of nature, form, and quantity of pustules, it is also true that one only symptom is required for the efficiency of both, that is, eruptive fever; with this difference, that in the small-pox it takes place at the commencement, until the eruption is formed, while in the vaccine diseases, fever is manifested at a later period only. If now, we consider that no mineral nor vegetable poison is known to be absorbed by the human body, and that the power of absorption and reproduction are confined to animal matter and animal poisons, such as give rise to hydrophobia, syphilis plica-polonica, herpes, psora, lepra, variola, kinepox, and other contagious diseases; and that there is no kind of analogy between any two of those diseases, the two last excepted; it is not only justly inferred, but demonstrated, that the small-pox is an *animal virus*.

The next question would be to ascertain from what animal being it proceeds, whether from the brute creation, or from the human race, or indiscriminately from both. The double origin of the vaccine virus, to which we have already adverted as possibly of an *equine* nature, and also the singular pustular disease of the sheep kind, called the rot,\* (in French le Claveau) might promise a clue, especially as the latter bears some imperfect resemblance to the human variola; but let us drop any such conjecture, and by attending only to the fact of extensive epidemics having taken place in almost every populous nation and city, we may learn the

---

\* Med. Repos. N. S. vol II. p. 228.

general circumstances under which epidemic diseases are formed. One is the atmospheric constitution of seasons, of heat, and of moisture ; the second, we designate as the miasmatic exhalations from the soil or other localities, such as marshy grounds, stagnant waters, and dried ponds, &c. ; and lastly, the accidental conditions of dense assemblages of human beings.

The extensive inhabited regions which have sometimes been ravaged by pestilential fevers, as happened in the whole Roman empire under the two Justinians, in the 7th and 8th centuries, were certainly excited by an universally deleterious state of the atmosphere. The same cause presided and prevailed no doubt, in the 16th century, when all possible forms of influenza, catarrhs, and fatal *anginæ* ravaged all Europe, by the sweating sickness in England, by the sneezing sickness on the continent, and by the croup in Italy. But such universal causes have never been applicable to the epidemic small-pox ; it never was simultaneous over extensive regions ; it does not invade many populous towns or districts at the same time : it has always been successively and at different dates in winter, in summer, in frozen regions, and under the torrid zone, in dry and humid situations, and from pole to pole, a scourge to mankind, parcelling out its attacks amidst the joys and comforts of previous health, suddenly and unexpectedly diffusing its powers throughout all ages and classes of society.

The miasmatic exhalations of the earth have long been known to be the ordinary or accidental sources of a catalogue of endemic or epidemic diseases and plagues. The Hebrews had their Leprosis, the Greeks their Elephantiasis, the Polanders have their Plica Polonica, the Savoyards their Goitre, and the Italians their Malaria, &c. ; and what a variety of fevers of a bad character are endemial in the vicinities of our great lakes and rivers ! But not one defined or bad quality

of land or soil has ever been observed to promote epidemics of small-pox more than another ; no one race nor tribe of men, nor one climate, nor season, nor one latitude more than another ; nor is there any exception in society or in the savage life, in their ailments or occupations, in the toils or hardships of the labouring classes, or amidst the refined luxuries and comforts of the rich, in the humble huts of the poor to the gorgeous of the great. And no age, in fine, can be said to be more congenial to or productive of this disease than another. Louis XV. king of France, after the daily fatigues of hunting, experienced an attack of varicella, when 28 years of age, and 36 years after, he died of the most horrid and malignant attack of the small-pox.

The third condition or circumstance productive of general epidemics, and that only which has attended those of the small-pox, is unquestionably that of large and dense populations. Hence it has always been hovering in camps, in fleets, and prisons ; it is frequent in all commercial cities, and is never extinct in London, Paris, Lisbon, and Constantinople ; this specific matter, it appears, is formed or aggravated by an animal or deleterious effluvium, which, passing from man to man, from breath to breath, gradually acquires its elementary intensity, by which a single particle or atom of it, similar to leaven, excites a general ferment of the whole lymph in the human fabric ; but this terrible operation, which can so readily be averted or modified by the slight constitutional action of another animal virus, suggests to us that two concurring elements or causes, one remote in the living body, and which has not been eliminated from it, the other proximate, can, by the fortuitous accession and junction of impure animal effluvia, create the variolous poison with all its own attributes. This phenomenon appears neither so incomprehensible, nor so singular nor dreadful as that of *phthyrasis*. When the circulating lymph in the morbid state,

and under some accessory influence of external heat, or filth, is brought to the last term of animal decomposition, and forms or creates a most horrid kind of vermin, which is rapidly increased by continually succeeding generations, issuing from all the hairy surfaces, from mucous membranes and from purulent pustules. If that trivial adage might be indulged in here, "To see is to believe," I might add, *Quæque ipse miserrimū vidi*. History informs us, that the divine Plato, Herodes king of the Jews, the dictator Sylla, and Philip of Spain, all died of that shocking malady.

There cannot be much doubt that the small-pox is an animal poison, exclusively proceeding from human beings, and that when prevailing as an epidemic, it is of a recent and fresh formation; and since it could not be traced to atmospheric contamination, as we have already demonstrated, nor to miasmatic exhalations, or other deleterious qualities of the soil, we must conclude from a series of striking circumstances, that it is a compound and morbid formation from human effluvia; it must then be reasonable to suppose that extensive infecting and invisible currents of the kind, cannot have a long existence under the vicissitudes of seasons, and the variableness of winds and temperature, although they may be often renewed in camps, jails, ships, hospitals, and burying places, as well as in all dense assemblages of human beings.

Another and last remark in conclusion, relates to the contagion of the small-pox, which proves to be so much more active, diffusible, and transportable by intermediary vehicles, such as the effluvia from clothes and other materials, than any other. Epidemic fevers of a bad or malignant character continue still to excite great controversy among the learned, and the heads of government, respecting their contagious power. I would only propose a final question, which has been illustrated by the above investigation; whether the *contagious property* of any disease incident to mankind, cannot



be peremptorily decided ; first, by its nature as an animal virus ; secondly, by its being absorbed into the human system ; and finally, by the conversion or assimilation of human lymph into a virus of the same nature, and capable of reproducing the same disease ?

---

We beg Dr. Pascalis will accept our most grateful thanks for this highly scientific essay, and other very valuable papers. After the respectful mention made of it in the annual report of the Linnæan Society of Paris for 1825, and in the New-York Medical and Physical Journal, it is impossible that we can with propriety dwell on its merits, which are so strikingly evident on its perusal.

Our readers will no doubt hail with pleasure the opportunity which is now afforded them, of appreciating the value of the different doctrines to which our anxiety in exploring an affectual mode of arresting the progress of a most desolating calamity, has naturally given rise ; and as we feel confident that we could not apply to a more respectable source for information on this very important topic of scientific inquiry, we must be allowed to submit an idea which this paper has created in our mind, and which, we hope, shall be received with the same indulgence as it is presented with diffidence and respect.

Dr. Pascalis has very satisfactorily proved some useful points which had lately given rise to much agitated questions, but we are sorry that after such plausible arguments, both for and against vaccination and inoculation, we should be still left without the means of obviating the failures of these two prophylactics. It is, however, admitted that in case of the small-pox occurring after vaccination, it only appears under a benign form called *varioloïd*. It is also granted that artificial small-pox is seldom attended with serious consequences. Would it not be worthy of trial, to ascertain to what degree of mildness the inoculated variola can be reduced by previous vaccination ? We are not aware that it has ever been proved how far this previous vaccination may influence variola when inoculated, as it does when epidemically engendered.

Should this suggestion be not considered an idle proposition, it might become the means of satisfying the partisans of either party, and of ascertaining whether both inoculations are a more effectual preventive of variola than one alone. (*Note of the Editor.*)

*Dissertation on Scrofula*, by J. B. MEILLEUR, M. D. &c. &c.  
of l'Assomption.

(Continued from page 240, Vo'. I.)

Is it reasonable to believe that the union of living parts can be effected mechanically, as pieces of wood and other substances are made to adhere, by gluing them together? And, besides, how can inorganic matter possibly be the agent of the creation of any thing whatever, and be the author of a new life? Is it not, on the contrary, much more likely to act as an extraneous and irritating substance, which, as long as it remains in the way, must unavoidably prevent the parts from reuniting together? Is this not the natural corollary? In truth, the precise operation of nature in effecting the cure or reunion of parts which have been, either with design or accidentally, divided, is not as yet, and perhaps never will be fully understood by any one; but from analogy, and from the knowledge we have of the myriads of effects which result from the well known laws of attraction and of affinity inherent in all physical bodies, we may safely conjecture, if not assert, and this without in the least degree going out of the strict bonds of true philosophy, that the adhesion and reunion of such divided parts are the natural effects of an animal affinity, in and between the parts divided, the whole depending more or less on the degree of vital action, and nothing else; and that an increase of the nervous action must produce an augmentation in the degree of the same attraction and affinity; and, although the novelty of such an idea might excite the superficial to laughter, yet, to establish it, we might adduce here many plausible and logical arguments. We might, indeed, amuse ourselves much longer, and travel with ease, over a much wider field, while on this subject; but, as it is here incidental and somewhat foreign to our pre-

sent purpose, and as no one, I trust, will, after a deliberate investigation, be likely to indulge himself in such wild and unfounded notions, we will now conclude this digression, and return to the further pursuit of our main object, that of proving that scrofula is decidedly an inflammatory disease.

Those who deny that scrofula is of an inflammatory nature, generally assert that it is a disease of mere debility, and the most powerful arguments which they bring forward to support their doctrine, are, that the greatest share of remedies recommended and used by most practitioners for the cure of scrofula, consists in such as produce inflammation in the parts affected, which inflammation is believed to be necessary to effect its healing; also, that, as to the general treatment, bark, bitters, and other tonics and stimulants, are recommended and used, with a happy success; and that, if these do no good, they at least do no harm. That such inflammation, thus purposely induced in the system, may tend to effect the cure of scrofula, we are not disposed to deny; but it should be recollected, that it is nothing but a substitute for that which already existed previous, and which is exchanged for a more commendable one; scrofula being analogous in this respect to syphilis, which no person denies to be an inflammatory disorder, in the treatment of which, mercury, which is a powerful stimulant, is administered freely, in order to change the specific inflammation into a more manageable one. But even in this, mercury proves hurtful, if the patient is not well prepared by a suitable depletion prior to its administration.

Here it should be remembered that inflammation may, and in fact does take place, in the system or any of its parts, when labouring under a state of positive debility, a truth recognized by some of the first medical authors, as Broussais, Armstrong, Thomson, &c., and that when this is the case, it is always slow in its progress, and chronic in its nature. Such inflam-

mation therefore may, with propriety, be called passive or indolent, as there is no very perceptible increased action of the heart and arteries, nor any very evident febrile commotion. Such is the case in that inflammation which precedes and attends schirrus, cancer, scurvy and scrofula. Now, I have no doubt but in the treatment of a disease of such a character, the moderate and well conducted administration of mild tonics and stimulants can effect a cure, and this would not militate against it being of an inflammatory nature : are they not administered, with success, in chronic hepatitis and other chronic inflammatory disorders ? The principal object in view in these instances, is to give sufficient tone to the system, to enable it to shake off as it were, the morbid diathesis, and to assure a more healthy and more vigorous one capable of resisting the noxious influence of those adventitious causes which are calculated to keep up, if not to augment, the diseased action in the whole animal body, thus rendered more and more susceptible of morbidic impression.

There are three other arguments, but of very little or no value, which are generally brought against the inflammatory nature of scrofula. These are, that the pulse is but little or not at all altered ; and that there is scarcely any pain experienced in the parts affected, nor redness of the integuments covering them. It should be recollected that the disorder is a *chronic* one, and that consequently, the degree of inflammation is not so high as it would be, were it an *acute* one ; that in chronic or passive diseases, as a general rule, the degree of alteration in the pulse is slight, and of course, of little consequence ; finally, that the glands, parts which are usually the principal seat of the complaint, are generally remote from the heart, and comparatively, but very imperfectly supplied with nerves ; hence little or no pain is experienced in them by the patient, in the same degree of disease. Besides, as to the redness, before the skin partici-

pates of the inflammation of the scrofulous glands which it covers, it is merely elevated by their preternatural enlargement, in consequence of which its blood-vessels are put upon the stretch, their size is diminished, and a less quantity of blood circulates through them, in a given time; but when it partakes of the inflammation, its nerves have an increased action, the circulation is carried on with much more force and rapidity, and the cutis or epidermis assumes some degree of preternatural redness and warmth, the well known characters of inflammation.

*Causes and Pathology.*—Had scrofula been generally considered as a constitutional, instead of a local disease, we would not still remain so much in the dark with regard to its true pathology. But, as in every discursive investigation one cannot reason or argue without starting from some fixed and well known principles, I will avail myself of the following, which should ever be present in the mind of every medical man.

The animal system is *one and a whole*, everywhere endued with a nervous power, whose seat, says Le Gallois, “constitutes in itself the individual as a living being;” all the rest of the organization of an animal serving only to establish a relation between the said nervous power and external objects, or to prepare and supply it with materials necessary for its support and nourishment. Far from being particular to, and concentrated into any point, this nervous power has an immediate connexion and perfect harmony with all the constituent parts of the animal machine. Le Gallois illustrates this assertion by a familiar, but well adapted comparison: “let us suppose,” says that able writer, “a number of wheels all connected together by their cogs, they will form one system only; no one can perform any motion unless they all do the same.” Now if these positions are true and founded, as every one who has ever so little knowledge of physiology

must admit, it follows that when any one part of that whole is affected, depressed, excited, or disordered, the others must necessarily have a share in, and be synchronous participants of the same action; whether it is regular or irregular, healthy or diseased.

The affection of any one part therefore becomes instantaneously that of the whole system. As a musical string put upon the stretch cannot be vibrated anywhere between its two poles, or points of attachment, without the vibration being immediately communicated throughout, so the living system cannot be affected in any one part, without all the others participating of the same affection, the morbid action travelling, through the medium of the nerves, from one organ or subdivision of the general system to another, and forming an uninterrupted chain, which ultimately involves the whole body. If one receive a wound any where on his body, according to Bichat, the part to which the cause is applied receives, the nerves transmit, and the sensorium perceives the injury; and we may add that the nervous action being reflected back from the sensorium equally to every living part, the whole system becomes universally affected. But the painful sensation is referred to the place where the cause has made its morbidic impression, on account of the nervous reaction which is added to the local excitement in consequence of which the pain is there so much greater than elsewhere, that the general uneasiness is neutralized, as it were, and the patient is scarcely able to feel it, though its bad effects are, to him still more than to others, very notable and palpable. A great, a very great number of familiar examples might be specified here, were it necessary, to establish this doctrine. Indeed, if a disease can be strictly local, and exist without affecting the whole system, why are its effects general, and its consequences so unlimited? Why, for example, in cases of extensive lesions, lacerations and bruises, do we not direct

our medication exclusively to the parts injured? But, to state things as we have reason to believe they are, and not as they may appear to a superficial observer, we must assert that strictly speaking, there never was, nor ever can be, any such thing as a disease absolutely local; for it is diametrically opposed to the laws of the nervous system and animal economy, as well as to those of nature, who never made any kind allowance for such strange anomaly; and the contrary idea entertained by some, is absolutely without any foundation, and tends to lead the practitioner into an error whose results must be the grossest blunders, and the most unpardonable mistakes; for, under the impression that the disorder which calls his skill and knowledge into operation is a local one, he is induced to direct his attention, in the treatment thereof, exclusively to the part or organ which appears to be its principal seat, and to neglect the system at large, which however generally speaking, should be in the very onset, strictly and faithfully attended to. All the medical, and many of the surgical disorders, which are considered by authors are local, or local concentrations of general or constitutional disease.

Having premised these brief remarks, and attempted to prove in a short way the unity of the nervous system, which have been thought necessary in this place, for the better understanding of the causes and pathology of the disease under consideration, we will now proceed to the investigation of these conjointly.

Bedingfield under the head, *Hydrocephalus internus*, and in a digression to his main subject, suggests that indigestion or dyspepsia is the cause of scrofula, and Abernethy, Alibert, and Thomson seem to have entertained the same idea, and Dr. Lloyd is decidedly of that opinion. (\*) Dr. Caldwell,

---

(\*) Since this dissertation has been written, I had the pleasure, while attending, lectures, as a medical graduate, at Dartmouth College, to see the able Prof. Olivier inculcate the same doctrine.

the commentator of Cullen's practice of Physic, says, "scrofula appears to be, in no small degree, assimilated to rickets. Like that disease, it arises no doubt, from a want of vigour, accompanied by a peculiar vitiated action in the organs of digestion, assimilation and nutrition." And although Dr. Thomas in his modern practice of Physic, censures Mr. Richard Carmicheal for considering scrofula as arising from a disordered state of the digestive organs, yet, the Dr. himself, in the treatment of the disease, seems to direct his attention, principally to the digestive functions. Such is the opinion which several learned authors seem to have entertained concerning the complaint under consideration; and as I never saw it discussed, but merely advanced, it is the one which I will endeavour to establish here as tenable, although I may fail in the attempt. In fact, indigestion or dyspepsia is no doubt the remote cause of that mysterious disorder, scrofula, which writers in general appear to know only from its baneful effects on the constitution; for, nothing can agree better than indigestion, with its well known character that of being generally *accompanied* with a remarkable degree of debility, throughout its course.

It is well known that the stomach performs the most important office in the corporeal system, and that when for some cause or other, its functions are debilitated, impaired, or diseased, it is unable to convert into a nutritious chyme the food received into it. The aliments thus imperfectly digested, prove to be, in their passage from that organ into the duodenum, irritants capable of producing an inflammation of the pylorus and of the first intestine, which inflammation frequently extends directly to the liver and pancreas, the lining membrane of their ducts being a continuation of that of the duodenum into which they empty themselves of their contents. This explains satisfactorily the apparently so mysterious sympathy of many. Accordingly the ingesta present



themselves to the mouths of the lacteals in a state of imperfect digestion, and sometimes perhaps in a crude state.—Bendingfield, therefore, persuaded that such may be the case after having suggested in a few words, that indigestion is the cause of scrofula, concludes by speaking as follows: “although the absorbents of the intestines, in all probability, possess to a certain extent, the power to receive or to refuse what may be presented to their mouths, yet, if only imperfect chyme be formed, they will be necessitated to take it up. The imperfect chyme (or rather chyle) thus taken up acts upon the inner surface as an extraneous body. They, as well as the glands attached to them, become inflamed, and thus is produced the disease termed *tubes mesenterica*.” Dr. Thomson, also has made very judicious remarks to the same end, and nearly in the same language. That the mesenteric glands are commonly found much diseased in both young and old scrofulous subjects, has long ago been known to be the fact; but it never was, I believe, generally considered to be the consequence of indigestion or dyspepsia.

This however appears to be the most plausible *rationale* of the disorder, particularly when we know that all which is taken up by the lacteals, has to pass through them before it can arrive in the circulation. Now, if the ingesta are imperfectly or but little digested, we have good reason to believe that the mesenteric glands must take on a morbid action before any other part of the body, except the lacteals, which first take it up, and which of course must be first affected.—Thus, we are justified in asserting with positive confidence, that *tubes mesenterica* is *not* the cause of scrofula, as a certain class of writers say it is, no more so than that the tubercles, found in the lungs, are the cause of *phthisis pulmonalis*, but merely the *consequences* of a scrofulous or phthisical diathesis.

(To be continued in our next.)

*Dissertation sur le cancer de l'Utérus.* Par GUILLAUME J. L. VALLEE, M. D. &c. &c. de Montréal.

(Continuée de la page 243. Vol. 1.)

Pendant un tems plus ou moins long, le cancer de l'utérus ne se présente que sous la forme d'affection locale ; mais, à une époque plus ou moins tardive, il commence à exercer son influence sur l'économie animale, et à se compliquer des symptômes de la cachexie cancéreuse. Cette époque se manifeste par les signes suivans ; Amaigrissement progressif, tristesse, dégoûts, désordres continuel's dans l'appareil digestif ; la peau acquiert cette teinte livide, jaune-paille, avec des taches bleuâtres, signe non-équivoque des désorganisations profondes. Ce caractère n'avait pas échappé à *Hippocrate*, ce qui prouve que cet habile médecin portait ses recherches jusqu'aux plus petits détails qu'il ne croyait pas indifférens pour l'homme de l'art.

Quelquefois on remarque des syncopes, des convulsions. La malade a depuis long-tems oublié les douceurs du repos ; une fièvre d'abord peu apparente, sensible seulement le soir et durant la nuit, s'allume, et, acquérant chaque jour plus de force, consume la malade que la diarrhée achève de précipiter vers le terme fatal. Souvent même elle a succombé, avant ces grandes destructions, aux suites d'une hémorragie excessive, ou de quelque inflammation aiguë.

Telle est la marche la plus ordinaire du cancer de l'utérus ; mais qui pourrait décrire les variétés presque innombrables qu'offre cette maladie, soit dans son ensemble, soit dans chacun de ses symptômes, considérés sous le rapport de leur intensité, de leur durée, de l'époque où ils se manifestent, de l'ordre dans lequel ils se succèdent.

*Marche et durée.*—On voit que dans le tableau rapide que

j'ai fait des symptômes, j'ai supposé la maladie attaquant l'orifice utérin. En effet, elle commence presque toujours par le col de l'utérus, et c'est ordinairement la lèvre postérieure du museau de tanche qu'elle envahit d'abord. Le cancer débute sous deux formes principales : quelquefois c'est un engorgement chronique qui passe à l'état squirreux, puis à la dégénération carcinomateuse ; le plus souvent c'est un véritable ulcère cancéreux qui repose immédiatement sur le tissu même de l'utérus.

La durée de cette affection varie à l'infinie, depuis quelques mois jusqu'à plusieurs années.

Lorsque le mal a commencé sur le corps de l'utérus, celui-ci peut être entièrement squirreux, sans que le col paraisse y participer. C'est ici que le diagnostic est beaucoup plus difficile, et que l'on ne reconnaît la maladie qu'à la présence des douleurs lancinantes, et quand elle a fait des progrès tels que le mal est au-dessus des ressources de l'art. Quand le corps est affecté, l'utérus peut acquérir un volume considérable. *Ambroise Paré* le vit égalier celui de la tête. M. le professeur *Ficéau* l'a vu acquérir une grosseur plus énorme.

*Prognostic* — Le pronostic que l'on peut porter sur cette maladie est des plus fâcheux. Cependant, quand elle n'occupe que la partie superficielle du col de l'utérus, quoique très-grave, on peut concevoir l'espérance d'en arrêter les progrès ; mais de tous tems le cancer, une fois bien développé, a été regardé comme incurable par tous les auteurs. Lorsqu'il est ancien et qu'il occupe la totalité de l'utérus, il conduit certainement le malade au tombeau.

*Diagnostic*.—Il est des circonstances qui rendent le diagnostic très-difficile ; c'est surtout au début du cancer que l'on court risque de se méprendre. Disons quelques mots des maladies avec lesquelles on pourrait le confondre.—

La métrite chronique pourrait peut-être en imposer à l'observateur ; mais cette dernière est plutôt accompagnée

d'une rétention de menstrues, que de pertes copieuses et fréquentes. Pour ne pas confondre avec le cancer de l'utérus les maladies que je viens d'énumérer, il faut apporter la plus grande attention dans la recherche des symptômes qui lui appartiennent. Mais il suffira de se rappeler la nature des douleurs, les altérations particulières que ce mal imprime à la peau, son influence sur la santé générale, pour établir, dans la plupart des cas, un diagnostic sûr et certain.

Dans ces cas, rien ne nous semble plus efficace pour procurer un soulagement momentané que la solution d'opium, administrée sous forme de lavemens. On conseille dans les mêmes vues les injections émollientes et narcotiques dans le vagin et l'utérus, avec des décoctions de mauve, de têtes de pavots, de ciguë ; des bains de siège, &c.

M. Fearon rejette l'emploi de tous les remèdes internes ; et il dit que les succès que l'on prétend avoir obtenus à l'aide de ces moyens ne peuvent s'appliquer au cancer confirmé.—

Quand le mal est borné au col de l'utérus, l'opération paraît offrir plus de probabilité de réussir. On peut employer deux méthodes pour le détruire ; soit que la maladie soit assez peu avancée pour qu'on puisse trancher sur des parties saines, et que le col soit assez ferme pour être fixé, soit qu'il soit tellement ramolli qu'on ne puisse le saisir. De ces deux cas, l'un admet la rescision, et l'autre la cautérisation. Le dernier de ces procédés, la *cautérisation*, est dû à M. le baron Dupuytren, chirurgien en chef de l'Hôtel-Dieu.—

[M. le Dr. Vallée donne ici une description des diverses manières d'opérer des plus habiles chirurgiens de Paris ; mais comme nous croyons avoir suffisamment donné une idée de son mérite par les extraits qui sont maintenant devant nous, nous allons maintenant passer aux conclusions de l'auteur.]

*Conclusions*.—D'après tout ce que nous avons dit, il nous semble qu'il nous est permis de tirer les conclusions suivantes : 1. Toutes les fois que le cancer a porté ses ravages sur

le corps de l'utérus, et que celui-ci est dans un état complet ou presque complet de chute, l'utérus cancéreux peut être emporté à l'aide de la ligature. 2. Quand la maladie est bornée au col de l'utérus, si elle est superficielle, sous forme d'ulcère reposant sur des tissus sains, fermes, la rescision doit être employée. 3. Dans les cas de trop grande friabilité des tissus du col, si celui-ci est trop peu ferme pour être fixé, s'il est ramolli, ou si le cancer est plus profondément situé, et occupe une plus grande partie du museau de tanche, la cautérisation nous semble préférable. 4. Quand la dégénération a envahi la presque totalité du corps, (celui-ci n'étant pas dans un état de chute), à plus forte raison quand les parois du vagin et les parties environnantes sont prises, l'opération est tout-à-fait impraticable. Que faire dans cette circonstance malheureuse? User de palliatifs, entourer la femme de prestiges d'espoir qu'on est si loin de partager; et, s'il est possible encore, par des consolations adroitement ménagées, semer de quelques fleurs le chemin qu'il lui reste à parcourir; voilà, hélas! à quoi se borne le triste ministère du médecin.

---

*Essai sur la nécessité d'établir à Québec, Capitale du Canada, un Hopital Général, considéré comme le moyen le plus efficace d'être utile à l'humanité, et à la Science Médicale en Canada. Par un Médecin de Québec.*

Dans un tems où la Législature va s'occuper de l'érection d'un édifice qui doit fournir au Médecin les moyens d'exercer son art en faveur des malheureuses victimes de la maladie, on doit s'attendre que ceux qui sont par état dévoués à l'exercice d'un devoir aussi important, ne voyent pas avec indifférence approcher l'époque où ils pourront travailler avec plus

d'avantage pour les souffrans. Mais comme ce sujet embrasse nécessairement deux questions, l'une d'économie politique, l'autre de police médicale, je ne m'attacherai qu'à cette dernière la seule qui soit de mon ressort ; elle me conduira à rechercher, pourquoi les établissemens de ce genre que nous possédons non seulement ne sont pas suffisans pour produire les heureux effets qu'on en devrait attendre, mais même incapables de jamais le devenir, d'où je concluerai à la nécessité d'y pourvoir d'une autre manière qu'on ne l'a fait jusqu'à présent ; enfin je chercherai les moyens qu'il est nécessaire d'adopter pour rendre un semblable établissement avantageux à la société, et utile à la science médicale.

Je ne puis mieux entrer en matière, qu'en introduisant ici l'idée noble et sublime que nous donne d'un hôpital un illustre contemporain, M. Fodéré, dans les termes suivans :

“Ce fut une belle pensée de nos pères, que celle qui créa ces lieux où les pauvres atteints de maladies ou d'infirmités sont accueillis pour y recevoir les secours que leur état exige, et d'avoir appelé ces asiles *Hotel-Dieu*, maison de Dieu, père commun des hommes. Gloire en soit au christianisme ; car c'est à cette secte, vrai et unique refuge des malheureux, qu'on doit ces institutions bienfaisantes qui manquaient aux Grecs et aux Romains, quelque haut point de civilisation que ces peuples eussent déjà atteint lors de la chute du polythéisme. La charité, premier élément de la religion du Christ, avait déjà échauffé tous les cœurs dès l'aurore de son établissement, et nous lisons, dans les lettres que Pline le jeune écrivait à Trajan en faveur de ces nouveaux religionnaires, qu'il les recommandait à sa clémence : *quia ablucere solent pedes sanctorum, et egentibus cibum, potumque largiri*. Les premiers évêques tenaient leur maison épiscopale ouverte aux passans et aux malades ; ils les couchaient, les nourrissaient, et employaient tous leurs revenus à ces actes de bienfaisance, qui furent le fondement des donations immenses

dont on gratifia l'Eglise. Julien, dit l'Apostat, paraît être le premier Empereur qui ait destiné à ce sujet des maisons et des revenus particuliers, par les soins d'*Oribase*, son médecin et son confident, en 362 de l'ère chrétienne. Les branches de cette secte imitèrent leur mère commune, et adoucirent sur ce point la férocité des Turcs; *Mahomet II*, et *Bajazet* son successeur établirent de grands et magnifiques hôpitaux à Constantinople; ils en firent même pour les bêtes, au rapport de *Lovicerus* dans son histoire des Turcs; tant la première institution du christianisme avait donné l'essor au plus sublime des sentimens sociaux, celui de l'humanité."

Pour rechercher si nos établissemens actuels répondent à une fin aussi noble, je vais envisager séparément chacun de nos hôpitaux. Le premier qui doit nous occuper d'abord est l'Hôtel-Dieu de Québec; et comme son défaut de suffisance à nos besoins, paraît tenir à des règles qui font partie de leur organisation, et dont les maitresses hospitalières paraissent disposées de ne jamais se départir, il me sera inutile de m'arrêter sur celui de Montréal, dont la fondation et l'organisation sont les mêmes à tous égards, et auquel ce que je dirai sur celui-ci, devra par conséquent s'appliquer en grande partie.

L'Hôtel-Dieu tient son existence de l'autorité des Rois de France, en considération des soins que les Dames Religieuses voulaient bien vouer aux pauvres malades. Mais de même que dans la plupart des maisons de cette nature en France, et partout ailleurs où elles existent, on a perdu de vue par degrés l'objet principal, en rendant ces asiles le refuge des pauvres plutôt que des malades; et c'est ainsi qu'en assurant à ceux là un moyen de subsister sans travail, on a favorisé l'oisiveté et la fainéantise. L'établissement dont je parle, est peut-être un de ceux qui ont le moins donné dans cet excès, malgré qu'on ne puisse nier qu'il n'ait un peu favorisé l'abus. Le malheureux qui souffre dans sa cabane, exposé aux injures de l'air, et manquant même du premier besoin de l'hom-

me malade, la propreté, se trouve exclus d'un hospice que ses charitables ayeux lui avaient destiné ; tandis qu'on y aperçoit quelques imaginaires qu'une funeste manie et un besoin factice de prendre des remèdes, conduit à rechercher le séjour d'un hôpital, comme un autre plus sensé va prendre l'air de la campagne.

Il est vrai de dire qu'on y est bien nourri et bien traité, mais qu'en rapporte-t-on ? Pour peu qu'une personne soit affaiblie par quelque cause que ce soit, ne fût-ce que par un trop long exercice, l'air infecté d'un hôpital suffit pour entraîner des maladies lentes dont les suites sont quelquefois funestes, mais qui ne laissent jamais d'être très préjudiciables au tempérament surtout des jeunes personnes.

Mais, dira-t-on, ne voit-on pas à l'Hôtel-Dieu quelques malades qui y sont traités avec assez de soin, pour que l'on doive considérer cet établissement comme très utile au public ? C'est une vérité que j'admets dans toute son étendue ; et telle est la haute idée que j'ai du zèle et des attentions que les religieuses portent aux malades qui leur sont confiés, que mon plus grand regret sera toujours de les voir s'obstiner à repousser les vœux de tout le pays, qui désire ardemment qu'elles veuillent bien accepter les moyens qui leur sont offerts de remplir leur pieux ministère d'une manière efficace, et pour l'avantage même des souffrans. Mais il n'est que trop évident que, surtout dans un lieu où il n'y a pas une variété d'hospices pour différens genres de maladies, tant que cet établissement continuera son système d'exclusion, il ne pourra jamais rencontrer nos besoins.

On avait enjoint à Montpellier, que personne n'entrât dans l'Hôpital sans qu'il eut la fièvre, pour désigner que ces sortes d'asiles sont établis moins pour les maladies dont la guérison dépend d'un bon régime et d'un soin longtems continué, que pour celles qui demandent un prompt secours, et qui ont de nature à entraîner des accidens graves : en un mot pour les



maladies aiguës. Qu'on ne dise pas que l'admission de toute espèce de maladie soit incompatible avec ce que l'on doit entendre par la *maison de Dieu*. L'Hôtel-Dieu de Paris, pour s'être relâché de la sévérité de l'ancien régime qui est si strictement observé ici, a-t-il dérogé à sa destination primitive ? Croit-on que si les protectrices des malheureux qui y exercent leur généreux zèle, avaient plutôt consulté leur propre intérêt, en interdisant l'entrée de leur Hospice à des malades, que la crainte chimérique, et qui est beaucoup moins qu'imaginaire de nos hospitalières, condamnent à devenir les victimes d'un coupable égoïsme, et de notre indifférence ; peut-on raisonnablement croire, dis-je, que cet asile contiendrait aujourd'hui des milliers de malades de toute espèce, que la certitude d'y voir adoucir leurs maux, y amènent de toutes les parties du royaume.

J'ai dit de plus, et je dois prouver, que cet établissement n'est point propre à encourager la science médicale. En effet, pour s'assurer que le Médecin s'attache d'une manière infatigable à l'avancement de son art, il est seulement nécessaire que son crédit s'y trouve intéressé. Ce puissant mobile qui a conduit aux plus hauts faits, et qui est le premier moteur de toutes les actions des hommes, est cause que l'homme dans quelque état qu'il soit, éprouve toujours le besoin même de redoubler d'efforts pour acquérir les connaissances qui lui manquent, et de perfectionner celles qu'il possède. Malheureusement pour nous, le pays est peut-être trop jeune encore, pour qu'il soit prudent de confier aux Médecins la prérogative de décider du mérite de chacun de leurs membres. Comme ils sont cependant plus compétens encore que tout autre tribunal, on ne doit pas s'étonner si les personnes appelées à remplir des situations importantes dans les établissemens, soit aux hôpitaux, soit ailleurs, n'ont gagné par l'aucun crédit auprès de leurs concitoyens.

Mais si d'un côté je vois l'émulation assoupie dans un ordre

de choses auquel il n'est pas en notre pouvoir de remédier, je me réjouis cependant dans la pensée que l'on ne pouvait faire un meilleur choix, que de ceux que je vois préposés à tous nos établissemens en Canada. La voix publique et l'assentiment de toute la Profession, ont confirmé ce qui avait d'abord paru ne tenir qu'à des considérations étrangères au mérite personnel. Si je ne craignais de blesser leur modestie, il me suffirait de les nommer pour rendre hommage à leur mérite. Mais comme je me suis proposé dans cet écrit, de faire voir ce que l'on doit éviter dans une nouvelle organisation, en montrant ce qui est pour le moins susceptible d'amélioration dans nos établissemens actuels, on me pardonnera sans doute de m'appesantir sur un objet que je considère comme l'unique moyen de paver la voie aux talens, et par conséquent à l'avancement de la science.

Je dirai donc, avec toute la franchise que m'inspire la bonne foi de mes lecteurs, qu'il est possible que par la suite, on consulte moins le mérite, pour remplacer ceux qui remplissent aujourd'hui ces situations avec tant d'avantage, que le désir de favoriser des individus qui n'apporteraient d'autres qualifications que la naissance et la fortune : ce qui serait aussi préjudiciable aux intérêts de l'humanité que j'invoque, qu'à ceux de la science que je désire voir prospérer parmi nous.

Pour nous en convaincre, il suffit de tourner nos regards vers ceux qui font aujourd'hui l'admiration de l'univers. Si la faveur eût présidé aux offices dans les hôpitaux de Londres ou de Paris, on ne verrait pas de nos jours deux simples gentilshommes, MM. Cooper et Dupuytren, élevés aux premières dignités, celles de Chirurgiens des deux premiers Monarques de l'univers, et de Barons des deux plus fameux Empires du monde. Je pourrais peut-être même oser dire, qu'en Canada, comme partout ailleurs, les talens se trouvent rarement alliés à la fortune et la naissance.

Je me suis laissé entraîner plus loin que je n'aurais désiré,

pour faire sentir combien ces situations sont importantes pour l'avancement de notre art ; et je me flatte d'avoir prouvé que loin d'être dûes à la fortune ou à la faveur, elles devraient plutôt être le moyen de les acquérir, en les rendant la récompense du vrai mérite. Mais comme cette règle me paraît avoir été fidèlement suivie jusqu'à présent à l'Hôtel-Dieu, j'aurai occasion d'en parler plus au long, lorsqu'il sera question de l'Hôpital des Emigrés dont l'exemple devra nous donner une leçon salutaire. Je terminerai ce que j'ai à dire sur ce sujet, en considérant comment et pourquoi l'Hôtel-Dieu est vraiment utile à l'humanité.

Dans tout ce que j'ai dit jusqu'à présent, je me suis attaché à mettre sous les yeux les écueils que l'on doit éviter dans le nouvel établissement dont notre Législature a justement senti la nécessité, en accordant une somme d'argent pour s'en procurer des plans. J'ai cru aussi découvrir qu'on avait mal dirigé le système d'exclusion observé à l'Hôtel-Dieu. Malgré ces inconvéniens, qui ne sont tels à la vérité que par l'absence d'un autre établissement plus général, je regarde l'Hôtel-Dieu comme très utile. Outre ce plan que l'on se propose d'exécuter, il se trouve des maladies qui demandent des soins que les mains seules de celles auxquelles un zèle évangélique fait même trouver agréable le plus pénible de tous les devoirs, celui d'être le témoin continuel des souffrances de ses semblables, sont capables d'adoucir. Dans quelle classe de la Société trouverez-vous ces soins assidus, ces complaisances que la sympathie fait sortir d'un cœur tendre et sensible, ce courage et cette sévérité dans l'exercice d'un ministère que la nature même n'est pas toujours capable d'inspirer dans l'âme du plus proche parent, ou du plus chéri des amis ?

C'est sous ce point de vue, que l'on doit envisager l'Hôtel-Dieu comme un établissement utile, je dirai même indispensable, pour ces sortes de maladies dont la guérison dépend plutôt d'un régime bien ordonné, que de l'emploi des remè-

des. Mais comme il n'est pas possible d'y mêler aussi toutes les maladies accompagnées de fièvre, les ulcères ou les plaies en suppuration, sans exposer les premiers à contracter d'autres maladies, ou du moins à rendre plus graves celles qui existent déjà, ce sera une raison de plus pour nous faire voir la nécessité d'un autre établissement. Je dois pourtant dire encore avant que de prendre congé de l'Hôtel-Dieu, qu'il me paraît étonnant qu'avec une somme de près de 36000 piastres, que la Législature a accordée à cet établissement à titre d'aide, on n'ait pas réussi à donner plus qu'une salle pour les hommes et une pour les femmes. Le nombre total même des malades n'est pas aujourd'hui plus considérable qu'il ne l'était avant ce don. Mais ceci est du ressort du politique, et je ne ferai que citer le fait, seulement pour faire sentir combien cet établissement est peu proportionné à nos besoins, même depuis les immenses sacrifices que l'on a faits pour le rendre tel. (\*)

Depuis que l'Émigration est devenue considérable, la crainte de l'introduction parmi les citoyens de fièvres importées, fut cause que la Législature appropria une somme de 5000 piastres par an, pour le soutien d'un asile temporaire pour les étrangers malades. L'opinion public est tellement prononcée contre cet établissement, qu'il est de mon devoir de développer les vraies causes qui ont contribué à faire naître contre cet Hospice, des préjugés que rien moins que son anéantissement n'est capable de dissiper.

Le Bill qui lui donnait existence ayant été, depuis 1823, changé et amendé tous les ans, a été cause que cet Hôpital n'a jamais acquis de stabilité et d'uniformité dans ses opérations. Les difficultés que l'on avait éprouvées dans la première année de son existence, se sont naturellement renouvelées aussi souvent que ces changemens ont eu lieu. Le

---

(\*) Le dernier rapport nous apprend qu'au 1er. d'Octobre dernier, le nombre total de malades dans l'Hôtel-Dieu était de 15 !

premier Bill qui donnait libre accès à tous les Médecins de la ville, était sans doute ce qu'il y avait de plus sage, parce que chacun pouvait y exercer son art en faveur des malades avec plus ou moins de succès, suivant les talens et l'habileté de chacun. Mais, par une fatalité qui s'est développée depuis dans un plus grand jour, la réunion de plusieurs pouvoirs sur les mêmes têtes, fournît à quelques-uns le moyen de contrebalancer sinon d'anéantir ce que d'autres pouvaient acquérir de crédit par le seul mérite.

Pour obvier à cet inconvénient, on a depuis conféré le droit d'assister à cet Hôpital aux quatre ou six *plus anciens* Médecins de la ville qui voudraient l'accepter. C'est ainsi que l'on a foulé aux pieds les exemples que nous donnaient tous les établissemens qui ont donné naissance à des hommes distingués dans leur art. On doit à l'âge le respect et la considération, mais le prix du mérite appartient à tous. Que ne puis-je citer ici les belles paroles du Lord Chatham sur le Hastings, lorsqu'en lui reprochait sa jeunesse pour lui refuser une place dans le Parlement. Que l'on compare les documens que nous a laissés le Dispensaire de Québec, avec ceux de l'Hôpital des Emigrés, on sera étonné de trouver tant de disparité dans deux établissemens de la même ville. C'est que dans le premier il ne fallait que du mérite, et on avait tout le public pour juge, tandis que dans celui-ci, l'âge seul est la première et l'unique qualification requise. C'est ainsi qu'en fermant la porte à l'émulation, on a étouffé dans sa naissance ce puissant mobile des actions humaines. Nous avons pourtant lieu d'être satisfait, en voyant que le zèle et l'attention de ceux que la loi a désignés pour remplir ces offices, ont en grande partie suppléé à ce qu'il y avait de vicieux dans son organisation.

Dans un tel désordre, que pouvait-on espérer ? Il n'y a pas même jusqu'à l'intérêt individuel qui n'ait été mis en jeu. Une clause du Bill de cette année est venu mettre le comble

à l'ignominie, et couvrir d'opprobre le caractère de tous ceux que l'on a supposés assez peu délicats pour souscrire à son exécution. Il est enjoint que six Magistrats formeront les Directeurs de l'Etablissement, avec le pouvoir de faire telles règles qu'ils jugeront à propos. Quatre Médecins, choisis parmi les plus anciens, donneront leurs soins gratis aux malades ; mais avant que d'entrer en office, chacun d'eux revêtira de sa signature un instrument par lequel il promet et s'oblige de se tenir toujours prêt à donner ses soins aux malades, aussi souvent qu'il en sera requis, de jour et de nuit. et qu'il sera au pouvoir des six Magistrats susdits, *de s'enquérir de la conduite des Médecins dans l'Hospital*, et dans le cas où ils seront convaincus que tel Médecin a manqué à quelques-unes des règles qu'ils ont le droit de faire conjointement avec les Magistrats, tel Médecin sera honteusement chassé de l'établissement pour tel tems que les dits Magistrats jugeront à propos de fixer.

Le respect que je dois à nos loix, et les sentimens douloureux qu'une telle injure à ma profession éveille dans mon ame, me ferment la bouche à la seule lecture de cet opprobre non mérité de notre part ; et je n'oserai pas même en appeler au sentiment le plus obtus de nos Législateurs, pour leur demander s'il est un seul d'entr'eux qui voulût ainsi, avec connaissance de cause, et de propos délibéré, mettre son caractère et son honneur entre les mains et à la merci de six individus, quelques respectables qu'ils soient, qui décideront sommairement, sans appel, et sans autre forme de procès que leur satisfaction : et cela pour avoir fait un acte qui devrait mériter, je ne dis pas un salaire, mais l'estime et la reconnaissance du public entier.

L'honneur, a dit un sage, est l'élément nécessaire aux grandes actions ; et tandis que toutes les classes de la société réclament à l'envie cette prérogative de tout sujet libre, n'y a-t-il donc que les Médecins qui ne participeraient pas à un tel

bienfait, sans se montrer insensibles aux cris de l'humanité ? O vous qui vous êtes si souvent montrés jaloux de défendre les justes droits du citoyen, avez-vous cru consulter l'intérêt des pauvres souffrants, en exigeant de ceux dont vous imploriez un secours que vous les connaissiez incapables de vous refuser, le honteux sacrifice de leur caractère et de leur honneur, pour prix de leurs services ? Le zèle infatigable d'une classe d'hommes, auquel les nations les mieux policées se sont empressées de rendre hommage, et que vous avez si injustement outragé, ne vous donnait-il pas une suffisante garantie que votre confiance ne serait pas frustrée ?

Je détourne mes regards de ce pénible tableau, puisqu'en le parcourant, je ne ferais que mettre en jeu les sensations déchirantes qu'on ne peut s'empêcher d'éprouver, en voyant amoncelés une foule de ses semblables, dont la maladie n'est peut-être pas la seule souffrance. L'humanité outragée par une défiance injurieuse pour ceux qui sont seuls capables d'adoucir ses maux, me ferait dévoiler plus qu'il ne serait nécessaire pour justifier en quelque sorte les préjugés qu'un tel désordre a fait naître contre l'établissement dont je parle.

Mais si des sentimens que je respecte, et une méfiance que je réproouve, ont fait que l'Hôtel-Dieu et l'Hôpital des Emigrés, les deux seuls hospices que nous ayons à Québec pour recevoir les pauvres malades, sont incapables de suffire aux besoins de la population actuelle, les efforts que font les Médecins, surtout depuis quelque tems, me présagent un avenir plus heureux. Cette espérance se ranime d'avantage, lorsque je vois l'intérêt que prend notre Gouvernement dans tout ce qui est capable de mettre en activité les ressources du pays. En effet, la Législature a donné dans maintes circonstances des preuves de son zèle à contribuer à cette fin louable ; et si par faute d'information suffisante, elle a pu commettre quelque erreur sur ce qui paraissait n'être pas de son ressort de mieux connaître, nous avons tout lieu de nous féliciter qu'elle

ne tardera pas à apporter un remède salutaire à un mal qui n'est pas encore sans ressource.

Après avoir démontré la nécessité d'un Hôpital Général à Québec, je me suis proposé de faire voir les avantages de l'étendre à toute la Province ; c'est ce qui m'engagera à dire quelque chose des établissemens à Montréal.

Il y a dans cette ville comme à Québec, des Hôpitaux confiés aux soins des Dames Religieuses, mais comme j'ai déjà eu lieu de m'étendre sur les vices que j'apperçois dans leur organisation, en parlant de l'Hôtel-Dieu, je passerai à un autre établissement plus récent, et qui, en même tems qu'il est un ornement pour la ville qui le contient, promet aussi les plus grands avantages, tant pour ce qui regarde le soulagement des malades, que pour l'intérêt de la Profession. Je dois pourtant regretter que cet éloge ne puisse maintenant s'appliquer qu'à sa régie intérieure, et je vais dire pourquoi.

Je me suis permis de dire, en parlant de l'Hôpital des Emigrés, et je ne crains pas d'être contredit, que l'on avait perdu de vue le plus grand intérêt de la science, et par conséquent des malades, en fermant la porte à certaine partie de la Profession, sans égards au mérite et aux talens, et que l'on avait par là empêché de se développer cette émulation louable qui cherche à acquérir du crédit en se rendant utile aux souffrances de l'humanité. Le système d'exclusion que j'ai aussi regretté dans l'organisation de l'Hôtel-Dieu, je suis encore plus fâché de le rencontrer dans le *Montreal General Hospital* qui, à cela près, doit être rangé au nombre de ceux qui pourraient un jour donner naissance à des hommes distingués dans leur art.

Par l'article 3, chapitre VIII, des règles de cet Hôpital, il est ordonné que la situation de Médecin ou Chirurgien ne pourra être donnée qu'à ceux qui tiendront un Diplôme de quelque Université ou Collège dans les limites de l'Empire Britannique. Le Canada ne possède ni Université ni Collège,



et l'époque de leur création est peut-être encore bien éloignée. La langue française étant aussi la langue des sept huitièmes de la population en Canada, les élèves en Médecine Canadiens qui sortent du pays pour perfectionner leur éducation, trouvent par conséquent beaucoup plus d'avantage à étudier en France ; tandis qu'une grande partie de l'autre huitième de la population qui parle la langue anglaise, passe aux États-Unis. Il est donc très probable que les situations à cet Hôpital ne seront que rarement accessibles aux habitans du pays, et jamais à ceux qui ont acquis leur éducation médicale en Canada.

Je ne me permettrai pas de prêter aucune intention aux fondateurs de cet établissement, mais je dois dire que si l'on avait eu en vue d'exclure de cet établissement tous ceux qui sont nés et élevés en Canada, il n'aurait pas été possible de le faire d'une manière plus efficace et plus directe que par cette résolution même. Personne n'admire et ne respecte plus que moi les qualités et les connaissances que l'on rencontre si fréquemment dans ceux qui ont sucé le lait au berceau même de la littérature anglaise ; je voudrais même qu'il fût possible que tous mes concitoyens allassent y puiser les premiers élémens de leurs connaissances ; mais, à l'exemple de ceux qui se montrent dignes d'être nommés les enfans de leur patrie, personne n'est plus jaloux que moi de voir mes concitoyens se montrer les émules de ceux à qui une meilleure fortune a donné tant d'occasions de s'instruire dont nous manquons parmi nous. Que dis-je ? Je me glorifie d'appartenir à un peuple qui a donné des hommes capables, sans avoir eu d'autres occasions que celles que notre pays seul peut fournir, de devenir les rivaux heureux de tant d'autres élevés dans tout le luxe littéraire, et chez qui l'art a presque devancé la nature la plus précoce.

Je ne sortirai pas de Montréal, et je demande quel est celui qui osera disputer la palme, comme chirurgien, à cet illustre

conitoyen dont les succès étonnans dans les opérations les plus formidables de son art, ont déjà pour le moins égalé tout ce que l'on rapporte des haut faits des plus grands maîtres sur l'ancien et le nouveau continent. Que ne peut-on pas attendre de ses travaux, lorsque l'âge et l'expérience auront achevé l'ouvrage de la nature dans cet estimable jeune homme. Voilà pourtant ce qu'un pays, manquant d'Institutions, d'Ecoles, d'Universités et de Collèges, a produit. Mais pour avoir pris naissance en Canada, et n'en être jamais sorti, un homme si utile à l'humanité, si nécessaire même à nos hôpitaux, se trouve par là exclus d'un établissement auquel il serait un ornement, autant qu'il y serait une acquisition pour les malades, et pour l'intérêt de la Chirurgie.

Ma tâche est maintenant remplie. En parcourant nos hôpitaux, j'ai aperçu dans tous des abus plus ou moins grands, et dont plusieurs sont peut-être hors de ressources. L'insuffisance de la plupart d'entr'eux m'a fait désirer que l'on prît des moyens pour y suppléer d'une manière plus avantageuse pour l'intérêt de l'humanité. Le système d'exclusion dans les uns, celui de monopole dans les autres ; l'émulation foulée aux pieds, et les talens méconnus ; tels sont les maux qui présentent encore sur nous, et dont les secours d'une Législature éclairée vont bientôt nous affranchir, en accordant aux vœux et aux véritables besoins du pays, un établissement où tous ces obstacles feront place à un meilleur ordre de choses. Tel est le but que je me suis proposé dans cet écrit, et je me flatte que mes efforts ne seront pas sans effet.

Si j'ai été sévère dans la critique, on ne me refusera pas au moins d'avoir été juste ; car il m'était facile, sans déroger à la vérité, de porter plus loin mes remarques, de même que je pouvais dire beaucoup plus en témoignages d'approbation ; mais mon dessein était moins de donner un aperçu complet de l'état de nos hôpitaux, que de désigner ce que l'on pouvait regarder comme défectueux. Je n'ai donc fait que m'acquiescer d'une partie de mon devoir comme médecin et citoyen.

THE QUEBEC MEDICAL SOCIETY.

---

The year which has just elapsed will form a memorable æra in the scientific history of Canada, as it has given birth to the first attempts which have been made with the view of opening a free intercourse with the literary world, and of promoting the interest and cultivation of Medical science within the limits of our country. It is indeed a happy circumstance which makes it our lot to announce to all our countrymen and to the medical world, the formation of a MEDICAL SOCIETY in Quebec, whilst we can bear evidence to the spirit of concord and unanimity which presided to its organization.

A perusal of its bye-laws and regulations will no doubt be read with satisfaction, and we beg leave to call the earnest attention of all the Profession in Canada, to the advantages which are now opened to them of cultivating, through that medium, a friendly intelligence with all its members, which cannot fail to prove serviceable in many instances.

Every branch of scientific inquiry is yet unexplored in Canada, and an ample harvest will reward the exertions of the attentive observer ; and we believe that nothing could prove a more powerful and efficacious excitement towards the further cultivation and improvement of the various branches of the science of nature and of art, than the spirit of liberality which is so prominent throughout all the rules of the Society. No distinction of person or country, no favorite school or graduation, in fine no particular prerogative of age, birth, language or education, which might be made the tools for persecuting talents, can be expected to give any consideration in the Profession which will not exclusively be the reward of true merit.

Under such favourable auspices, we must hail the formation of the QUEBEC MEDICAL SOCIETY, as one of the most

remarkable events in the scientific history of Canada, which will ever be remembered with pleasure by all those who from a true and pure love of Canadian literature, may in years to come, experience the beneficial influence of a Society intended for the further progress of the natural sciences, the fundamental and only basis of the science of the Physician.

At a general meeting of the Medical Practitioners of Quebec, held on the 31st of November last, Dr. Joseph Morrin in the chair, the following resolutions were proposed, and adopted :—

That of all the various classes of society which have a direct influence on the prosperity of the State, the Medical Profession having for its object to ensure comfort and happiness to every individual, must be considered as the most beneficial to mankind.

That it becomes the duty of every member of that Profession, to unite all their efforts in promoting the science by which such a laudable object can be attained.

That the improvements which have lately taken place in the Profession of Medicine in this country, enforce on its members the necessity of adopting such measures as may ensure the further support and protection which the interest of Medical Science imperiously require.

That it is the opinion of this meeting, that this desideratum can be effectually obtained by an Association of Medical Gentlemen zealous to promote the cause of Medical Science in this part of His Majesty's dominions.

That the members here present do now jointly form themselves into that Association, for the purposes above mentioned, under the name and denomination of *The Quebec Medical Society*.

That the following resolutions be adopted as the standing rules, bye-laws, and constitution of the Society, which shall remain permanent, immutable, and irrevocable for the space

of five years, and to which all members present, and those who may in future be added to their number, shall be bound to conform themselves as members or officers of this Society.

RESOLVED unanimously :—

I.—That the members present do hereby constitute themselves into a permanent association to be hereafter designated under the name and denomination of THE QUEBEC MEDICAL SOCIETY, the sole object of which is, and shall always be, the dissemination and improvement of the various branches of Medical Science viz : Natural History, Botany, Chemistry, Pharmacy, Materia Medica, Physic, Surgery, Anatomy, Physiology,, Medical Jurisprudence, Medical Police, and the Obstetric Arts.

II.—That this Society shall hold its sittings on the first Monday of every month, to which all members shall duly and regularly attend, except on urgent business ; and in case it be a holiday, the sitting will be had the next day.

III.—That no person, except the members and Honorary members, shall, under any pretence whatever, attend any of the sittings, unless especially introduced by the President or the Vice-President, the Secretary, and one of the members ; but such person thus introduced shall not be allowed to take any part in the proceedings of the Society.

IV.—That one President and one Vice-President be appointed annually, at every annual sitting, which shall be held on the first Monday of December of every year, which appointments shall be made by a majority of the votes present.

V.—That the duty of the President shall be, to preside at every sitting, and to maintain order and decorum ; he will be allowed to take a part in the debates like all other members, and at the expiration of his office, shall deliver to the Society an address on some medical subject, which shall become the first order of the day, after the minutes of the last meeting

shall have been read ; and all such addresses shall be kept as records of the Society, to be published by its order.

VI.—That the duty of the Vice-President shall be, to preside in the absence of the President, subject to the same observance, and endowed with the same privileges as the President himself ; the same rule to be observed, whenever, in the absence of both, any other member shall take the chair ; but when the President shall attend, the Vice-President shall then take his seat with the other members of the Society.

VII.—That a Secretary be named whose appointment shall be perpetual, and in case of his resignation or death, his successor shall be appointed by a majority of three fourths of all the members of the Society. His duty shall be, to preserve all records, documents, and transactions of the Society ; to correspond on the part of the Society, with all Medical Societies, Universities, Academies, Colleges, or other Medical or Scientific Associations or bodies in any country, or with any individual out of the Society, whenever such correspondence or connexion may appear convenient and practicable, or otherwise useful to the objects of the Society.

VIII.—That all communications, documents, papers, presents, or other objects which may be forwarded or presented to the Society, by or in behalf of any Medical or other Scientific Association, body, or individual, or by any person whether a permanent or honorary member, who shall not communicate it personally, shall be addressed to the Secretary who will submit them to the Society in a due form ; or such may be presented by any one of the members, in behalf of such Association, body or individual ; except where the object shall be a regular or essential document of the Society, in which case it shall be delivered into the hands of the Secretary, as the proper channel through which the Society should receive it in an official manner.

IX.—That no person shall become a permanent member

of this Society, unless he shall have been proposed by one of the members at a monthly sitting, to be balloted at the ensuing meeting ; and if two thirds of the votes be affirmative, such person shall become a member, and if less than that number, he shall be rejected. Provided always that the member proposing him, shall shew to the satisfaction of the Society, that such person is a qualified practitioner according of the intent and meaning of the laws of this province, and that he is actually in practise or residing in, or within a distance of twelve miles of, the city of Quebec.

X.—That no person shall become an Honorary member, unless he shall have been proposed at a monthly sitting, to be balloted at the ensuing meeting, and a majority of the votes present shall be sufficient to admit him, otherwise he shall be rejected.

XI.—That whenever a person shall have been rejected after having been balloted, he shall not be again proposed within the space of one year, but if such person should have been rejected for the want of any of the above qualifications, he shall never be proposed a second time, unless it be satisfactorily proved that he has since acquired such qualification.

XII.—That whenever the President, or the Vice-President shall not attend, the senior member present shall preside ad interim.

XIII.—That it shall be the duty of every member to present alternately a paper on some Medical subject. The senior member shall begin, and at every subsequent meeting, each other member shall follow his example from his seniority, and thus in rotation. The President, Vice-President and Secretary, or all other officers of the Society shall also be included in this performance. And it shall be the duty of the Secretary to give notice, at every meeting, to the member whose duty it shall be to present his paper, and in case of such person being absent at the meeting when his paper is

to be presented to the Society, he shall cause the same to be delivered in time to the Secretary who will then read it in his place ; and all such papers shall become the first order of the day after the minutes of the last meeting shall have been read. They shall also be kept as records of the Society, to be published by its order.

XIV.—That the modes of voting at any resolution shall be the signal voting and the balloting. The signal voting shall be dictated by the President, and it shall be competent for the Society to use that mode of voting with the unanimous consent of all members present ; and the balloting shall be had recourse to on the call of one of the members who shall not be bound to give any explanation for so doing. The balloting shall be in such a manner as every one may give his vote in secrecy ; and when the votes are all given, the Secretary shall then collect and report them in the presence of all the members, and enter the same accordingly in the minutes. Provided always, that in all cases where the name of one Medical or other Gentleman may have been mentioned, who may be at all interested in the event of the resolution, no other mode of voting shall be adopted on all such occasions, than the balloting. Except when it shall be necessary to appoint a President, Vice-President, or any officer which the Society may think proper to appoint in future, in which case every member shall give his vote separately in writing to the Secretary, who will then declare the person or persons named or appointed.

XV.—That four members, including a President and the Secretary, shall constitute a Quorum, competent for transacting all affairs and business of the Society.

XVI.—That it shall be competent for the Society to determine, at any future period and by a majority of the votes present, the propriety of raising a subscription fee from all the members, in order to procure plates, printings, stationary,



books, pamphlets, or any other article required for its use, or for the further and proper execution of its object.

XVII.—That no conversation, discussion or motion, bearing on any political or other subject foreign to any of the objects of the Society, as mentioned in the above resolutions, shall, at any future period of its existence, be allowed during any of its sittings; and in case of the person thus proposing such conversation, discussion or motion, refusing to obey the call of order by the President, he shall immediately be dismissed from the Society, and declared incapable and unfit to be again proposed as one of its members.

XVIII.—That no other right or privilege than those provided for in these resolutions, shall ever be understood to be invested on any of the members and officers of this Society, whether they relate to any right or immunity appertaining to any one, in whatever capacity he may be acting; or whether they refer to any species of control of opinion or person over any one of the members, who are all to be considered as perfectly independent of one another, but one is to be dependent on the whole, in as much only as will be essential to the maintenance of order, decency, and decorum.

XXI.—That it shall be competent for the Society to appoint at discretion, Committees for inquiring and reporting on any subject which the Society might, at any time, think proper to investigate; which Committees shall be appointed in the same manner as provided for with regard to all other officers of the Society; they shall in all their proceedings strictly conform themselves to all the rules and regulations of the Society, subject to the same observance and endowed with the same privileges as the Society itself, in as much as may be necessary to good order and decorum, or to the prosecution of their labour. Provided always that, whenever any question shall arise which may relate to any prerogative or to the interpretation of any of these rules and bye-laws, they

shall proceed no further but call an extraordinary meeting of the Society, and lay before it the question or difficulties at issue, upon which the Society shall proceed and determine according to the literal and true meaning of these rules and bye-laws.

XX.—That it shall be competent for any two members to call an extraordinary meeting of the Society, by applying and submitting their reasons to the Secretary, who shall then make them known to the President, whose duty it shall be to give immediate order to the Secretary to call such extraordinary meeting, dictating also the time when it shall be held.

XXI.—That it shall be in the power of any one of the members, to introduce any of his friends and acquaintances at all annual sittings of the Society, but such person thus introduced shall not be allowed to take any part in the proceedings or transactions of the Society.

XXII.—That no proposal or motion tending to alter, destroy or amend any of these rules and bye-laws, either in their tenure, meaning, or effect, shall be proposed to this Society, before the expiration of five years from this date ; and any such proposal or motion then made, shall be delivered in writing, and deposited with the Society for the inspection of the members, during the space of three months, before the Society shall proceed upon it : and all such proposal or motion shall be adopted by a majority of three fourths of all the members of the Society, members absent being allowed to vote by proxy, or by sending their vote in writing to the Secretary ; and should it be once rejected by the want of such majority, it shall not be again proposed.

XXIII.—That it shall be competent for the Society to make and adopt, at any future period, such rules and regulations, or appoint such additional officers, as may be considered useful ; and all resolutions once adopted, shall not be liable to be altered or repealed before the lapse of twelve months from

the date of their adoption. Provided always, that all such proposed motions or regulations shall be consonant with the true spirit and meaning of these rules and bye-laws.

*Monday, 4th. December, 1826.*

RESOLVED,

That Dr. JOSEPH MORRIN be elected *President*, and Dr. CHARLES NORBERT PERRAULT *Vice-President*, of the Society, for the present year ; and that Dr. XAVIER TESSIER be appointed *Secretary*, according to the 7th. article of the bye-laws of the Society.

That Dr. XAVIER TESSIER be requested to announce in the next number of the QUEBEC MEDICAL JOURNAL, the existence of this Society, and give publicity to the rules and constitution by which it is to be governed ; and that the thanks of the Society be presented to him for this favour.

Jos. MORRIN, *President.*

C. N. PERRAULT, *Vice-President.*

Xav. TESSIER, *Secretary.*

*Rapport de l'état de la Santé Publique durant la dernière Saison.*

Nous avons déjà eu si souvent occasion d'implorer le secours de nos Confrères Praticiens de Québec, pour rendre satisfaisant un aperçu des maladies qui prévalent dans chaque saison, et nous croyons en avoir aussi suffisamment montré les avantages, dans tout le cours de notre volume précédent., qu'au risque de paraître importun, nous ôsons renouveler notre application, sans nous lasser de le faire, jusqu'à ce que nous ayons obtenu quelque faveur à notre demande. Dans le Jour-

nal du Dr. Duncan pour 1810, ce grand Médecin nous apprend, qu'ayant résolu de donner un semblable aperçu des maladies de chaque saison à Edinbourg, il s'était adressé pour cet objet aux Médecins en pratique, pour en obtenir les informations nécessaires à son travail. Il avoue cependant que ses peines ont été inutiles, et nous regrettons de voir qu'il ait été par là contraint d'abandonner cette belle partie de son ouvrage.

Quoique nous n'ayons pas lieu de faire les mêmes plaintes que le Médecin Ecossais, vu l'assistance que nous avons plusieurs fois reçue de nos confrères les plus zélés, nous croyons devoir avertir que nous comptons encore sur l'assistance de toute la Profession dans nos rapports à l'avenir.

La Table Météorologique que nous avons continué de donner, est sans contredit la partie la plus importante de notre tableau, considérée sous un point de vue philosophique. Ce précieux ouvrage, dont nous sommes redevable à notre estimable ami le Dr. C. N. Perrault, fait le plus grand honneur au zèle et aux talens qui ont si éminemment distingué la famille de ce savant Médecin ; et nous nous réjouissons de cette occasion d'offrir à un membre aussi justement respecté parmi ses confrères, le tribut de reconnaissance que nous devons à son zèle, et que partageront sans doute avec nous cette classe éclairée de nos concitoyens qui aiment à honorer le mérite, et à rendre hommage aux talens utiles.

En comparant l'état de la dernière saison avec celui de l'automne dernier, on apperçoit autant de variété dans les épidémies, que dans la constitution atmosphérique. La Rougeole et la Coqueluche qui avaient prévalu l'automne dernier, n'ont point paru dans cette saison, mais le Croup (*La Grippe*), a fait des ravages alarmans, et a moissonné un grand nombre de victimes parmi les enfans. Le nombre des mortalités est cependant moins dû à la malignité de la maladie, qu'à l'apparence trompeuse du Catarrhe sous laquelle elle a souvent débüté ; ce qui a quelque fois été cause qu'on n'a reconnu la

maladie que trop tard. Nous devons dire encore une fois que le vitriol bleu a réussi par dessus tout autre moyen, et nous apprenons avec plaisir de notre ami le Dr. Ans. Fraser, de St. Vallier, qu'il en a aussi obtenu les succès les plus prononcés.

De même que dans les saisons précédentes, la petite-vérole n'a pas cessé ses ravages, au contraire, elle paraît avoir été plus sévère cet automne que dans toute autre saison de l'année.

L'automne dernier on avait remarqué qu'elle était plus fréquente que dans les saisons précédentes, ce qui porterait à croire que l'automne est la saison convenable à son invasion. En conséquence d'informations reçues des Institutions Royales de Londres, nous sommes autorisé à dire que la Société de Médecine de Québec, dont nous venons d'annoncer la formation, se propose de donner à ce sujet toute l'attention qu'il mérite, et nous espérons que tout le public Canadien donnera à cette entreprise l'appui qu'elle exige.

---

### *Medical Lectures.*

We are not a little gratified to witness the spirit for improvement which is rapidly spreading among the members of the Profession. Within a period of twelve months, Quebec has to reckon the commencement of a Medical Journal, the establishment of a Museum of Natural History by our active and intelligent countryman, Mr. Chasseur; the formation of a Medical Society, and Lectures are now given for the instruction of those who, in a few years, may contribute their share towards the perfection of all these important objects.

Our friends at Montreal, although wanting some of the above Institutions, have also felt the impulse imparted to genius, for the cultivation of science, as we have the pleasure to witness the efforts which are making to render the Pro-

profession respectable and truly useful to mankind. Four Medical Gentlemen, viz : Drs. Caldwell, Robertson, Stephenson and Holmes, have, since a few years, been engaged in giving lectures on various departments of Medical Science, and the success which they have encountered, is a flattering testimony of their qualifications to the task. We must, however, deplore that some defect complained of by the great majority of the Profession in Montreal, should have given rise to a spirit of division, which we fear is to be referred to political dissensions kept up by national prejudices.

Situated at such a distance, we are not sufficiently conversant with the grounds of complaint, to give an opinion ; but we flatter ourself, and we earnestly entreat our Professional brethren of Montreal, to endeavour to make up by mutual concessions, and revive that friendly understanding without which the Profession must be degraded in its members, and obstacles to their own improvement, dayly and constantly renewed. Such is the high opinion which we entertain of their good sense, that we have no hesitation in expressing our hope that these unfortunate failures will soon give way to concord and unanimity. Fortunately for the Profession, we are not similarly situated in Quebec, and not a dissenting voice has been raised, whenever the interest of the science was at all concerned. The Lectures which are now delivering in the presence of the most distinguished characters both in and out of the Profession, are a striking and gratifying evidence of the liberal dispositions of the Medical Practitioners in this city.

There are at present in Quebec two Gentlemen delivering lectures on Chemistry, and one on Anatomy and Physiology. Dr. Frs. Blanchet is lecturing at the Emigrant Hospital, and Dr. J. Whitelaw at the old Theatre.

To Dr. Blanchet, the Profession is much indebted for his indefatigable exertions, both as a Member of the Legislature

and as a Medical man. In the former capacity, however, we must regret to say that his principles have sometimes differed from the majority of his brethren, but as a Medical man, we are confident we express the opinion of all the Profession in saying, that his unremitting efforts have not a little contributed to raise the Profession to its present improved state among us.

Dr. Blanchet also has the credit of being the first Canadian Medical Author. His work on the application of Chemistry to the science of Medicine, was promising a very useful member to his profession ; and we acknowledge with pleasure that an unremitting study of Chemistry since that period, must render his lectures highly scientific and interesting to the hearer, should his age and unwearied occupations permit him to prosecute still further his exertions in cultivating a science in which he has rendered himself so proficient.

---

## METEOROLOGICAL TABLE

FOR THE AUTUMNAL SEASON OF 1826, AT QUEBEC.

SEPTEMBER.

DATE	MOON.	THERMOMETER.			WINDS.			ATMOSPHERE.			
		5 A.M.	3 P.M.	8 P.M.	5 A.M.	3 P.M.	8 P.M.	5 A.M.	3 P.M.	8 P.M.	
23	☾	44	52	46	N	E N	E N	E	cloudy	clear	cloudy
24		44	52	46	N	E N	E N	E	clear	clear	clear
25		44	54	48	N	E N	E N	E	clear	clear	clear
26		50	54	52	S	W S	E S	E	clear	rain	rain
27		54	60	54	S	E S	E N	E	rain	rain	rain
28		56	64	54	N	E S	W S	W	cloudy	cloudy	rain
29		54	58	52	S	W S	W S	W	cloudy	show.	cloudy
30		52	56	48	S	W S	W S	W	cloudy	rain	cloudy

The other Lecturer on Chemistry is Dr. Whitelaw. Had not the advantage of a personal acquaintance with this Gentleman, afforded us an opportunity of being convinced of his extensive knowledge as a Medical man and as a Chemist, the unexampled satisfaction which his first lectures have created in the minds of all competent judges, give an ample testimony of his superior merits as a Lecturer. The plan of his intended course, and his unfastidious delivery, will greatly contribute to render it highly profitable under so able a master.

The Anatomical lectures delivered by Dr. Douglass, equal, in our opinion, what is to be expected even in the most ancient Colleges, and the best regulated schools. We do not hesitate to pronounce his Introductory Lecture the most elaborate history of comparative Anatomy which we have ever heard or read. We must then regret that the students of Medicine do not sufficiently avail themselves of this precious token.

---

## METEOROLOGICAL TABLE

FOR THE AUTUMNAL SEASON OF 1826, AT MONTREAL.

SEPTEMBER.

DATE.	THERMOMETER.		BAROMETER.				ATMOSPHERE.
	7 A. M.	3 P. M.	7 A. M.		3 P. M.		
23	41 X	55 X	30	23	30	27	—Fair.
24	40	59	30	31	30	37	—Fair.
25	39	69	30	33	30	25	—Fair.
26	48	57	30	21	30	13	—Rain.
27	57	72	29	91	29	87	—Rain.
28	63	64	29	72	99	71	—Rain.
29	52	50	29	74	29	70	—Showers.
30	51	65	29	88	29	91	—Fair.



## OCTOBER.

DATE.	MOON.	THERMOMETER.			WINDS.				ATMOSPHERE.		
		S.A.M.	S.P.M.	S.P.M.	S.A.M.	S.P.M.	S.P.M.	S.A.M.	S.P.M.	S.P.M.	
1	☉	40	54	46	N	ES	WS	W	rain	cloudy	clear
2		44	58	50	S	WS	WS	W	cloudy	clear	cloudy
3		44	50	44	S	WS	WS	W	cloudy	clear	cloudy
4		40	48	44	S	WS	WN	W	cloudy	cloudy	clear
5		38	52	46	N	WN	WN	W	clear	clear	clear
6		48	70	54	S	WS	WN	E	clear	clear	clear
7		46	54	51	N	ES	ES	W	cloudy	thund.	cloudy
8	☾	40	50	44	N	WN	WN	W	cloudy	clear	clear
9		44	50	46	S	WS	WS	W	cloudy	rain	rain
10		38	48	40	N	WN	WN	W	clear	clear	clear
11		36	53	50	N	WS	WS	W	clear	clear	cloudy
12		44	58	50	S	ES	ES	E	cloudy	cloudy	cloudy
13		48	60	46	S	WN	EN	E	clear	clear	clear
14		44	50	46	N	EN	EN	E	cloudy	clear	cloudy
15	☽	42	51	44	N	EN	EN	E	foggy	cloudy	cloudy
16		48	54	56	N	ES	ES	W	rain	rain	cloudy
17		48	56	46	S	WS	WS	W	clear	clear	clear
18		44	54	52	S	WN	EN	E	cloudy	clear	cloudy
19		50	50	44	S	EN	WN	W	rain	clear	clear
20		41	52	46	N	WS	WS	W	cloudy	clear	cloudy
21		48	51	50	S	WS	WN	E	rain	cloudy	cloudy
22		45	48	44	N	EN	WN	W	rain	clear	clear
23	☾	34	44	40	N	WN	WN	W	clear	cloudy	cloudy
24		40	42	30	S	WN	WN	W	cloudy	cloudy	clear
25		32	36	34	N	WN	WN	W	clear	clear	snow
26		36	38	34	N	EN	WN	W	sleet	cloudy	clear
27		32	35	32	N	WN	WN	W	cloudy	clear	clear
28		34	46	40	N	WN	EN	E	clear	cloudy	rain
29		48	54	50	S	ES	ES	E	cloudy	cloudy	rain
30	☉	44	40	35	N	WN	WN	W	rain	cloudy	cloudy
31		32	38	34	N	WN	WN	W	clear	clear	clear

## OCTOBER:

DATE.	THERMOMETER.				BAROMETER.				ATMOSPHERE.
	7 A. M.		3 P. M.		7 A. M.		3 P. M.		
1	43	X	58	X	29	98	29	03	—Fair.
2	42	"	69	"	30	13	29	91	—Fair.
3	38	"	59	"	29	71	30	04	—Rain.
4	43	"	57	"	29	99	30	15	—Fair.
5	44	"	65	"	30	26	30	21	—Fair.
6	49	"	79	"	30	82	29	95	—Fair.
7	62	"	74	"	29	11	29	78	—Rain.
8	38	"	70	"	29	89	29	93	—Fair.
9	40	"	66	"	30	15	30	27	—Fair.
10	37	"	55	"	30	36	30	41	—Fair.
11	32	"	62	"	30	47	30	49	—Fair.
12	43	"	62	"	30	44	30	27	—Fair.
13	41	"	65	"	30	35	30	23	—Fair.
14	42	"	64	"	30	22	30	15	—Fair.
15	44	"	75	"	30	07	29	95	—Fair.
16	44	"	66	"	29	75	29	79	—Rain.
17	46	"	64	"	29	96	30	12	—Fair.
18	45	"	67	"	30	17	30	06	—Fair.
19	48	"	58	"	29	73	29	85	—Fair.
20	44	"	66	"	29	87	29	86	—Fair.
21	46	"	64	"	29	79	29	76	—Rain.
22	43	"	47	"	29	87	30	03	—Fair.
23	32	"	47	"	30	11	30	07	—Fair.
24	33	"	44	"	29	99	30	17	—Fair.
25	29	"	43	"	30	27	30	14	—Snow.
26	29	"	40	"	29	83	29	91	—Snow.
27	26	"	42	"	30	21	30	33	—Fair.
28	33	"	43	"	30	21	30	11	—Rain.
29	46	"	60	"	29	79	29	67	—Rain.
30	42	"	40	"	29	63	29	81	—Fair.
31	29	"	43	"	30	07	30	03	—Fair.

## NOVEMBER.

DATE.	MOON.	THERMOMETER.			WINDS.			ATMOSPHERE.					
		8 A.M.	3 P.M.	8 P.M.	8 A.M.	3 P.M.	8 P.M.	8 A.M.	3 P.M.	8 P.M.			
1		38	40	44	N	E	N	E	S	W.	hail	rain	cloudy
2		36	42	38	S	W	S	W	N	E.	clear	clear	cloudy
3		36	36	28	S	W	N	W	N	W.	rain	cloudy	clear
4		26	34	32	N	W	N	W	N	W.	clear	cloudy	cloudy
5		22	34	34	N	W	N	W	N	W.	clear	clear	cloudy
6	D	32	38	32	N	W	N	E	N	E.	clear	cloudy	snow
7		34	42	40	S	E	S	W	S	W.	rain	cloudy	rain
8		32	36	43	S	W	S	W	N	W.	cloudy	cloudy	cloudy
9		28	36	36	S	W	S	W	N	E.	clear	cloudy	cloudy
10		36	36	40	N	E	N	E	N	E.	rain	sleet	rain
11		36	42	38	S	W	S	W	S	W.	cloudy	clear	cloudy
12		39	34	28	S	E	N	W	N	W.	rain	cloudy	clear
13		20	23	20	N	W	N	W	N	W.	clear	clear	clear
14	O	18	22	24	N	W	N	E	N	E.	cloudy	snow	snow
15		28	30	34	S	E	S	W	S	W.	snow	snow	cloudy
16		35	42	36	S	W	S	E	S	W.	cloudy	cloudy	rain
17		35	38	39	N	E	N	E	N	E.	rain	rain	rain
18		42	34	28	S	W	S	W	N	W.	cloudy	cloudy	clear
19		22	26	22	N	W	N	W	N	W.	cloudy	clear	clear
20		23	30	28	N	E	N	E	N	E.	cloudy	cloudy	snow
21		27	30	28	N	E	N	E	N	E.	cloudy	cloudy	cloudy
22	C	28	29	26	N	E	N	E	N	E.	cloudy	clear	cloudy
23		22	22	26	S	W	S	W	S	W.	cloudy	cloudy	cloudy
24		26	27	25	S	W	S	W	S	W.	snow	snow	cloudy
25		23	29	26	S	W	S	W	S	W.	snow	cloudy	clear
26		23	32	38	S	W	N	E	N	E.	cloudy	cloudy	cloudy
27		39	42	38	N	E	S	W	S	W.	rain	cloudy	cloudy
28		36	38	25	S	E	S	W	S	W.	cloudy	cloudy	cloudy
29	O	38	32	34	S	W	S	W	S	W.	cloudy	snow	snow
30		35	38	36	S	W	S	W	S	W.	cloudy	cloudy	cloudy

## NOVEMBER.

DATE.	THERMOMETER.		BAROMETER.		ATMOSPHERE.		
	7 A. M.	5 P. M.	7 A. M.	3 P. M.			
1	43	54	29	81	29	87	—Rain.
2	36	48	29	76	29	79	—Fair.
3	35	35	30	47	30	58	—Fair.
4	26	35	30	26	30	29	—Fair.
5	25	40	30	38	30	41	—Fair.
6	30	40	30	41	30	33	—Rain.
7	35	50	29	71	29	67	—Rain.
8	33	35	29	69	29	93	—Fair.
9	32	44	30	13	30	07	—Fair.
10	35	41	30	00	29	93	—Rain.
11	38	42	29	74	29	91	—Fair.
12	27	39	29	87	29	95	—Fair.
13	24	30	30	16	30	37	—Fair.
14	23	22	30	38	30	13	—Snow.
15	30	40	29	65	29	67	—Rain.
16	36	45	29	91	29	92	—Fair.
17	38	55	29	85	29	83	—Rain.
18	33	30	29	38	29	56	—Fair.
19	18	30	30	25	30	37	—Fair.
20	28	36	30	43	30	48	—Fair.
21	24	31	30	57	30	33	—Fair.
22	27	34	30	27	30	15	—Fair.
23	25	26	29	91	29	89	—Fair.
24	22	25	29	92	29	96	—Fair.
25	23	32	29	96	29	99	—Fair.
26	25	30	30	00	29	63	—Rain.
27	32	40	29	45	29	83	—Fair.
28	32	35	30	02	29	91	—Snow.
29	31	35	29	71	29	73	—Fair.
30	33	42	29	73	29	69	—Fair.

## DECEMBER.

DATE	MOON.	THERMOMETER.			WINDS.				ATMOSPHERE.		
		3 A.M.	5 P.M.	8 P.M.	3 A.M.	5 P.M.	8 P.M.	3 A.M.	5 P.M.	8 P.M.	
1		34	34	30	N	ES	WS	W	snow	cloudy	snow
2		25	18	12	S	WS	WN	W	snow	cloudy	clear
3		10	18	16	N	WN	WN	W	clear	clear	clear
4		8	22	16	N	WN	WN	W	clear	clear	clear
5		12	28	25	N	WN	WS	W	clear	clear	clear
6	☾	22	36	34	S	WS	WN	E	clear	cloudy	cloudy
7		34	36	36	S	WS	WS	W	snow	cloudy	cloudy
8		34	38	36	N	EN	EN	E	cloudy	cloudy	cloudy
9		41	44	40	S	ES	ES	E	rain	cloudy	rain
10		36	40	34	N	EN	EN	E	rain	rain	rain
11		34	33	32	S	WS	WS	W	cloudy	snow	cloudy
12		32	24	34	S	ES	WS	W	cloudy	snow	snow
13		20	20	12	N	WN	WN	W	clear	clear	clear
14	☾	14	14	14	N	WN	WN	W	cloudy	clear	clear
15		22	30	30	S	WS	WS	W	cloudy	snow	cloudy
16		30	32	34	N	EN	EN	E	snow	cloudy	cloudy
17		34	40	40	N	ES	WS	W	thund.	clear	clear
18		32	28	26	S	WS	WS	W	clear	clear	cloudy
19		17	21	10	N	ES	WN	W	cloudy	cloudy	clear
20		10	16	12	N	WN	WN	W	cloudy	clear	clear
21		16	12	12	N	WN	EN	E	cloudy	cloudy	storm.

## NOTICE TO NATURAL PHILOSOPHER.

Any document, however unworthy of notice it may appear, relative to the state of the atmosphere, or to the prevailing diseases in any part of our country, at all seasons of the year, will be thankfully and gratefully received by the Editor of this Journal. Such as might be disposed to comply with this request, will be presented with a complete set of instruments for the purpose, with also suitable directions and formulæ by which this labour may become a very instructive amusement, without occasioning neither trouble nor expence.

Nothing in this department will be void of interest for the Medical Journal, whether in the shape of note or otherwise.

## DECEMBER.

DATE.	THERMOMETER.				BAROMETER.				ATMOSPHERE.
	7 A. M.		5 P. M.		7 A. M.		5 P. M.		
1	29	X	32	X	29	96	29	80	—Snow.
2	25	„	17	„	29	89	29	98	—Fair.
3	10	„	15	„	30	21	30	29	—Fair.
4	11	„	21	„	30	43	30	45	—Fair.
5	14	„	23	„	30	48	30	43	—Fair.
6	20	„	42	„	30	36	30	27	—Rain.
7	34	„	40	„	30	25	30	23	—Fair.
8	33	„	52	„	30	03	29	74	—Fair.
9	40	„	45	„	29	75	29	73	—Fair.
10	32	„	35	„	29	66	29	39	—Sleet.
11	30	„	33	„	29	59	29	98	—Snow.
12	31	„	35	„	30	08	29	56	—Snow.
13	25	„	27	„	29	69	29	87	—Fair.
14	9	„	17	„	30	08	30	29	—Fair.
15	28	„	37	„	30	09	30	02	—Fair.
16	32	„	32	„	30	01	29	99	—Fair.
17	35	„	43	„	29	92	29	69	—Rain.
18	33	„	35	„	29	81	29	86	—Fair.
19	14	„	16	„	29	79	29	77	—Fair.
20	08	„	13	„	30	01	30	15	—Fair.
21	10	„	11	„	30	21	29	83	—Snow.

## AUX CORRESPONDANS.

En conséquence de notre invitation à toute la Profession, désirant leur avis sur tous nos établissemens en Canada, dont il nous était important de connaître les rapports avec le bien public, les écrits reçus s'accordant à tous égards avec les principes invoqués par l'auteur de l'Essai sur un Hôpital Général, nous avons cru devoir les supprimer.

Notre correspondant nous autorise de plus à dire, que s'il se rencontrait qu'elqu'un hors de la Profession, qui serait disposé à diviser d'opinion avec lui sur aucun de ses avancés, il sera toujours prêt à soutenir une discussion honnête et décente, pourvu qu'il ait le public pour juge.

## BIOGRAPHICAL NOTICES.

*The Medical Recorder of Original Papers and Intelligence in Medicine and Surgery.*—Conducted by SAMUEL COLNOUR, M. D. Member of the American Philosophical Society, Corresponding Member of the Medical Society of London, &c. Assisted by an Association of Physicians in Philadelphia, New-York, Baltimore, and Norfolk. Published by James Webster, No. 24, South Eight Street, Philadelphia. Price 5 dollars per annum. Agent for Quebec, Mr. François Lemaitre. In exchange. pp. 220 in each Number. Quarterly.

Our Number was nearly completed, when we were favoured with No. 26 of this highly celebrated periodical work. Although we never had the advantage of perusing this Journal before, we had several times heard it spoken of in very high terms. This opportunity, however, from what we have had time to read in some parts of it, confirms and even surpasses what we had conceived of its importance, and we are convinced that its value cannot be too much appreciated by every well-wisher to the cause of science, and that its constant perusal will be found an abundant source of useful information. We will prepare extracts from it for our next number.

*The New-York Medical and Physical Journal*, Nos. 17, 18 & 19.—Edited by John B. Beck, M. D. Daniel L. M. Peixotto, M. D. and John Bell, M. D. For July, August, and September, 1826. Price 4 dollars per annum. In exchange. pp. 136 in each Number. Quarterly.

We have several times expressed our opinion of this Journal, and beg leave to acquaint those of our readers in this country, who might feel disposed to become subscribers to it, that no Agent having been as yet appointed for Canada, applications are to be made to M. E. Bliss and E. White, No. 123 Broadway, New-York.

*The North American Medical and Surgical Journal.*—Conducted by Hugh L. Hodge, M. D. Franklin Bacha, M. D. Chas. D. Meigs, M. D., B. H. Coster, M. D. and B. La

Roche M. D. No. III, July, 1826. Philadelphia. In exchange. pp. 216 in each Number. Price 5 dollars per annum. Quarterly.

There being also no Agent in this country for this Journal, application is to be made to M. J. Dobson, No. 103, Chestnut-Street, Philadelphia.

To those of our subscribers who might be prevented from subscribing to any of these Journals from the difficulty of procuring them, we readily offer our services in transmitting their request to any of the above accredited Agents.

Examination of a work entitled, *Recherches pratiques sur la Fièvre Jaune.*—Par A. J. Dariste, M. D. of the Royal Academies of Paris, &c. Respectfully presented to the Director, Sr. Dr. Don. Jose Maria Varo, to the President, Vice-President, Secretaries and Members of the Academy of Practical Medicine of Mexico, by their most obedient and much honoured Fellow-corresponding Member, Felix Pascalis, M. D.

Remarks on the Theory of Pain.—By the same author.

The former of these being less interesting to the Canadian readers, we will insert the latter in our next number.

---

Paris, 16 Aout, 1826.—On assure que la Police a fait saisir un ouvrage intitulé : *Biographie des Médecins Français.* Un Médecin estimable et éclairé, M. R. Th. H. Laennec, est mort le 13 de ce mois, à Kerlouranec, près Donarnené, dans le Finistère. Il était né à Quimper en 1781. Ce grand homme est bien connu dans tout le monde, et sa perte est vivement ressentie par tous les amis des sciences.

---

#### TO AUTHORS AND PUBLISHERS.

The Editor respectfully solicits an exchange with all Editors and Publishers of Medical or other scientific and literary periodical publications, whatever be their shape or size, or their distance from Quebec. They may be sent by Post, with this address, "Dr. Tessier, Quebec."

Authors are earnestly requested to send their work for notice and analysis in this Journal.



# CONTENTS.

## CRITICAL ANALYSIS.

	PAGE.
Elements of Medical Jurisprudence.—By T. R. Beck, M. D. Professor of the Institutes of Medicine, and Lecturer on Medical Jurisprudence, New-York, &c. London Edition, by Wm. Dunlop, F. R. C. S. L. &c.	3
A Practical treatise on various diseases of the abdominal viscera.—By C. R. Pemberton, M. D. &c. London.	19

## QUARTERLY RETROSPECT.

Characters of the Black Rock.—Small-pox after inoculation.—Effect of Ergot.—Wound of the abdomen.—Ossification of the uterus.—Transfusion.—of Skulls.—Re-union of nose.—Gangrena senilis.—Epilepsy.—Croup.—Leeches.—Mercurial Ointment.—Laudanum.—Rupture of the Uterus.—Wound of the Stomach.—Headache & Tic-douloureux.—Trials.—Malformations.—Lunar Cause.—Fistula Lachrymalis.—Mercury in Prussic acid.—Worms.—Uterine hemorrhage.—Coqueluche.—Dochinaria.—Euphorbium.—Calculi.—Divisions des artères.—Digitale.—Phymosis.—Strictures.—Anévrisme.—Naissances.—Rhumatismes.—Cancers.—Magnétisme animal.—Scrofule.—Ver solitaire.	31—69
---	-------

## INTELLIGENCE AND CORRESPONDENCE.

An attempt to ascertain the value of the vaccinal virus, as a means of lessening the susceptibility to variolous diseases, &c. &c.—By F. Pascalis, M. D. &c. New-York.	69
A Dissertation on Scrofula, by J. B. Meilleur, M. D.	81
Dissertation sur le cancer de l'utérus, par J. L. Vallée M. D.	89
Essai sur un hôpital général, par un Médecin de Québec.	93
The Quebec Medical Society.	106
Rapport de la santé publique à Québec.	114
Medical lectures in Canada.	116
Meteorological Table, for Québec.	118—124
do. do. for Montreal.	119—125
Notice to Natural Philosophers,	124
Aux Correspondans.	125
Biographical Notices.	126
To Authors and Publishers.	127