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CONTENTS:

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ST. LAWRENCE SCHOOL OF MEDICINE OF MONTREAL.

THE WINTER COURSE OF LECTURES AT THIS SCHOOL,

Will Commence on Monday, the 3rd of November, 1851.

And will be conducted as follows :—

Anatomy, *Descriptive and Surgical*	Horace Nelson, M.D., late Lecturer on Anatomy and Physiology, School of Medicine, Montreal	2 o'clock P.M.
Institutes of Medicine. (*Physiology, Pathology, and Therapeutics.*)	George D. Gibb, M.D., L.R.C.S.I., Physician to the Montreal Dispensary.	10 o'clock A M.
Theory and Practice of Surgery	R. L. Macdonnell, M.D., L.K., and Q.C.P., and R C.S.I., late Lecturer on Institutes of Medicine, and on Clinical Medicine, McGill College, and late Surgeon to the Montreal General Hospital	11 o'clock A.M.
Theory and Practice of Medicine	A. H. David, M.D., L.R.C.S E., Physician to the Montreal General Hospital, Member of the Board of Examiners College of Physicians and Surgeons, L.C.	3 o'clock P.M.
Midwifery and Diseases of Women & Children	F. C. T. Arnoldi, M.D., late Lecturer on Midwifery, School of Medicine ; and on Medical Jurisprudence, McGill College ; Surgeon Montreal General Hospital, and Member of the Board of Examiners College of Physicians and Surgeons, L.C.	9 o'clock A.M.
Materia Medica and Pharmacy	George E. Fenwick, M.D., Physician to the Montreal Dispensary ; late Curator to the Museum, McGill Col.	4 o'clock P.M.
Chemistry		
Forensic Medicine		
Botany		
Clinical Medicine	At the Montreal Gen. Hosptl., by Dr. David	Noon.
Clinical Surgery	At Do., by Dr. Arnoldi	Do.
Comparative Anatomy and Zoology	By Dr. Gibb	

Anatomy being the basis of Medicine and Surgery, special care will be devoted to its cultivation, and every facility will be afforded the pupil by dissections and demonstrations ; and, in order to enable him to prosecute his studies, in this department, more profitably, the Dissecting Rooms will be lighted with Gas, and will be kept open from 6 A. M. till 11 P. M., daily, during which time, competent Demonstrators will attend to superintend the pupils.

The business of this School will be carried on in a commodious building, situated in the immediate vicinity of the Montreal General Hospital, containing a large Theatre, spacious and well ventilated Dissecting Rooms, and a Museum of Human and Comparative Anatomy and Pathology.

Five Lectures will be delivered weekly throughout the Session, on each branch, (excepting Forensic Medicine, Clinical Medicine, Clinical Surgery, Botany, and Comparative Anatomy and Zoology, each of which will be a three months' course,) from 1st Nov. to end of April, in conformity with the Rules of the College of Physicians and Surgeons of Lower Canada. They will be illustrated by numerous preparations, a large colleciton of plates, drawings, models, and casts ; and the recent discoveries in Physiology and Pathology will be practically taught by means of Achromatic Microscopes, by the lecturers on these branches.

Ample opportunities for Midwifery practice will be afforded to the Senior Students in that branch, under the immediate superintendence of the Lecturers.

BOARD and LODGING can be obtained at moderate rates in the vicinity of the School.

The Fees for the Lectures will be the same as at the University of McGill College

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THE

UPPER CANADA JOURNAL

OF

Medical, Surgical, and Physical Science.

MAY, 1851.

ORIGINAL COMMUNICATIONS.

ART. VII.—*Cases of Psoriasis inveterata.* By JOHN KING, M. D., Prof. Theory and Practice of Med., and of Clinical Medicine, University of Toronto.

AMONGST the many destitute and chronic sick, seeking relief at the Toronto General Hospital, those affected with diseases of the skin are the most numerous; and from circumstances not necessary to be fully noticed, application for admission from those affected with different forms of scaly diseases are the most frequent.

After submitting for years to every mode of treatment which human skill and ingenuity could devise,—or not unfrequently, perhaps, having been previously made the dupes of unprincipled and avaricious empirics, driven from home, and visiting place after place, in the vain hope of getting cured of their loathsome and troublesome disease—sleeping nightly in the open air (for they obtain no shelter from families in general, when their unfortunate state is discovered), incapable of labour, broken down in constitution and spirits, having expended all their means, abandoned by the world at large, and even despised by themselves,—they at length make application for admission to a public institution.

This is truly a lamentable picture; yet such has been the history of many poor patients treated by me in the Toronto General Hospital; and feeling, as I do, that there is no class amongst the miserable and destitute more entitled to our sympathies and commiseration, I have never hesitated cheerfully to afford my humble

assistance in an endeavour to relieve their sufferings. Many of them left the hospital cured; others relieved: but now and then cases of psoriasis *inveterata* failed me to cure, notwithstanding that they had been submitted to the most extended and patient trials of the different remedies recommended by the best authorities of the day. I shall take the liberty of quoting a few passages from those works which I have from time to time consulted, while treating this disease, in order to show that there have been cases of *inveterate* psoriasis found intractable or absolutely incurable.

We find Celsus, who describes the disease as his 4th form of Impetigo, to have written as follows:—

"Quartum genus est, quod curationem omnino non recipit, distans colore, nam subalbidum est, et recenti cicatrici simile; squamulasque habet pallidas, quasdam subalbidas, quasdam lenticulæ similes; quibus demtis, nonnunquam profluit sanguis. Alioquin vero humor ejus albidus est, cutis dura atque fissa est; proceditque latius. Hæc vero omnia genera maxime oriuntur in pedibus, et manibus; atque ungues quoque infestant." Celsus, lib. 5, cap. 28.

Dr. Willis, in his work "de Medicamentorum operationibus," page 290, observes:

"In aliis vero plerisque hic morbus continuus nullas inducias concedit; imo nullam remissionem vel mediocritatem habet."

He also says in the same work:

"Curatio ejus perdifficilis vel nulla est."

"Candour," says Bateman, "obliges me to acknowledge, that, notwithstanding the powerful influence of arsenic in psoriasis *inveterata*, I have met with cases which resisted it, even when administered in the largest doses."*—*Bateman's Synopsis: by Thompson. Eighth edition, p.* 61.

"It often resists all curative means."—*Cazenave and Schedel, American Trans. Second Edit. p.* 262.

Rayer, in his work, translated by Willis, says:

"Psoriasis *discreta*, in a general way, is less rebellious than the *confluens*, which in its turn is less intractable than the *inveterata*: this last variety, indeed, is often *absolutely incurable*."—*Willis's Trans., p.* 639.

"Psoriasis, in all its forms, is a very rebellious disease; less so, however, when it occurs in patches than when it is confluent. In the inveterate shape, it would seem to be altogether irremediable."—*Illus. of Diseases of the Skin: by R. Willis, M. D.*

Before giving the history of two cases of this disease, lately

* This avowal is made in consequence of the opinion of Mr. Gascoyne, to the effect, that arsenic would cure the disease, if its administration were persevered in, and in such doses as to cause colicky pains.—*See Plumb's Practical Treatise. Fourth Edit. p.* 222.

made the subject of clinical instruction, and treated by me, in the Toronto General Hospital, and which for some time were perfectly unmanageable, and uninfluenced by any, and I may say all, the remedies recommended by the authorities above alluded to, but at length yielding unexpectedly to the combined influence of *mercury* and *arsenic*,—it may not be unacceptable to the reader, living at a distance, and who may not have an opportunity of consulting the very expensive works on diseases of the skin, to give from one of them a short description of the disease, and to lay before him the opposing opinions of authors upon the efficacy or otherwise of certain remedies, recommended in those works.

"Whether this squamous inflammation have appeared, under the form of small distinct patches (psoriasis *discreta*), or of confluent masses (psoriasis *confluens*), when it has existed during many months or several years, especially when it can be traced to a hereditary taint, or attacks individuals of shattered constitution, the disease gets worse and worse: the skin becomes hard, thickened, tense and inelastic, yielding uneasily to the motions of the limbs, and appearing to undergo a kind of hypertrophy: the primary patches of the disease are no longer distinguishable, but the integument is covered with hard, dry, and thick white scales; numerous chaps, of various depths soon follow, furrowing the surface in all directions, but especially in those of the natural folds of the skin [psoriasis *inveterata* (Willan), *agria* of the ancient writers]; and in those rare cases in which trunk and extremities are involved, in one common incrustation, the disease assumes a hideous appearance, and the surface of the body has been compared by some pathologists to the rugged bark of an aged tree. This circumstance has even led M. Alibert to designate this last and inveterate stage of the disease under the name of *dartre squameuse lichenoide*. The squamæ at this stage frequently rise in strong relief from the skin, exceeding from a quarter to half a line the level of the neighbouring healthy parts. They are also then produced in such abundance, that quantities may always be gathered from the beds, and shaken from the patients. These squamæ are occasionally a full line in thickness It is in the vicinity of the articulations, that chaps or cracks occur most commonly: these get deeper and deeper, bleed when motion is attempted, and often pour out a glutinous fluid that dries up into linear incrustations. Further: the parts affected are frequently the seat of a burning pruritus, especially during the night. To conclude: considerable superficial excoriations have been seen to form on the back, buttocks, and lower limbs, when these parts were the seat of this disease, which caused the patients much and extreme suffering."—*Willis's Trans. page* 633.

There is much difference of opinion with respect to the treatment, amongst the most distinguished authors; but principally

as to the effects of certain remedies, although all agree as to the beneficial influence of arsenical preparations in most cases.

"Strong mercurial preparations," says Willan, "are of no advantage in the scaly tetter, but eventually rather aggravate the complaint. Of this I am well assured, from many experiments cautiously made. Dr. Willis has likewise acknowledged the repeated failure of mercurial inunctions, and of mercurial remedies, taken internally, even when they had excited a salivation. His observations on the subject may serve to deter others from entering upon a mode of practice so injurious to the constitution."—*Willan on Cutaneous Diseases, p.* 183.

Bateman opposes the use of mercury in the following terms: "A more recent empiricism which resorts to mercury in all affections of a chronic nature, and of some obscurity, is not more successful. In fact, all the varieties of scaly tetter are ultimately aggravated by a perseverance in a course of mercurials.—*Bateman's Prac. Synop. Eighth Edition, p.* 60.

In the treatment of scaly diseases by purgative medicines, Hamilton insists upon the superior efficacy of calomel, or those given in combination with calomel.—*Cazenave & Schedel, op. cit.**

"Calomel," say Biett, Cazenave, and Schedel, "however, is, without doubt that which succeeds the most often and promptly. It is not rare to obtain a complete cure in two months, or even in less, by the aid of this preparation, which, administered every day in the dose of four grains, scarcely ever induces accidents. It is true, that in some cases it induces a salivation, which obliges us to relinquish its use; but whatever may be said, these cases are rare, when used in this dose."—*Amer. Trans. op. cit. p.* 252.

The following is extracted from Rayer's work, before quoted, *page* 77:

"I have seen patients labouring under old and inveterate psoriasis use half a pound of precipitated calomel, by way of friction, without their mouths becoming in the slightest degree affected, and obtain a perfect cure."

Upon the treatment by bleeding:

"I have never seen a case of psoriasis in which bleeding, or the repetition of purgatives, could be properly applied."—*Willan op. cit. page* 180.

"But bleeding and repeated purging are injurious."—*Bateman's Prac. Synop. page* 59.

"Notwithstanding this objection of Dr. Bateman's to bleeding, the editor (Dr. A. T. Thompson), has had much experience of its salutary influence, even when repeated at short intervals, provided the quantity abstracted at one time be moderate."—*Op. cit. page* 60.

* I think it right to state, that I find no reference whatever to scaly diseases, in the work of Hamilton on Purgative Medicines.—*See Fourth Edit.* 1811.

"In psoriasis, we shall find antiphlogistic measures, particularly bleeding, of the greatest use."—*Elliotson's Principles and Practice of Medicine, p.* 436.

The treatment by arsenic has its enemies as well as its advocates, as will appear from the following opinions:

"One or other of the common arsenical solutions has also been strongly recommended in this obstinate form of disease. Arsenic of course requires great care in its exhibition; its effects must be closely watched, and it is advisable to give up its use for a few days every now and then. It is undeniable, that by means of these active medicines, several of the varieties of psoriasis, even the most inveterate, have been cured; but it is no less certain that the majority of the cures thus accomplished have been but temporary, relapses having occurred the following spring or autumn; that such relapses are most especially frequent among the labouring classes of the community; and lastly, that the greater number of cases of psoriasis *inveterata* treated by such means, have been in no wise amended, although the medicines were continued for five or six months. I am, therefore, of opinion, that it is in general inexpedient to put patients affected with psoriasis *inveterata* upon an arsenical course, in the faint hope of deriving a mere temporary improvement, with the fear before our eyes of inducing some obstinate derangement of the digestive organs, or of permanently injuring the general constitution."—*Rayer op. cit. p.* 641.

He says, in the same work, page 640:

"Among the aged attacked with psoriasis *inveterate*, whose skin is thickened and indurated in different parts of the body, the treatment must be limited to such palliative measures. The same plan also appears to me better than any other when the subject of the disease is a member of the labouring class of the community, who would certainly have a relapse as soon as he was thrown upon his old occupations and habits."

Dr. Robert Willis (whose opinions on this subject are almost the same as Rayer's), in his folio work already quoted, says, in giving the treatment of the disease in an old person, "The treatment in such cases should be merely palliative."

"It has not been without surprise, at least to those who have seen psoriasis cured by these means, that they have observed in a recent work (Rayer's), that the treatment of psoriasis *inveterata* should be confined to narcotics and emolients. As for us, who believe that so violent a disease requires something more than the use of palliatives, and who think it would be inhuman to leave an individual a prey to an affection which poisons his existence, and will abridge his life, when we have seen it yield to this kind of treatment more than a hundred times, we do not fear to state, that, by the aid of the arsenical preparations, permanent cures may be obtained, and

without fear of accidents when they are properly administered, and also, that it is often the only remedy to oppose to the psoriasis *inveterata.* This opinion is not grounded on specious theories, but it is the positive result of a great number of facts.—*Cazenave and Schedel, op. cit. p.* 263.

"These reproaches, although they have been recently repeated in a work, where they would not be found if it was based upon practical researches, are wholly destitute of foundation. These preparations, like all heroic remedies, are capable of producing accidents if they are imprudently administered in immoderate and repeated doses; but the same may be said of a multitude of remedies introduced for a long time into the materia medica: mercury, sulphate quinine, and tartar emetic, for example. We, who have seen them employed a great number of times, and who might have collected more than one hundred analogous facts, can affirm that the results are as follows:—1st. In the greater number of cases, a complete cure of the most obstinate and inveterate diseases. 2nd Sometimes slight symptoms, arising from a gastro-intestinal irritation, which disappear at the end of a few days, and permit a recurrence to their use. 3rd. Never those fatal symptoms that have been proclaimed, by a cowardice that is the more culpable, as it tends to deprive medicine of precious remedies, without their rejection being the result of any positive fact. We will also add that we have several times seen the same patients re-admitted into the hospital of St. Louis* months, or even a year, after their cure without presenting any symptom of derangement of their constitution from these remedies."—*Intro. to work of Case. & Sche. p.* 23.

In the opinions expressed in the two last quotations, most medical men of observation and experience concur; and as far as my own practice is concerned (and in diseases of the skin, it has not been so limited as not to afford me ample opportunities of judging), they are fully borne out.

While I am persuaded that such conflicting opinions are little calculated to lead the young medical practitioner (who may as yet be unacquainted with, or have little experience in, the management of inveterate skin diseases), to a proper and successful course of treatment, and at the same time are very capable of misleading and filling the mind of the student with embarrassment and distrust, still I have thought it expedient to present these opinions with the remarks which I have taken the liberty to make, as necessary preliminary or introduction to the two cases given below, and to the *somewhat* peculiar mode in which they have been treated. I am aware that before now mercury has been used, even to the extent of producing salivation in the treatment of psoriasis *inveterata,* and that during its treatment (either before

* The hospital under the able management of M. Briett, at Paris.

or subsequently to the salivation), arsenic has been administered as far as prudence would justify;* but I am not aware that arsenic has been administered while the patient was under the influence of mercury.

FIRST CASE.

John Campbell, æt. 52, formerly a farmer, and subsequently a grocer, a native of the county of Clare, Ireland, was admitted into the Toronto General Hospital, on the 9th January, 1851. States that he arrived at Quebec last October, from Ireland: he had been some years ago in the United States, and lived there for eight years; returned to his native land, and remained, at the town of Kilrush, in the grocery business, for seventeen or eighteen years, when he a second time embarked for the United States, and arrived at Boston three years since: shortly afterwards, however, he returned to Ireland, but the destitute state of that country induced him a third time to leave for America.

The disease for which he was admitted he has had for some years. It began during his eighteen years' residence in Ireland, and after his first return from America: is not aware that any member of his family was the subject of a similar affection, nor can he say what cause induced it: has been under the care of the most eminent medical men in the county Clare, and was also treated for it in Boston and New York,—in which places, being informed that his case was all but hopeless, he suffered much in mind, and gave himself up almost in despair; and when admitted, he said he was tired of his life, and complained of loss of appetite, restlessness, and want of sleep (from pain and itchiness of the skin), inability to work, or move his limbs,—the attempt producing severe pain and cracking of the skin, which was sometimes followed by bleeding from the cracks. The lower limbs, from irritation, frequently swell, so as to render him at times unable to stand upon them. The legs, thighs, arms, back, head, and indeed I may say almost the whole of his body, was incased in a scaly incrustation of a whitish colour; the skin much thickened, and traversed by rhagades, or deep fissures, particularly near or around the knee and elbow joints; the nails of the fingers and toes thickened, incurvated, and cracked, and of a yellowish colour; eyes inflamed; eyelids rigid, and cracked; bowels and pulse regular: no perspiration; tongue white: says he has been in Toronto for a month; is without money or friends; found it difficult to obtain admission into any lodging-house.

It cannot be a matter of surprise, if, in the deplorable condition in which this poor man entered the hospital, I should have little hope of being able to cure him; and I did not hesitate to give my opinion to that effect to the Clinical class.

* See a case by Dr. Batty, in 17th vol. Lond. Med. and Phys. Journal, 1809. p. 253.

Ordered his bowels to be well opened with calomel and jalap; to be immediately put into a warm bath,—the bath to be repeated three times a week; to remain in bed; and after the action of the purge, to have eight drops of Fowler's solution of arsenic three times a-day; the solution to be gradually increased a drop daily, until the dose amounted to twelve drops.

After taking the medicine for ten days, he complained of pain and sickness at stomach; his eyes were inflamed, and his eyelids more rigid. *No improvement whatever in the state of the skin.* Solution discontinued. In the meantime, Plummer's pill, solution of iodide of potassium, Dover's powder, and every other remedy that could be thought of, either to relieve or palliate his sufferings, were ordered.

The use of the arsenical solution, after an interval of eight days, was again resumed in the same doses, and with the same result. During the intermission, the same palliative treatment was pursued.

After having been put four times successively under the influence of arsenic, and without the slightest indication of a more favourable change in the state of the skin, and in despair of being able to relieve him by the ordinary means, it struck me, that, if a new action were created in the system by means of mercury, and while under its influence, it might be possible, that arsenic would produce a better effect; at all events, the experiment could not make his case worse, or aggravate his sufferings. He was therefore ordered a pill, containing—

Blue pill, 4 grs.;
Calomel, 1 "
Opium, ½ "

Three times a-day, until ptyalism should be induced; and while in a state of salivation, the arsenical solution to be repeated in the same doses as before.

The experiment was successful: it acted "like a charm." This formidable case, lately so intractable, on a sudden became perfectly manageable: the incrustations gradually cleared away; the fissures quickly healed, and put on a healthy appearance; he perspired freely; and in less than a fortnight, the man (to use his own words), who was lately "so forsaken by the world, and disgusting even to himself, was regenerated." Indeed he was a new man. He is now (he says) in as good health as, and better able to work, than he ever was.

SECOND CASE.

Hugh Kirkland, æt. 19, labourer, a native of the county of Down, Ireland; two years resident in this country (township of Garafraxa), admitted 26th February, 1851.

Has been much exposed to heats and colds while at work; and during last summer, when heated from hard labour, was in

the habit of drinking largely of cold water:* shortly after, the disease commenced to make its appearance, simultaneously in most parts of his body. Has been under the care of a medical gentleman, who prescribed for him lime-water, tar, &c., and has also been treated by "an herb doctor," but without the slightest benefit. Upon his admission, he could scarcely walk, or stoop; and upon lifting anything, his skin cracked, and formed deep fissures. His body and limbs were covered with large whitish scales, to such an extent, that the only parts free from the eruption were a portion of his face, the palms of his hands, soles of his feet, and penis. The whole of the body and extremities were traversed by deep ragades. His nights were sleepless, in consequence of the pain produced by the fissures. When first attacked, suffered more from intolerable itching than from pain. States that for a fortnight previous to his entrance into hospital, he had not slept. Appetite variable; sometimes pretty good, at other times none: bowels confined, pulse irritable and quick; has had no perspiration for months, although he had taken much medicine, which failed to produce it. Says that quarts of scales can be daily collected from his bed and cloths.

This case, as may be seen, was not less formidable than that of Campbell, and proved to be as intractable.

The arsenical solution was as freely used with him as in the other case, together with the remedies prescribed during the intermission of the use of arsenic.

I then resolved to pursue the same experimental course of treatment (by mercury and arsenic) as I did with Campbell; and which I am happy to say, resulted in this, as well as in the former case, in a perfect restoration to health.

Art. VIII.—*A Case of Extra Uterine Pregnancy. By* A. D. Kellog, M D.

Janette Spense, æt. 43 has been married twenty-one years; is the mother of seven children. Late in September, 1847, having her usual symptoms of pregnancy, morning sickness, &c., first considered herself so for the eighth time. On the 29th of December of the same year, she first felt movements which were confined to the region of the right ovary. When lying on her right side, the tumor seemed to gravitate towards that side, giving rise to a sensation of weight and uneasiness. When in the erect position, the pain was confined to the region of sacrum. The catamenia continued, but very irregular, scanty, dark-coloured and

* See Dr. Falconer's observations on the causes of the lepra Grecorum, as quoted by Willan, in his work on Cutaneous Diseases, page 176.

fœtid. The mammary symptoms incident to pregnancy were present; milk appeared, and the breasts were quite distended; areola dark. The increase of the abdomen was confined to the right side. The painful movements were also found to extend from that side around the sacrum; sense of great weight and uneasiness about the pelvis. On the 29th of June, 1848, her pains became different; more severe about the back and sides, continuing for four or five minutes and ceasing, then coming on and continuing for two or three hours without intermission, but were relieved on getting warm in bed. This state continued for two or three weeks, during which time the pains were intermitting; sometimes ceasing for two or three days, then returning with more violence. After this time she felt no movements whatever at the tumour on the right side. During this time she was affected with dysuria, tenesmus, irritable stomach, &c. The pains continued at irregular intervals for twelve months. Her appetite during this time was poor; stomach irritable, bowels constipated. Eventually her appetite became somewhat better, and her general health was much improved. At this time, April, 1851, she complains of weight on the right side, over the tumor, which has receded somewhat; some loathing of food; tongue covered with a white fur; bowels constipated; some pain in her head, with flatulence, but able to walk about with some degree of comfort.

REMARKS.—The interesting feature of this case is, the accession at the full time of utero gestation of parturient pains, shewing that such accession is governed by that periodicity incident to the female generative system, and independent of any action going on *in the uterus itself.* The recurrence of the menstrual discharge, the situation of tumour, the situation and character of the pains, clearly show, that the development of the fœtus was extra uterine, yet not until the expiration of nine calendar months did the pains assume such a character as to evince an effort on the part of the system to rid itself of what, at any period during gestation, might be considered an unnatural incumbrance; an effort which, though at a greater interval, is governed by the same laws which regulate all the *motor* actions, and the cause of which is only found in that periodicity already referred to.

ARTICLE VIX.—*Cheiloplasty, and operation for Atresia oris.* By WM. BEAUMONT, F. R. C. S., Eng.; Professor of Surgery, University of Toronto.

THE two following cases I beg leave to offer for publication in the *Upper Canada Medical Journal,* as good examples of the remedial power of operative surgery in two opposite conditions of

a part (in the one great enlargement, in the other great contraction. of the oral aperture). These opposite conditions were caused by the same natural processes, i. e., by ulcerative absorption and by cicatrization; the occasional causes of the ulceration being in the former, the application of a caustic; in the latter a burn.

Case 1st.—Loss of nearly the whole of the under lip—Cheiloplasty—Restoration of the lip.

Mary Ann Marshall, æt. 16, was admitted into the Toronto General Hospital, Dec. 13, 1845, and came under my care Jan. 10, 1846, having previously undergone two operations for the purpose of restoring the lip. At this time (Jan. 10th,) nearly the whole of the under lip, and the soft parts below it, in front of the middle of the lower jaw, were wanting; a cicatrix occupying the latter position, and dragging down, obliquely, from the angles of the mouth towards the point of the chin, a small portion of the free border of the under lip, which still remained on each side, continuous with the angles of the mouth. About a third of the free border of the lip remained on the left side, and a much smaller portion on the right. The lower incisors had been extracted; and the uneven gums, exposed to view by loss of the lip, covered a very irregular alveolar process, producing a most unsightly physiognomy.—*Vide outline.*

The patient's saliva dribbled from her mouth by day as well as by night; and the long continued loss of this secretion seemed to be the cause of the impaired digestion from which she suffered. She had great difficulty in taking liquids with a spoon, i. e., in performing any act of suction; and her articulation was very indistinct, as she was totally unable to pronounce labials.

It was stated that the patient, when 14 months old, had a wart on the middle of the under lip, just below the free border; that soon afterwards, this wart was destroyed by caustic, together with some of the surrounding skin, and a part of the free border of the lip immediately above the wart.

The first operation for restoration of the lip was performed two or three weeks before her admission to the hospital; which operation, I was informed, consisted in extracting the lower incisors, in detaching the remains of the lip from the bone, together with the cicatrix, and in paring the edges intended to be united. The opposite sides of the remnant of the lip were then put together by points of interrupted suture; but adhesion failed to take place, and the deformity and loss of the functions of the mouth were rather increased than diminished by the procedure.

The second operation was performed in the Toronto Hospital on the 15th December, 1845, and was nearly the same as the first, except that an incision was made through the skin on either side near the commissure of the lips, with the view of diminishing ten-

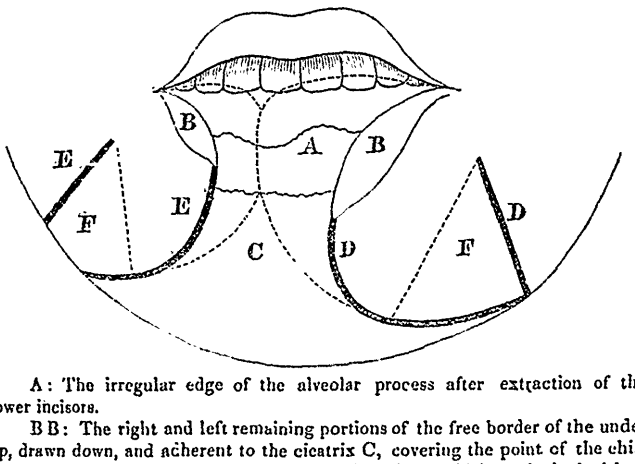
sion, and hare-lip pins were used instead of the interrupted suture. This operation, like the first, failed; no doubt from tension on the parts brought together.

On the 10th January, 1846, I operated, by making on either side, near the angles of the mouth, a flap, somewhat semicircular on one border and straight on the other, composed of the whole thickness of the soft parts anterior to the jaw, by which the cavity of the mouth was necessarily cut into on either side, about half an inch or rather more from the commissures of the lips. *(Vide outline.)* These flaps I detached from the periosteum as closely as possible; and they consequently contained much muscular substance as well as skin, fat, and cellular membrane. The old cicatrix between the flaps, I dissected off, so that the under surface of the flaps, by lying in contact with a freshly denuded surface, might probably adhere. The flaps were rotated on their pedicles through a small portion of a circle, so as to bring up the remains of the original free border as high as the upper lip. This rotation also brought, without the least traction, the two flaps into contact, a little to the right of the mesial plane, where they were held together by two or three hare-lip pins.

Nothing untoward followed the operation. Union by adhesion took place between all the cut surfaces which were held together; and it may be remarked that their great extent tended very much to the success of the operation. During the first ten days or a fortnight (not more) the saliva escaped through the incisions made into the mouth, near its angles; for these incisions were necessarily made to gape by the rotation of the flaps.

On February 3rd, three and a half weeks after the operation, the patient left the hospital, at which time the new lip quite covered her toothless gums, entirely prevented the escape of saliva, even during sleep, and enabled her to articulate distinctly. There remained on the free border a small notch at the junction of the flaps, which might easily have been remedied by the removal of a very small V-shaped portion including the notch. She was to have returned for this proposed embellishment; but as she did not, it is probable that she found her lips capable of all the purposes required of them, and for which she had, with so much resolution, submitted to three severe operations, within the space of six or seven weeks.

I am not aware that a precisely similar operation has been taught for restoration of the under lip; but I have been told that in the United States, a somewhat similar operation has been performed: none such, however, is given in Pancoast's Operative Surgery, in which are figured many different cheiloplastic operations.



A: The irregular edge of the alveolar process after extraction of the lower incisors.

B B: The right and left remaining portions of the free border of the under lip, drawn down, and adherent to the cicatrix C, covering the point of the chin.

D D & E E: are placed on the thick black lines, which mark the incisions for the flaps. The dotted lines shew the positions of the flaps, when rotated, and brought into the positions in which they were fixed by the hare-lip pins.

F F: The triangular vacancies left by rotation of the flaps. These spaces, after being filled up with granulations, and after cicatrization, were greatly reduced in size.

Case 2nd.—Atresia oris—Contraction very great—Operation—Restoration of the aperture to its normal size.

Hannah Shea, æt. 25, was admitted into the Toronto General Hospital, under my care, June 25th, 1846.

A dense, unyielding cicatrix, caused by a severe burn, surrounded the mouth, the aperture of which was nearly circular, and would only admit a small finger; from which condition she experienced great difficulty, or trouble, in taking her proper quantity of food, and some indistinctness of articulation. I was informed that she had been operated on a few months before, for the purpose of remedying this contraction, and that the operation consisted in making a strait incision on each right and left side of the aperture, the incisions opening the cavity of the mouth, and cutting through the free border of the aperture. Their length I do not know.

With the view of preventing the growing together of the cut surfaces, a hook was placed in the posterior termination of the incision on each side, and being drawn towards the ascending ramus of the jaw, they were tied behind the patient's neck. An attack of Erysipelas followed, the hooks were obliged to be removed, and the contraction became as great as before the operation.

On June 25th, I operated by making a straight incision on each right and left side of the aperture, extending towards the

ascending ramus of the jaw. Each incision divided the free border of the aperture, and the whole thickness of the cheek to the extent of three-fourths of an inch, or rather more, so as to allow for any little growing together of the cut surfaces at the posterior extremities of the incisions, the measurement between which extremities was about two and a quarter inches. On the right side, both above and below, I connected the mucous membrane of the mouth (along the incision) with the skin of the cheek, by means of two points of interrupted suture, taking care to place one point of suture close to the posterior extremity of the incision. On the left side I did the same, except that I applied the sutures only in that part of the cheek below the incision, the structures above being so unyielding that I could not bring the mucous membrane and skin into contact. Three or four days after the operation, the points of suture being removed, union was found to have taken place between the skin and mucous membrane in the whole length of the incision on the right side, and that had resulted both above and below the incision. On the left side, the union between the skin and mucous membrane was but partial, and consequently some contraction on this side the mouth subsequently recurred, but none on the righ side; the aperture remaining large enough to admit a large dessert spoon, and to allow her to talk without difficulty.

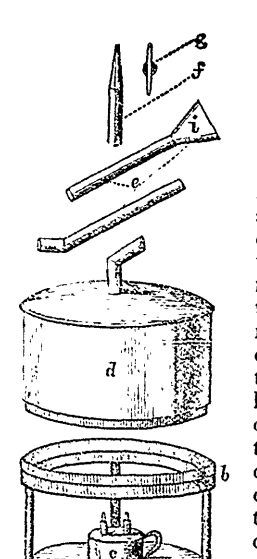
On November 28th, following, I repeated the operation on the left, the contracted side, and after making the incision, as the skin was very unyielding, I excised, from between it and the mucous membrane, some of the muscular and other tissue, in order that the skin and mucous membrane might easily be brought and retained in contact. Four days after the operation, union was found to have taken place between the skin and lining membrane of the mouth in the part below the incision, but not in the part above it. This, however, was sufficient to prevent the cut surfaces from again growing together, and she left the hospital on January 11th, 1847, with the oral aperture of normal size, shewing fully all her canine teeth. She was to some extent of unsound mind, and has been almost ever since a patient in the Lunatic Asylum, where I have frequently seen her, so as to be certain of the permanence of the cure.

Dieffenbach's operation for atresia oris differs from that which I have related. It is far more severe (if rightly represented), and I do not think much more likely to be successful. It is, I believe, as follows:—On one or both sides of the contracted aperture, according as only one or both sides may be contracted, a flap, from two to three lines broad, is cut out through all the soft parts except the mucous membrane. This flap is carefully dissected up from off the membrane, and the two horizontal incisions, including the flap, are united at their posterior extremities by a short semilunar incision. The lower jaw is then strongly drawn down so as to stretch the

mucous membrane from off which the flap has been dissected. This part of the mucous membrane is then divided horizontally along its middle, i. e., so as to leave an equal portion both above and below to turn over and adhere to the raw surface of the cut muscular and other tissue, and that it may be applied to the cut surface of the cutis, and there held by fine hare-lip pins.

In the case which I have related (one certainly of an aggravated form), a single thrust with a curved sharp-pointed bistoury, transfixing the cheek from within outwards, completed almost momentarily the incision on the right side, which, with four points of suture, was all which was required for perfect success on this one side. On the left side the cicatrix was too unyielding to allow the mucous membrane to come in contact with it, except by excision of some of the intervening tissues.

Article X. — *Apparatus for the Exhibition of Vapour.* By James Bovell, M. D.



Reference to Engraving.—*a* Leaded bottom of stand. *b* The frame. *c* Small lamp. *d* The boiler. *e* & *i* Portion of tube, with fan-like end. *f* Lateral view. *g* Terminal view, shewing the opening slit.

Dr. Golding Bird, some few years ago, pointed out very particularly the value of moist air in the treatment of certain forms of pulmonary disease; and as the subject is one of great importance, I may be excused for again directing the attention of practitioners in this Province to the desirableness of its employment,—particularly since stoves are in such general use here. As far as my own experience goes, I am impressed with the belief, that in this country much mischief results from neglecting the hygrometric condition of sick rooms; and in cases of pulmonary disease, both acute and chronic, often leads to protracted if not uncertain convalescence. In many instances, patients or their friends would gladly avail themselves of the advice of the physician to employ vapour, but find it inconvenient to do so, in consequence of the want of an apparatus sufficiently cheap, simple, and convenient. It is also often an object to husband the strength of the sick person, and to avoid all fatigue. In many inhalers,

the patient is obliged to sit in a constrained position, or else to place his head over a vessel, generally covering the mouth with a bag or large tube for inhaling the vapour: in one case excluding too much air; in the other, causing too much exertion. Having had under my care lately two patients, in whom it was necessary to avoid motion, and at the same time also permit the free access of air, I endeavoured to accomplish both these ends by constructing an apparatus as simple as it is cheap, and which may be made by the most ordinary workman: the tube is so arranged, as to admit of being placed at various inclinations, and may thus be easily accommodated to the position of the patient while in bed, or as he sits up, who, without the least effort, and remaining perfectly at ease, breathes the moist air surrounding him. The apparatus is placed on a table, for instance, by the bedside; the medicated or simple liquid is put into the boiler, and a small lamp set under; in a very short time a cloud of vapour issues from the fan of the tube, and is directed to the face of the patient.

In the case of children, it is exceedingly difficult to induce them to submit to the restraint necessary to hold an inhaler over the mouth; but there is no difficulty whatever in directing a stream of vapour to their faces. As this number of the *Journal* is taken up with matter of vital interest to the profession as a body, I am forced to be thus brief in my notice of the subject, and trust that the little sketch of the apparatus given will sufficiently explain its construction.

Mr. Pyper, of Yonge-street, has been at some pains to perfect the above instrument.

Correspondence.

NOTICE TO CORRESPONDENTS.

Dr. Hamilton's (Scarborough) *letter has been received. We thank him for his good opinion and wishes, and only regret the circumstances which will prevent us from benefitting by his experience and well-known talents. We wish him a safe and pleasant journey to the land of his nativity, and many years of peaceful enjoyment among his kindred and friends—the well-earned reward of a long career of active exertion and professional usefulness.*

We deprecate the system of using assumed or fictitious signatures to communications for a work of a scientific character. If the matter sent by a contributor possesses such merit or importance as to entitle it to insertion in this journal, it is surely worthy of the credit and attention which his real signature would secure for it, and which anonymous

correspondence, however great its claim to literary excellence, always fails to obtain. Our correspondents, "Beta," "A Medical Practitioner, and M.D," *and* "One present at the Meetings," *will, we trust, admit the propriety and soundness of this opinion. We consider this a favourable opportunity to express our determination, thus early in our editorial career, to exclude all matter from our pages not substantiated by the name of its author.* Beta's *letter is certainly exceedingly flattering to us; and being almost entirely of a personal nature, we give it insertion, even at the risk of being charged with permitting our vanity to influence us against our conviction. If our* Brantford *friend will send us his name, and consent to its being appended to his letter, we shall willingly publish it in our next issue.* "One present at the Meetings" *will find that our editorial remarks are directed to the same purpose as his communication.* Dr. Mewburn's *letter received and acted on.*

To the Editors of the U. C. Medical and Physical Journal.

Gentlemen,—I shall, with your kind permission, avail myself of the opportunity offered by the publication of so valuable a work as the "*Journal of Medical, Surgical, and Physical Science,*" of laying before the members of the Medical Profession the paramount necessity of paying at least proper attention to the teeth during their change; for it is at this period and previously that the durability and healthful state of the permanent teeth are to be established. There is no subject connected with dental surgery of more importance, nor one which has given rise to so much gross quackery and gratuitous cruelty, as the treatment or prevention of irregularities in the permanent teeth.

Had I only to lay down the principles upon which cases of this kind are to be treated, it would occupy but little time, as they are few, and could be given in the space of this letter; but so firmly have empirical practitioners in this department obtained footing, that I consider it requisite to enter philosophically into that branch of dentistry, and shall, in the course of my observations, have occasion to shew their egregious folly, or perhaps motives more disgraceful than mere ignorance. Therefore, Sir, if you will favour me with a page in your Journal, I shall take advantage of it (my professional engagements permitting), to furnish you with a chapter for each of your periodical publications.

Irregularity, practically, need only be considered as belonging to the permanent or adult teeth; as the regularity of the first set is of little or no importance further than as respects their relative position with regard to the second. Derangement may be classed under two heads,—temporary and permanent. The first occurs from the necessary absorption of the temporary, in accordance with the

growth and ossification of the permanent teeth, by means of which the latter are forced out of their places and come through the gum in an unnatural direction, either before or behind the former. Temporary irregularity may assume a permanent character, if too long neglected; so that the teeth passing through the gum irregularly have time to become fixed in their unnatural position, or are retained in it by the corresponding teeth in the other jaw. The second arises from the difference in size between the temporary and permanent teeth in their relative position in either jaw. The six front teeth, that is to say the incisors and cuspides being much larger in the second than in the first set, an arrangement provided for by nature (requiring no charlatanism), by the loss of the temporary molares when succeeded by the permanent bicuspides, which are smaller and consequently allow the requisite extra space in the front of the mouth; it may also arise from the want of natural proportions between the maxillary arch and the size of the permanent teeth (on the treatment of which I shall fully dilate hereafter). Alveolar contraction, maxillary malformation, and the frequent occurrence of supernumerary teeth, are also causes of permanent irregularity; but a most fruitful source of the evil is the much too frequent practice of persons calling themselves dentists (who, from indolence, read and depend upon the published works of men of no authority, to save themselves the trouble of thinking), extracting the first teeth far too soon, a proceeding which cannot be too severely deprecated, as more mischief arises from it than from any other cause; mischief far exceeding the superficial view of the unskilful practitioner.

My first chapter will consist of observations on pretended prevention of irregularity, with remarks upon several cases which have come under my notice, here and in England, as well as extracts from some of the best writers upon dental surgery and mechanism.

I am, Gentlemen, your obedient servant,

J. B. JONES.

Toronto, 6th April, 1851.

To the Editors of the U. C. Medical and Physical Journal.

GENTLEMEN,—I understand it is intended to bring forward another measure the next session of our Assembly, to incorporate the Medical Profession. If this is the case, I beg to suggest to you, if you have aught to say in the matter, the propriety of introducing a clause to define what is a lawful charge for visiting, mileage or travelling, obstetric attendance, &c. For the country practitioner this is highly necessary, as the Judges of Division Courts have strange ideas of the value of medical attendance, and in fact allow just what they please. Another grievance is proving the attendance. You are

course aware of the utter impossibility of proving. perhaps two years afterwards, a medical visit to a person you do not know even by sight; yet, if the person is dishonest enough to dispute the charge, you have no remedy—you must lose it.

I have always thought it advisable that medical men should be obliged to register themselves in the township where they reside, and the Town Clerk to publish yearly a list of licensed practitioners residing in the township. This would be a check on those who were not legally qualified. There are numbers of female quacks who practise all over the country, and are a great nuisance; I do not mean by attending obstetric patients, but by attending common cases of disease. I beg you will excuse my troubling you with these remarks, and remain yours truly,

ARTHUR PATERSON, L. P. S. M.

Embro, 28th April, 1851.

To the Editors of the U. C. Medical and Physical Journal.

GENTLEMEN,—To a person who, from being plunged into the solitude of the backwoods, may be supposed to have weakened in some measure the literary and professional ties which bound him to his favourite study, when within reach of the periodical scientific literature of the day, the appearance of your excellent Journal was like an oasis in the desert.

But there are higher grounds than these, arising from mere personal considerations, which should make the members of the Medical Profession in Upper Canada hail the advent of your periodical as a bright era in its history. I allude to its forming a bond of union which has not hitherto existed in this part of the Province among medical men; an organ for the expression of their opinions upon professional and scientific subjects—a means by which the character and standing of our members can be elevated—in short, the instrument which *must* be used to effect those salutary reforms which are universally acknowledged to be so necessary. Without making any invidious selections from the large number of original communications with which your first number abounds, permit me to offer my humble testimony to the talent and research which they all evince, as well as the many useful practical lessons they convey. I may, perhaps, however, be allowed to allude more particularly to that part of your leading article which announces a meeting of the profession on the 2nd of May, for the purposes of incorporation. My distance from Toronto, and the difficulty of communication at this early season, will prevent my being present upon that important occasion, *in propria persona*, but I assure you that in so far as your deliberations accord with my views as to the means of upholding the dignity of our profession, you may at all times command my humble

but hearty co-operation. There is one point to which I would urge your *serious* attention, in framing a bill for incorporating the profession; and it is, to afford that protection (by penal enactment) to its members, without which any attempt at incorporation would prove futile and abortive. To you, who practise your profession in a large city, where the voice of public opinion is sufficient to crush the hydra-head of empiricism in its embryonic state, the necessity of protection may not be so apparent; but to us, who have no public opinion to support us, but in many instances deeply-rooted prejudices, engendered by ignorance, to encounter, the want of such protection is severely felt.

In conclusion, I would remind you, that, having made this first successful attempt to place the Medical Profession upon a respectable footing, to which as one of the liberal arts it is so justly entitled, you must not relax your exertions; you have put your hands to the plough, and much will be expected from you; the talent that you have pressed into your service justifies this expectation, which I trust you will by every means in your power endeavour to fulfil. Among other sources of congratulation on the present occasion, not the least one is the fact of Professors from the two leading Universities in the Province being associated together in the editorial department. This affords a pleasing indication that, however much the interests of medical men may be decided in their corporate capacity, when the great leading principles of our profession are involved, they can meet together on common ground, and work together for the general good.

Your obedient servant,

Lambton, April, 1851. BETA.

TORONTO, MAY 15, 1851.

IT is a source of much gratification to us to express our acknowledgements for the many assurances of approval and encouragement which have been received from our professional readers; and not from them only, but from many of the laity, whose good opinion we value very highly. We could desire no better evidence of the accuracy of our prospective assertion, that such a publication as this was required by, and would receive the support of, the profession in Upper Canada. Our gratification is enhanced by the knowledge, that we have obtained not a few subscribers from the Lower Province We sincerely trust that our friends will not limit their good wishes by merely taking the Journal, but that they will also avail themselves of its pages as a record of their professional experience and opinions. This will be the surest means of increasing the usefulness, and securing the permanency, of our undertaking.

Again we pledge ourselves that no exertion shall be wanting to render the publication as complete and as useful as possible.

It was not to be supposed, however, that our first effort should pass into circulation without some severe criticism. For this we were prepared; and such is the currency of private individual judgment, that we are in a position to meet those objections which have been expressed to our appearance and merits. It has been said that the paper and type are indifferent. To this, we would reply, that the pecuniary outlay necessary for conducting and printing a monthly periodical is very considerable; and that the publisher having engaged in this undertaking as a purely speculative business, he did not feel himself warranted in purchasing a new font of type at the outset, but he is determined, should his "list" soon present a goodly show of names, to remedy this defect. As to the paper, it was the best to be had in the city; and not until the "spring arrivals" make their appearance can he remove this source of complaint. We would here remark, that, as far as the projectors are concerned, they have but one object in view—the general benefit of the profession; and if they can promote this, even at a small pecuniary sacrifice, they will be content. The idea of profit or emolument being derived by them from the publication, is at once put at rest by the nature of their contract with the publisher, which secures to him free editing, *all* the profits—should such accrue—and *half the loss, if any be sustained.*

MEETING OF THE PROFESSION.

COUNTY OF YORK.

In accordance with the advertisement in our last number, a meeting of the Medical Profession of the County of York took place on Friday, the 2nd instant, and was continued by adjournment on Saturday. There was a very satisfactory attendance of members present; although the meeting was not as full as the occasion required. On Friday, Dr. Rankin, of Vaughan, occupied the chair, Dr. Melville acting as Secretary: the first three of the following resolutions were adopted, and the first five clauses of the proposed Bill were discussed. On Saturday, in the absence of Dr. Rankin, Dr. O'Brien was called to preside, when the remaining clauses of the Bill were considered, and the subsequent resolutions passed. The Bill was referred to a committee, for the purpose of being engrossed, and was reconsidered at an adjourned meeting, held on Tuesday, when it was finally adopted, as it now appears in our pages. There was much discussion, and several divisions took place, on two important clauses, viz. the penal clause, No. 10 of the Bill, which, it will be seen,

has been retained; and on the exemption clause, in favour of graduates and licentiates of British Universities and Colleges, by which they would be entitled to receive a diploma* to practice from the Board without examination, but upon verification of their credentials. This clause was excluded on a division,—it being stated that a large number of the country practitioners were opposed to such a clause, but favourable to the free-trade principle contained in the clause which has been substituted for it. We are free to acknowledge that we resolutely opposed both these movements in what is doubtless regarded by their projector as medical reform: in the first instance, those who thought and acted with us have been successful; on the second point, we were defeated. We do not propose to discuss the Bill in detail at present, reserving ourselves for the next number, by which time we shall be in possession (at least, we confidently hope so,) of the opinions of our professional brethren throughout the Province, who will see by the annexed protest, which we have been requested to publish, how strong the feeling is with a large proportion of our metropolitan practitioners in favour of an exemption clause,—a clause, we may add, which has always formed a part of every other Bill introduced for similar objects with the one now under consideration. And as it is contemplated to frame the Bill finally in accordance with the expressed opinions of the great majority, we solicit a speedy decision. Practitioners are, therefore, earnestly invited to communicate their views clearly on these several points:

1st. If they desire an Act of Incorporation?
2nd. Whether the constitution of the Board of Governors, and mode of election proposed, be considered equitable and convenient?
3rd. Whether they desire a penal clause, or not? And
4th. Whether they prefer the exemption or the reciprocity clause?

Letters (postpaid) to be addressed to the Secretary of the meeting, or to the Editors of this Journal.

At the same time, we call upon our professional brethren to use their influence with their respective Parliamentary representatives to give this measure, when perfected and before them in session, their support. The hour has surely arrived, at which we ought to strike a blow for our independence and protection: if we lose this golden opportunity, we may for years continue to retain our present supine position. If we neglect to take advantage of the presence of the Legislature in this metropolis, we shall certainly lose four years; and by the expiration of that time, if we are fortunate enough to secure the passing of this measure at the ensuing session.

* This term has been employed in the Bill, to express the quality of the authority to be granted by the Medical Board.

our College may be in active and efficient operation. Let us show to the community that we are determined to raise the standard of our profession, and to assume and maintain a high position and respectability. Let the people see that we desire to protect them from the onslaughts of the quack—ignorant, mischievious, and unscrupulous—who, while he picks their pockets, ruins their constitutions, and shortens their existence. Quackery, both in law and physic, is known to produce more work for the regularly-educated and properly-qualified practitioner, than would probably otherwise exist. It cannot therefore be said to be a mercenary and interested motive which actuates us; and conscious of our own integrity and singleness of purpose, we can, *sans peur et sans reproche*, demand that to which we are on every ground entitled.

THE RESOLUTIONS.

Moved by Dr. Badgley, seconded by Dr. Hodder.

"That the safety and well being of the inhabitants, as well as the general progress and advancement of this section of the Province of Canada, are directly involved in the elevation of the Medical Profession to the highest attainable point of respectability, learning, and efficiency."

Moved by Dr. Telfer, seconded by Dr. Clarke,

"That the interests of the Medical Profession generally, as well as those of its members individually, can only be effectually secured and protected by the incorporation of the same into a body endowed with power to regulate its own affairs.

Moved by Dr. O'Brien, seconded by Dr. Hackett,

"That the members of the Medical Profession, considering themselves the best, inasmuch as they are the only true judges of the requisite qualifications for the exercise of the Art of Medicine, claim the power of regulating the amount of those to be possessed by candidates for practice, and of granting licenses accordingly."

Moved by Dr. Melville, seconded by Dr. Badgley,

"That the Bill for the incorporation of the members of the Medical Profession, which has been under consideration at this meeting, be accepted as the proposed Medical Bill."

Moved by Dr. Hallowell, seconded by Dr. Workman,

"That Dr. Rolph, Dr. Badgley, and Dr. Melville, be appointed a Committee to draft the Bill as discussed to-day, and to report the same to this meeting on Tuesday, the 6th inst."

It was moved by Dr. Workman, seconded by Dr. Bovell,

"That this meeting do adjourn until Tuesday next, the 6th instant"

It was then moved that Dr. O'Brien do leave the chair, and that Dr. Hodder do take it; when a vote of thanks was passed to Dr. O'Brien for his conduct in the chair.

PROTEST.

TORONTO, May 7th, 1851.

WE, whose signatures appear below, adopt this means of expressing our entire dissent from the principle sought to be introduced into the proposed Bill for Incorporating the Medical Profession in Upper Canada; namely, that British Graduates and the members of British Colleges shall be excluded from the right of practising in this Province, unless they undergo an examination in addition to that by which they have obtained their British credentials; and we are confident we shall carry the voice of a very large majority of the Professon with us.

C. WIDMER, F. R. C. S., London.
JOHN KING, M. D.
LUCIUS O'BRIEN, M. D.
W.R. BEAUMONT, F.R.C.S., Lon.
WALTER TELFER.
PATRICK TRENOR.
E.M. HODDER, M.C., M.R.C S., England.
CHARLES W. BUCHANAN, M.D. & M.R.C.S., England.
WILLIAM HALLOWELL, M. D., M. R. C. S., Edinburgh.
ED. CLARKE, M.R.C.S., Eng.
S. ROBINSON, M.R.C.S., Eng.
GEORGE HERRICK, M. D., A. B.
J. BOVELL, M.D. & M.R.C.P. Eng.
HENRY MELVILLE, M. D.
THOMAS M. DERRY, M. D.
JOHN SCOTT, M. D., M. R. C. S., England.
FRANCIS BADGLEY, M. D.
FRANCIS F. PRIMROSE.
JAMES HACKETT.
J. MCILMURRAY, M.R.C.S., Eng.
S. J. STRATFORD, M.R.C.S., Eng.
JAMES H RICHARDSON, M. D., M. R. C. S, Eng.
A. M. CLARKE, Surg. E. I. C. S.
W. C. CHEWETT, M. D.
ALEX. BURNSIDE, M. D.
R. J. WESTROPP, A. M.
JAMES J. HAYES, M. D.
C. S. EASTWOOD, M. D.
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NOTICE TO OUR SUBSCRIBERS.

THE following list contains the names of those whose subscriptions have been received; if there should prove to be any omissions, from money having been paid to any agent and not yet accounted for, they shall be supplied in our next issue.

Some few copies of the first number have been received, without any trace of the name of the party returning them. We have consequently sent the second number to the address of all those who have not taken the precaution of putting their name on the returned copies. Parties returning the *Journal* will also be kind enough to address it to the Publisher, and not to Mr. Plees individually, as the latter course subjects him to an increased postage.

Dr. Thomas Clark, St. Catharines; Dr. Chewett, Toronto; W. H. Lee, Esq., do.; Dr. Badgley, do.; A. M. Corbett, Esq. do.

Dr. Burnside, do.; Dr. Simpson, 71st Regiment; Dr. French, Montreal; Dr. Dewson, Amherstburg; Dr. Ed. Hawkins, do.. Dr. Mewburn, Queenston; Dr. Foster, Brooklyn; Dr. Buxton, St. Henry.

OBITUARY.

The foreign journals announce the death of Naegele, Professor of Obstetrics at Heidelberg, aet. 72. Also of Langenbeck, Professor of Anatomy and Surgery at Gottingen.

On the 12th of March, John James Bowie, M. D., late Assistant Physician to the Hospital for Consumption.

At Green Royde, near Halifax, James Inglis, Esq., M. D., æt. 37.

At Lucea, Jamaica, on the 10th February, Edward Binns, Esq., M. D., Author of "The Anatomy of Sleep," &c.

Dr. John B. Beck, late Professor of Materia Medica in the College of Physicians and Surgeons, New York.

THE PROPOSED BILL.

AN ACT to incorporate the members of the Medical Profession in Upper Canada.

WHEREAS the laws now in force in Upper Canada for regulating the practice of Medicine, Surgery, and Midwifery require amendment; And whereas it is highly desirable that the Medical Profession of Upper Canada aforesaid be placed upon a more efficient and respectable footing, and that better means should be provided for the conviction and punishment of persons practising the same without proper authority; and also that the said Medical Profession of Upper Canada be empowered under certain restrictions to frame its own statutes for the regulation of the study of Medicine, to grant the power to practise Medicine, Surgery, and Midwifery to properly educated and qualified persons, and to frame and pass Bye-laws for its own government: Be it therefore enacted, &c.

I. That from and after the passing of this Act, the Act of the Legislature of Upper Canada, passed in the eighth year of the reign of His late Majesty King George the Fourth, and intituled, "An Act to amend the laws regulating the practice of Physic, Surgery, and Midwifery in this Province;" and all other Acts and parts of Acts in any manner relating to the practice of Physic, Surgery, and Midwifery in Upper Canada, or in any manner relating to the mode of obtaining licenses to practise Physic, Surgery, or Midwifery therein, shall be and are hereby repealed, except in so far as relates to any offence committed against the same or any of them before the passing of this Act, or any penalty or forfeiture incurred by reason of such offence: Provided always, that the Act of the Session held in the fourth and fifth years of Her Majesty's reign, intituled, "An Act to enable persons authorized to practise Physic, Surgery, and Midwifery in Upper or Lower Canada, to practise the same in the Province of Canada," shall not be repealed or affected by this Act.

II. And be it enacted, &c. That all persons resident in Upper Canada, and licensed to practise and actually practising Physic, Surgery, and Midwifery

therein, at the time of the passing of this Act, shall be and are hereby constituted a body politic and corporate, by the name of the "College of Physicians and Surgeons of Upper Canada;" and shall by that name have perpetual succession and a common seal, with power to change, alter, break, or make new the same; and they and their successors, by the name aforesaid, shall be able and capable in law to have, hold, receive, enjoy, and possess and retain for the ends and purposes of this Act, and for the benefit of the said College, all such sums of money as have been or shall at any time hereafter be paid, given, or bequeathed to and for the use of the said College; and by the name aforesaid shall and may at any time hereafter, without any letters of mortmain, purchase, take, receive, have, hold, possess, and enjoy any lands, tenements, or hereditaments, or any estate or interest derived or arising out of any land, tenements, or hereditaments for the purposes of the said College, and for no other purposes whatever; and may sell, grant, lease, demise, alien, or dispose of the same, and do or execute all and singular the matters or things that to them shall or may appertain to do: Provided always, that the real estate so held by the said Corporation shall at no time exceed in value the sum of pounds.

III. And be it enacted, &c. That from and after the passing of this Act the persons who compose the College of Physicians and Surgeons shall be called "Fellows of the College of Physicians and Surgeons of Upper Canada."

IV. That the affairs of the said College shall be conducted at the City of Toronto, by a Board of Governors, who shall be elected biennially from among its fellows, in the manner hereinafter mentioned, that is to say, six from among its fellows resident in the City of Toronto, four from among its fellows resident in the City of Hamilton, and four from among its Fellows resident in the City of Kingston, and two from among its Fellows resident in each of the Counties or Ridings into which Canada is at present or may hereafter be divided.

V. And be it enacted, &c. That the election of Fellows to serve on the Board of Governors shall be conducted in the manner following, that is to say, either on the day upon which the election of municipal officers takes place, or on some day of the week previous thereto, each Fellow of the College residing in the Cities, Counties, and Ridings respectively, shall personally tender his vote according to the form to this Act appended, in duplicate, in writing, with his name thereto subscribed, and containing the names of the Fellows for whom he votes as Governors, and the grounds on which he claims so to vote, to the Clerk of the respective City or Township in which the voter may reside; one of which votes shall be filed on the records of the said City or Township, and the other certified by the aforesaid City or Town Clerk shall be by him transmitted forthwith to the President of the College for the time being.

VI. And be it enacted, &c. That upon the receipt of the said City or Township returns it shall be the duty of the President for the time being, with such members of the Board of Governors as shall be by them elected to serve with the said President as a Committee for the purpose, to enter upon a scrutiny of the votes and decide upon the validity or otherwise of all doubtful ones, and upon the eligibility of the persons voted for as aforesaid.

VII. And be it enacted, &c. That it shall be the duty of the President for the time being, with such members of the Board of Governors as shall be elected by them to serve with the said President for the time being, as a Committee for the purpose, to prepare a general, final, and alphabetical roll, according to the form to this Act appended, for each City and County, from the County returns made therefrom.

VIII. And be it enacted, &c. That it shall be the duty of the President for the time being to make out alphabetical certified lists of the Fellows of the College duly elected as Governors in the manner aforesaid, and to file one such list in the archives of the College, and also to transmit one such list duly certified by him to such City or Township Clerks as shall have made their returns as aforesaid, which City or Township Clerks shall file the said list among their respective archives and transmit a copy of the same to each Fellow of the College who may have voted as aforesaid in their respective Cities or Townships.

IX And be it enacted, &c. That should any person elected as Governor as aforesaid, in writing, decline to serve, then it shall be lawful for the said Board of Governors when constituted to elect any other Fellow in his place.

X. And be it enacted, &c., That from and after the passing of this Act, no person shall be permitted to practise Physic, Surgery, or Midwifery in Upper Canada, unless he be a Fellow of the said College, or unless he obtain a diploma from the Medical Board, under a penalty of five pounds currency for each day on which any person shall so practise contrary to the provisions of this Act; and such penalty shall be recoverable on the oath of any two credible witnesses, before any Justice of the Peace for the County in which the offence shall have been committed; and in default of the payment of such penalty on conviction, the offender may be committed to the common gaol of the County until the same be paid: Provided always, that nothing herein contained shall extend to prevent any person duly authorized to practise Physic, Surgery, or Midwifery in Lower Canada from practising the same in Upper Canada, according to the provisions of the Act passed in the session held in the fourth and fifth year of Her Majesty's reign, intituled, "An Act to enable persons authorized to practise Physic or Surgery in Upper or Lower Canada to practise in the Province of Canada."

XI. And be it enacted, &c, That the Board of Governors when so elected shall form and are hereby declared to be the Medical Board of Upper Canada; and they shall meet twice in every year, namely, on the first Wednesday in the month of May and on the last Wednesday in the month of October, at the City of Toronto, nine to be a quorum, for the purpose of examining all persons intending to study or practise Medicine, Surgery, or Midwifery, for granting diplomas for the practice of Medicine, Surgery, and Midwifery, and for transacting all such other business as may be necessary and provided for in this Act.

XII. And be it enacted, &c., That all persons holding a diploma from any University or College in her Majesty's dominions, by which University or College the diploma of the Medical Board appointed under this Act, shall be recognized and received, shall be entitled to a diploma from the said Medical Board to practise, without any examination, but upon presenting their credentials from the aforesaid British Universities or Colleges, and satisfying the Medical Board as to the authenticity and genuineness of the same.

XIII. And be it enacted, &c., That the said Board of Governors shall have the power

Firstly—To make rules and bye-laws to regulate the study of Medicine, Surgery and Midwifery, as to the preliminary qualification, duration of study, and curriculum to be followed by the candidate applying for a diploma to practise: Provided always, that such rules shall not be contrary to the provisions of this Act.

Secondly—To make all such other rules and regulations for the government and proper working of the said corporation as to the members thereof may seem fit and expedient: Provided always, that nothing contained in this Act or in such rules or bye-laws shall be construed to affect any person who may have commenced the study of Medicine prior to the passing of this Act, in as far as the preliminary qualifications, curriculum of study, or duration of study may be concerned.

XIV. And be it enacted, &c., That no bye-law, rule, or regulation shall be passed, repealed, or amended by the aforesaid Board, except a notice of at least six months be first given to the Fellows of the said College, with a copy of the intended proceedings; such notice and copy to be transmitted by the Secretary or other proper officer appointed by the Board through the post-office.

XV. And be it enacted, &c., That the first election of Governors shall take place in the manner aforesaid on a day to be named by the Governor-General immediately after the passing of this Act; and the Governor-General shall issue his proclamation naming the day on which such election shall be held as well as appointing the first President of the College and a Committee of five of its Fellows, who shall in all respects proceed to scrutinize the City and Townships returns and to perform the other duties as hereinbefore provided for to be done by the President of the College for the time being and the Committee elected by the said College; and the said President so named by the Governor-General shall preside over and organize the first meeting of the said College to be held on the last Wednesday in the month of October, one thousand eight hundred and fifty-one, after which his authority and that of the Committee appointed with him by the Governor-General's proclamation shall cease and determine.

XVI. And be it further enacted, &c., That the President for the time being and the Committee of scrutineers who shall be selected by the Board to conduct the proceedings of the biennial elections shall continue in office until the election of their successors by the said College.

XVII. And be it enacted, &c., That this Act shall be a public Act, and taken and received as such in all Courts of Justice and by all persons in the Province.

SELECTED MATTER.

MEDICINE.

REPORT OF A SINGULAR CASE OF APOPLEXY.

By Ezra Harle, Esq , Surgeon, Islington.

On Wednesday night, January 15th, I was called to a poor "woman in a fit." A few minutes after she had fallen in the street, I was on the spot, and found her dead. At the post-portem examination, we found the following, as I apprehend, unusual appearances conjoined. The brain was surrounded with blood, the ventricles filled, and a quantity at the base—in all about four ounces. This was sufficient to account for the death, but on examining the chest, we found the left lung unusually smaller than the right, marked with long standing disease, and gorged with blood, sufficient of itself to account for death, as in ordinary pulmonary apoplexy. The other viscera were healthy.

The woman being of so spare habit, and about sixty-five years of age, causes the case to appear more unusual; so much so, that one can agree with the words of the deputy coroner, that "we should hardly suppose she had so much blood in her whole body:" thus proving that persons of very spare habit may be subject to sanguineous apoplexy.

In justice to the case, it must be said, that shortly before her death, she had taken a "glass of gin," on returning from her "ironing work," in her usual health.

ON THE TREATMENT OF RHEUMATIC GOUT BY LEMON-JUICE.

By Dr. G. O. Rees, F. R. S.

[A girl, eighteen years old, was admitted into Guy's Hospital under Dr. G. O. Rees, on the 8th of December, suffering severely from "Rheumatic Gout;" (acute articular rheumatism?) A calomel and rhubarb purge was given, and then lemon-juice, in half-ounce doses, with a little camphor mixture, thrice a-day. By the 13th the pain had entirely left her: it did not return—and after the administration of tonics, she left the hospital. Dr. Rees observes:]

It is principally owing to the very surprising effects which I have observed from the use of lemon-juice in the treatment of rheumatic gout, that I have been induced to notice this case. I have been now for several months in the habit of prescribing the remedy, with such marked and, I may add, rapid benefit, that I am unwilling to delay bringing it before the notice of practitioners.

Among the out-patients at Guy's Hospital, I have met with several prominent examples of cure, notwithstanding that such instances are

necessarily derived from a class of persons who are by no means able to assist our treatment by following out our directions either as regards diet or regimen. The early relief from pain was such, that had any one unacquainted with the remedy in use watched the progress of the case, they would almost inevitably have concluded that sedatives had been resorted to.

I first had recourse to lemon-juice for the cure of rheumatic gout from a belief that the vegetable acids (probably owing to the excessive quantity of oxygen entering into their composition) contributed to effect the transformation of the tissues generally, and because lemon-juice was the most palatable form in which such class of remedies could be applied. Moreover, it appeared probable that the supercitrate contained in the juice, though in small quantity, was a form of alkaline salt likely to contribute to the alkalinity of the blood in its transformations; knowing, as we do, from the examination of the urine, that such organic compounds become converted into carbonates during digestion and circulation.—*Medical Gazette, Jan.* 25, 1849, *p.* 156.

Dr. Rees directed attention, some time ago, to the beneficial effects of lemon-juice in acute rheumatism, and he has more recently put forth, in the form of a pamphlet, the details of eight cases of this disease, successfully submitted to the new treatment. He considers the lemon-juice superior to colchicum in its power of affording early relief to pain, subduing fever, and shortening the duration of the disease, and the cases recorded, so far as they go, undoubtedly warrant this statement. But, with a disease so capricious in its nature as acute rheumatism, a very extended experience is necessary to arrive at a correct estimate of the value of any new method of treatment. It so often happens that a number of severe cases, occurring consecutively, get well with unusual rapidity under all kinds of treatment, that we are led to attribute the recoveries to some accidental peculiarity in the nature of the disease itself, and not to the treatment employed.

The form of rheumatic disease in which the greatest benefit would appear to have been derived from the use of lemon-juice, is acute rheumatism; and that form of rheumatic affection involving the smaller as well as the larger joints in acute inflamation, known as rheumatic gout. In cases of pure gout, in which the inflamation is high, it is said that great advantage has been obtained, while in sub acute and more chronic forms of the disease, the same marked benefit has not been experienced. Nor is it found in acute rheumatism that benefit accrues from continuing the remedy when the inflammatory symptoms have been checked, and debility remains.

In doses of half an once to an ounce thrice daily, the lemon-juice appears to exert a marked sedative effect on the circulation; in one case, the pulse, which was 120, and full, was after one day's treatment reduced to 75, and rendered at the same time smaller; in another case, the pulse, which was 110 when the lemon-juice was first given, was in two days reduced to 100, and in four days 74. If we can rely on results obtained in one experiment, this action is manifested also in the healthy body. A clinical clerk took one ounce of the juice three times a day for three days, and carefully noted his pulse, which was naturally full, and 75 in the minute. After five doses the pulse became much weaker and more

compressible, and numbered 70 in the minute; conditions accompanied by a feeling of general depression. On the third day the pulse became as low as 66, and was very small and compressible. The urine was always acid, and also natural in quantity till the third day, when it was increased somewhat; the specific gravity was then 1017, and there was a deficiency of lithic acid.

In the case of rheumatism related by Dr. Rees, the urine was never rendered alkaline by the use of the lemon-juice, and in one case, in which the urine was alkaline before treatment, it became acid after the juice had been employed. We think it premature to speculate on the *modus operandi* of the drug, until its utility shall have been confirmed by more extended experience, and before we are in possession of more accurate knowledge as to its physiological action, more especially in reference to its effects on the urine, and the quantity of solids contained in that secretion.—*Monthly Retrospect, August*, 1849, *p.* 167.

IMPORTANCE OF CLINICAL MEDICINE.

Dr. Nelson, the Professor of Clinical Medicine at the Birmingham College, complains, that although clinical lectures are regularly delivered by him, they are seldom attended by the students, owing to an impression that exists among them, that the rules relating to clinical lectures are not *imperative*, but merely *formal*. The Court of Examiners, in their reply, declare that they consider clinical instruction "imperatively necessary, and that attendance upon it should be *enforced* in such a manner as the physicians may think expedient." They further declare their earnest wish to encourage the appointment of *distinct clinical professors* at all the schools; but until that object be accomplished, they require that clinical lectures should be delivered regularly by the physicians, and that "the part of the schedule appropriated to clinical lectures should be filled up only after a *bona fide* attendance, as in the case of the other lectures."—*London Lancet.*

Chemical Tests of Cerebral Matter.—M. Lassaigne informed the Academy that, on repeating Orfila's interesting experiments, he had been unable to add one more to the chemical characters of cerebral matter indicated by Orfila—viz, the formation of phosphoric acid by the calcination of cerebral substance in the air.—*Lond. Med. Gaz.*, Oct. 4, 1850

SURGERY.

CASES OF STRICTURE TREATED BY EXTERNAL INCISION.

By James Syme, Esq., F R. S. E,

It may be proper to repeat that this series of cases is intended to illustrate and establish the following positions:—

1. That strictures of the urethra may be divided by external incision upon a grooved director passed through the contracted part, without incur-

ring any of the ordinary dangers attending surgical operations. ("I have now operated on *thirty-eight* cases without any fatal result.")

2. That there is no stricture of the urethra through which such a guide for the knife may not be passed, not by force, but by gentle insinuation, so as to cause neither pain nor bleeding.

3. That strictures of the utmost obstinacy and greatest disposition to resent interference, even of the gentlest kind, may thus be speedily removed, so as to permit the introduction of full-sized instruments without difficulty or inconvenience.

4. That the relief thus afforded is more permanent than that which can be obtained in any other way.

CASE 2.—George T——, aged forty-five, began to suffer from stricture about eight years ago. Between six and seven years ago, he was twice under my care; first for a short period, during which the contraction was only partially dilated, and afterwards for six weeks, when the process was completed through the use of simple bougies. He then went to Canada, and was employed in a remote part of the colony as the agent of a mercantile establishment. Finding the stricture again troublesome, he had repaired to ——, where various attempts were made to pass instruments, but without success. In these circumstances he was advised to seek my assistance; and having crossed the Atlantic with this view, was admitted into the Royal Infirmary on the 12th of June last. The perinæum was greatly swelled and very hard, so as to form with the posterior part of the scrotum one mass of induration. On proceeding to examine the urethra, I found a tight stricture anterior to the bulb, through which a bougie of the smallest size was passed fairly into the bladder at the first attempt. I then carried on the dilation with the effect of removing the perinæal hardness, and relieving the patient from his distressing symptoms, so that he was dismissed as cured on the 11th of September.

On the 21st of November he returned in a worse plight than ever; the swelling in the perinæum having recurred to more than its former extent, and there being not only very frequent calls to void his urine, but also an inability of retaining it. I had no doubt that through the use of bougies temporary relief might again be afforded; but from the repeated relapses which had taken place, distrusting the permanency of any good effect obtained in this way, I concluded that division of the stricture would be expedient, and, to facilitate this proceeding, made a free longitudinal incision through the perinæal swelling, which was afterwards poulticed for a few days.

On the 28th, the swelling having become greatly diminished in size and hardness, I introduced a grooved director, divided the stricture, and secured a moderate-sized catheter in the bladder. The bleeding at the time of the operation and subsequently to it did not altogether exceed two tea spoonsful. The catheter was removed on the 30th. The urine came partly by the urethra and partly by the wound until the 17th of December, when it flowed entirely by the natural channel. On the 24th the wound was completely healed; instruments of the largest size were introduced and withdrawn without the slightest difficulty or feeling of constriction, and the perinæum was perfectly natural in form as well as consistence. The patient remained another week, and was then discharged, expressing the most confident persuasion, founded upon the difference of his feelings from

those experienced on any former occasion of relief, that he was at length free from stricture; his reply, when asked how the stricture was, always being, "I have no stricture now."

Case 3.—Towards the close of 1844, Dr. Wickham, of Penrith, brought me a patient, apparently labouring under formidable disease of the urinary organs. His age was about forty-five years, during twenty-seven of which he had suffered from stricture of the urethra, and been under the treatment of various practitioners. Latterly, finding the complaint more troublesome than at any previous period, he had repaired to a surgeon in Yorkshire, who had formerly afforded relief, and remained under his care for many weeks, without experiencing benefit, or indeed ever getting an instrument passed through the contracted part; and, in addition to his other sufferings, he became afflicted with a swelling in the perinæum, of such stony hardness, as to suggest the suspicion of carcinomatous degeneration.

On examination, I found that a full-sized bougie could be carried down to the verge of the anus, and consequently beyond the region of stricture, but no farther; from which I inferred the existence of a false passage, resulting from the means that had been used, through the forcible and continued pressure of a large catheter with the view of thus effecting dilatation —a method, it may be remarked, which, like some other means of treatment, is most applicable to those cases where the stricture exists only in imagination. The perinæal swelling was about the size of a hen's egg, distinctly circumscribed, and extremely hard, but on the whole suggested the idea of its being the effect of local irritation rather than of malignant action.

I therefore commenced the treatment by making a longitudinal incision in the course of the raphe of the perinæum, and then applying poultices with the effect of greatly reducing the induration and enlargement. Through careful exploration of the urethra, a small bougie was then conveyed into the bladder, and followed by a succession of larger ones, until the patient seemed able to go home with the prospect of complete relief. In a very short while after doing so, he began to suffer as before, and in the spring of 1845 again placed himself under my care, with all the symptoms of stricture in their most aggravated form.

I then resolved to divide the stricture by external incision, and did so upon a grooved director, which was with some difficulty guided through the contraction. Upon trying to pass a catheter into the bladder, I encountered an unexpected difficulty, from the instrument continually taking the false route, so that after descending to the verge of the anus, it could not be advanced farther. Concluding from this that the contracted part had not been sufficiently divided, I re-introduced the director, and extended the incision through the uretha beyond the orifice of the false passage; after which a catheter was readily conveyed into the bladder. The patient experienced no inconvenience, and in the course of two or three weeks was completely restored to health, far beyond what he ever expected, or almost recollected to have enjoyed.

About three years afterwards, having, as it was alleged, led a rather irregular life in the interval, he returned under the apprehension of a relapse being threatened; but I found that the urethra, though slightly contracted, readily admitted instruments of the full size, and therefore sent

him home, with advice to have a bougie passed occasionally by Dr. Wickham. In a letter from this gentleman, dated the 11th current, replying to an inquiry from me as to the patient's state, it is said that he had bougies passed regularly for a considerable period, but for a long while past has not made any application for the purpose. Dr. Wickham adds, "I have always considered this as a capital case; and should any of my patients get into the same state, I shall strongly recommend the same means of relief to be used."

While professional opinion at home is so much agitated in regard to the treatment of stricture, it may be interesting to know what view of the subject has been taken by our brethren of the Antipodes, and I therefore add the following extract of a letter from Dr. Macewan, of Sydney, addressed to Mr. Spence, Lecturer on Surgery and Assistant Surgeon of the Royal Infirmary here. It is dated Sept. 8, 1850.

"With regard to Syme's work on Strictures, which you sent me, I had already put that practice in force (having learned it from his Pathological and Surgical Essays) twice, with the best and most perfect success. In the first case the man applied to me four years ago; the stricture was where the penis folds over the scrotum, and was cartilaginous to an extreme degree. I did no good to him, the sight alone of the bougie almost giving him constitutional irritation for three or four days. He left me, and hawked himself through the profession here, with no improvement. I saw him in the street, a wretched object, a few days after reading Syme's case, about two years and a half after he forsook me, and prevailed upon him to come into the hospital. I rectified him a bit, placed him under chloroform, cut through the stricture, introduced No. 8, and dismissed him cured in three weeks. He has continued quite well since, and evinces his gratitude in divers uncouth ways. The other case was somewhat similar, except that it resulted from injury, and was situated farther back."

THERAPEUTICS.

THE NEW SUPERPHOSPHATE OF IRON.

Dr. Routh stated, in reference to the new preparation of iron he brought before the Society on a former occasion, that it had been analysed, and found to be a new salt,—a superphosphate of iron dissolved in an excess of phosphoric acid. It was quite free from any ferruginous flavour, and was indeed exceedingly pleasant to take, so that it was very well adapted for children. As he had said before, he believed it to be more speedy in its operation than many other preparations of iron. It had now been prepared in the form of a syrup by Mr. Greenish, of 20 New street, Dorset-square, which is much cheaper than that of the iodide of zinc. He could strongly recommend it to the profession.

A new Property of Chloroform.—M. Augend, of Constantinople, transmitted to the Academy of Sciences a memoir, in which he pointed out a

property that places a very distinct line of demarcation between chloroform and ether; this is its power of disinfecting organic matter. M. Augend related the the following experiment:—

Take three wide-mouthed flasks, the first containing a few drops of ether, the second a few drops of chloroform, the third left empty. If in each of these a piece of beef be placed, and the flasks be closed and left undisturbed in summer season, the following circumstances will be observed: The meat, which was of a reddish-brown colour in its natural state, changed instantly to a vermilioned in the mixture of chloroform and air, while in the ether vapour no change occurred. At the end of a week the difference was greater still; the meat in the flask containing atmospheric air was but little changed in its aspect; that in chloroform had acquired the appearance of boiled meat. On opening the flasks it was found that the meat, both in the atmospheric air and in the ether vapour, was putrefied, and emitted a most offensive odour; while that in the mixture of chloroform and air had the sweetish taste and odour of chloroform.

M. Augend has ascertained that 1-200th of chloroform completely prevents the putrefaction of fresh meat. The most apparent action of the chloroform is the rapidity with which it traverses the thickest tissues, and causes an immediate contraction of their parenchyma, with consequent exudation of the fluids of the structure experimented upon. The author further dwelt upon the value, in a medico-legal point of view, that chloroform thus possesses in arresting putrefaction.—*Lond. Med. Gaz.*, Nov. 1850.

DIETETICS.

ARTIFICIAL FEEDING.

The following article of diet is much recommended by Dr. Churchill, and is called by him "Bread-jelly."

"A quantity of the soft part of a loaf is broken up; and boiling water being poured upon it, it is covered and allowed to steep for some time; the water is then strained off completely, and fresh water added, and the whole placed on the fire and allowed to boil slowly for some time, until it becomes smooth; the water is then pressed out, and the bread on cooling forms a thick jelly, a portion of which is to be mixed with milk or water and sugar for use as it is wanted. The steeping in hop water, and the subsequent boiling, removes all the noxious matters used in making the bread, and it both agrees very well with the child, and the child likes it very much."—*Braithwaite*, Part 22nd.

MEDICAL JURISPRUDENCE.

MEDICAL TRIAL.

Maidstone Assizes, March 20th, 1851. Before Mr. Baron Parke.

Homicidal insanity depending on disordered menstruation.

Amelia G. Suvswell, æt. 21, was indicted for the wilful murder of a child named Alice Hooper, by cutting its throat. Mr. Grady prosecuted; and the prisoner

was defended by Mr. Bodkin. The circumstances of the case were of a very distressing kind. It appeared that the child, whose melancholy death was the subject of enquiry, was the daughter of a married sister of the prisoner, who, at the time of the occurrence, was living with her husband at Milton, near Gravesend. The prisoner, who was described as a kind-hearted, affectionate young woman, was in the habit of constantly visiting her sister, and had always evinced the greatest affection for the child, calling her, "her Alice," and appearing to be most affectionate. On the evening of the 13th August, the mother had put the child in question, who was thirteen months old, and another somewhat older, to bed, and the prisoner was observed, shortly after she had done so, to go into the bed-room where the children were. In a minute or two she came out with a large table-knife in her hand, covered with blood, and exclaimed, "I have killed her—I have made her happy!" The mother rushed into the room, when the dreadful spectacle awaited her of her youngest child lying upon the bed quite dead, with its throat cut; the act of violence being of such a desperate character that the whole of the arteries and nerves were cut through, and the head was only attached to the trunk by the muscles of the back. The prisoner testified no concern or emotion after the dreadful occurrence, but merely struggled with the persons about her to get to the child, saying, at the same time, "Let me go to my child—let me go to my Alice." It appeared that the unhappy young woman had been suffering from a constitutional irregularity, likely to affect the brain; and it was also proved that during the past year she had suffered a severe disappointment by a projected marriage between her and some young man being broken off; and this, according to medical testimony, was calculated to aggravate her symptoms; and the medical gentlemen stated a positive opinion that at the time she committed the dreadful deed she was not a responsible being; and, in addition to these facts, it was also proved that upon one occasion, shortly after the occurrence above alluded to, the prisoner attempted to poison herself by taking oxalic acid. The jury stopped the case, and found the prisoner "*not guilty*," on the ground of insanity. She was ordered to be detained during Her Majesty's pleasure.—*London Medical Gazette.*

PHYSICAL SCIENCE.

Indian Children from Central America.—Dr. James Mason Warren read before the Boston Society of Natural History, at their first meeting in January last, a paper containing some observations upon the two remarkable Indian children from Central America which have lately attracted the attention of scientific men and the public of Boston. These children are a boy and girl. The condition of the teeth would place the former between seven and eight years of age, the latter between four and six. "The boy is 33½ inches in height, and his weight is 20$\frac{3}{4}$ pounds. The girl is 29½ inches high, and her weight 17 pounds. The skin is of a dark yellowish colour, lighter than what is generally attributed to the pure Indian, and somewhat darker than that of the Mulatto. The hair of the middle parting rises at an inch distant from the root of the nose, but on each side a fine hair decends quite to the edge of the orbit. In the boy it is black, coarse and quite stiff—in the girl wavy and curled. The eyes are large, dark and lustrous. The nose of the boy is quite prominent, and as seen in profile somewhat arched, but seen in front it is a little flattened at the

apex; the nostrils are expanded, this feature being less marked in the girl than in the boy. The line of the nostril is oblique instead of being longitudinal as in the Caucasian race. The separation of the cartilages at the apex is not easily distinguished. The supra-orbitar ridges are very prominent, the head receding directly behind, forwards. There are no superciliary prominences or tubercles. In the boy a ridge, with its convexity towards the median line, extends from the external angular process of the frontal bone along the edge of the parietal bone, and nearly joins the elevated occipital ridge. The occipital bone is much flattened from behind, forwards. The middle line of the os frontis corresponding to the continuation of the sagittal suture in the fœtal division is also elevated into a ridge in the male, but not in the female. A circumstance of some interest, is the situation of the external auditory foramen, which is much more in a line with the orbit than usual, a fact he had observed in some small heads of low intelligence. There are no indications that artificial compression has ever been used. In both of the children, the upper jaw projects considerably beyond the lower, the mouth remaining partly open in the boy, from a dropping of the lower jaw which leaves the teeth partly exposed. The combination of these two circumstances, connected with a slight escape of the saliva, gives a more unintelligent expression to the face when at rest than it would otherwise have. The upper lip is large, and appears swollen as in strumous subjects. The chin is receding.

The anatomical proportions of the girl seem to be in most respects as perfect as could be desired; with regard to the boy, the following are worthy of notice. The forearm is generally maintained in a slighly bent position, and in a state of semi-pronation, permiting neither entire extension nor perfect supination, forming laterally an obtuse angle outwards with the arm. The little finger is malformed, being shorter than usual, its tip extending only a little beyond the middle joint of the adjacent; the last joint is inflexible, and the natural folds on the back of the phalanges, which denote its position, are wanting. A slightly webbed appearance is given to the fingers by an increased development of the interphalangeal folds of skin; The hand itself is quite short, broad and thick.

The general position of these children, especially in the boy, is not unlike that of some of the monkey tribe, with the head thrown forward, a slight stoop of the shoulders and bending of the knees; the motion is unsteady.

Measurement of Girl's Head.

Head, 13 inches in circumference.
Ant.-post. diameter, 4½ inches.
Lateral diameter, 3¾ inches.
Over top of head from one auditory passage to the other, eight inches.
Ear, 1¾ inch.
Facial angle, 65.

Measurement of Boy's Head.

Circumference over hair and scalp, 13 inches.
Antero-posterior diameter, 4½ inches.
Bi-temporal, not quite 4 inches.
From one auditory passage around the head to the other, 7½ inches.
Do. around the occiput, 5½ inches.
Fronto-occipital curve, 8 inches.
Ear, 2 inches.
Facial angle, 60.

Dr. Warren then remarked that in appearance 'they were agreeable and intelligent, apt to comprehend, particularly if accompanied by proper gestures. They are destitute of any language of their own, but seem to acquire words readily, and have already learned to say, 'Papa,' 'Mamma,' 'Ellen,' 'Take care,' &c., showing them to be capable of instruction. They are immitative, and nothing escapes them. Their habits resemble those of a child two or three years old, and like the latter they are in constant motion."

Considering their degree of intelligence, Dr. W. pronounced the size of the head the smallest that had ever come under his notice, and for the purpose of comparison introduced accurate measurements of several infants, dwarfs, idiots, ourangs, etc. After these he quoted from Pinel an instance of that degree of idiocy which is the extreme limit of human degradation, in which even instinct no longer exists. To these remarks was appended a sketch of two or three of the most celebrated dwarfs, with a view to display the degree of intelligence actually possessed by them. After a further examination into the subject of idiocy, Dr. W. came to the following conclusions, in regard to the subjects under notice:—

1 That these children are possessed of a very low degree of mental and physical organization, but are not idiots of the lowest grade.

2. That they probably originated from parents belonging to some of the mixed Indian tribes.

3. That they do not belong to a race of dwarfs, because history teaches the truth of the doctrine stated by Geoffroy St. Hilaire, that dwarfs cannot perpetuate their kind.

THE LAW OF STORMS.

TWENTY years ago, the tracks of Storms were as little cared about as they were known. Since that time, what was at first a theory has become a law, almost as well aknowledged and ascertained as many other undeviating laws of nature. For this advancement of so important and useful a science, we are in a great measure indebted to the perseverance of our late excellent Governor, and the labours of Mr. Redfield, of New York. Colonel Reid must have at this time, in all conscience, enough to do as Chairman of the Executive Committee of the forthcoming Exhibition; but in the midst of occupations that would dazzle and engross the whole mind and time of other people, Colonel Reid is far from abandoning those philosophical pursuits on which he has excellent ground for building his claims to a lasting fame, and which have already been instrumental in yielding advantages of the highest interest to humanity and to commerce. Some of the Logs of the vessels which arrived here in the fall of last year, after experiencing a severe hurricane, having been sent home to the Colonel, he has returned them with some observations. We print to-day, for the information of our nautical friends, and all who take an interest in such matters, the Log of the *Superior*, with Colonel Reid's remarks upon it.

EXTRACT *from the Log of the Brigantine* "SUPERIOR," *from Newfoundland towards West Indies.*

SUNDAY, October 13, 1851 (nautical time).

Hour.	Knots.	Half Knots.	Courses.	Winds.	REMARKS.
2	1	1	S by E.	W	Light and variable airs—all hands at various jobs, putting mats on the main rigging, &c.
4	1	1	S. S. E.		
6	1	.....	Southerly.	.....	Variable airs and calm.
8	...	.....	.....	Calm.	
10	2	.....	S W by W		
12	3	.....	S W	Variable.	Midnight—smart breeze and cloudy.
2	5	.....	S W by S		
4	5	1	S. S. W.	.....	At 4, A. M., fresh breeze and weather. At 6, A. M, squally—took in the royal and gaff topsail.
6	4	1	S W		
8	4	.....	W S W	.....	Noon—fresh breeze and squally.
10	4	1	SW by W	S S E	Lat. 25 deg. 28 min. N.
12	6	.....	.....	.....	Pumps attended.

MONDAY, 14th October, 1851 (nautical time).

Hour.	Knots.	Half Knots.	Courses.	Winds.	REMARKS.
2	4	1	W S W	S S E	P. M. Freshening breeze—passing squalls
4	4				and rain. At 4, P. M., strong breeze, fresh
6	5				squalls; at 8, P. M., reefed the mainsail and
8	5				topsail; at 10, P M., furled the topgallant
10	5	.....	.....	S S E	sail and jib; at 11, P. M., closereefed the top-
12	4	1	S W by W		sail and second reef in raft the mainsail; at
2	4	1			2, A. M, close reefed the mainsail, took in the
4	5	.....	W by S	S S E	foresail-topsail and spencer and foretopmast

and trysail; at 4, A. M., heavy gale—split the close-reefed mainsail—got it down and secured it; gale blowing furiously—heavy rain and sea, making the sails blow adrift from the yards; the vessel labouring heavy, and shipping heavy seas at times. At 5, A.M., a perfect hurricane, while cutting away the sails that were blowing adrift; about half-past 5, A. M., the ship was capsized by a heavy sea and squall—all hands swept overboard—almost instantly both masts went, the fore by the deck, the main about four feet from the deck, and jib-boom from the cap. The ship immediately righted, and all hands succeeded in getting on board by the wreck as soon as the water left the deck: we found that it was eighteen inches over the cabin floor. We succeeded in getting a hatchet, and, while some hands were cutting

away the wreck to prevent its injuring the hull, others were at the pump, and bailing out at the cabin,—the wind at the same time moderating, but a heavy sea, the binnacle and compasses being washed away; we supposed it veering; the vessel rolling and shipping much water. Got sails over the skylight and forecastle hatch, to prevent water from going down; rigged the other pump, and by constant pumping and bailing, we found we were freeing her fast. About noon, the gale moderating, and less sea. We found the galley, cabhouse, cooking utensils, four water-casks, round-house, wheel and all belonging to it, carried away: stern-davits and hencoops, topmast studding-sail, gear, purchase-blocks, winch-handles, forecastle, companion, big gun (nine-pounder), top skylight, brass compass and fittings, spare tiller, handspike, doors of companion, spy-glass, log-reel line and glasses, keg with tar, grinding-stone, side-ladder, draw and deck-buckets, scrubbing brushes, manropes and stanchions, also carried away. About 6 cwt. of bread, 14lbs. tea, 25 lbs. coffee, 1 keg split peas, ½ cwt. rice (damaged, unfit for use), 70lbs. butter, 28 lbs. sugar, and 1 barrel of flour, washed out of the peakages. Bulwarks and rails on the starboard side, and the starboard whisker, carried away; also, the brass quadrant for raising skylight.

Tuesday, October 15, 1851.

Wind N. E. and moderate; long. 44 deg. 30 min. N.; lat. 24 d. 59 m.

Col. Reid's Remarks.—No narrative can be more strongly calculated to impress the seaman with the importance of making himself acquainted with the law of storms than that given in the extract from the log-book of the brigantine *Superior*, in her voyage from Newfoundland to the West Indies, on the 13th and 14th October, 1850. This vessel, like too many others, appears to have been sailing without a barometer; since no record of it is found in the log-book. His latitude at noon on the 13th was 22 deg. 28 min. north, but no longtitude is given. The previous afternoon (the 12th October) was calm weather, with variable rains. At midnight it was cloudy, with a smart breeze; and by 6 a. m. of the 13th it was squally, and they began to shorten sail. At 10 a.m. the wind is marked in the log-book S. S. E., the brigantine standing S. W. by W. She was therefore on the *port tack;* and this is another example of how ships on that tack, when in the northern hemisphere, may sail into the most imminent danger. As the breeze freshened the sail was shortened; the wind continuing S.S.E. for many hours, and the ship still standing on the same course, as if to destruction. At last, as constantly happens in such cases, her sails were torn from the yards, the vessel was capsized by a heavy sea, and all hands washed overboard. Then, as sometimes happens in these desperate circumstances, the crew was saved by the ship righting, in consequence of the mast breaking. Whilst she was lying in this state, the log-book reports that the wind was supposed to be veering, but the binnacle had been swept away, and with it their compasses. The commander of this vessel might not have been able altogether to avoid this storm; but had he wore his ship at 10, A.M., on the 13th, and stood to the eastward on the starboard tack, his ship would probably have suffered no loss. He might have had a very rough sea, with the wind from south-east, south, and south-westerly, until the trade-wind had returned, as we see it did, by his log-book, where it is marked north-east and moderate. This example of the Brigantine *Superior* is exactly a parallel case to that of the Brig *Queen*. Both vessels coming from the northward sailed into the heart of a storm on the border of the tropic, by continuing in the port track, when the weather indicated the danger

they were exposing themselves to. Those seamen who, regardless of the progress of discovery, still neglect to make themselves acquainted with the law of storms, will continue to meet such disasters as are recorded in this log-book. Ship-owners and merchants who employ such commanders, will continue to suffer such losses; but a large portion of the British mercantile marine are now perfetly well acquainted with the theory of storms, and are applying it practically,—thereby saving both life and property: and Masters examined under the new Merchant Seamans' Act, are now expected to understand it.

London, December 30, 1850.

EXTRACT *from Log of the Brig* W. I. WATSON, *from New York to Barbadoes.*

TUESDAY, October 8th, 1850.

Hour.	Knots.	Courses.	Winds.	REMARKS.
2	3	S E	S S W	
4	3			
6	3			
8	3	.....	.....	Continuous cloudy hazy weather, with moderate breezes set by the wind.
10	2			
12	2	E S E	S. W.	
2	4	.....	.....	Midnight moderate breezes and cloudy, with rain—latter part heavy rain in squalls, f. N.N.W.
4	3			
6	3	.....	.....	Sun obscured.
8	2	.....	Calm.	
10	...	South	N N W	
12	4			

WEDNESDAY, October 9, 1851.

Hour.	Courses.	Winds.	REMARKS.
1	S S E		Commences with calms; succeeded by light
8		E	breezes from N. E. At 3, P. M., fresh breezes and fair: set all sail. At 5, wind freshened, but a fine evening; all sails set,—studding-sails, &c. At 8, wind increasing with squalls; shortened sail; took in studding-sails and main-royal: wind hauled to the East very suddenly. At 10, heavy squalls, attended with rain: took in the courses, and double reefed the topsails, scudding before the wind quite easy. From 10 to 2, squalls increasing—short lulls—blowing tremendously heavy; close reefed the topsails—vessels running easy. At 3, A. M., took in the topsails—carrying nothing but foretop-mast staysail: brig answering her helm well, but squalls increasing to a fearful hurricane: threw off deck load of hay, empty casks, &c.—much eased in consequence. From 4 to 5, A. M., hurricane increasing in intense fury, never before witnessed: barometer by this time fallen fifteen-tenths; vessel straining much, but answering her helm; kept the pumps going; ship making much water; hurricane blowing to that extent, next to

impossible to move on deck. A half-past 5, A. M., deck filled with water, so that she would not mind her helm: *wind shifting to all points*, ship setting over on her beam ends, there being no escape for weight of water on deck; hurricane still increasing; cut away the topmasts, yards, and all attached; ship righted, but laboured very heavy, and leaking badly; pump incessantly going; wind west. Thirteen min. after 7, ship free, and laid too by tarpaulins in main rigging. By 8, wreck cleared of spar and cut rigging; barometer rising one-tenth; hurricane continuing with apparently unabated strength; barometer continues to rise as rapidly as it fell. By 12, noon, a good whole-sail breeze. Examined the wreck, and report as follows: Found jib-booms carried away; lower rigging, fore and main stays badly chafed; mainsail half carried away from the caskets; purchase-blocks half gone, tops broken, &c. &c.

EXTRACT *from Log of Brig* MALVERN, *from Philadelphia to Barbadoes.*

TUESDAY, October 8, 1850.

Hour.	Knots.	Courses.	Winds.	REMARKS.
1	4	E. S. E	S	Commences with strong breezes and cloudy weather; a heavy head-sea on. At 4, P. M., double reefed fore-topsail and mainsail: during the night had a very rough sea, and laboured very heavy; took in great quantities of water on deck. At 4, A M., struck aback heavy from S. E.; braced round on the larboard tack; at 9, furled the jib. Ends labouring heavy, with a very rough sea, and shipping very large quantities of water on deck. The pumps regularly attended to. Lat. 25 deg. 47 min. North.
2	4			
5	3	S W by S	S E by S	

WEDNESDAY, October 9, 1850.

Hour.	Knots.	Courses.	Winds.	REMARKS.
1	3	S.W. by S.	S.E.by S.	Commenced with fresh gales and cloudy. Squally weather. At 1 p. m. reefed foresail and close-reefed foretopsail; took in mainsail, and set storm trysail. At 4 p. m. gale increased; took in foretopsail and foresail, and hove-to on the larboard tack under storm-sails. At 8 a. m., the gale increasing, took in the main staysail, and foretopmast staysail, and remained hove-to under storm trysail. Sea very heaving, and very combing and straining—shipped great quantities of water. At 11 p. m. shipped a very heavy sea, which did some damage to the bulwarks. At 8 p. m. wind moderated; wore ship to the southward and eastward; set reefed foressii and double-reefed topsail—latter part strong breeze and very heavy sea; still labouring very heavy—pumps regularly attended—all hands employed lashing things about deck. Lat. by obs. 25–38 N.
4	up	S. S. W.		
5	off	S.W.		
9	up	S.W.		
10	off	W.S.W.		
1	up	W.		
2	off	W.N.W.		
5	up	N.W.		
6	off	N.N.W.		
9	5	E.S.E.	S.W.	
11	6	S. E.		

COL. RED'S REMARKS.—The brig *W. I. Watson*, from New York to Bar-

bados, appears to have been approaching the northern side of a whirlwind storm, in which the wind blows east, on the afternoon of the 8th of October, and fairly entered it at 8 o'clock in the evening. At 10 p. m. she scudded under topsails, and continued doing so until three next morning, when she took them in, continuing to scud with the foretopmast-staysail set. Between 4 and 5, on the morning of the 9th, the barometer had fallen an inch and a half, and it was blowing a hurricane. At half past 5, it is stated that the decks filled with water, so that she would not mind her helm, and "the wind was shifting to all points.' This indicates that the brig had scudded in front of the centre of a revolving storm. Beginning to set over on her beam ends, the topmasts were cut away to right her. At last the wind became west by south; the barometer began to rise; and by noon it is called "a good whole sail breeze."

The brig *Malvern*, from Philadelphia to Barbados, seems to have been in the same storm. She had the wind S.E. by south, veering to S.W., and perhaps was saved from also getting in front of the storm's centre by heaving to. The *Malvern*, however, was upon the port tack, which may have led her into worse weather than if she had on first meeting the gale gone about upon the starboard tack. In neither of these log-books is the longitude recorded, therefore it is impossible to lay down their places.

It is very much to be desired that merchant seamen should always enter the longitude in their log-books, and have a column for recording the height of the barometer, and another for shewing the direction of the highest swell of the sea. The study of the direction of the swell, which is a new part of the subject of the of the law of storms, is one of practical importance to navigation.

London, 30th December, 1850.

Latitude 43 deg. 39.4 min. N. Longitude, 79 deg. 21.5 min. W. Elevation above Lake Ontario, 108 feet.

Day.	Barom. at tem. of 32 deg. 6 A. M.	2 P. M.	10 P. M.	MEAN	Temperature of the air. 6 A. M	2 P. M.	10 P. M	MEAN	Tension of Vapour. 6 A. M	2 P. M.	10 P. M.	MEAN.	Humidity of Air. 6 A. M.	2 P. M	10 P M	MEAN.	Wind 6 A. M.	2 P. M.	10 P. M.	Rain in Inches.	Weather.
1	30.037	29.976	29.856	29.906	28.	41.8	38.	40.10	0.142	0.283	0.219	0.217	9[illegible]	9[illegible]	91	87	N N W	S E b E	E b N	0.145	Gen. clear; light clouds; rain at nt.
2	29.578	29.348	29.416	29.412	39.	47.0	43.1	43.63	.227	.306	.185	.212	9[illegible]	95	68	8.	E b S	E S E	N W	0.125	Rain till noon, clearing up p m.
3	29.37[illegible]	29.39[illegible]	29.521	29.4[illegible]	39.	45.0	33.5	39.07	.22[illegible]	.143	.141	.170	92	4[illegible]	74	7.	W S W	N W	N W b N	... ..	Day cloudy., nt.clear; faint aurora
4	29.618	29.683	29.68[illegible]	29.67[illegible]	30.6	36.8	32.6	33.31	.17[illegible]	.161	.165	.152	7[illegible]	7[illegible]	89	80	W b S	S E b E	N E	......	O'cst. all day, sn. 10 p m. to 2 a.m.
5	29.625	29.35[illegible]	29.169	29.467	33.1	37.8	42.6	39.44	.171	.221	.260	.198	91	98	97	9	E N E	E N E	N E b N	0.650	O'cst.; r. from 1; light & thun at 10
6	———	.....			...		..		...	.....	......	......	.....	.....	.....	.....	S b W	S W	W	......	Clouded all day.
7	29.824	29.8[illegible]	29.626	29.68[illegible]	3[illegible].8	42.3	39.7	39.93	.152	.195	.185	.195	88	74	77	8.	W b S	E S E	N E b N	......	Light clouds dispersed ; fine.
8	2[illegible].[illegible]28	29.0[illegible]	29.436	29.316	45.4	51.6	57.0	42.38	.25[illegible]	.311	.169	.230	86	90	78	8.	N N E	S W b S	W b S	0.430	Rain 10 a.m to 4.p m clear 6 to 10
9	29.8[illegible]0	29.824	29.649	29.764	30.3	42.4	44.8	40.13	.134	.171	.217	.180	79	64	74	7	W b S	S	S W b S	......	Few passing clouds; very fine day.
10	29.864	30.008	30.108	30.041	31.[illegible]	43.4	33.2	36.49	.15[illegible]	.186	.145	.159	78	64	76	7.	N W b N	N N E	N	......	Gen. clear ; detached clouds ; fine.
11	30.186	30.266	30.250	30.22[illegible]	27.8	36.2	29.6	31.8	.115	.139	.110	.124	75	66	66	69	N W b W	N W b. W	N	......	O'cst. a m ; clear from 4.
12	30.287	30.494	30.037	30.04[illegible]	28.4	36.9	32.2	31.22	.10[illegible]	.139	.142	.135	66	63	78	6.	N b E	E	E N E	......	Zen. clear; few clouds r. horizon
13	———	..	..		..					.....	......	......	...	.....	......	....	E	E N E	E N E	......	O'cst and haze; halo from midnht.
14	29.602	29.48[illegible]	29.52[illegible]	29.52	33.[illegible]	50.[illegible]	36.4	3[illegible].44	.107	.305	.192	.185	57	85	90	76	N b E	N W	N N W	0.050	Clear till noon, rn. 8 p.m ; s. at mt
15	29.[illegible]38	29.5[illegible]	29.51[illegible]	29.5[illegible]	31.1	41.2	40.8	3[illegible].4[illegible]	.160	.209	.227	.203	91	73	90	8.	N E	S S E	N W b N	0.[illegible]50	sn. till 2 a m ; v slt. r. from 6 p.m
16	29.482	29.468	29.4[illegible]0	29.467	41.7	47.7	48.6	45.37	.219	.243	.221	.245	84	75	66	8	N b E	N E b N	N N W	......	Overcast all day; very dull.
17	29.455	29.420	29.441	29.37[illegible]	43.[illegible]	45.8	40.4	43.2[illegible]	.224	.226	.213	.209	79	71	86	7.	N N E	S E b E	N E	......	Generally clear; light clds detach.
18	......	..	..				..	....	.. ..	.. ..	......	......	.....	.....	......	.....	N E	E S E	N E b E	0.005	Generally clr ; hazy round horizon
19	29.146	29.081	29.21[illegible]	29.20[illegible]	39.	41.8	40.4	40.1[illegible]	.19[illegible]	.185	.239	.219	83	71	97	8.	E b N	N E	N b E	0.505	Densly o'cst , rain all day & night.
20	.....	.....	..		....		..	...	....	.. .	......	......	...	....	...	...	N b W	N W b W	N W b W	0.020	Slt r. a.m. & from md'nt. till 4 a.m
21	29.471	29.467	29.70[illegible]	29.48[illegible]	37.[illegible]	47.6	39.0	41.34	.15[illegible]	.180	.156	.156	7[illegible]	55	66	61	N W	N W	N W b W	......	Lt detached clouds, mostly clear.
22	29.539	29.52[illegible]	29.509	29.56[illegible]	37.3	54.8	39.0	47.3	.168	.248	.156	.210	76	59		71	N W	S	N W b N	......	Clear, beautiful day.
23	29.612	29.468	29.421	29.4[illegible]5	37.4	57.3	4[illegible].2	48.9[illegible]	.173	.284	.254	.25[illegible]	79	62	86	7.	Calm	S E	E N E	.. ....	Clear ; very fine day
24	29.369	29.353	29.424	29.40[illegible]	42.6	51.7	50.6	50.2[illegible]	.23[illegible]	.231	.[illegible]31	.262	89	55	91	7.	N	E b S	N W	......	Few light clouds ; clear at night
25	29.506	29.582	29.58[illegible]	29.57[illegible]	41.[illegible]	53.9	40.9	49.74	.207	.203	.222	.190	71	49	63	5.	N	S b E	W S W	......	Almost unclouded , very fine day.
26	29.602	29.523	29.472	29.513	45.2	49.1	40.4	45.69	.116	.173	.228	.172	39	50	73	5.	N E	E b N	E b N	inap.	Lt.clouds gen; drops rain at 10 p.m
27	......	...		..	....		.. .	...	...	. . . .	....	.... .	....	......	.....	.....	E b N	E	N	0.040	Very slt rain, a.m.; o'cast all day.
28	29.61[illegible]	29.65	29.728	29.688	41.[illegible]	51.4	41.9	44.18	.221	.200	.171	.200	85	53	65	70	N W	N W b N	N W b N	......	Mostly clear, ft. aurora at 10 p m.
29	29.777	29.690	29.506	29.629	31.6	52.7	42.1	4[illegible].72	.17[illegible]	.226	.21[illegible]	.21[illegible]	88	58	81	7	N W	S E	E	0.275	Generally clear; raining dur. night
30	29.437	29.53[illegible]	29.547	29.51[illegible]	41.8	51.8	44	44.32	.273	.228	.172	.207	93	60	60	7.	S S E	W	E b S	......	Light clouds passing . bril. meteor at 12 in N W by N; fall verticay.
M	29.62[illegible]	29.580	29.58[illegible]	29.5[illegible]	36.80	46.70	40.51	41.67	0.178	0.217	0.199	0.197	80	69	79	7.	miles. 7.13	miles. 10.48	miles. 7.52	2.295	

Highest Barometer.. 30.367, at 8, a m., on 12th } Monthly range
Lowest Barometer .. 29.080, at noon on 19th } 1.227 inch.

Highest temperature. 59.3, at 4, p m , on 23rd } Monthly range:
Lowest temperature.. 25.8, at 4, a. m., on 11th } 33.5

Mean Max. Therm.. 47.27 } Mean daily range, 12.87.
Mean Min. Therm .. 34.41 }

Greatest daily range.. 21.6, from 4, p m. of 28th to a. m. of 29th.

Warmest day .. 24th .. Mean temperature 50.22 } Diff. 18.41
Coldest day.... 11th . Do. 31.81 }

Warmest observed hour. 2, p. m Mean temperature . 46.70

Coldest observed hour .. 6, a. m. Do. 36.86

Mean diurnal variation.. 9.84.

SUM OF THE ATMOSPHERIC CURRENT *in miles, resolved into the four Cardinal directions :*

North.	West.	South.	East.
2535.57	1730.99	793.64	2235.13

Mean Velocity of the wind—8.07 miles per hour.
Maximum velocity—22.4 miles, fr. 1 to 2 p. m., on 3rd
Most windy day—19th : mean velocity—14.73 m. p. hr.
Least windy day—23rd : ditto — 2.92 ditto
Most windy hour—noon : mean veloc.—10.49 m. p. h.
Least windy hour—3 a. m. : do. — 5.58 do
Mean diurnal variation—4.71 miles.

Year.	Temperature. MEAN	MAX	MIN.	RANGE	Rain. DAYS.	INCHES	Snow. DAYS.	INCHES
1840	42.70	68.7	22.8	45.9	14	3.42[illegible]	2	
1841	39.40	64.8	19.9	44.9	3	1.37[illegible]	3	
1842	43.40	89.8	20.1	69.7	8	3.74[illegible]	2	
1843	41.29	71.6	14.7	56.9	7	3.185	3	0.1
1844	48.11	74.6	14.9	59.7	10	1.515	1	inapp.
1845	42.13	66.7	15.5	51.2	11	3.290	4	1.5
1846	44.11	81.8	24.2	57.6	10	1.300	2	1.3
1847	39.06	65.1	9.3	55.8	8	2.870	2	4.0
1848	40.67	65.1	22.7	42.4	5	1.455	1	0.5
1849	38.74	72.0	15.5	56.5	10	2.655	2	1.7
1850	38.30	65.7	18.0	47.7	7	4.720	2	1.1
1851	41.67	59.3	25.8	33.5	11	2.295	3	1.2

PROSPECTUS

OF THE

UPPER CANADA JOURNAL

OF

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PUBLISHED ON THE FIFTEENTH DAY OF EVERY MONTH, IN TORONTO.

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IT has been for years past, and still continues to be, a source of reproach to the Medical Profession of Upper Canada, that while in the Lower Province, with certainly no numerical superiority, and being somewhat divided by national prejudices and separate interests, they have sustained for several years a publication whose increasing circulation is testimony at least of its utility, we have never attempted to mark our existence as a body, to protect our interests, or advance our standing, in the community. As a convincing proof that such an organ is not only requisite to, but desired by us, it is only necessary to draw attention to the fact, that a considerable portion of the original matter in the Montreal Journal is contributed by Upper Canadian Practitioners.

It is notorious that the Profession in the Upper Province is daily becoming more numerous; and this increase arises, as well from the common source of population—Immigration—as from the Educational Institutions of the country. Those who come among us from abroad, have doubtlessly been accustomed, during their collegiate life, or their former professional engagements, to free access to the periodical literature which so abundantly surrounds them in European cities, and feel the want of that communion with the spirit of the age which such publications so effectually afford; while those educated in the Province are no less deeply interested in the acquisition of knowledge, culled from the older countries of Europe, or gathered from the fields of observation in our own forest land. It is not exaggerating to state, that the number of Practitioners in the Upper Province is not under 450. Surely among these, *one* publication devoted to the advancement of Science, the protection of our own professional interests and character, will find encouragement and support. The sister profession of Law possesses an ably conducted periodical, of a character purely referential, inasmuch as its pages contain simply reports of trials as precedents, with the opinions and decisions of the Judges.

To meet this deficiency, and to remove this reproach, the projectors of this publication now present a monthly periodical, in which the advancement of Medical, Surgical and Physical Science will be the all-important figure; and they propose to divide its contents as follows:—The first portion will be set apart for original communications and reports of cases; and here they would more particularly solicit the assistance of the Profession at large, since it is now universally admitted, that it is on Statistical information principally we may hope to effect anything like certainty in the Science of Medicine. The second part will be occupied by a collation of matter of the most interesting and practical character, from the numerous European and American journals on the principle of the Retrospects of Braithwaite and Rankin, in which the articles are not printed *in extenso*, but merely the most striking and important points detailed. From the facilities possessed by the publisher, this collation can be effected very completely from the most recent publications of every month. The third department will be allotted to Correspondence and Reviews.

Without pledging ourselves to Editorial matter, we reserve the right of discussing freely all subjects of general professional importance.

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A. F. BLEES, *Publisher.*

Toronto, April 2nd, 1851.