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ART. XXXVI.—*Fracture of the Cranium, with Depression.— Trephining— Recovery. By* HAMNETT HILL, *Bytown.*

On the afternoon of October 13th, about 2 o'clock, Peter Pinard, aged 8 years, while playing in a stable, received a kick on the forehead from a horse, midway between the edge of the orbit and the frontal protuberance on the right side. He was rendered senseless by the force of the blow, which severely cut the integuments, and indented the bone of the skull. I was called to him, in consultation with the late Dr A. Beaubien, at 3 o'clock, p. m., about one hour after the accident, and found him with a gaping, contused wound on the right side of the forehead, of about two inches in length, parallel with the long axis of the orbit, the centre of which would correspond with the pupil of the eye on that side. It was evidently the result of the toe caulk of the horse's shoe, which had taken such terrible effect on the os frontis. The integuments were driven upwards; and, on introducing the finger into the wound, at its upper margin, there could be distinctly felt the well defined edge of a part of the fractured frontal bone, for about an inch in length, while below it, the bone seemed shattered, and forcibly driven into the substance of the brain to a depth of near half an inch. Severe as was the injury, but little effect seemed to be produced in comparison with what one would have expected. At this time, the boy was perfectly sensible, his breathing quite regular, not the least stertorous, pupils sensible to the action of light, and pulse about 72, without any peculiarity in it; he was very intolerant of pain, and writhed about very much on any examination being made of the wound. Such was the state of the symptoms; and although the physical evidences of bony depression were too obvious, yet, as there was wanting every indication of compression of the brain, it naturally became a question whether it was justifiable to trephine him, or await the issue of subsequent symptoms. We decided on the latter course, and proceeded to dress the wound lightly; but, ere half an hour had elapsed, the symptoms began to put on a more alarming aspect. The pulse became slow, and continually intermitting; an increasing disposition to somnolency manifested itself, during which state the eyelids remained open just enough to show the pupils, which were now strongly contracted; but, on rousing him, which the slightest pain would do, they became widely dilated, and so remained when exposed to the light of a candle. Under these altered circumstances, the operation of trephining was promptly decided on; the wound was therefore enlarged upwards, at right angles to its original direction; thus making it of a T shape. The reflection of the two flaps gave ample room for the further steps of the operation, which was accomplished without much difficulty, except from a somewhat troublesome hæmorrhage from the frontal branches of the temporal artery, which obscured the parts from view. On removing the semicircular portion of bone under the trephine, I endeavored to raise the depressed bone with the handle of a tooth forceps, (a good substitute for the elevator,) but it was so firmly impacted and wedged as to render it impossible to stir it; so, reversing the forceps with much care, I laid hold of the depres-

sed bone, and, with a steady, wriggling motion, at last succeeded in removing it from its situation. Another portion presented itself nearer to the temporal region, which was also detached with much less force, and a third portion, nearer the orbit, was then elevated to its normal position.—The dura mater was found to be lacerated, and portions of the cineritious substance of the brain were successively removed by the sponge, in clearing the wound of blood and coagula. The three pieces of bone removed, when arranged, after the operation, represented an irregular triangle, measuring one inch and three quarters in its maximum length, by one inch and an eighth, thus leaving a hole large enough to insert three fingers into the cranium.—The susceptibility to pain was so unusual in these severe injuries of the head, that it was deemed advisable to give him chloroform. In fact, without it, it would have been next to impossible to keep him quiet. After ascertaining that no spiculæ, or sharpened edges of bone were likely to irritate the brain, the edges of the wound were brought together with sutures, and dressed with cold water dressing. By this time the symptoms had continued increasing in severity; the pulse was barely perceptible; the extremities had become cold, lips blue, and insensibility continued complete long after the use of chloroform was discontinued. Under these circumstances the patient seemed to be rapidly sinking, and we plied him vigorously with brandy and water, heat to the extremities, &c., &c. At last reaction became fairly established, and at eight in the evening I found him with a pulse of 126, soft aud regular, tongue clean, respiration natural, countenance good, pupils sensitive, heat restored, and without a single complaint; the stimulus had long since been discontinued, and he was ordered a purgative of calomel and jalap.

It is unnecessary to trespass on your pages with a daily detail of the symptoms or treatment, suffice it to observe that, under the attentive exhibition of aperients, low diet, and local application of cold to the seat of injury, his recovery has been continued, and that, at the expiration of about a fortnight, the wound was entirely healed, and he seemed as well as ever in all respects save some slight dilatation of the pupils.

Bytown, Nov. 12th, 1851.

ART. XXXVII.—*Infinitessimal Doses: A Notice of Homœopathy and its Doctrines. By* D. McCallum, M.D., M.R.C.S., *Eng.*

It is now admitted, we believe, by the profession generally, that medicines, to produce salutary effect on disease, need not be administered in such large doses as we find recommended in the works of the older physicians. We frankly confess, however, that we are not of the number of those of the present day, with whom it has become quite fashionable to talk slightingly of the "heroic treatment" of our predecessors, and to condemn them in unmeasured terms for their advocacy of powerful depletory measures in certain cases. The commanding intellect of a Sydenham—a Cullen—a Hamilton—a Currie—a Rush, &c; their untiring and eminently successful efforts to advance the science of medicine—their laboured investigations to determine the proper treatment of disease—and above all, their great success as practitioners, should at least make us hesitate before we pass censure on the manner in which they administered medicines; did we not feel inclined to go further, and endeavor to ascertain if there are not causes in operation which subject the same disease to undergo such changes as, after the lapse of a number of years, to imperatively demand a modified or even contrary treatment at the hands of the medical profession.

The illustrious Sydenham, whose ex-

tensive knowledge of the history of practical medicine made him intimately acquainted with the numerous, varied, and often conflicting plans of treatment which had been propounded by various authorities for the same disease before his time, was led to direct his powerful mind to the elucidation of the causes why the same remedies should at certain times be administered more cautiously than at others, and why the same malady should at one period require antiphlogistic and at another period stimulant treatment. After careful research and investigation, he came to the conclusion that all the differences were to be referred to what he termed the *constitutio morborum stationaria.*

Dr. Autenreith, in his "Account of the State of Medicine in Great Britain," as translated by Dr. Graves, gives the following explanation of this *constitution*: "All diseases contagious and non-contagious, acute and chronic, (the latter, however, seldom, except when attended by some degree of general excitement) have been observed to preserve a certain *constitution or general character*, which continues for a number of years in succession, with occasional interruptions, until it is displaced by another constitution of a different character. Thus, during one period, diseases are remarkable for being frequently accompanied by a sensation of extreme weariness, sudden sinking of the strength and vital powers, unpreceded by any evident marks of excitement, and attended by a disposition to pass into true typhus. During another period, the tongue is in general loaded with a thick, white, or yellowish coat, and many other symptoms of derangement of the digestive organs, such as a bitter taste, costiveness, or diarrhœa, are observed. During a third period, diseases are characterised by a remarkable degree of vascular excitement, and evident tendency to local determinations, a frequent formation of morbid productions; in a word, by all the symptoms of inflammation. It is not known whether the transition from one of these periodic constitutions to another takes place suddenly or gradually; but the latter supposition appears more probable, except when the transition is accompanied by unusually great atmospheric changes." From the year 1790 to 1804, in England, acute diseases were marked by great debility, and a tendency to run rapidly into a typhoid condition; consequently a tonic and stimulant treatment was indicated. In 1805 this *constitution* was replaced by one in which venesection and purgation were demanded; acute diseases being attended by great vascular excitement and irregularity of the bowels. "The gastric constitution had scarcely established itself, or become pretty generally diffused, when a new character, viz., the inflammatory, appeared upon the stage, and has ever since continued, sometimes combining itself with the gastric to form diseases of a mixed character, such as Erysipelas, and sometimes, when favored by the seasons or local circumstances, raising itself to the rank of chief performer." Dr. Graves adds: "It is now twelve years since Dr. Autenreith made the foregoing interesting observations, and to me it appears that the history of the diseases which have since prevailed affords convincing proofs that the then *inflammatory constitution* has again subsided, and is now replaced by a typhous type." Nor has it escaped the notice of other modern writers; for, in Dr. Henry Holland's eminently practical and elegantly written "Medical Notes and Reflections," we find the following recognition of this *constitution* in the chapter on the "Connexion of Certain Diseases." "Or we may find evidence scarcely less serious of an *endemic state of constitution* (be it called adynamic, or by any other name) which, originating with the same causes that produce the symptoms of Influenza, *renders the body for a period more prone than usual to certain other disorders.*"

Another cause tending materially to reduce the bulk of the medicine administered, but operating very slightly on the amount of active remedy given, is to be found in the great number of active principles, which, during the present century, chemists have discovered, and separated from the mass of inert substance with which they are found connected. Formerly powdered cinchona was given in doses of a drachm and upwards for the cure of intermittents, the bulk required being a serious objection to its use. Now, however, a few grains of sulphate of quinine suffice for a dose, all the good effects of the remedy being obtained without loading the stomach of the patient with a mass of inert matter. Some of these active principles require to be exhibited in very minute doses. Aconitine, for instance, is considered too active a poison to be administered internally; one-fiftieth of a grain, according to Pereira, having endangered the life of an individual; and the dose of strychnine is from one-twentieth to one-sixth of a grain.

We have considered these few remarks on the probable causes of the comparatively moderate treatment which obtains with physicians of the present day, not uncalled for, as Homœopathists have not failed to arrogate to themselves the credit of having, by the advocacy of infinitessimal doses, worked a reformation in the views of the legitimate profession regarding, not only the kind but also the amount of treatment necessary in the various diseased conditions of the body. Physicians have been led to diminish their doses, as the result of their own observations on the effects of remedial measures on disease; in fact, they have observed that the present *type or constitution* will not admit of very active or powerful treatment. It is, therefore, sheer presumption on the part of those who assert, that in doing so, they have been influenced by a system of medicine which advocates the administration of medicines in quantities which they regard as altogether useless. There is not, moreover, the least resemblance between the small dose of the regular practitioner, and that purely imaginary substance—the infinitessimal dose of the Hahnemannist; an infinitely greater disparity exists between the two, than exists between the minutest grain of sand on the earth's surface and the globe of which it forms a part. While, therefore, in common with the vast majority of the profession, we regard the administration of medicines in *small doses* as being the most judicious practice in the present day; we feel bound, unhesitatingly to condemn the *infinitessimal dose* of the Hahnemannist, for the following reasons.

1*st.*—*Because there exists abundant proof that they are the result of the unsuccessful application of one principle to the treatment of disease indiscriminately.*

It cannot be too strongly impressed on the mind, that the substances, such as quinine, sulphur, etc., which Hahnemann adduced as affording in their operation, the clearest and most conclusive illustration of the homœopathic law, are given in *large and repeated doses* by the regular practitioner in those diseases for which they are usually considered *specific.* Indeed, it is the almost certain curative effect which quinine has over intermittent fever, and every disease stamped with the law of periodicity, and sulphur over itch, when administered in this manner, which has obtained for these medicines the title of *specifics.*

No sooner had the founder of Homœopathy, in the quiet seclusion of his study, spun out his specious web of fine drawn reasoning and transcendental theorising—no sooner had he collected an amazing number of symptoms as the *pathogenetic* effects of a few remedies, than he at once essayed to treat disease in accordance with his theory, by giving remedies in doses similar in quantity to those used by the

regular profession. He witnessed the eminent success which attended the administration of specifics in *large doses*, and concluded, that as the effects on disease of all (some, however, would have been more correct) remedial substances bearing that name, might be referred to the operation of the principle, that "like cures like;" consequently, the remedies he employed, according, as he fondly thought, to that principle, would be equally beneficial. Unfortunate conclusion! Large doses were given, and, as might have been expected, a fearful aggravation of the symptoms ensued; the disease increased in intensity, and death hovered over the unfortunate one, whose every increased bodily pain and mental throe, spoke in terms not to be misunderstood of the fallacy of "*similia similibus curantur*" in his case. Again and again did Hahnemann try it, but with no better success. Homœopathy, as a system, was in danger! What was to be done? Act an honest part—retrace his steps—confess that the profession were already acquainted with the very few remedies whose effects on the healthy body resembled the symptoms of the diseases for whose cure they were administered. No! He had given it forth to the world that "*similia similibus curantur*" was a principle of universal applicability in the treatment of disease: he had already acquired considerable notoriety as the propounder of a new system. What was he to do? He could not continue to jeopardise the lives of his patients with impunity. Happy thought! He would hold fast to the axiom, but reduce the dose. And he consequently reduced the dose to such a degree, that the mind cannot form the most remote idea of the quantity of remedial matter contained in a Hahnemannic globule. That this is the correct explanation of the introduction of infinitessimal doses into Hahnemannism, will be evident from the following quotations. "The homœopathic law, and the employment of small doses, are two things quite independent of each other. Hahnemann, when he commenced to practise homœopathy, *employed the ordinary doses; but observing the frequent and often dangerous reactions*, he was led gradually to diminish the dose, until he arrived at the systematic plan now adopted in the preparation of Homœopathic remedies. * * Large doses are opposed only to the peculiarities of Hahnemann; with them, patients may be treated Homœopathically, *but then, we may frequently expect a positive increase of the disease*, OR EVEN DEATH. *The experience of such painful and dangerous aggravations*, in no case necessary to cure, *led Hahnemann to employ minute doses.*"—"*Principles and Practice of Homœopathy*," by Francis Black, M.D., pp. 72 and 81.

"When he (Hahnemann) discovered the internal curing law, *he did not yet think of the small doses, and he employed the ordinary allopathic ones.* But though the truth of the fundamental homœopathic law was even thus confirmed at every step, he, however, observed at the same time, that by these strong doses *the symptoms of the disease were considerably aggravated*, and that a great many other *heterogeneous symptoms* usually appeared, *which caused long and sometimes not dangerless suffering to the patients.*"—*Allopathy and Homœopathy*," *by* Karl Luther, M.D., p. 145.

"He reduced his doses considerably from those of ordinary practice; still, he found the aggravation produced was too great."—"*Popular view of Homœopathy*," by Rev. Thos. Everest, Rector of Wickwar.

"Hahnemann at first gave these medicines in nearly the usual doses, *but he soon learned* to employ the minute doses, and the high dynamigations, &c."—"*The pathogenetic effects of some of the principal Homœopathic Remedies*," by Harris Dunsford, M.D., p. 6.

Painfully impressed with the untenable position they occupy in reference to infinitessimal doses; forced to admit that wherever an example of the homœopathic law is found in the orthodox system, *large and repeated doses are beneficially employed*, and that in every other instance originating with themselves, the same treatment has most signally failed, Dr. Black and others have endeavored to persuade their readers that Homœopathy and the employment of minute doses are two separate things; and that diseases may be treated homœopathically with large doses; but, important addition, "*we may frequently expect the death of the patient.*"

Dr. Curie, however, boldly states, that the two following "facts" *are the groundwork of homœopathy, and the points at issue with the existing medical practice.* 1st.—The law briefly expressed by the axiom, "*Similia similibus curantur.* 2d. *The pathogenetic power of the most minute doses of medicine*, if prepared in accordance with the rules described by Hahnemann."

We hold, then, with Curie, that minute doses are an essential part of Hahnemannism, "and a point at issue with the existing medical practice." We further hold, that, as the most distinguished writers on the system of medicine called homœopathy, conclusively show, that minute doses owe their origin to an unsuccessful attempt to establish the universality of an already recognized principle in the treatment of disease, they should be condemned, and the system of which they form a part should be regarded as altogether unworthy the confidence of every right thinking individual.

(*To be continued.*)

ART. XXXVIII.—*The Geological Observer, by* Sir Henry T. De La Beche, C.B. F.R.S, &c. *Director General of the Geological Survey of the United Kingdom. Philadelphia, Blanchard & Lea*, 1851. *Royal* 8vo., *pp.* 695.

This is a very handsome reprint, abounding in well executed illustrations of one of the most interesting and comprehensive modern books on the interesting science of which it treats.

The time has gone by, for a monograph system of geology. Sir Charles Lyell's book, which approaches the nearest to it, has received continual accessions, and must continue to receive them, with corrections. As the boundaries of physical science extend, they become too vast for one mind to grasp, too complicated to be made intelligible in that mode. Then comes the division of labor, in observation and description; and the detached essay succeeds the system. It is the same in all the sciences. Like theaxioms of Euclid, a person would gather little beyond the first principles, from Newton's Principia, of the modern sciences of optics and statics.

Law, politics, political economy are not taught in the meagre manner they were formerly. Livy is succeeded by Nieburh and Goldsmith, and even Mitford by Grote. In our own profession, no one would think of writing in any moderate compass the First Lines of the Practice of Physic or Surgery, nor would any one, in the shape of a new Haller's Physiology, think of giving a full description of the phenomena of human life.

Sir Henry de la Beche's book is a series of essays on a science, at once the youngest and most rapidly advancing of the whole cycle, and daily approaching to precision from the vague speculations of its earlier votaries. It treats of every phonomenon connected with the great past and present motions of earth, air, and water, and the

changes in place and condition, alike of solid and fluid. Volcanoes, lacustrine and maritime deposits and agencies, metallic deposits, coal, fossils, animal and vegetable —all are treated in a masterly manner, and theory made strictly subservient to the observation of facts from all parts of the world. But it would be in vain to give any analysis of a closely printed octavo of seven hundred pages, of which the classification of the titles of the contents alone occupies ten pages; nor can we take a fragment as a specimen of such a structure. It is a book to be read, not quoted. We are gratified to see Mr. Logan mentioned several times with honor.

ART. XXXIX.—*Intermarriage, or the mode in which, and the causes why, Beauty Health and Intellect, result from certain Unions; and Deformity, Diseaseand Insanity from others; demonstrated by Delineations of the Structure and Forms, and Descriptions of the Functions and capacities, which each Parent, in every Pair, bestows on children,—in conformity with certain natural laws, and by an account of corresponding effects in the breeding of Animals, with Eight Illustrative Drawings. By* ALEXANDER WALKER. *Philadelphia: Lindsay and Blakiston.* 1851. 12*mo, pp.* 384.

This is a very curious book. It is not exactly a scientific treatise, nor yet a popular one. It is not one from which the scientific man will learn much, nor yet be very intelligible or exciting to the uninstructed. It is not immoral in its language or suggestions, but seems to us at variance with morals properly called such; and though it may be sound physiology, it is incompatible with the philosophy of the mixed nature of man, a creature with a mind as well as with a body.

Mr. Walker has done for the facial theories of Lavater and Camper, and the cerebral theories of Spurzheim and Combe something, though not so extensive, as the author of the book we have just noticed, has done for the daring attempts of Werner, and Hutton, the true authors of Geology as a science. His theory is to group all the organs of the head and face, and associate them with the developments of the other parts of the body into three classes, the locomotive, vital, and mental. This is ingenious and elaborate, but not very new. The germ is to be found in many schools of physiology, and more particularly in the works of the great sculptors and painters,ancient and modern; and will be recognised by any one who will take the Apollo Belvedere, the Farnesian Hercules, and the Fighting Gladiators, distinct types of the God-like intellectual, the demi-God, and the mere man. In the whole realm of art, there is scarcely a great work which does not illustrate it. Compare a good portrait of Voltaire with one of Henry the Fourth; a Madonna of Raphael with one of Murillo; a Clytie with the (so-called) Venus of Medici, or with that of Canova; or a Niobe, with that unmeaning waste of fine carving, the Greek Slave of Power, which is simply the portrait of a wicked woman, of no determinate character, and standing forth to the artist without mental expression.

But, in defining the relation between physiology and physiognomy, and their relation, more or less, but much modified by intellectual and moral education, with mind, the moral question is the highest, and that difficulty, in our opinion, is insuperable. Mr. Walker's principle is, in brief, to breed races of men as man breeds and improves the inferior animals, by judicious selection and crossing. But he seems to forget, or at least not to attach sufficient weight to the fact, that man is not a mere creature of indiscriminate instincts. It is very easy to breed races of dogs, horses, and sheep, which very rarely show any partialities for particular individuals, or which, by ordinary care, they may be prevented from gratifying.

But man is a creature of the affections, or the interests, which in the vast majority of instances, predominate over the mere animal. It is very rare for people to marry for mere personal beauty, and it is admitted to be a great folly. Still some people will be found to marry according to the measure of the limbs, trunk, and head. The tailor of Laputa, who took his customer's height by the azimuth, and according to strict scientific rules made Gulliver that memorable coat which did not fit, was not more absurd.

Besides, the whole scheme in the two cases is different. That of breeding the domestic animals, is to preserve traits distinctive from the general or normal race; such as the ignoble turnspit from the swift greyhound; the heavy Leicester from the petty, but active and hardy Welsh sheep; the strong cart horse from the swift racer. Each is adapted to a purpose. But the whole instinct, interest, and passion of man is to mix. In nations, the highest are the most mixed, as the British, the Spanish, the Dutch, the Italian, and indeed all the great nations of Europe, including the Turks; while those who pride themselves in obstinate seclusion, and what they think purity of blood, are the feeblest and least advanced.

In private life we see the same. In fact, people usually choose their opposites. The dark select the fair, the tall the short, the passionate the phlegmatic, the intellectual and capricious faithful mediocrity. The whole tendency is to equalise and recur to the original normal type. There are some rules which the morals and common sense of all ages approve: such as not to marry a person diseased in body and mind, or of disproportionate constitution, or of too near consanguinity; and, of all things, not to repeat such a connection in the next generation. It is a melancholy and portentous fact, that by neglecting these, the royal races of Europe, who have been for centuries intermarrying and are now subdivided into two groups—the Protestant and the Catholic—which rarely intermix, are rapidly disappearing or deteriorating. Within the last half century, one half of them have become extinct, and a proportion, unusual in any other class, has expired in insanity.

But in all classes of life these rules, from interest or passion, are occasionally overlooked. As for marrying approximatively by physiological rule, even if that were demonstrable, which is but a conjecture, we do not believe that the affections can be so guided in any conceivable state of morals and society. Marriage will always be in the main a lottery, unless when people have survived all their passions and caprices.

But we are not censuring Mr. Walker's book, which is very amusing and analytical, with a vast fund of illustration. We like the latter chapters on the breeding of animals best.

The following extract contains information not new to all our readers, but it will be so to some. It is certain that the presence or absence of the hymen is no proof of virginity. Haller's more prudent maxim, *Tamen prima venus debet esse cruenta*, founded on the well known Leyitical law, might be true, doubtless was, of the race to which it was addressed, from peculiar and invariable conformation. But, in a different race, and we know there is as much difference in the pudenda as in the face, it might, in a case where on one side the hymen was absent, and on the other the preputium short, and frænum wanting, operate cruel injustice. Some of the Arab tribes have a very severe test, by producing excoriation and artificial adhesion of the labia. But even this is not infallible, as rupture and readhesion may take place.

The hymen exists in the fœtus, and in women in whom it has not been destroyed by circumstances connected or unconnected with defloration. It has not, however, been bestowed exclusively upon women, as Hlerla

imagined, as a distinctive mark of virginity. All the females of the mammiferous animals, of monkeys particularly, and even of cetacea, exhibit the hymen more or less developed.

This duplicature may be wanting from original malformation; the first catamenia, if the aperture be small,—or an accident, as a fall,—or disease, as an ulcer, may destroy it. Its loss for the most part is no proof of the absence of virginity.

On the other hand, the presence of this membrane cannot constitute a sign of virginity. Zacchias observes, that it is not ruptured when it is thick and hard, when there is a disproportion between the organs, or when the sexual union has taken place only at periods of great relaxation. Gavard found it perfect in a female thirteen years of age, who was laboring under syphilis. Even conception has occurred in some cases, without the destruction of this membrane. Ruysch mentions an accouchment, which could not be completed without dividing a double hymen, which had not interfered with impregnation, but which prevented the exit of the child. The female, who was the subject of this case, had been long making useless efforts for her delivery, when Ruysch was called in. He perceived a first obstacle, a very thick and strong hymen; and he divided it. A second obstacle appeared in a second membrane; and a second incision was requisite. The delivery was then accomplished.

Baudelocque says, "It is well known that the hymen is not always torn in the first union; and that it has been found entire in some women at the time of labor, I can myself adduce two examples." The first was that of a young lady who assured him that she had not allowed perfect access. In this case, the hymen shut the vagina very closely, and left but a very small opening. She, nevertheless, became pregnant; and the parts were so found at labor. In the other, the membrane alone resisted, for half an hour, all the efforts of the last periods of delivery.

Dr. Blundell says, "Four impregnations, in which the hymen remained unbroken, have fallen under my notice; the diameter of the vaginal orifice not exceeding that of the smaller finger; and this, too, though the male organ was of ordinary dimensions." And again, "I know of three cases in which the organ was not suffered to enter the vagina at all, and where, nevertheless—I suppose from the mere deposition of the reproductive liquid upon the vulva, impregnation took place."

An anthropological fact which sets this question completely at rest is this, which I have myself observed in the dissecting-room, namely, that the hymen is re-formed in women who abstain from sexual indulgence. This was found to be the case in the body of an old woman who bore evident marks of having been the mother of children.

Marc, in the Dictionnaire des Sciences Médicales, says, "A young female severely afflicted with syphilis, was brought to La Pitié. The hymen was altogether wanting; the vagina greatly dilated; and the external reproductive parts diseased. She was cured; and, to the astonishment of the medical observers, a well-formed semilunar hymen was found."

ART. XL.—*Elements of General and Pathological Anatomy, presenting a view of the present state of knowledge in these branches of Science. By* DAVID CRAIGIE, M.D., F.R.S.E. *Second Edition, enlarged, revised, and improved.* Philadelphia: Lindsay and Blakiston. 1851. 8vo, pp. 1072.

The first edition of this truly valuable work was presented to the profession in 1828. The volume before us is a reprint of the second edition, issued in Edinburgh in 1847, and independent of various rectifications, contains two additional books, one on the structure and morbid states of the glands; the other on the structure and morbid states of the lungs and heart. The importance of a correct knowledge of morbid anatomy to the physician cannot be questioned. It lies at the foundation of his reasoning and his practice. Dr. Craigie's work has received a truly merited world-wide reputation for its comprehensiveness, its fidelity, and the laborious research which every page displays. Criticism on a production which has been for so many years accepted as a standard one by the profession is an absurdity, while an analysis of it is out of the question. Every physician should possess it. It is the most comprehensive and unquestionably the most minute and best extant treatise on the subject of which it is the exponent.

ART. XLI.—*On the Theory and Practice of Midwifery.* By FRANCIS CHURCHILL, M.D., M.R.I.A., *&c., with Notes and Additions by* FRANCIS CONDIE, M. D., *&c., with One Hundred and Thirty nine Illus-*

trations. A new American, from the last improved Dublin Edition. Philadelphia: Blanchard & Lea. 1851. 8vo. *Pp.* 510.

The volume before us is the second American from the second Dublin edition, and the rapidity with which these new editions have been called for, is a safe indication of the value of the publication, and the estimation in which it is held by the American and British Profession. The work is so familiarly known, that a minute examination of it is in reality a task of supererogation. In one respect it takes precedence of most publications on this subject, namely, in the application of statistics or numerical calculations, to illustrate the value of debateable points of obstetric practice. Every one who has had experience of the labor consequent upon investigations of this nature, will accord to the author his entire approbation with regard to the research and ability which the results here embodied display. The publication is a concise manual, as well adapted for the scientific investigator as for the practitioner and student, and enriched, as it is, by the annotations of the American Editor, Dr. Condie, it constitutes a work not excelled by any other in this department of medical science.

PRACTICE OF MEDICINE.

On an easy mode of reducing a dislocated femur. By Dr. Mayr.—Dr. Fischer, of Cologne, published in *Casper Wochenschrift*, Nov. 1, 1849, an account of his mode of reducing dislocation of the femur, and which consists in flexing the femur to an acute angle with the trunk, and impressing upon it gentle and rotary movement while in a state of abduction if dislocated on to the pubis, and of abduction if dislocated on to the ilium. Dr. Mayer, without being then aware of this procedure of Dr. Fischer, resorted to it in a case that occurred lately to himself. A man æt. 31, dislocated his right femur upwards and backwards; and, after repeated attempts at reduction, even by the pulleys, had been made, the author was called in on the thirteenth day after the accident. After he had in vain tried the ordinary plan of extension and counter extension, he resorted to the following means:—The opposite limb and the pelvis were fixed, the operator flexed the femur upon the trunk, and, passing one arm under the ham, while he grasped the calf with the other, he imparted rotary movements of gradually increased strength to the limb. As soon as he perceived a greater mobility of the head of the femur, he brought the limb into a state of strong abduction; and when, still continuing the rotation, the head had approached the acetabulum, he was able, by a rapid and strong pull inwards, to slide it into its pan, which it entered with a loud noise. The gentle rotary movements mentioned by Fischer did not succeed here, all his force being required in their production, which may be probably due to the time the bone had remained unreduced.

The anatomical structure of the parts also recommends this procedure. In front of the thick edge of the acetabulum, the under surface of the ilium forms a perceptible depression, and if the directions given in the manuals are followed, of making the traction obliquely from outwards inwards, and somewhat from behind forwards, be followed, the head of the bone must meet in this depression with a considerable obstacle to its progress. This sometimes even invincible obstacle appears to be avoidable by resorting to abduction.

Mr. Clark, of Southampton, in referring to the above communication, states that he published a similar process seven years since in the *Lancet* and *Provincial Medical Journal*. The case was that of a muscular man, about 30 years of age, who, from an accident on shipboard, had dislocated the left femur backwards. The head of the bone seemed determinedly fixed on the dorsum ilii, so as to resist effectually all our attempts to dislodge it by continued traction in the usual way, when it occurred to Mr. Clark that the manipulation by which we disengaged the leg of a fowl, for example, in carving, was just the kind of action wanted in this case. The same abduction which brought the head out of the acetabulum forwards in one case would in the other raise it from behind the acetabulum, and place it in a position to fall readily into its natural cavity, and this

without having any powerful muscular action to overcome.

He therefore placed the patient supine on the bed, and, by a towel round the pelvis, fixed to the opposite side of the bedstead, with the help of assistants, kept these bones immoveable. He then drew up the left foot till it rested against the inside of the other knee, when an assistant held it.

In this state, it is obvious, that the head, neck and shaft of the femur are all on the same plane, which also intersects the acetabulum, so that any motion of the extremity of the bone outwards must necessarily move the head of the bone in the desired direction. Applying, then, his right hand upon the trochanter major, he gradually abducted the knee with the left, using the slightest effort, when, with an audible start, the reduction was at once accomplished.—*Ranking's Abstract.*

Of the symptoms which should induce us to prefer Arsenic or Quinquina in the treatment of Intermittent Fevers.—Dr. Dufour of Lyons reports, in the Medico-Chirurgical Review, the result of experiments made in common by Teissier, Rodet and himself. The following are the conclusions deduced from their researches:—

1. Quinquina is greatly preferable to arsenic in the treatment of simple, quotidian, tertian and pernicious intermittents.

2. Arsenic is superior to quinquina in the treatment of fevers of a quartan type; of those, whatever, may be their type, which are complicated with a state of irritation or sub-irritation of the stomach, of the intestines, and of the biliary ducts, or in cases of saturation with quinine, accompanied with loss of appetite and langour in the digestive functions.

In the course of his experiments with arsenic, Teissier has observed that this agent was of great efficacy against Osteocopic affections, although it does not exert any special action on syphilis itself.

A memoir recently published in the Medical Gazette of Paris, by Doctor Cordier, travelling physician in Algiers, does not attach so much importance to arsenic in the treatment of fevers, or rather it does not attach any, since it concludes that its action is insufficient in the fevers of Africa, as well as in those which are endemic in Corsica and Minorca.—*N. O. Med. and Surg. Journal.*

Treatment of Diarrhœa and Cholera by Sulphuric Acid. By T. Buxton.—Dear Sir,—In compliance with your request, I beg to send you a few hasty remarks on my treatment of cholera by sulphuric acid *only.*

My attention to this treatment was first drawn some years ago in consequence of having read in a provincial paper that colica pictonum was cured by sulphuric acid; this led me to the use of sulphuric acid in diarrhœa.

I have for some time treated cholera with *sulphuric acid only,* and I find it a perfect specific. In common cases of cholera I gave a scruple of the diluted sulphuric acid in an ounce of water; my usual form is diluted sulphuric acid, 2 drachms; compound tincture of cardamom, two drachms; water, five ounces and a half; with directions to take two tablespoonfuls directly, and to be repeated after every loose stool, or vomiting; and every four hours afterwards. The first dose seldom fails to stop the purging and vomiting, but still a little nausea may be felt at the stomach, with a little pain, for which reason I direct the dose to be repeated every four hours. I seldom have occasion to prescribe twice; the bowels in a day or two act of themselves, and the appetite quickly returns. In severe cases, where there is violent cramp, I give first a draught of half a drachm of the diluted sulphuric acid in one ounce of water, and then prescribe the above mixture. In cases of collapse, where the pulse is scarcely perceptible, with cold, clammy sweats, and a constant purging, &c., I give half a drachm of diluted sulphuric acid in a tablespoonful of water, and repeat it every quarter of an hour, till first warmth gradually returns, the purging stays, and the pulse becomes stronger, when I gradually give less doses at longer intervals.

In my first commencement of the use of sulphuric acid in cholera, I was afraid to use it alone, and I prescribed opium with it; though the purging stopped, the sickness frequently was but little abated, with often pains in the head, which induced me to leave out the opium, when I found the sulphuric acid was the better remedy without it. Occasionally I have given the sulphate of magnesia, or some other purgative, with the acid, on the day after, but I now find this needless. If my patient is weak, I frequently prescribe three grains of sulphate of quinine, with

one scruple of diluted sulphuric acid, in one ounce of water, two or three times a day.

I have seen all the other usual remedies fail in the treatment of cholera. In 1832, calomel, in large doses, with and without opium, had its advocates; but the patients died. Oil of cajeput, though a powerful adjunct, failed. Transfusion of salt water and of blood, I only saw once tried, when the patient died. In after years I have used colchicum with success, but all the cases were slight, so that I am unable to state its value in the stage of collapse. Brandy and opium, though powerful stimulants in the stage of collapse, often prove inert. The inhaling of sulphuric ether in the last stage, I have not used. Purgatives and astringents are also known to fail. Sulphuric acid I have never seen used but in my own practice, nor had I seen or heard of its use until you directed my attention this morning, in the library of the Royal College of Surgeons, to a communication of Dr. Cox on the subject. I have not yet found it to fail, although employed in the stage of collapse. The remedy is pleasant to take, produces not that dislike usual in taking medicines, and if once in the stomach, is retained, though water given immediately before is ejected.—*London Lancet.*

In the diarrhœa of drunkards, and such as may have frequent attacks of looseness of the bowels, with nausea and vomiting, caused by the abuse of alcoholic drinks, *sulphuric acid*, given in the usual dose, will be found almost a certain cure. It restores the tone of the stomach and bowels, the loss of which seems to give rise to the *diarrhœa a potu*, and acts favorably on the liver, producing a free discharge of dark bilious matters. We might record several cases of this description, in which the use of this mineral acid had produced speedily a favorable effect.—*N. O. Med. and Surg. Journal.*

Cod-Liver Oil in Scrofulous Affections and in Consumption.—Dr Hays has stated to the Philadelphia College of Physicians that he had employed the cod-liver oil extensively in the Wills' Hospital, and in private practice, during the last three years, in scrofulous ophthalmia, in cases of granular lids, in scrofulous enlargement of the external glands, in cases of hip disease, and in the various forms of external scrofula, with the best effects. In scrofulous ophthalmia he had found it of all remedies the most efficacious. Under its use, the constitution becomes invigorated; the glandular swellings are dissipated; and the cutaneous affection so commonly met with about the face and ears disappears. He has also employed it in several cases of granular lids with the most favorable results. In this affection, patients are very liable to relapse from slight causes; this tendency he has found to be removed by the use of the cod-liver oil alone, or in conjunction with the syrup of the proto-iodide of iron. In the case of a lad now under treatment, affected with scrofulous enlargement of the cervical glands, chronic conjunctivitis, and granular lids, with deposit of lymph in the cornea, and intense photophobia, by the use of the cod-liver oil and proto-iodide of iron, with the occasional application to the eye of the liquor plumbi, all the symptoms of disease are rapidly disappearing. The patient can bear the light without inconvenience, can read small print, and has all the general appearance of restored health. He has escaped a relapse now for four months.—The photophobia has disappeared entirely. In another case of excessive photophobia, with granular lids and penetrating ulcer of the cornea, the cod-liver oil has been used (at the suggestion of the *interne* of the Wills' Hospital, Dr Macintyre,) with the most decided advantage. Dr H. has now employed the cod-liver oil in from two hundred to two hundred and fifty cases of scrofulous ophthalmia and granular lids, and in most of these cases the benefit resulting from its use has been very striking.

Dr Condie remarked that he had employed the cod-liver oil pretty extensively. In all the forms of external scrofula, including scrofulous ophthalmia, he had certainly seen much good result from its use; the indications of strumous disease have very generally ultimately disappeared under its use, while the appetite of the patients has improved, and they have speedily exhibited an increase of strength and bulk. It is especially in the scrofulous affections of young subjects that the cod-liver oil had appeared to him to produce the greatest amount of benefit. He had not, however, seen any very striking amount of good result from its administration in cases in which tuberculous deposits had actually taken place in any of the tissues. In tubercular phthisis, especially, he had rarely, if ever, observed any positive benefit from

its use. He had given it in many cases, and in large quantities, and though it had been taken perseveringly by the patients for a long period of time, he could not say that in a single instance the disease of the lungs had been arrested by it. The onward march of these cases towards a fatal termination appeared to him to be as rapid as those in which the oil had not been given. The wife of a gentleman connected with the public press, now under the care of Dr C., had used it daily for the last three years, and she believes with very decided advantage. But though in her case the affection in the lungs is of a very chronic character, still the frequent attacks of hæmoptysis to which she is subject, and the physical signs revealed by auscultation indicate that her disease is making a slow but constant progress.

Dr Wood had never met with any one remedy or combination of remedies which had proved so efficacious as this in pulmonary phthisis. It is too soon, however, to say that in any case it will permanently cure the disease. He has certainly seen cases presenting, apparently, all the phenomena—the general symptoms as well as the physical signs—characteristic of phthisis, get well under its use. The patients have, at least, lost their cough and fever, their respiration has become natural, and they have acquired strength and flesh. In one case which occurred in hospital, auscultation indicated the existence of a cavity at the summit of one lung, and deficient respiratory murmur in the other. The patient was pale, extremely feeble and emaciated, with hurried respiration, cough, and copious expectoration, hectic fever, and night sweats. Although in this case Dr W. expected little, even temporary, benefit to result from any plan of treatment, still he thought it his duty to place him under the use of cod-liver oil. At the end of six or eight weeks, he was surprised to see the patient able to sit up, and considerably improved in all respects. From that time the unfavorable symptoms gradually lessened, the cough and expectoration abated, the respiration became more free and easy, the hectic fever and night sweats disappeared, the pulse increased in strength and diminished in frequency; and, at the termination of four months from the commencement of treatment, the patient had become fat, ruddy, strong, and to all appearance, entirely well. Upon an examination of the chest, a deficiency of respiration was detected in the vicinity of that portion of the lung in which a cavity had existed—which is precisely what we should have anticipated. This is the most striking case which he has met with of the cure of pulmonary disease under the use of cod-liver oil.—*American Journal.*

Appearance of Albuminous Urine in Diabetes.—M. Rayer makes this question the subject of some practical remarks in a paper read before the Biological Society of Paris. He alluded to a case which he saw in consultation with M. Landouzy, which had improved, to a certain extent, under the use of alkalies, with abstinence from farinaceous matters, when albumen was detected in the urine. There were, however, no other signs of Bright's disease; and the appearance of albumen was a phenomenon for which M. Rayer had no ready explanation. MM. Dupuytren and Thenaud considered that when albumen appeared in the urine of a diabetic patient, it was indicative of improvement, being, as it were, a transition stage between the saccharine state and that of health. M. Rayer, however, is disposed to regard the change as not salutary, as in cases witnessed by him, though the sugar disappeared, the occurrence of œdema showed that the change was not for the better. In fact, in more than one case, although there was no recurrence of sugar, the patient died of one or other of the consequences of albuminuria. A case related by Dr Christison also proves that the appearance of albumen in the urine may be an indication of a serious complication, to be followed soon by other symptoms of renal disorganization. The case was that of a man aged 40, who had been the subject of diabetes for two years. Unexpectedly it was found that the urine coagulated by heat and nitric acid, and that its specific gravity became lower, until at length it was as low as 1.010, without any traces of sugar being present. The man soon after died from diarrhœa, and after death his kidneys were found in an advanced stage of granulation. It may therefore be taken as a pathological fact, that though in some case the substitution of albumen for sugar in the urine of diabetics may be a good sign, in others it may indicate a serious complication.—*Dublin Med. Press.*

Treatment of Pneumonia.—Dr Dietl, an Austrian physician, who appears to have been very undecided in his therapeutic

principles, has recorded the results of his practice in pneumonia. At one time he was a great advocate for bleeding and the antiphlogistic system; subsequently he turned homœopath, and still later he trusted to tartar emetic. Being dissatisfied with the mortality under each of these plans, he determined to abide by the *methode expectante*, or do-nothing system, and he declares that the recoveries have been more numerous than when he treated his patients medicinally! He gives the following statistics, which are so far valuable, inasmuch as they show that homœopathy and doing nothing, are convertible terms:—

Of 360 cases of pneumonia, 85 were treated by bleeding, with 17 deaths, or 20 per cent.

Of 106 healed by tartar emetic, without bleeding, 22 died.

Of 189 treated by a purely expectant method, 14 only died. The mortality under homœopathic treatment was the same as when no medicine at all was given.—*Prov. Jour.*

Ulceration of the Appendix Vermiformis.—W. H——, aged 26, a waterman, of spare make, pale complexion, and of industrious and temperate habits, was admitted into the London Hospital, June 16, 1851, under the care of Mr. Luke. He complained of much pain in the abdomen, which he embraced with his hands; his countenance was anxious, and he moaned very much; he passed urine with great difficulty, at long intervals and in small quantity, although there was a constant desire of evacuating both the bladder and rectum.

The patient could not assign any cause for his illness, excepting that a day or two before admission he had had an attack of diarrhœa, and suffered much from tenesmus while at stool. He had taken a small dose of castor oil on the previous day, but the stomach had rejected it. For the last few weeks there had been much irregularity of bowels, and the present illness had come on suddenly.

He was placed into a warm bath, and afterwards into a warm bed; and when seen, in the space of an hour, expressed himself as much easier, and conversed cheerfully. On making an examination, the abdomen was found tense, and resonant on percussion, the sound being loud along the course of the ascending and transverse colon. *Firm pressure* gave some degree of pain in the right iliac and lumbar regions, and deep-seated uneasiness was felt about the umbilicus. The patient seemed to experience relief from the pressure in some parts, and never objected to it. Pulse full and strong, beating about 90; tongue moist, and slightly coated in the centre.

Mr. Luke ordered five ounces of blood to be taken from the right lumbar region by cupping, and a gentle dose of castor oil to be administered. The night was restless; the legs were drawn up in the morning, and the bowels still constipated; the oil had been rejected, and only two or three ounces of high-colored and turbid urine had been passed. Saline medicine was now ordered; but as no amelioration took place on the next day, eight leeches were placed on the lower part of the abdomen, and a full dose of laudanum administered. This treatment was continued, and two days afterwards the patient seemed much better; he wished for some beer, and to be allowed to rise. Vomiting recurred soon after this, but several stools were passed, and the tension and resonance of the abdomen diminished. These favorable symptoms were not, however, of long duration; the patient became gradually worse; all the former signs returned, though pain in the abdomen was no longer complained of; and he died six days after admission.

Post-mortem examination.—Body pale and features contracted; the head was not examined, but the thoracic viscera was found healthy. On opening the abdomen, much fœtid gas escaped, as also a considerable quantity of seropurulent fluid, in which several flakes of lymph were diffused. The peritoneum was much thickened, and rough with deposition of lymph, and the omentum covered by a layer of thick, cream-coloured pus and lymph, and firmly glued to the intestines. On breaking down the adhesions, and reflecting the omentum, the distended intestines were exposed; they were glued together by pus and fibrinous exudation.

On tracing out the convolutions of the small intestines to the termination of the ilium into the cæcum, the latter and the extremity of the ilium were found surrounded by fibrine, and the appendix vermiformis much enlarged and covered by the same exudation. Close to the origin of the appendix a small quantity of clay-colored fæces was observed lying in the pelvis, surrounded by a large quantity of

fibrinous matter. Several smaller portions of feculent matter were found within and around the appendix, and that process presented a *perforation*, evidently resulting from ulceration, which readily allowed the passage of the little finger. This solution of continuity existed at about three quarters of an inch from the cæcum. The latter intestine was highly congested, its lining mucous membrane much thickened and of the color of coffee-grounds. The ileo-cæcal valve was perfect, but the opening of the cæcum into the appendix evidently defective. The intestines generally contained but little feculent matter, and the remaining abdominal viscera presented no evident alteration, though they were thickly coated with the fibrinous exudation which was pervading the whole cavity.—*Lancet.*

SURGERY.

A case of Gunshot wound.—Recovery. Croton, King & Queen, Sept. 10th, 1851. Dr. Gooch—Dear Sir—I send you a short statement of a case which occurred in this neighborhood last winter. On the 27th December, 1850, Mr. Boulware Dyke and Mr. William Ball set out to cross the river at Mantapike, to shoot duck in the marsh on the opposite side of the river. When they reached the wharf, the tide had left the boat a little. Mr. Ball taking the two guns, and putting them in the head of the boat, with the breech downwards, and the muzzles projecting over the gunwales of the boat—Mr. Dyke just at this moment taking hold of the chain which was attached to the head of the boat for the purpose of pushing it into the water, the large ducking gun, charged with large duck-shot, went off. The whole contents of the gun and fragments of clothes were driven into the abdomen of Mr. Dyke, entering the abdomen in front of the anterior superior spinous process of the ilium, just where the great obliquus externus abdominis and internus muscle envelope by their aponeuroses the rectus abdominis, —penetrating through the external muscles, leaving bare the fibres of the rectus abdominis, the contents of the gun taking a course upwards and outward until they reached the edge of the last false rib following the course of the rib, and burrowing deep in the muscles of the back. Upon the happening of the accident, I was sent for in great haste—and as I live in the immediate neighborhood, I saw him in an hour after the accident. When I arrived I found the shock had been an overwhelming one to the system, he having been unconscious of having received an injury until his clothes were found to be on fire. I found him cold and without pulse at the wrist. I examined the wound and without delay sent a messenger to King William for my son, Dr. John S. Lewis and Dr. Ro. H. Tebbs, to assist and advise what was best to be done. In the mean time I stimulated Dyke to bring about reaction, which was most happily effected before they reached Mantapike, which was about three hours after the accident, they living a short distance across the river.

On consultation we decided to take out the shot, if possible, which we succeeded in doing most happily, by making an incision in the back, in front of the second and third dorsal vertebræ. There were upwards of one hundred and fifty large duck shot with the wadding of the gun and fragments of clothes, taken from the wound. After dressing the wound, we left him for the night, with directions for him to be kept as quiet as possible, and administered an anodyne. On the 28th I found him free from excitement, having slept well through the night; had his bowels moved with a saline purgative, and directed him to be kept on a low diet, to avoid active inflammation. From day to day the case went on favorably. No unfavorable symptoms presenting themselves, in due time suppuration took place, and as was to be expected, a considerable slough in the back, and Dyke insisted that he breathed through the wound. At this time the wound in the back was large and deep, showing the edge of the rib very distinctly, and the wound in the abdomen leaving the edge of the rectus muscle, and also the peritoneum *in situ*. After six or eight days from the occurrence of the accident, I allowed him a little wine and a nutritious diet. A healthy suppuration and granulation went on, and in three weeks the cavities of the wound were filling up and healing in the most favorable manner. He continued to do well, and in two months from the time of the accident he rode on horseback to Richmond, and is now well. The above statement I have taken from notes made at the time when attending Dyke. If you think the facts stated will be of interest,

you can give them a place in your paper. Yours, &c., Z. Lewis.—*Stethoscope.*

Tracheotomy in Œdema Glottidis.—M. Séstier has published a paper in the *Archives Générales* urging the earlier and more frequent resort to this operation in suitable cases. He gives an analysis of 138 cases of œdema glottidis, in 36 of which the operation was performed, with the result of preserving life in 13 and materially prolonging it in 8. He has also ascertained that the success of the operation very much depends upon the previous healthy state of the larynx, and recommends it chiefly in such cases, but does not consider it contra-indicated where prior disease has been known to exist, unless it be of an advanced stage and incurable character. As regards the time of performing the operation, M. Séstier would not be precipitate; as in several apparently very severe cases the disease has been got under by vigorous treatment. But, on the other hand, he counsels against waiting until no other chance is evident. He is guided by the amount of suffocative dyspnœa, together with feebleness of respiratory murmur. With reference to the operation itself, the author gives the preference to crico-tracheotomy. It is easier than tracheotomy, and less likely to be followed by the entrance of air into the veins, or of blood into the trachea.—*Dublin Med. Press.*

Effects of Concussion of the Spine.—By J. Grantham, F.R.C.S.E.—The spinal column, considered mechanically, is weakest at the convex portion—that is, in the upper part of the cervical vertebræ, and from the tenth dorsal to the third upper lumbar vertebræ; the ten upper dorsal vertebræ are particularly defended from the influence of shock or fracture by the ribs and sternum, but when there is a yielding in the dorsal vertebræ, it would be found to occur at the centre of the arch or greatest convexity of that portion of the spine, which is between the fifth and sixth dorsal vertebræ. The purport of this paper is to detail the symptoms and effects of a shock of the spinal column. Concussion is conveyed to the spine when the patient falls from any height; whether the fall be on the head, or feet, or side, the back will receive a proportionate amount of the injury.

The first symptoms will be an inability, with pain, of movement in some part of the muscular structure pertaining to the spinal column. It is in the intervertebral structure of the spine where the first effects of lesion take place; and it would be enough for Mr. Grantham to direct the eye of the anatomist to the strong mechanical arrangement of the bones and ligaments, when it will be at once perceived how admirably the bodies of the vertebræ are held together, so as to render it almost impossible for any movement to take place apart from that of a general yielding. It will now be readily seen, that, should inflammatory action be commenced in this structure (intervertebral), and the body be allowed to remain in the erect position, pressure will be made on the seat of injury, pain will be felt, and *waste must ensue;* and for the sake of rendering this statement more evident, it may be well to consider the nature of the intervertebral substance. It is lowly organized, having neither vessels nor nerves; the cellular tissue does not become apparent; this cartilaginous structure contains a great quantity of water or serous fluid; according to Beclard, "in the adult man the proportion of water which they contain is to the solid substance as two and a quarter to one." The cells of this cartilaginous structure are very different from those occurring elsewhere in the animal organization—they are irregular in size and shape; in the condensed margin of the intervertebral structure, the cells are compressed, and lie with their long axes disposed parallel to the surface. It is said cartilage does not readily become atrophied by pressure. The author presumes this observation must have the condition stated—namely, when in a normal state; but if otherwise, or according to Bichat's nomenclature, it be "organically sensible," then he inferred atrophy or waste would be the result of pressure, as the reparative law of this structure would necessarily be imperfect, as every morbid phenomenon must in this structure be characterized by a remarkably slow progress; that inflammation must, as in bones, assume a chronic type, and should a cartilage be divided, in contradistinction to the skin or muscles, it closes instead of separating; the edges of their sections are drawn together; they never distend or lengthen. The absence of ossification in cartilages proceeds solely from the laws relating to the nutrition of bones. Here Nature has

placed the limits for the exhalation of the calcareous phosphate, as she has also restricted to the origin of a tendon the exhalation of fibrin. The nature of the articulation of the vertebræ is of a mixed character, named Amphiarthrosis, partaking of the nature of Synarthrosis, in having the articular surfaces united by means of an intermediate substance, and of that of Diarthrosis, in having a considerable extent of mobility. Therefore, should the primary symptoms of concussion of the spine be unobserved or unattended to by either the patient or surgeon, partial paralysis will ensue, and be succeeded by complete paralysis below the injury or seat of lesion; the difficulty of movement will increase, until the formidable character of the malady will be evident to the most common observer; and, on examination, it will be found there will be an angular curvature of the spine, which can only arise from defect in the intervertebral substance.

Secondly,—The assimilative laws of life will be functionally deranged. MM. Becquerel and Rodier state there is invariably a marked diminution of the quantity of the blood-corpuscles in the blood in injury of the spinal cord. The author has found in such injuries an elimination of the triple phosphates with the oxalates in the secretion of urine. The most important indication in the treatment of such cases is to relieve the injured part from the superincumbent weight of that part of the spine above the seat of lesion, by attention to the general health, and by an active *continued* application of counter irritation to the region of pain. The author is an advocate, and has had some experience in the use, of the prone position as a mode of giving rest to the spine. He ventures to affirm four months is generally long enough to effect whatever good perfect rest of the spine can produce: but the most important and most difficult measure to be adopted at this part of the treatment, is being enabled to give the spinal column that kind of mechanical support which may be so applied as to gradually regulate the return of pressure, and at the same time to be sufficient for maintaining the erect position of the body for the restoration of the previously lost muscular support.

It is much to be regretted the great expense of the apparatus needful for these cases prevents their more frequent use; and may it not be narrow policy on the part of our rich hospitals that such cases are considered inadmissible, unless application is made soon after the injury is received?

There is one question which remains unsettled in the minds of the profession—viz., is it possible to have anchylosis of the bodies of the vertebræ without caries? If so, when the intervertebral structure becomes absorbed, then ossific matter will necessarily be generated without fracture: a fact of great importance as regards the favorable issue of lesion of the intervertebral cartilages. This question bears some analogy to the one regarding the union by bones, of fracture through the neck of the femur.

The more the author reflected on the necessity of removing pressure or weight, when there may be any injury pertaining to this lowly organized structure, and maintaining a protracted state of quiescence in the early part of the treatment of concussion of the spine, the more was he convinced of the great importance of attending to this injunction.—*Med. Gaz.*

Convulsions of Children. — Although there are many varieties of this disease and many differing symptoms, its pathology would justify the assertion, that its great predominating source is found in the changes and vicissitudes occurring during first dentition, and which produce those phenomena resulting from a disturbance in the nervous system, or depending upon derangement of the gastric juices, at such times when it is known that the process of dentition is usually working a great revolution in the whole system, and from which source arises the extreme mortality of infant life, and principally from convulsions. Post mortems, rarely, if ever, shew other signs, seldom exhibiting spinal or cerebral inflammations, and the attack having been accompanied by uneasiness, fretfulness, diarrhœa, and other symptoms universal attendants upon difficult dentition.

Again, we see its prevalence in children who possess all the attending signs of tardy, difficult or irregular dentition—such as want of good development in the muscular system, the bones small, thin and delicate, cranium badly shaped, either in being too large or too small, or irregular, with consequent disproportion in the brain, large abdomen, small limbs, a meagre and sallow complexion, with other emaciated

appearances—all denoting unusual difficulties in cutting of the temporary teeth, and which process will invariably produce convulsions in subjects possessing the before-mentioned traits; for, undoubtedly these congenital defects may exist in the constitution as latent causes, requiring only the action or operation of a painful and disturbed dentition to excite and put in force, without which they might exist until the system was capable of correcting or opposing their consequences.

Other exciting causes are sometimes found to produce convulsions—such as the excessive nervous sensibility of an infant, cerebral inflammation, anæmia, a paroxysm of fever, the presence of worms, excess or diminution of nervous vitality, &c. &c., but by no means as frequent as an idiopathic as a symptomatic disease, which, as said before, is generally the effect of dentition. When attacks appear without any premonitory symptoms in a delicate or nervously constituted child, of vivacious deportment and conduct, and if after the paroxysm, it assumes its wonted condition there can be little doubt of its being purely nervous and idiopathic, which becomes a certainty by a frequent repetition of fits, separated by intervals of undisturbed health.

Those convulsions which are purely symptomatic arise principally from dentition, from the great affiux of the juices to the head and following congestions and increased susceptibility to cerebral derangements and nervous excitability at the same time, abundant salivation, diarrhœa, fretfulness, and muscular spasm. The gums are swollen, turgid and excessively tender, often so much so as to give extreme pain to rub or even touch them; again, the greatest satisfaction may be expected from friction. Now, as far as we have been enabled to learn, under these circumstances no treatment can be employed as serviceable as the free scarification of the gums. Often, nothing will assist the little sufferer but this, which, when performed, operates like magic to its almost instant relief, and under these circumstances, nothing can be more pernicious than to treat such patients with drugs and medicines, for they seldom, if ever, recover from such debilitating effects during so vital a period of their existence. We do not enter into an argument with those who oppose the use of the lancet, as facts speak for themselves, and are sufficiently numerous to establish this point in the mind of every practitioner—that convulsions resulting from dentition as a primary or secondary cause must be treated first by the free use of the lancet; cutting the gums in a crucial incision; afterwards, such treatment as will tend to improve the general tone of the health and constitution of the patient. R. M.—*Dental Times.*

Hydrastis Canadensis in Gonorrhœa—By D. M. M'Cann, M.D., Martinsburg, O. As your excellent Medical Journal has for its object the diffusion of knowledge advantageous to the medical profession, permit me to call the attention of the profession through its columns to the use of Hydrastis Canadensis, (yellow or orange root) in gonorrhœa.

I am not aware that any of my brethren have ever used it in this affection before myself. My experience, however, in the administration of it, though not extensive, is yet sufficient to warrant me in soliciting a trial of it by those having more opportunity of testing its curative powers than I have. I have used it in several cases in various stages of the disorder, and in *every case* with the most satisfactory results; more especially with males than females. I was led to its use by noticing its well known sanative properties over inflammations of mucous and epithelial structures—such as aphthæ of the mouth, &c. The ardor urinæ, and discharge of mucus, has been entirely suspended in every case in from twenty-four to seventy two hours. In some cases I used the balsam copaibæ, in others injections of infusion of the hydrastis alone, but with about the same results—a perfect and *permanent* eradication of the disorder.

I have varied the strength to suit the case in its different stages, but as a general rule I have used about one drachm of the dried root to the pint of infusion—injecting a syringeful three or four times a day.

I hope that some of the profession will give this article a fair trial.—*Ohio Med. and Sur. Journal.*

An examination of a distorted knee—By James Robertson, M. D., F. R. C. S., M. B., Lond., Physician to the Infirmary, Hitchin.—I am induced to record the examination of the distorted knee of a person who lately died under my care (from ulceration of the intestines) because

I find no such examination recorded; and from the growing importance of the surgical treatment of deformities, every item of pathological knowledge is desirable, and because it presented some interesting appearances, the knowledge of which may be useful when writing "On Deformities." Mr. Tamplin (and I know of no more experienced writer on the subject) says, (Lectures, pp. 120, 121, on Deformities of the Knee-joint,) "When the deformity is considerable, and has been so for some years, does the articulating surface itself alter in position; or does the internal condyle itself alter or increase, in size, or project more than it does in its natural size? I do not believe that either of the changes takes place. I believe no alteration takes place; certainly none by attrition. Yet it is a question on which, from our present experience, I am unable to speak positively."

That these very alterations do *sometimes* take place, the following case proves.

R. P., aged 32, had his right knee distorted for many years; he attributed it to carrying water when young; it presented the usual appearance of genu valgum or knock-knee, of severe grade, the leg and thigh forming a considerable angle, which admitted of being slightly lessened by manipulation; his left leg was straight. After death the angle did not admit of alteration. The tendon of the biceps and the external portion of the fascia lata were tense, but division of these did not allow of any material alteration of the position of the leg. The internal lateral ligament was lengthened. On opening the joint, the interior, except the articular surface and the crucial ligaments, presented a dark purple color, from a layer of enlarged tortuous vessels gorged with blood, ramifying under the synovial membrane, which was disposed in an infinite number of folds hanging into the joint, in form after the fashion of the valvulæ conniventes, in consistence like loaded plexus choroides, showing, when magnified, innumerable compound—or looped—loops of vessels enveloped by synovial membrane. The joint contained from half to three quarters of an ounce of thick, glutinous, yellow transparent fluid. The articulating surfaces and crucial ligaments were of their natural color; a patch on the middle of the patella, as large as a six-pence, was partially denuded of cartilage, and had a puckered appearance. There was a similar but smaller spot on the edge of the articulating surface of each of the condyles in front; these places suggested the idea of old puckered cicatrices. The end of the external condyle, and corresponding portion of the articulating surface of the external tuberosity of the tibia were denuded of cartillage, and the cancellated substance of the bone was bared to an extent equal in size to a fourpenny piece; around these rough surfaces, for about the sixth of an inch, the cartilage was detached and lay in a thin fringe on the bones. The cartilage became thicker as it receded from these fringes, and on the extremity of the inner condyle was scarcely less than a quarter of an inch thick.

On microscopic examination, these fringes consisted of little else than rows of cartilage cells. Whilst as the cartilage became thicker, the intercellular substance increased and the cells diminished in quantity, till at the thickest part these were thinly scattered. There was no appearance of vessels in the cartilage. The articulating surface of the inner condyle was considerably longer than natural, and more pointed; the outer, shorter and flatter. The semi-lunar cartilages were mere rings round the outside of the articular surface of the tibia; the crucial ligaments were perhaps rather long. The other parts of the joint presented nothing unusual. Thus, in this case, the internal condyle did project, was increased in size, the position of the articulating surfaces altered, and marked changes by attrition were evident, etc. etc., though not expected in such a case by the experienced writer above quoted. I need scarcely add, that joints similar to this would not promise a very successful result to operative or other efforts, to cure the deformity, and that I record this, not as offering the general condition of the parts in the same disease, but as showing what is sometimes their unpromising condition.—*Medical Times.*

On the use of the Blind Gut of Fowls as a plug in Epistaxis.—Dr. R. Hamilton, of Morristown, Belmont Co., Ohio, recommends this plug as peculiarly adapted to the treatment of Epistaxis. The following is the mode of application:

"Having freed the gut of all offensive matter, slip the cut end of it over a small quill, secure the attachment of the quill and gut by a few turns of pack-thread round the gut where it embraces the quill; pass a probe or knitting-needle through

the barrel of the quill to the shut end of the gut; clear the nostril and throat of all clots, pass the gut on the probe along the floor of the nostril until it passes a little into the pharynx, taking especial care to have the concave side of the gut upward; withdraw the probe leaving the gut in the nostril. With the mouth applied to the quill blow forcibly into the gut, distending it as much as possible; tie the loose end of the gut securely between the quill and the nose, cut off the end of the gut containing the quill; and the operation is done. If medicated fluids or ice water are preferred, charge a syringe with them, introduce the point of the syringe into the quill, force its contents into the gut, and tie as above.

Another advantage the gut enjoys above every other plug is, that as soon as the coagulum has hardened so as to secure the safety of the patient, it may be punctured, and its contents allowed to escape, relieving the nostril of an annoying sense of fulness occasioned by necessary stretching of the parts. This may be done, long before the secretion of mucus from the Schneiderian membrane will have so loosened the clotted blood around the plug that it may be removed with safety; from three to four days being required to complete that process."—*Trans. of Belmont Medical Society, for* 1847.

Extraction of Foreign Bodies from the Bladder.—The great difficulty of extracting foreign bodies (not calculi) from the bladder, has led our principal authorities to lay it down as a maxim, "that it is better in all cases to cut into the bladder than to attempt extracting the foreign body by the natural passages." M. Leroy-d'Etiolles, on the other hand, has clearly established that the difficulty depends on the imperfection of the instruments hitherto used for the extraction of such bodies. With proper instruments, such as those employed by M. Leroy-d'Etiolles, a great variety of foreign bodies may be extracted from the bladder through the urethra, and the danger of lithotomy avoided. Since 1841, M. Leroy has performed fourteen operations of this kind, and extracted from different individuals, "the handle of a mustard-spoon, two hair-pins, seven bougies or catheters, two branches of a *brisé-pierre*, and several splinters of bone, which had become neuclei of stones, from men wounded during the revolutions of February and June."

It were impossible to describe the great number of instruments invented by M. Leroy for the above purpose, because they vary with almost every case, according to the nature, size, and form of the obstacle to be removed. It may, however, be mentioned, that M. Leroy, with great liberality, offers to lend them to any surgeon who may have occasion to use them. They will be furnished by M. Mathieu, instrument maker, Rue de l'Ancienne Comédie.—*London Medical Times, from Bul. de l'Acad.*

Fracture of the Neck of the Humerus.—M. Lenoir presented to the Surgical Society of Paris a pathological specimen taken from the body of a woman aged 83, the patient having died three months after the accident. The nature or extent of the injury had remained doubtful. On examination of the body, a fracture of the anatomical neck of the humerus was found. The head of the bone had torn through the capsule, and was lodged in the subscapular fossa. A fracture of the surgical neck was nearly consolidated. The upper fragment was attached to the edge of the glenoid cavity by a portion of ligament. This cavity was nearly filled up by fibrous tissue.

MM. Maisonneuve and Larrey remarked upon the rarity of this kind of accident, and observed that its diagnosis is difficult. —*Dub. Med. Press.*

On Gonorrhœa.—By Mr CHIPPENDALE.—In a paper on this subject, the author remarked that those who, for any lengthened period, have enjoyed the inestimable benefit of an extended field of observation, and who have duly availed themselves of so great an advantage, are aware that there are many diseases concerning the origin and propagation of which they have occasionally a difficulty in reconciling the facts which come under their notice with the commonly received opinions. Among these diseases he classes gonorrhœa. The results of civil practice, he observed, are not of a nature to enable one to arrive at accurate conclusions; and it is only from the military practice in small towns on the continent, where all the inhabitants are known to each other, that satisfactory inquiries can be pursued. Such advantage the author had formerly possessed, and the

conclusion he has drawn is, that gonorrhœa for the most part is not, as is commonly supposed, contracted by infection. In illustration of this position, he described the occurrence of gonorrhœa, after protracted intercourse, following a debauch, the victim using cold ablutions to the part to prevent infection. This he regards as a case of mucous membrane highly excited, and suddenly submitted to a depressing agent, which would naturally induce inflammation and muco-purulent secretion, with all the attendant symptoms of gonorrhœa. As a counterpart to this, Mr Chippendale next described the occurrence of a cold in the head, caught by exposure to a draught of cold air while heated. He says, we have here two cases so far parallel as the disimilarity of the organs affected will admit, in which we have a like disturbance set up by causes which are similar, though not identical. The author then sought to prove the spontaneous origin of gonorrhœa, by stating that in numerous cases of that disease among the French soldiery, the women with whom they had connexion were found, on examination, to be free from disease. Two cases were also given of married men, who, after drinking too much wine, and having protracted intercourse with their wives, had gonorrhœa. One of these cases, the author said, was fraught with suspicion, for the patient had had connexion with another woman about a week previously. With the other nothing of the kind had occurred. To these Mr. Chippendale added the case of a lad, about sixteen years of age, suffering from gonorrhœa, caused by Onanism; and that of a boy, in whom the same disease was produced by passing the head of a pin down the urethra. Another case of gonorrhœa happened in a child five years old; but the cause could not be discovered. The author expressed his surprise that virus could be effectually lodged in the urethra, because during connexion the canal is closed by pressure, while the lubricating secretion of its mucous membrane serves to defend it from noxious agencies, while the completion of the sexual act is of such a nature as to cleanse away all adventitious matter from the canal. Again, the author doubts the lacuna magna being the seat of the disease, and thinks it not improbable that there is frequently, although not always, an ulcer in that situation. He next proceeds to examine the alleged causes for orchitis and opthalmia, and, discarding them, regards gonorrhœa as of a rheumatic character, and those sequences of the disease as instances of genuine metastasis, and to strengthen this opinion, cites the occasional occurrence of gonorrhœal rheumatism. With respect to treatment, copaiba and cubebs he considers to act through the blood, and must be given at the commencement of the attack, or else they are of no avail. The author has observed that the disease lasts the longest in the young, and that the period of its existence, other things being equal, diminishes as individuals advance in life.—*Ranking's Abstract.*

Cure of Fistula by Caustics.—By H. B. Evans, Esq., M. R. C. S.—In October, 1850, W. E——, box-maker, aged 42, applied to me with an abscess in the neighborhood of the rectum, pointing externally, which was opened, and gave exit to a large quantity of pus. This gradually degenerated into a deep fistulous tract along the rectum, and communicating with it at its extremity. For two months the usual remedies were adopted without success, and I then expressed my opinion that an operation must be resorted to. In this I was fully borne out by the opinion of an eminent hospital surgeon whom I called in. This the patient obstinately refused to submit to, and such refusal led to my adopting the mode of treatment I am about to detail.

A blunt-pointed silver probe, five inches in length (the sinus itself being four inches in depth), was inserted into the wound, having previously been dipped in dilute nitric acid (one part of acid to one part of water), and suffered to remain there a minute. That this had a strong cauterizing effect, I knew from the pain it occasioned. Thus far the result was desirable; but in consequence of the destruction of the silver probes by the acid, and the impossibility of using them more than three or four times, I had some copper ones made, and used them in the same manner, only thus substituting a nitrate of copper for a nitrate of silver, and I think with a better effect. Under this treatment I was pleased to see the depth of the sinus daily decrease by the gradual filling of it up with healthy granulations from the bottom. This was continued nearly every day for two months, February 22, 1851, being the last occasion on which I thought it necesary to apply the nitrate of copper. The patient is at the present time perfectly sound.

In March, 1851, W. H——, aged 30, applied to me with strumous disease of the testicle. Iodine and iron were given, which arrested the progress of the disease, and produced a corresponding improvement in his health. The outward form of the testicle was retained, but with an open sinus of an inch and a half in length in an oblique direction from the apex, and discharging a thin, white, glairy fluid, peculiar to fistulæ. The same treatment was pursued as in the former case, the sinus becoming entirely filled up, and the patient discharged at the commencement of the present month (September), without any external marks of previous disease, beyond a slight irregularity on the surface and a small cicatrix.

Thus by an easy method may the most strumous fistulæ be traced to their extremities, and a strong caustic power applied to the bottom of the wound, from whence it is so desirable granulations should arise.

A limited sphere of private practice enables me only to give these two cases;—but I have no hesitation in saying, that if this system be approved of and practised by surgeons generally, they would have as much reason to be satisfied with it as myself and patients, and the use of the knife would become almost obsolete.—When a silver and copper wire are introduced together, after having been dipped in the acid, the caustic effect is intense (likened by the patient to a red-hot wire), and if allowed to remain too long, would destroy the tissues with which they were in contact. This, I apprehend is the effect of the galvanic action set up by the contact of the copper and silver wire with the acid acting upon them. Before concluding, I will just observe that the treatment in the first case was put into practice some time before the report of the treatment of "Fistula and Hæmorrhoids by Platinum Wire made red hot by Galvanic Battery, by Mr Marshall, of University College Hospital."—*Lancet.*

Hot Water in Sprains.—By S. Jackson, M.D.—The immediate application of cold water in sprains is strongly recommended by M. Baudens in a previous number of your journal, and, as my practice for the last thirty-four years has been the very opposite of this, and has yet led to equally desirable results, I beg leave to relate it on the present favorable occasion.

I was riding past the house of one of my patients thirty-four years ago, and heard the screams of anguish; a woman had just sprained her ankle, and was then suffering intensely. I ordered the foot to be put into water as hot as she could bear it, and to be retained there until I should return; hot water to be added as the first became cool. In about an hour I found that the pain had diminished almost from the very first minute, and that it was then entirely gone. She was put to bed with the foot greatly elevated, and after some hours, though there was no pain, towels dipped in cold water were freely applied, and continued for several days. She was then perfectly well, nor did she ever again suffer from that sprain.

Another strong case within my clear recollection is the following. A man sprained his ankle, and suffered such severity of pain as to make him cry out most lustily. I was present in a few minutes, and put his foot into hot water, immediately bleeding him largely from the arm as he sat in his chair bathing his foot. The pain became rapidly milder, and I went into the next room to drink some tea. Looking over my shoulder after a few minutes, I saw his friends employed in fanning him and sprinkling his face with cold water. I ran to him, when, to my horror, he was, as to human eyes, a mere corpse. I instantly tilted his chair, laying him flat on his back, and ordered them to elevate his legs. Cold sprinkling and spirits of ammonia were most diligently used, but it was an alarming time before he was restored. He was now put to bed entirely free from pain, and the next day he pursued his journey in the stage without any inconvenience, having a flannel bandage applied.

This man told me he had no idiosyncrasy with respect to losing blood; he was large, vigorous, and healthy; hence the bleeding did not produce this alarming crisis. It was, in a great measure, the flaccidity of the body and mind, effected by a sudden transition from extreme suffering to perfect ease; though it must be apparent that the bleeding and bathing worked together so powerfully as to require more careful watching in any future case.

I once suffered a violent contusion of my elbow, followed by intense pain. The arm was immediately put into a tub of hot water, when it soon became entirely easy, requiring nothing further except rest. I have treated many other sprains and contusions in this way, and I do not recollect

a single case wherein the hot water failed of giving surprising relief.

I had been prepared for trying this method by reflections on the great comfort of warm bathing in many cases of conjunctivitis, before any considerable *error loci* had yet been formed; and on the fact that in general relaxation of the system there is less pain from parturition or any other violence.

How long that state of the part which is benefitted by hot water may generally continue after the accident, can hardly be defined. I have no recollection of using this remedy after a lapse of two hours, but I cannot be prepared of course to define the limits. If there has been *time for inflammation to form*, heat is inadmissible on my principle. Sometimes a tumor will instantly rise, but this being without inflammation, there can be no objection to the hot water.

It is very desirable to ascertain the best methods of refrigeration. M. Baudens keeps the foot night and day in a tub of cold water—a very inappropriate and inconvenient practice, if I am not greatly mistaken; for it prevents the proper position of the limb, which ought to be much elevated, and evenly so, from the acetabulum to the foot. Towels dipped in ice water, and spread over the limb, and bladders of snow or of pounded ice, so placed that their weight may be supported by the pillows, are very conveniently applied.—Ice or snow is particularly useful through the night, when nurses and patients are sleepy, and heat is sure to accumulate. A certain medium, however, must be observed with respect to the degree of cold, for it may easily be overdone unless the heat be great.

Suppose, then, a violent sprain has been relieved of all pain by hot water, let no one look upon the danger as past. The patient ought to be placed in bed, with his foot greatly elevated, and after a few hours, cold ought to be applied, even if the part is entirely easy. Inflammation may form; let us then prevent what every one knows is hard to cure in such parts. I have often seen lead water used, and Mr B. Bell has confidence in this and natural mineral waters, but truly I cannot believe they have any superiority over the pure fluid.

Low diet from the very first must be used in every case, and purging, too, when the system will bear it; but if the patient is robust, he should lose blood from the arm. So much for the prevention of inflammation. I should not say a word about its cure had not M. Baudens advanced something bordering on novelty. He seems to have a horror of leeches, because they may attract blood to the part. Now, if the general arterial action has been lowered, and the leg kept elevated, this horror need not be entertained. This, I think, will be the decision of a great majority of the profession in the present case. If I were called to a sprained ankle, already in a state of severe inflammation, I should certainly, after bleeding from the arm, if necessary, apply an abundance of leeches, and follow them up by cold, the limb being greatly elevated. Mr B. Bell says, "No remedies I have ever employed answer so well as local bleeding." And in the same page he further says, "When the injury has been severe, we are obliged to apply leeches once and again. They require, indeed, to be repeated from time to time as long as any serious degree of pain continues."

After an indefinite time, when all tendency to active spreading inflammation has been subdued, and the little that is left is very feeble, or confined to a small space, a very active, large blister will generally absorb and carry it forthwith out of the body; but this is a perilous experiment, and may do much harm if it do not fulfil our intention of extinguishing at once the whole disease, or of subduing it so far as to prevent reaction, and thus to favor the operation of a second blistering. Whenever it has been determined to use this remedy, the part ought to be rubbed for fifteen minutes with decoct. canthar. ex terebinth., and an active plaster applied, so as to draw an effectual blister in the shortest time possible. The quick drawing of the blister is a point of the first importance in cases wherein you hope to absorb and carry off the whole disease. A slow blister is worse than none; it is sure to irritate and increase the disease, as sinapisms are known to do in similar cases. You are taken with pleurisy or peritonitis; some physicians would apply mustard with the hope of discussing a disease that is yet mild; but, *væ vobis*, you must lose more blood on account of the mustard, and resort to a blister in the end. The best dressing by far for the first few days, is plaintain or cabbage leaves; but if the blister promise to run freely and not inflame, it may be soon dressed with mezereon or savin cerate, and if a copious discharge of pus be obtained, the disease will rapidly pass away. I can never forget the delight-

ed countenance and applauding language of an old physician to whom I showed, in my first year's practice, an ankle in this very condition. He had never known this use of savin, but from that day he used it freely and praised it highly. I had learned it from Crowther's work on White Swellings.

Beware of warm poultices in the dressing of these blisters; for, as M. Baudens rightly says, "they favor in place of opposing the afflux of fluids to the part." And speaking of the long application of warm cataplasms, he says, "the long maceration the joint has been submitted to, deprives it of its elasticity, gives rise to a pasty engorgement and predisposes to the formation of white swelling." If it is determined not to use savin, the blister should be healed by the mildest dressings, so that another may be soon drawn; thus the blistering may be conducted without any injurious irritation, and made to absorb gradually and carry off gently all the remaining inflammation. Dr Rush used to talk and lecture much on his blistering point; and truly no idea or language can be more appropriate. The inflammation must be brought down to a low grade of action, or to a small periphery, so that a suitable blister will extinguish it at once, or so greatly diminish it that one or more subsequent blisters may be drawn with safety and success.

We have already entered our caveat against warm poultices in the dressing of blisters for sprains, and have approved of M. Baudens' doctrine with respect to them; and lest any one should retort that our hot water may have the same bad effect, we must remind him that we explode warmth *after inflammation is formed.* You may bathe a healthy limb in hot water for twenty-four hours and no engorgement will follow. I have bathed a great many sprained joints in the hottest water that could be borne, without any of this evil. It is pain and inflammation that induce this engorgement, and these being both prevented by the hot bathing, this dreaded evil is prevented of course. But let this engorgement accrue, and it will be greatly increased by much heat in any form. Yet there may be old cases in which hot water or steam may appear to revivify the torpid parts and render them sensible to curative means. But suppose you are called to an old case of this leucophlegmatic torpidity, is there a better remedy than frequent blistering that discharges freely?—Mr B. Bell recommends the pouring of warm Bath or Buxton water on these engorged and torpid joints, but there is far more vivacity in the operation of cantharides, and the discharge not only carries off the evil stimulation, but it empties the vessels and promotes absorption.

In nearly all cases of external violence which do not implicate any of the viscera, the immediate use of hot water is, as I sincerely believe, the best, as it is the surest cure and preventive of pain. If you are about to have a tooth extracted, hold hot water in your mouth both before and after the operation; if you must have a felon lanced, hold the hand in hot water for a long time both before and after the cutting. My first case of what is vulgarly called "inverted toe nail," occurred to me after the patient had thoroughly relaxed the part by warm poulticing for many days, and I did not proceed to the operation of splitting the nail and eradicating the offending portion, till he had bathed his foot a long time in hot water. I had been taught in Dorsey's Surgery that it was a most painful operation, and I was therefore surprised, notwithstanding my hopes from the relaxation, to find the young man making very little complaint. I have several times performed this operation, and owing, as I believe to the hot bathing, I have not found it severe in a single case. Now, if I am not mistaken, some reader will here exclaim that even in inflammation, warm water agrees with some persons and cold with others. This fact, however, I learned when a student, from Mr S. Cooper's prize essay on Diseases of the Joints; but however true this may be, I have not found a single case of bruise or sprain in which hot water, when used in time, was not a great present comfort and permanent benefit.—*Amer. Jour. of Med. Science.*

MIDWIFERY.

On Diarrhœa as a hitherto unnoticed symptom of Menstruation, and on the use of Purgatives at the different Epochs of the Menstrual Function.—Dr. Tilt, in a paper read before the Medical Society of London (Feb. 22. 1851), premised that, not having found any description of catamenial diarrhœa as a symptom of Menstruation, in the classic work of Friend and Briere de Boismont, he concluded that it

was not generally known to the profession, except as a morbid complication of the function. He then proceeded to inquire into the nature of that catamenial Diarrhœa, whether it occurs—

1. At the prodroma of menstruation.
2. During its regular establishment.
3. At its cessation.

1. As a symptom of the prodroma of menstruation, diarrhœa scarcely ever occurs. It was noticed but once in 161 cases.

2. As a symptom of regularly-established menstruation, it occurred in 88 instances out of the 161 who were carefully interrogated relative to this point. It did not occur in 72 cases; and in those in which it did occur, it preceded the menstrual flow in 45 cases, it accompanied it in 31, it both preceded and accompanied it in 10, and in two instances it neither preceded nor accompanied, but habitually followed, the menstrual flow for two days; and where there was precursory diarrhœa, the bowels were afterwards in general costive until the cessation of the catamenia.

3. As a symptom of menstruation at its cessation, diarrhœa occurs much less frequently than is generally supposed, for it was only found in eight per cent. of such cases. With respect to the nature of the diarrhœa, it is generally unattended by pain, but sometimes nausea and slight colics precede it for two or three days. In one patient, Dr. Tilt found these symptoms continue for eight days previous to the appearance of diarrhœa. When it occurs at the change of life, it generally appears at irregular intervals, though it may adopt the regularity of the menstrual function. As a general rule, however, Dr. Tilt is of opinion that, when diarrhœa has habitually accompanied menstruation, there is, at the change of life, a gradual diminution of both discharges, the cessation of one marking the termination of the other.

From the preceding facts, Dr. Tilt deduced the physiological inference, that, for the performance of the function of menstruation, the ovaries not only determine the menstrual secretion from the womb, but also often call into consentaneous action most of the organs, which being subsidiary to nutrition, are animated by the same ganglionic nervous system, and particularly the intestines, with which they are placed in such close juxtaposition. He then laid down the rules which he considered to be those which should be adopted in the administration of purgatives:—

1. During the prodroma.
2. During the regular establishment.
3. At the cessation of menstruation.

1. Use of purgatives during the prodroma of function.

Dr. Tilt is of opinion that purgatives should not be given at this period, because they were neither sanctioned by experience nor confirmed by his enquiries.

2. Use of purgatives during fully-established menstruation.

As Nature herself has often prefaced the menstrual crisis by a premonitory diarrhœa, so experience teaches that purgatives may be advantageously employed when defective menstruation does not depend on any serious organic lesion. The great point Dr. Tilt said, in the administration of purgatives, is not to interfere with the menstrual type; for, if this may be done with impunity in a very small class of women, it cannot be so in the majority. Brisk purgatives, given a few days before the symptoms which precede menstruation, often anticipate it by a few days, and thus vex Nature in one of her most constant laws, often producing permanent disorders of that function. An inquiry into how many days before the menstrual flow the premonitory diarrhœa used to appear, or, if the patient has not that symptom, the date of appearance of other menstrual symptoms, will be a sure guide as to the fit time for giving purgatives.

Dr. Tilt next touched on the value of the purgatives in amenorrhœa and in chlorosis, relating that a friend of Morgagni never gave anything in such cases, but small doses of aloes; and that Dr. Hamilton, of Edinburgh, depended exclusively on purgatives for the cure of chlorosis. Dr. Tilt, however, thought it best not to confide in purgatives alone, but to let them form the initial part of the treatment, as in Nature diarrhœa often forms the initial part of menstruation; and therefore to begin with a decided shock on the system of nutrition by an emeto-cathartic, followed by steel and bitters; but if he finds that the appetite does not improve, and that the bowels remain sluggish, he puts aside the steel and bitters, and seeks to break in a perverse concentration of forces by giving another emeto-cathartic.

At the period so appositely called by women the dodging time, it is injudicious to give purgatives just before the menstrual epoch; for, says Dr. Tilt, they might increase the flow Nature seeks to diminish; therefore it is more prudent to prescribe the frequent use of the milder opening medicines, so as to diminish, by degrees, the plethora of the abdominal viscera.

3. Use of purgatives after the cessation of menstruation.

At this period of life purgatives must be given habitually, for the intention is, not to re-establish periodical discharge, but to diminish plethora, and the necessity for that plethora seeking for any other less manageable seat. As regards what purgative should be given, it is as well, in general, to prescribe the medicine best tolerated by the patient. The soap-and-aloes pill of the Pharmacopœia, ordering five or ten grains to be taken at dinner, Dr. Tilt frequently recommends. He has never seen hemorrhoidal affections *caused* by his frequent use of aloes, but often *relieved* by it; and his experience on this point he has found confirmed by that of Avicenna, Stahl, Giancomini, and Cullen. The flour of sulphur alone, or else to each drachm of it a drachm of sesquicarbonate or biborate of soda, and sometimes from five to ten grains of ipecacuanha, may be given in quantities of from one to three scruples of these powders, to be taken once a day, in milk, so as to act mildly on the bowels, which is one of the chief things required at the cessation of menstruation.

Several fellows took part in the discussion on Dr. Tilt's paper. Reference was made to a paper by Dr. Butler Lane, to show that the views advanced by Dr. Tilt had been somewhat anticipated by that gentleman. However, it was admitted that he had rendered a service to science, by the facts which he had advanced in his paper. The debate referred chiefly to two points—the physiological and the pathological ones, to which the paper referred. Various opinions were expressed as to the mode in which diarrhœa might be supposed to act in retarding, interfering with, or promoting, the menstrual discharge. Some difference of opinion existed as to the indications presented for treatment. In his reply, Dr. Tilt stated that he had not seen the essay of Dr. Butler Lane.—*Lancet*, March 15th, 1851.

Case of Transfusion of Blood.—The following case of successful *Transfusion* is reported by Dr. Marmonier in the *Gazette Médical de Paris* 5th July, 1851, and is copied in the *London Medical Times* 9th August, 1851, from which we extract it. It is particularly interesting from the simplicity and ease with which the operation was performed.

"Jan. 3, 1851.—At six o'clock in the morning I was called to a woman named Mallet, of Lancey, aged 30 years, of a lymphatic constitution, somewhat weakened by many pregnancies occurring in quick succession, by previous difficult labors, and by moral and physical trials. The patient was weak and exhausted from long-continued and useless efforts, which were unable to cause the expulsion of the child, on account of a very decided anteversion of the uterus. I performed the operation of turning, and extracted the child by the feet; unusual hæmorrhage supervened, which forced me to extract the placenta rapidly, and to excite the contraction of the uterus, which was in a state of collapse. This plan succeeded, the discharge being arrested in a few moments.

"In three-quarters of an hour I withdrew, leaving her to the care of the midwife; but in half an hour after my departure, the discharge re-appeared in great abundance; this was stopped by syncope. The hæmorrhage again returned; and, on this ocasion, left the patient in a long-continued state of very great exhaustion and syncope.

"I was again called, and returned at the moment of the first discharge. The attendants believed her dead, and indeed she was in a state of hopeless exhaution; she had extreme pallor, with cold extremities, pulse almost, and sometimes altogether imperceptible, obscurity of vision, and repeated syncope. I had recourse to astringent and refrigerant applications—a concentrated infusion of ergot of rye—a cordial potion, dry frictions over the skin with a brush and with flannel, at the same time applying hot cloths to the limbs. I persevered in this manner for three quarters of an hour, without obtaining the least melioration, the state of the patient, on the contrary, gradually becoming worse, and I foresaw the inevitable approach of a fatal termination. At this moment the recollection of a case by M. Nelaton decided me to attempt the transfusion of

blood, although alone, and without any of the usual instruments for the performance of this delicate operation.

"I found in the house a small child's syringe, which would hold about 70 grammes of blood, having ordered in readiness hot water, vessels, and linen; a neighbor of the patient, a girl named Faget, was kind enough to consent to allow the necessary quantity of blood to be taken from her arm. Everything being arranged, I made an incision three centim. in length over the basilic vein in the right arm of the patient, in the direction of its course. I then completely isolated the vein for the extent of two centim., and passed below it a ligature to enable me to raise the vein, and to tie it upon the point of the syringe. I then divided the coats of the vein for a demicentimetre in length: two or three drops of blood only escaped. I then compressed the vessel above and below. Having bled Faget, and the blood being received in a cup, placed in vessel full of water sufficiently hot to preserve it at its ordinary temperature, I quickly took the syringe, previously warmed, and filled it completely with the blood, forcing forward the piston so as to be quite certain that it did not contain any air, the tube of the syringe being inserted into the opening in the vein, and, having tied the ligature lightly around its point, I slowly and with care injected the blood into the vein; after having forced the piston through one-third of its course, I felt a sudden resistance, which showed me that the blood no longer penetrated the vein either from coagulation having taken place, or from some other cause; I of course, immediataly ceased to press forward the piston.

"In commencing the operation I enveloped the syringe with linen thoroughly moistened with hot water, and this time nearly all the blood which the syringe contained was injected into the vein. The whole quantity of blood introduced by the two attempts might be calculated to be about ninety grammes, without any subsequent pain or inconvenience.

"Immediately after the transfusion, respiration became more regular, the pulse stronger, the tendency to syncope suddenly ceased, and the obscurity of vision, which had been a permanent symptom, rapidly subsided.

"To keep up this improvement, after having dressed the little wound, I recommenced the use of frictions and hot cloths, besides again having recourse to rhatany and ergot of rye.

The circulation and animal heat returned by degrees, and two hours after the patient was so well that she slept for a short period, and to this sleep succeeded an unexpected melioration, which put an end to this alarming crisis.

"From this time her convalescence was rapid; the secretion of milk took place regularly. Ten days after, the patient was able to rise for an hour in the day; on the twentieth day she was completely well, and at the end of thirty days she was able to follow her usual occupations."

Absence of the Uterus and Vagina.—At a recent *seance* of the *Societe Medicale D'Emulation de Paris*, M. Dupal laid before the Society the particulars of the following remarkable case:—

In the service of M. Rostan, at the Hôtel-Dieu, M. Dupal found a female, aged 22 years, blonde, with well developed mammæ, and possessing *all* the external appearances of a fully formed woman. The external organs of generation were well formed; the labia majora et minora—the clitoris, and the meatus urinarius were of the normal size and situation, and the opening of the vagina was occupied by a simple depression. This individual had, of course, never been regular—in other words, never menstruated; but at the period when it usually occurs, for the first time she experienced some pains and weight in the abdomen—tumefaction and pricking in the breast; and since that time, on the 15th of each month, all the symptoms of menstruation, except the sanguine discharge, invariably return. She experiences all the desires for sexual intercourse, and seems grieved (*desolee*), because they cannot be gratified. By the simultaneous introduction of the index finger into the anus, and a sound in the bladder, M. Dupal could not detect any body which bore the least resemblance to the uterus. He discovered at the upper part of the pelvic cavity, in the vicinity of the right sacro-iliac symphisis, a small rounded body, which he regarded as the right ovary.

M. Dupal thinks that this subject, although a unique example of a woman without a uterus and a vagina, with the

existence of the ovaries, nevertheless really belonged to the female sex.—*L'Union Medicale.*

On the Treatment of Convulsions in Children.—This disease is so common, and so often fatal, in spite of the best medical treatment, that we make no apology for introducing, from *Ranking's Abstract*, the following hints by Dr. Merei on the management of this alarming affection.

"The treatment of eclampsia is very difficult, and must vary exceedingly according to the various occasional causes and primary diseases of which the convulsions are symptomatic. The practitioner meets with a similar difficulty in treating the hysterical convulsions of females. During the paroxysm medicine can do but little. In general there should be no haste in interfering, lest the interference should be hurtful. Many practitioners no sooner have a case of convulsions presented to them than they direct the application of leeches—the natural consequence of the general doctrine, that this neurosis proceeds from, or is conjoined with, congestion of the brain. The author's practice, which has been sufficiently extensive, has convinced him, that in the great majority of cases detraction of blood is useless and pernicious. He has explained his views on this subject under the head of *pathology.* He now opposes the indiscriminate application of the theory of congestion, and the corresponding use of leeches as a remedy in convulsions, having himself followed this practice for several years, and observed disastrous effects to result.

During the fit, if the child is feeble and anæmic, the author orders it to be placed in an inclined position, with the head downwards; if, on the contrary, it has an appearance of strength, the position of the head and trunk should be elevated. Gentle friction over the temples with aromatised vinegar, and the application of the same fluid to the nostrils, seems to exert sometimes a wholesome influence over the duration and violence of the fits. Enemata constitute a means of treatment which he never neglects. If the child be feeble and nervous, the lavement should be a warm infusion of chamomile flowers and valerian—if there be constipation, the warm infusion of chamomile, mixed with oil and sugar, may be employed—if there be flatulence, and more especially if the eclampsia has been preceded by abdominal spasms, an infusion may be substituted, composed of chamomile and fennel seeds, with or without oil and sugar, according to the state of the bowels. If assured that there is no plethoric or congestive state of the encephalon, an attempt may be made to cut short the paroxysm by circular compression of the thighs. In weak infants the author has obtained evident advantage from this practice, though by no means uniformly.

Leeches are *indicated* when the child is robust, and has before the fit shown symptoms of cerebral congestion, such as heat and heaviness of the head. They may also be used in the case of a strong infant, when the fit continues, notwithstanding the use of a lavement, followed by the discharge of liquid stools. If there be signs of congestion from abnormal dentition, no time should be lost in making scarifications of sufficient depth upon the free margin of the gum.

Warm aromatised baths are decidedly useful in the idiopathic eclampsia of feeble anæmic infants; but in other conditions their effect is very equivocal; and if a robust child shows signs of the *congestive* form of difficult dentition, or of vascular reaction before the paroxysm, it cannot be placed in a bath without danger.

When the fit is over, the treatment must be regulated by the idiopathic or symptomatic nature of the disease, due consideration being paid to the primary and exciting cause, if any should be detected. When the child is feeble and nervous, a tonic treatment and generous regimen are applicable, as we have shown when treating of laryngeal spasm. If no congestive state follows the fit, the author always orders a spoonful of infusion of chamomile with one or two drops of sp. melissæ and a drop of tincture of castoreum, and this dose he causes to be repeated every three hours. If the child be feeble, pale, and of lymphatic constitution, the author prescribes a mixture sp. melissæ and tinct. ferri æther., and directs two to four drops to be given thrice a day till such time as there is appearance of improvement in the constitution of the patient. Other stimulant and roborant remedies have not appeared to me to act so beneficially. Cod-liver oil may also be necessary to give an impulse to retarded nutrition. Washing or affusion with cold water is a remedy very gene-

rally applicable and efficacious. The dry atmosphere of situations of moderate elevation usually exercises a beneficial influence upon infants prone to convulsions.

On the employment of calomel the author offers a few observations, for it is, he believes, far too commonly used in the treatment of children's diseases. As an *antiphlogistic*, it is not a remedy whose action is clear and demonstrated by the comparison and severe analysis of facts; and eclampsia, it has been seen, is but seldom associated with a phlogistic diathesis—as a *purgative*, its action is too slow to be indicated in convulsions, and as an *alterative* (vague expression), its effects upon the nervous system are obscure. The author has often observed it, and without evident advantage, in cases of eclampsia, and now no longer exposes his patients to the risk of its pernicious influences upon the blood, the digestion, and the bones."—*N. O. Med. and Surg. Jour.*

MATERIA MEDICA.

On the Therapeutic Uses of Creasote.—Mr. B. W. Richardson, stated to the Medical Society of London, that during the last visitation of Asiatic cholera his attention had been called to a short notice, communicated to the *Lancet* and *Medical Gazette* by Mr. Spinks of Warrington, on the astringent value of creasote in that disease. Mr. Richardson had never used creasote in true Asiatic cholera, because the subject had not come before him until the epidemic was nearly over, but he had since fully tested its value as an astringent, and he must say, that in some cases of diarrhœa, he had never before seen half so good a remedy. The cases in which it is most useful are of three kinds: 1st. Cases of diarrhœa during ordinary epidemics, where the disorder cannot be traced to the presence of foreign matter in the intestines. 2nd. Cases where profuse diarrhœa follows the employment of purgatives, given to remove foreign matters during intestinal disorders. 3rd. Cases in which, after an acute diarrhœa, the patient continues to be troubled with frequent and sudden liquid evacuations, not attended with pain or great constitutional disorder. Illustrative cases were supplied. The advantages of creasote are the following: It often succeeds when all other astringents fail; of this the author is thoroughly convinced from repeated experiments; it is speedy in its action; lastly it does not leave the bowels constipated, unless carried too far in its administration. Occasionally, during its use, it produces a dry, white, filmy state of tongue, and other symptoms of feverishness. When this occurs, the remedy must not be continued longer; indeed, it is rarely required after such symptoms, the purging being usually arrested before they appear. With children the dose given must be very small, or such good results will not follow; the one-eighth, one-sixth, and one-fourth part of a drop, is sufficient for babes from one to two years of age. With adults, the dose, as an astringent, is from one and a half to two minims. A late writer in the *Medical Gazette* (Mr. Kestevan) had also alluded to the value of creasote as an astringent, and had opined that this value depended on the power which creasote was known to have, of coagulating albuminous fluids. To this it may be objected, that the quantities of the creasote employed medicinally are not sufficient to produce such coagulation in the intestines. Mr. Richardson also alluded to other effects of creasote. He denied that, in ordinary doses, it possessed some of the properties described as belonging to it in elementary treatises on therapeutics, such as narcotic, sedative, and diuretic properties. At the same time he assigned to it powerful diaphoretic and anti-spasmodic qualities, and said, that on the vascular system it rather acted as a stimulant than as a sedative. Its power in stopping vomiting depended upon the dose, which should be small. Given in its full dose, as an astringent, it sometimes *excites* vomiting, in which case hydrocyanic acid is usefully combined with it. To lessen its nauseous qualities, it is best to unite it with syrup of tolu and tincture of cardamoms, and camphor julep or water. It may also be prescribed advantageously with the preparations of either when they are indicated.

Mr. Dendy suggested that the creasote did good in some cases of diarrhœa from its antiseptic properties. Diarrhœa often depended on acidity, and this was removed by the creasote.

Mr. Richardson knew it to be astringent from its effects. It was, no doubt, also a powerful antiseptic.

Mr. Streeter trusted that it would not go forth with the sanction of the society that the premonitory diarrhœa of Asiatic cholera was identical with the ordinary English cholera. They were different affections, and required different treatment. The practice commenced by himself in the epidemic of 1832, and continued in 1834, of giving superacetate of lead with opium after each action of the bowels, had been attended with the most satisfactory results in warding off the impending collapse in that of 1849. He had strongly recommended this practice in the spring of 1849, when his communication of the statistical results of the cholera cases at St. Giles's in 1832 was read at the Medico-Chirurgical Society, and which facts, to the disgrace of the executive, had not appeared in their Transactions. Let it not, however, be supposed that lead was the remedy for collapse—a state which his subsequent studies of Asiatic cholera led him to regard as arising from the abnormal presence of a prussic acid poison in the blood in the place of the normal cyanic element of the true urinous excretion.

Mr. Richardson explained that he did not allude to cases of Asiatic cholera.

Mr. Harrison said that prussic acid was the only remedy which he had found effective in cholera.

Mr. Richardson, in reply to a question of Dr. Lankester, said that out of 100 cases in which he had employed creasote, he had combined opium with it in 6 only.

Dr. Lankester believed that in ninety cases out of one hundred, it was the opium that did good in cholera.—*Dublin Med. Press.*

Digitaline,—Its action and effects upon the system, MM. Homolle and Quevenne, in a Report on the therapeutic properties of "Digitaline," sum up as follows:

"1. Digitaline (properly prepared) represents all the therapeutic properties of digitalis.

2. Digitaline exerts a regulating action upon the circulation, and retards its movements. This action, which is essential and nearly constant, requires only feeble doses (ordinarily from two to five milligrammes in twenty-four hours, in adults.)

3. If we exceed the dose of four or five milligrammes in twenty-four hours, digitaline exerts an emetico-cathartic action, sometimes harsh and sudden, sometimes slow and gradual.

4. Digitaline produces a toxic action when it is absorbed in large doses. This action has been produced by injecting into the veins of a dog one centigramme of this substance. But, when administered by the stomach, the toxic action does not appear as dangerous as is generally supposed, the excess of the medicine being expelled from the economy, for the mere reason that it is not tolerated.

5. Compared with the powder of digitalis, which is considered as the best pharmaceutic preparation of this plant, digitaline should have the preference, since it offers greater facility of ingestion, a more certain action, and a more constant tolerance.

6. MM. Homolle and Quevenne add in a note that digitaline produces also two other order of phenomena; a diuretic action and an excitation of the nervous centres, but that this double action is far from being constant.—*N. York Journ. of Med.*

On Extractum Carnis.—Dr. Beneke gives the following recipe for making beef-tea:—"One pound of lean beef, of free fat, and separated from the bones, in the finely chopped state in which it is used for beef sausages, or mince meat, is uniformly mixed with its own weight of cold water, slowly heated to boiling, and the liquid, after boiling briskly for a minute or two, is strained through a towel, from the coagulated albumen and fibrine, now become hard and horny. Thus we obtain an equal weight of the most aromatic soup, of such strength as cannot be obtained even by boiling for hours from a piece of flesh. When mixed with salt, and the other usual additions by which soup is usually seasoned, and tinged somewhat darker, by means of roasted onions or burnt sugar, it forms the very best soup which can in any way be prepared from one pound of flesh." He states that he has often used this beef-tea, and from what he has experienced he cannot recommend it too strongly. In many diseased states it is not to be replaced by any other sort of food or remedy. He has administered it in scrofula and phthisis, especially in those cases in which derangements of the digestive organs were present, such as ulcerations, dyspepsia, tubercular deposits in the intestinal glands, &c. He has given it in the early and later periods of typhus, and to patients suffering from inflammation of the cellular tissue, and rapidly wasting away in consequence of the most abundant suppurations, and there cannot exist a more rational remedy than beef-tea, to compensate the abundant loss of materials. He has finally given it in many other states which required a good nourishment by animal diet, and almost all patients who are convalescent from severe diseases are most beneficially influenced by it. He does

not enter into a more accurate explanation of the effects of the beef-tea; it is self-evident that a substance, containing all constituent parts of the meat, both inorganic and organic, and not at all causing any exertion of the digestive organs to recompose into nutritive material, must be of such an effect as no other special remedy can be expected to manifest.

This being a fact, it appears to be most desirable, that the beef-tea, which the author calls *Liebig's beef-tea*, should be well known to every practitioner, and should be always given wherever the state of the patient requires a good animal, nitrogenous food. However, as he has often experienced, one meets in practice with many difficulties in having it prepared, or provided at all for the patients, especially in dispensary practice, where poverty appears with all its sad consequences and companions, and where so many cases occur, requiring a nourishing, strengthening treatment; in advising patients to take meat, beef-tea, &c., we hear them too often answering "we cannot afford it." In private practice, we find single persons confined to their bedrooms, with scarcely any assistance at all; perhaps we order them to take the before mentioned beef-tea, but it is beyond all possibility for them to have it prepared, as it requires some attention and carefulness. And even in family practice, it is necessary to describe each time the mode of preparing the beef-tea on the one hand, and questionable on the other, whether the attendants of the patient prepare it with that accuracy which is required for the accomplishment of our purposes. Hence, it appears as desirable as possible, to have an opportunity for easily providing patients of all classes with a sort of food and a remedy, which cannot be replaced by any other; and he therefore advises that the beef-tea be prepared at the chemists' and druggists' shops. It must be mentioned, that the above described beef-tea, when evaporated in a waterbath, and cooled afterwards, forms a brownish-yellow extract, and this extract, to which we may give the name of *extractum carnis*, should be prepared and kept for sale by chemists. In accurately following the above described method of preparing the beef-tea, the quantity obtained out of six pounds of meat may be evaporated to three ounces, and those three ounces, after having cooled, form the "extractum carnis." One ounce of extractum carnis is therefore equal to thirty-two ounces of meat, whence it can easily be calculated how much of it is required for providing a patient daily with the constituent parts of three, four, five, six, or more ounces of meat.—*Lancet.*

Iodine rendered Soluble in Water.—After many attempts to render soluble in water, without the use of iodide of potassium, the small quantities of iodine, in the form of tincture, which are prescribed in draughts, M. Debaugne was led to discover that the addition of an ounce of syrup of orange-peel to a four or six ounce mixture, renders five or six grains of iodine perfectly soluble in this quantity of fluid. In investigating as to which of the constituents of the orange-peel had this effect on the iodine, he came to the conclusion that it was due to the tannin. In order to determine the truth of this supposition, M. Debaugne made several experiments, and had recourse to the addition of a few grains of tannin to water, containing ten, twelve, or even fifteen grains of iodine, precipitated from the tincture when added to it. After a few moments' agitation, the solution became complete, and thus proved that it was by the tannin that the iodine had been rendered soluble. Being unable to explain why this vegetable acid should thus favor the solution of iodine in watery vehicles—an effect not produced even by the most powerful mineral acids—he contents himself with establishing this fact, which appears hitherto to have been unknown. He recommends to practitioners to have recourse to syrup of orange-peel in draughts containing tincture of iodine, and the addition of a few grains of tannic acid in the preparation of iodine injections.—*Jour. de Phar.* and *Ed. Jr.*

MEDICAL JURISPRUDENCE.

Case of Poisoning with Sulphate of Iron.—A case of suspected poisoning is reported in the Annales d'Hygiene, for January, 1851, in which sulphate of iron was detected in sufficient quantity in the stomach and intestines, to warrant a verdict of guilty in the case.—*Med. Examiner.*

Cases of Poisoning by Cyanide of Potassium and Cyanide of Silver.—It appears that, within a few years past, a liquid of a very poisonous nature, composed of cyanide of potassium and cyanide of silver, dissolved in distilled water, is sold in London, chiefly for the use of utterers of base coin. Cases of fatal poisoning from this article have been from time to time reported, and Mr. LETHERBY, in the London Medical Times, 12th July, 1851, gives the details of two additional

cases. He states that "most of the cases of poisoning by this liquid have occurred among those who are engaged in the manufacture of base coin, and it is much to be regretted that a poison of so deadly a character should be accessible to a class of persons who are not over scrupulous in their dealings, or even cautious in their habits. It is sold to these persons at the charge of fourpence an ounce; this quantity is sufficient to kill four individuals, and consequently, if murder were contemplated, it might be done at the rate of one penny per head.

The symptoms produced by the liquid are a little different from those which arise from the action of hydrocyanic acid, from pure cyanide of potassium, or even from cyanide of silver; for, in the first place, it does not commonly produce vomiting, and, in the second place, it does not generally cause convulsions, but, on the contrary, it occasions paralysis, with a perfect prostration of all the vital powers, and finally, death by coma. On making a post-mortem examination of the body, we find that the lungs are highly congested, that the bronchial tubes and pulmonic cells are filled with a frothy mucus, and that while the right side of the heart is gorged with black fluid blood, the left is empty, showing that the arrest of the circulation took place at the lungs.—*Ib.*

Magnesia as an antidote for Poisoning with Copper.—M. Roncher, in an article upon this subject, in the Gazette Médicale de Strasbourg, draws the following conclusions from experiments he made:

1st. That calcined magnesia will arrest entirely the symptoms of poisoning with copper, if it be administered sufficiently soon after the copper has been taken.

2d. That the dose of magnesia necessary to neutralise the salt of copper is, 8 grammes of magnesia to 1 of sulph. copper.

3d. That as magnesia prevents the formation of the greenish soluble salt, it is quite probable that it will act as an antidote to all the salts of copper.—*Revue Medicale, Aug.* 1851.

On Poisoning with Sulphuring Acid. By Dr. Geoghegan.—The following inferences are deduced from a paper on this subject:—

1. That in poisoning by sulphuric acid the poison may reach the interior of the larynx and bronchial tubes during life, and may thus produce a bronchitis of sufficient intensity to prove fatal, either *per se*, or aided by mischief elsewhere.

2. That the blackening of the stomach in poisoning by sulphuric acid does not necessarily involve the carbonization of the tissue, but may consist in the interstitial deposit of blood effused under the corrosive and irritant action of the poison, and chemically altered by the latter.

3. That oil of vitriol does not *carbonize* the dead stomach, but dissolves its coats.

4. That in cases of poisoning the acid may be detected in the blood and parenchymatous viscera; its quantity relatively to the weight of structure operated on, being greatest in the *liver;* and, in proportion to that of the normal sulphates, in the *blood.*

5. That in the blood and parenchymatous organs, the acid is to be discovered (and probably exists during life) solely in combination with the coloring matter and tissue respectively.

6. That the poison, when absorbed, decomposes the alkaline phosphate of the blood, and that the resulting sulphates are rapidly evolved.

7. That the above indicative method of comparative examination of equal weights, when carefully employed, appears suited to the exigencies of medico-legal practice, and is not open to any practical objection which cannot be obviated, either directly or by collateral proof.

8. That researches relative to the distribution and state of combination of substances absorbed by the blood, afford a rational prospect of improvement in our knowledge of the action of therapeutic agents.—*Medial Gazette,* August 22.

Case of Voluntary Smothering.—A case is adduced by Dr. Roth as an instance of death by *Smothering voluntarily produced,*—an event without a parallel in medical records. The question submitted to the reporter was, as to whether the death of H., a servant-maid, had been the result of suicide or of homicide?

The deceased was well-formed, above the middle height, and about twenty-five years of age. She had been seen to retire to her sleeping-room at 9 o'clock one evening in her usual state of health and spirits. The apartment was only separated by a partition from the one in which her master and mistress slept, and was over a room occupied by others of the household. At half-past 5 on the following morning the master knocked against the partition to awaken H., but receiving no answer supposed she had risen, and gone out to her work. On getting up, however, he found all the doors and windows of the house

closed, when he went into the servant's room, but did not find her there. On the bed was an axe of a peculiar shape, employed in that part of the country for lopping off branches from the trees, and which used to hang behind the door. The blade of the axe rested against the back of the bed, and the handle on the bed. Beside it lay the best bonnet of the servant, which she used to keep in her chest. The bed appeared to have been slept on. After searching the well, lest she had drowned herself, H.'s father was sent for from a neighbouring village. On his arrival, he suggested that the chest should be opened to learn in what trim his daughter had left the place. Finding the chest locked, and the key missing, a blacksmith was got to force it open, when the body of the servant was discovered in the chest, lying in a prone position on the left side, with its knees drawn up, the upper extremities flexed, and the missing key grasped in the woman's right hand. The chest was above 4½ feet in length (4 feet 2 inch, Germ.), and of proportionate depth. It locked itself on the fall of the lid, and could not have been opened from the inside. The corpse was nearly dressed, and the vest (kamisol) was put on with its inner side out. On the following day, the body, which had been removed and laid on a bed, was viewed by the reporter. The cuticle was abraded and reddish-brown at seven or eight points, about the centre and upper part of the forehead. The largest of these abrasions corresponded with the thick part of the axe, and underneath them the integuments were slightly swollen and bluish. The face and upper part of the chest were mottled with cadaveric lividities, the ears were blue, the eyelids closed, the conjunctivæ injected, and the pupils dilated. There was bloody froth about the lips and nostrils, partly dry, partly fresh, giving this part of the face a blood-stained appearance. Bloody froth was issuing at the time from the right-nostril. The mouth readily opened, showing the tongue in its natural position. The key was still grasped in the right hand. With the exception of the abrasions on the forehead no traces of injury were detected on the body. The clothes were entire.

From the foregoing circumstances the Reporter was of opinion that the deceased had employed the axe which hung in her room to kill herself in the way she had seen others slaughter oxen, and that failing in the attempt, and perhaps ashamed of the injuries on her forehead, she had then shut herself up in her chest, and perished by smothering. This conclusion satisfied the law authorities so completely, that they decided that there was no necessity for making a post-mortem inspection.—*Henke's Zeitschrift.*

Cases of Poisoning by Corrosive Sublimate—By Drs. Coale and Jackson.—1. On the 14th January, 1850, Dr. Coale prescribed for a patient ten grains of Calomel (Hydrargyri Submuriat. gr. x), and, by mistake, corrosive sublimate was sent. Dr. Coale saw the patient on the day following, and found that the poison had been mixed and partially swallowed, but the great distress it caused produced ejection of much of it from the stomach. By advice of the apothecary, warm water had been given. Dr. Flint had been sent for, arrived soon after, and administered the usual remedy of white of egg. He remained with Mr. H., the patient, for some time, until he felt it safe to leave, and called again in the morning. Dr. C. found Mr. H. vomiting a clear fluid like water, mixed with fresh blood, and suffering much pain in the region of the stomach. Taking it for granted that Dr. Flint in his two visits had administered all the antidotes required, he took measures to combat the immediate symptoms occasioned by the corrosiveness of the poison, giving twenty drops of laudanum, and recommending ice cream. In the evening he found the vomiting had ceased, and the patient was very comfortable.

The case ended fatally on the 25th July, *i. e.*, eleven days after the poison had been taken. The most troublesome symptoms were hiccough, vomiting, great exhaustion, and pain while swallowing. There was no salivation, but there was an entire suppression of urine, absence of fever, of tenderness over the epigastrium, of frequency of pulse, also of any appreciable lesion after death.

2. In a second case, communicated by Dr. Jackson, death occurred on the 13th day.—The patient was a married woman, twenty-five years old, who took one teaspoonful of corrosive sublimate with laudanum, for a suicidal purpose. She took the poison at about eleven o'clock, a. m., and was found at about one, in the privy, vomiting and purging, with constant retching. There was pain in the epigastrium, and a sense of burning and smarting in the throat. The symptoms continued gradually improving for four days, when she became able to keep drinks down, and was sufficiently comfortable. Continued confined to her bed for about a week, and Dr. Chapter thought she would recover; took farinaceous food; pulse 40, weak, bore pressure on epigastrium. On the eleventh day, she

became worse: there being distress and restlessness; no return of vomiting, but some looseness of bowels with pus in dejection.—Sank, and died on the 13th day. There was never any fever; was very pale, cool, with a look of prostration. Did not complain of debility till after the week of relief, *i. e.*, the eleventh day. Condition of urine not noted. No autopsy allowed. The quantity of poison taken was, according to the apothecary, sufficient for a pint of rum to be used as bed-bug poison.

3. A third case is reported by Dr. H. W. Williams, in which the poison was taken in solution. Dr. W. states, I was called about noon on Monday, 12th August, to see L. B. R., aged 42, mason; and was informed that he had purposely swallowed a solution of corrosive sublimate. On my way to the house, I learned that he had taken about an ounce of solution, containing thirty grains to the ounce, and that about half an hour had elapsed since it was swallowed. Was told that he vomited in ten minutes after the poison was taken, and that an emetic was soon after administered by the apothecary who sold the solution, as also one egg. Another egg had been given him by his wife before I saw him. He had vomited several times, in all about six ounces. The matters vomited appeared to consist of mucus and the egg swallowed, with some dark masses resembling sputa, except in having a dull lead tinge.

I administered the whites of three more eggs, and whilst others were being procureds gave some flour and water. Three more egg, were brought and given, vomiting having taken place since the previous remedies had been swallowed. Within half an hour he vomited several times, and I repeatedly gave quantities of flour and water.

I learned from his wife that his habits were intemperate, that he had eaten little for two or three days, and nothing on that morning.

The symptoms under which the patient suffered resembled those of cholera, except that the vomited matters contained blood.—There was a quick pulse, with a burning sensation in the abdomen: there was great thirst, no salivation, great fœtor of the breath, and the quantity of urine passed was small. The patient died in fifty-two hours; and on a post-mortem examination, twenty-four hours after death, the following appearances were found:—

Brain healthy in aspect and consistence.—The falx cerebri was wanting for the distance of about an inch at its anterior extremity, and the two hemispheres were united at this point. Considerable fluid was effused beneath the arachnoid, but there was no effusion into the ventricles. Heart and lungs healthy; the latter remarkably so. Liver pale, rather friable. Spleen shrunken, as in case of death from cholera. The stomach was contracted, for the extent of about two inches, at its middle portion, having the form of a dumb-bell. The contracted portion was about two fingers in width. It contained a small quantity of bright yellow fluid, having the consistence of thin gruel. Its larger and smaller curvatures presented patches of dotted injection, of a bright crimson tint. The dots could be seen, on close inspection, to be made up of vessels.—No ulceration, and no ochymosis. Mucous membrane a little softened in the neighborhood of the most vivid red patches. Patches of beautiful arborescent vascularity were observed at internals along the whole course of the small intestine, but its mucous membrane retained its normal consistence. Large intestine healthy. No ulceration in any portion of the intestinal canal. Lower portion of œsophagus not injected, nor its lining membrane softened. Bladder contracted, containing about a drachm of turbid urine, which Dr. Dalton found, on examination with the microscope, was rendered cloudy by the presence of a large quantity of epithelium scales, and similar to the urine found in the bladder after death from cholera.—*Am. Jour. Med. Science.*

MISCELLANEOUS.

The Insurance Companies, vs. *The Medical Profession.*—Resolutions adopted at a meeting of the Faculty of Physicians and Surgeons of Glasgow, held upon the 1st of September, 1851, in reference to the Payment of Fees to Medical Referees, by Life Assurance Companies:—

1. That this Faculty has long maintained the principle, that medical referees, the ordinary attendants of the parties desiring life assurance, ought to be suitably remunerated for their trouble in replying to the usual queries on behalf of the assuring companies; and that the parties granting the assurance ought to pay this fee, as it is obviously for their safety and guidance that such information is afforded.

2. That in conformity with these views, the faculty, so long ago as 1st June 1835, passed a law, requiring every member of their body to refuse replying to these queries unless a specified fee were transmitted along with the schedule, and this law has, from that time, been steadily adhered to and acted on.

3. That in carrying out the above views, the faculty regret being obliged to record, that till of late, with a few honorable exceptions, they have met with the most uncompromising opposition from the insu-

rance companies, especially those of more early establishment; and although within the last two years several even of these have made a movement in the right direction, yet this has been so long deferred, and so obviously only a yielding to the pressure of circumstances, as to deprive the concession of much of its value.

4. In this position of affairs, it has given the faculty much pleasure to observe some of the more recently established insurance companies, not only frankly acknowledging the justice of the principle so long contended for, but spontaneously offering a liberal compensation to the members of the medical profession for the very valuable information and opinions it is not unfrequently in their power to afford; and to such companies the faculty beg, in this public manner, to offer their best thanks.

5. The faculty also take this opportunity of recording the sense they entertain of the important services done to the profession, in this matter of remuneration to private referees, by the editors of the *Lancet*, the *Medical Gazette*, and *Medical Times*, to whose intelligent and steady advocacy, they are aware, they mainly owe whatever favorable change may have taken place in the conduct of the assurance companies towards the profession.

6. The faculty beg also to state, that whilst in 1835, in their anxiety to have the principle of remuneration established they were indifferent as to the actual amount conceded; they now feel called upon, in justice to themselves, to intimate to the agents of all assurance companies that the fellows of their body will not, in time coming, pay attention to any schedule of queries submitted to them with a reference to any species of life assurance, unless such schedule be accompanied by the fee of one guinea, if the sum proposed to be insured exceeds £300, and 10s. 6d. if the sum is £300 or under.

7. The faculty order these resolutions to be printed, and copies sent to the editors of the London and provincial medical press, to the agents of the various insurance companies, and to the presidents of the royal colleges of Edinburgh, and the other medical corporations throughout the kingdom, inviting their concurrence and co-operation.—*Dublin Medical Press.*

The late Order from the Horse Guards.—There is in the present aspect of medical affairs enough to make any one, who is not thoroughly imbued with confidence that truth and honesty must ever in the end be triumphant, believe that true medical science is destined to be extinguished. Not only is it overlaid by every species of foolery at which a gullible public can be made to gape, but there seems to be a determination even on the part of those who ought to be its supporters, to cover it with contempt and obloquy. In the Navy, the surgeon—the equal in fortitude and chivalrous daring of any officer in the ship, the superior of all in most mental accomplishments, and frequently no mean proficient in nautical science; such a man we see treated as of less consequence than the captain's steward, or at least we did see this, until the Lords of the Admiralty, spurred into a sense of justice by the indignant voice of the Profession, have tardily seen to the abolition of so disgraceful an anomaly. But in the army some will say—there, at least, the medical officer is subjected to no indignity, nothing occurs there which can grate upon the feelings of a gentleman. Is it so in reality? Let the experience of any army surgeon speak to it. If it has not been so in every instance, the cause is to be sought in the character and qualities of the individual, not in a respect for his position as a member of an enlightened profession. But how can it be otherwise, when everything that can lower him in the eyes of his comrades, as well as of the public at large, is sanctioned by the authorities? Lest we might be thought to exaggerate the indifference which the medical officer meets with at the hands of Government, we transcribe the following circular which has recently been issued from the Horse Guards:—

"*Military Deserters.*"

"Horse Guards, August 19.

"In consequence of the diversity of the practice and insufficiency of the existing methods of marking the deserter with the letter D., and it being found in many instances that the mark has been obliterated in a short time, and even been removed by artificial means, it has been decided that from the first of October next, this part of the sentence of the Court Martial shall be inflicted, in all cases where practicable, in the military prisons, by the medical officer [!!] attached to each of these establishments, and under special instructions from the Secretary at War.

"G. Browne, Adjutant-General."

This disgusting order is indeed the climax of Government insults, and must have the effect of opening the eyes of the blindest medical officer to the position in which he is regarded. It is manifestly impossible that any medical *gentleman* can remain army surgeon after the above date; for although the honorable office of deputy-executioner will only devolve upon the prison surgeon, the stigma will cling equally to every medical officer in the service. A wholesale resignation, unless the disgraceful order he rescinded, is the only method of bringing the Horse Guards to their senses, and we earnestly trust, for the honor of the profession at large, that our brethren in the army will have the spirit in this manner to vindicate their claims to be considered something better than a mere hangman's assistant. If they do not cause this humiliating order to be rescinded, whatever may be thought of him at his own mess-table, the army surgeon may feel assured that in civil life, he will be placed in the same rank as the regimental farrier, and will be allowed to subside for his acquaintances, to a corresponding grade in society.

Since writing the above, the offensive order has been deferred until further notice.—*Medical and Surgical Journal.*

Communicability of "Grease" to Man.—A case is reported from Guy's Hospital which seems to prove that the disease in the heel to which horses are subject, and called "grease," is communicable to the human subject, and produces symptoms analogous to glanders, but of much less fatal character. A case, illustrating this fact, came under the care of Mr. Cock.

The patient was an ostler, in excellent health, till he accidentally touched his nose with the matter whilst dressing a *greasy* heel. In the evening he experienced some heat of the part, which he attributed to catarrh, but next morning the cheek and nose were observed to be considerably swollen, and a thick discharge flowed from the nostrils.

On admission the nose was swollen, of a dusky red; cheeks tumid, and blotched, and on each side was a hard painful swelling, like a periosteal node. He was ordered quinine, nitrate of silver lotion (dr. ss. to oz. j.) applied to the mucous membrane, full diet, ten ounces of port, and two pints of porter daily. Next day the cervical glands were enlarged; the nose was freely punctured, with great relief. Ten grains of Dover's powder at night.

On the third day the patient had passed another restless night; he complained of dizziness and pain in the head; the nose and face were intensely painful, and the tumefaction so much extended and increased, that the eyelids were now completely closed. Two hard lumps of pus came away from the nostrils. Mr. Cock again punctured the nose, and ordered a bread-and-water poultice to be applied to it. The bowels have been well relieved. The quinine was continued, but the powder omitted.

On the fourth day a great change for the better had taken place; the patient passed a good night, slept well, and was comparatively free from pain; the tumefaction about the nose, face, and eyelids is much reduced in size, and the pain much less severe. The discharge continues from the nostrils.

From this time the man continued to improve, and seven days after admission the nose had regained its natural size; the discharge was much reduced in quantity and consistence, and on the 26th of April he was presented for dismissal, cured, having been in the hospital only ten days.

Mr. Cock remarked that this was the third case he could call to mind where the evidences of poisonous inoculation were clearly traced to contact with the greasy heel of a horse. In both the other cases the poison appeared to have been imbibed from wounds or cracks on the men's fingers, and the most severe absorbant inflammation was produced, accompanied by intensely acute constitutional disturbance.

In the one instance the patient recovered after much suffering and tedious illness; in the other he died at the end of several weeks, worn out by successive abscesses, which formed in different parts of his body. There seemed, therefore, no doubt that the greasy heel of the horse was capable of grafting a specific poison upon the human subject.

As in this case the fact of poison seemed to be clearly indicated and proved, and as the inoculation had been recent, Mr. Cock considered it expedient to endeavor to destroy the contaminated surface as speedily as possible, and to excite a healthy suppurative action on the mucous membrane of the nostrils.

The caustic solution was severely and unsparingly applied, and certainly seemed to have the decided effect of "killing the local disease." The aggravation of inflammation and tumefaction which followed the use of the escharotic, and which extended over the nose, cheeks, and eyelids, was doubtless rather to be attributed to the severity of the remedy than to the extension of the original disease. The same local effects have not unfrequently been produced where a strong solution of nitrate of silver has been injected into the urethra for the purpose of cutting short a gonorrhœal discharge.

Mr. Cock made the punctures in this case with a broad-shouldered lancet, and carried them to a considerable depth. The blood

flowed from the wounds in streams and jets, showing the congested and distended state of the vessels. The relief was most speedy and effectual.—*Provincial Medical & Surgical Journal.*

Homœopathy and the Royal Medical and Chirurgical Society.—The following requisition to the Council of the Royal Medical and Chirurgical Society is in course of being signed. We understand that it will be presented at the commencement of the Session in November:—

"We, the undersigned Fellows of the Royal Medical and Chirurgical Society, being convinced that the doctrines of homœopathy and mesmerism are utterly fallacious, and inconsistent with the facts of medical science, hold that they are unworthy to be professed, or in any way countenanced by members of this Society, the object of which is the promotion of a sound knowledge of medicine and surgery. We therefore request the Council to take this subject into consideration, with the view to prepare regulations whereby all homœopathic, mesmeric, and similar irregular practitioners shall be excluded from the Fellowship of this Chartered Corporation. And we hereby request the Council, with as little delay as possible, to summon a special general meeting of the Fellows to resolve on the same."
—*Provincial Med. and Sur. Jour.*

The Homœopaths.—We understand that a motion was brought forward at the Medical Society of University College, to expel certain members who practice homœopathy.—*Provincial Med. and Sur. Jour.*

British American Journal.

MONTREAL, DECEMBER 1, 1851.

SEMI-ANNUAL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

Quebec, 14th Oct., 1851.

The regular semi-annual meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada was held this day, at the City Hall, Quebec, when were present—

Drs. Arnoldi.	Drs. Marmette.
Nault.	Von Iffland.
Kimber.	Brigham.
Jackson.	Sewell.
Bouthillier.	David.
Glines.	Tetu.
Marsden.	Foster.
Marquis.	Bardy.

On motion Dr. Arnoldi was called to the chair, in the absence of the President and Vice-President.

The Secretary then proceeded to read the minutes of the last meeting, during which time the President, Dr. Morrin, entered, and assumed the chair.

Dr. Arnoldi was excused for not having brought down with him the likeness of the late Dr. Arnoldi, first President of the College.

Drs. Peltier, Blanchet, Hall, Chamberlin, Johnston, Holmes, Campbell, and Michaud, were excused for non attendance at this meeting.

The Secretary laid before the Board the application of a gentleman possessing a Philadelphia Diploma, who offered to make affidavit that he had commenced his medical studies in the year 1842, under Dr. Kalley, at the Island of Madeira. As he had not received any answer to a letter he had written Dr. K. to prove the fact, on motion it was resolved—"That the gentleman should be brought before the Board to explain why he had not the requisite certificates necessary to entitle him to examination." Which being done, it was further resolved—"That he could only be admitted to examination on his furnishing the necessary proofs that he commenced the study of medicine previous to the passing of the Act 10 and 11 Vict., chap. 26, in force since 28th July, 1847."

An election having taken place to fill up the vavancy caused by the resignation of Dr. Fortier, one of the governors, of the District of Quebec, Dr. Tiburce, Charest of Chateau Richer, was unanimously elected.

A letter was read from Dr. Wolfred Nelson, tendering his resignation as Go-governor of the College. On motion, it was unanimously resolved—"That Dr. Nelson's resignation be not accepted for the present, and that a committee be named to wait upon Dr. N., requesting him to continue in his office."

Drs. Glines, David, Foster, Arnoldi, and Bouthillier, were named as the committee.

The Board then divided into committees of examination, when Messrs. Bellarmin, Godbout, P. O. C. Beaubien, Charles Soupin, A. Jos. Duchesnau, and C. S. Leclaire, being found duly qualified, were granted their licenses, and two gentlemen were rejected.

The following were admitted to enter upon the study of medicine, viz.:

Messrs. Hubert Larne, James A. Sewell, Alfred Desnoyer, Gideon Larreque, Julien Pereault, Frs. Coté, Hy. Casavan, Martin Noel, and Joseph Hamel, and two were rejected.

Several accounts were then examined, and having been found to be correct, were handed to the Treasurer for payment, after which the Board adjourned.

(Signed) P. M. BARDY,
Secy. Quebec District.

The Marine and Emigrant Hospital, Quebec.—Reports prejudicial to the management of this fine institution having obtained currency, a remonstrance to the Executive was made by the Quebec Board of Trade and several of the Medical Staff, and the investigation which followed is presented to us in the form of an 8vo volume of 260 pages, printed by order of the Legislative Assembly, being "A Return to an Address of the Legislative Assembly to His Excellency the Governor General, relating to the Marine and Emigrant Hospital, Quebec." We have carefully perused the document, and but one conclusion has forced itself upon our mind,—that the sooner the whole edition is destroyed or burned the better, and we much regret that it ever saw the light. It is a fit companion for Maria Monks' "disclosures," and can prove of no value, except to pander to the morbid appetite for scandal, which many are too apt to indulge. We have not arrived at the same conclusion with regard to the various charges and counter charges that the commissioners have done, who were appointed to investigate the matter. We think that evidence ample enough was submitted to prove mismanagement, although not to the full extent of the allegations. We do not at all agree with the Commissioners in the following complacent way of disposing of the charge of proselytising. "The charge of proselytism is the only one to which they have not given an answer. They do not hesitate to say that proselytism was not attempted in the hospital but by the clergymen of different persuasions, without the knowledge of the Commissioners or Officers, and that it is impossible to prevent it without denying them admission to the establishment." An hospital is the last place which should be adopted as a field for attempts of this nature. No matter what the religious persuasion of the patient may happen to be, his principles ought to be cherished, not perverted; and it savors little for the management of such an Institution, when the admission is made that "it is impossible to prevent it." The midnight mass, two years ago, at the same Institution whose affairs have been now investigated, rises strongly to our remembrance. We would wish to know what action was taken by the Commissioners upon this flagrant violation of hospital rules.

There is one circumstance in connection with the investigation just concluded, in which we cannot agree with the Commissioners, viz: the manner in which evidence to impeach the credibility of the witnesses was admitted; and, consequently, evidence which would have been perfectly inadmissable in a court of justice, is here controverted upon the mere question of character; and a deposition calculated seriously to injure, and bearing the impress of falsehood on its face, is gratuitously inserted in the "Return," against a medical gentleman in Quebec, who seems to have taken an active part in forcing on the investigation. Why

that deposition was incorporated in the "Return," is a puzzle to us, as it appears to have as much to do with the charges investigated, as a fifth wheel has, of necessity, to a coach's locomotion.

At a distance from the scene of excitement, and thus able dispassionately to review the whole occurrences which have given origin to this "Return," as they stand embodied in it, we can come to no other conclusion than this, that there existed too good grounds for an investigation, and that the various charges have not been wholly disproved.

Licentiates of the Medical Board, U.C., from March 1 to Nov. 1, 1851.

William Henry Hanvey,	April 12
John S. Morrison,	" 19
Charles Septimus Eastwood, M.D.,	May 24.
William Cameron Chewitt,	" 31.
John James Mason, M.R.C.S.E,	June 21.
Achille Beaubien,	" 28.
John Smith,	July 5.
Humphrey Desmond,	" 12
Walter Bayne Geikie,	" "
James Ross,	" "
Joshua Fidler,	" "
Lorenzo Closson,	" 19.
Alexander Kerr, M.R.C.S.E.,	August 9.
John Thomas Small, M.D., M.R.C.S.E.,	" 23
John Young Bown, M.D., M.R.C.S.E.,	" "
John Robert McCullough,	Oct. 25.
George Paton,	" "
David Tucker, M.B.	" "

TORONTO LUNATIC ASYLUM.

Coroner's Inquest.—An Inquest was held at the Police Court, before Dr. King, one of the City Coroners, on Saturday afternoon, 15th instant, on the body of a man sent from the Lunatic Asylum to the Potter's field for interment, by the authorities of the Lunatic Asylum.

The Coroner stated, after the Jury were sworn, that he had been requested by the Police Magistrate, to hold an inquest on the portions of a body of a man, name unknown, sent to the Potter's field for interment. It was, he said, generally believed that the individual had died in the Lunatic Asylum, and that therefore an inquest had probably already been held upon the same body. If that were proved, of course there was no need of proceeding further, but until that appeared, the inquest must be proceeded with.

The jury then viewed the body, part of which was in a coffin and part in a deal box.

It appeared from the evidence of the Sexton, that the coffin, said to contain the body, was brought to the burying ground by a servant of Mr. Ross, the undertaker, on Monday afternoon—that the coffin was taken from the hearse while he commenced to dig the grave—that as he was digging the grave, Alderman Whittemore came up, in company with Mr. Brewer, for the purpose of interring his daughter, whose body was then in the vault—that he (the Sexton) asked one of the gentlemen to help him to put the coffin in the ground when he had finished, and upon their lifting it, he remarked that he did not thing there was a body in it, and upon their desiring to have it opened, he opened it, when they discovered the body of a man, lacking the head and neck, and the right arm and leg. He then closed up the coffin and interred it; but disinterred it upon receiving a written order to do so from Mr. Paterson, one of the trustees of the ground, and placed it in the vault. On Wednesday morning a deal box was sent from the Asylum for interment; but he being from home, his wife, suspecting it contained the remaining portions of the body, had it placed in the stable till he came home, when he removed it to his workshop for safety. In the box were the head, right arm and leg of a human being—the coffin containing the body with right arm and leg attached. The remains now on view were the same—there was no name on the coffin, nor was any name sent from the Asylum with it.

Doctor Lyons having been called upon to examine whether the parts in the deal box were portions of the body found in the coffin, swore that they were—that the head had been sawn in two and put together again—and that the sinews of the neck were gone—that the chest had been opened, and nothing taken therefrom—the arm, head, and leg had been partially dissected, and the leg had been taken off, apparently for the purpose of practising amputation at the thigh bone; and that from the state of the lungs, he thought death had been caused by their being diseased.

Coroner Duggan here entered the office, and demanded to know by what authority the body had been brought from the County into the City? and said that he thought he had already held an inquest upon it in the Asylum.

Dr. King replied that, if Mr. Duggan would swear that he had already held an inquest on the body, all enquiry would be put an end to, and he should himself dismiss the jury; but until that was shewn he should proceed with his duty, without fearing or desiring to favor any one. Some further altercation occurred between the Coroners, and the jury called upon Dr. King to proceed with the inquest.

Alderman Whittemore being sworn, cor-

roborated the testimony of the Sexton, as far as relates to having the coffin opened and the contents found therein.

Mr. Burns, the door-keeper and Apothecary at the Asylum, deposed that the parts of the body exhibited were the body of a patient of the name of George Andrews, who died in the Asylum—that an inquest was held upon the body, at the Asylum, on Sunday morning—that no *post mortem* examination took place, either before or after the inquest—that a *post mortem* examination did take place on Monday morning, and that Dr. Scott cut off the head and limbs for anatomical purposes—that the head &c., were not sent for interment, till after they had learned that the other portion of the body had been discovered as sent from the Asylum.

Upon the Coroner reading over the statement of this witness, Dr. Scott, who had been summoned, said that some parts of it had not been made by the witness, when the Coroner went through it again, asking the witness to notice if anything had been wrongly inserted. The witne s, after listening attentively to his evidence being read over, said that it was correct, and signed it.

Dr. Scott then requested the coroner to take his evidence in the matter, saying that he was sorry there were such rumors abroad as there appeared to be concerning the Asylum, and that he thought if he were allowed to give his testimony, it would go a great way towards dispelling any erroneous ideas that had been entertained.

Dr. King replied that evidence had been given that an inquest had been previously held on the same body, and that, as he understood from Coroner Duggan that he was prepared to substantiate that portion of the door-keeper's evidence, he should take his evidence concerning the subject before the jury. It was an unpleasant task to him to have to act in this matter, and he would remark that it was necessary that every latitude should be given to the Medical Superintendent of such an institution to examine into the cause of the death of patients, in order that he might be better qualified to treat the living; but this was a different matter from dissecting a body in the manner the one they had just seen had been. He was determined, however, not to be interrupted, and while he sat there as a coroner, he would not allow Dr. Scott or any one else to accuse him of entering evidence which had not been given. If Dr. Scott would write down what he wished to say, Aldermen Kneeshaw or Whittemore, both of whom were present, would swear him to it, and he (Dr. King) would return his statement, with the evidence taken, to the Police Magistrate.

Coroner Duggan being sworn, testified that he had held an inquest on the body of a patient named George Andrews, at the Asylum, and recognized the body on view as the same. He read the verdict of the jury on that inquest, to the effect, "that the deceased had died of disease of the lungs and stomach." Mr. Duggan then went on to say, that no one had any right to bring the body from the county to the city for the purpose of holding an inquest upon it, as though he was not competent to conduct an inquest, when Coroner King intimated that he would not permit this, and as it was unnecessary to go on with the matter further, should dismiss the jury.

John Roaf, Esq., Solicitor, who appeared on the part of Dr. Scott, contended that Dr. King could not refuse the evidence of Dr. Scott or any one else who wished to testify anything concerning the inquest, and insisted that the coroner should receive Dr. Scott's statement.

Dr. King remarked that he had already decided that the inquest could proceed no further, undoubted evidence having been given that an inquest had already been held, and a verdict rendered on the same body, but that he would put it to the Jury to say whether they would hear Dr. Scott.

The Jury having signified that they did not wish to hear him, the Coroner declared the inquest broken up, in consequence of it having been clearly shown that there had been a finding already in the matter.

The Jury then retired, and the remains were sent back to Potter's field for re-interment.—*Toronto Patriot.*

(We would strongly recommend the Board of Commissioners to look after the interests of the Asylum. The Superintendent should dissect other subjects than his own patients.—*Ed. B. A. J.*)

CORRESPONDENCE.

MEDICAL MEN AND THE COMING ELECTION.

"7. Resolved, That we will not hereinafter vote for a member of the House of Assembly who will not pledge himself to use his influence to obtain the repeal of the present laws regulating the practice of medicine.

8. Resolved, That the Editor of the *North American* is requested to add to his platform another plank, namely, MEDICAL TOLERATION — the expunging from the statute books of all protecting and prohibitory enactments in relation to Medical practitioners."—Eclectic Medical Association, Brockville, Sept. 24, 1851.

On the eve of a general election, and with the experience before us, in the late

session, in what respect are held by the "collected wisdom" of the Province the rights of the Profession, should not our future prospects constitute a matter of important and earnest consideration?

It is undeniable that, were medical men united and upon proper terms with each other, endeavouring to make common cause for the advancement of the Profession and the preservation of their rights, looking as closely after their own interests, as does the horde of quacks who, under so many appellations and pretensions to notice, inundate the Province, much good would accrue to the community generally, and a by no means contemptible influence would be exerted over the councils of our country. The properly educated practitioners, after years of toil and mental exertion, entailing upon him at the same time a pecuniary outlay, which would form sufficient capital to commence almost any description of business, acquires his Profession, and from his very education scorns to resort to the low chicanery by which the Empiric forces his nostrums upon the ever-gullible public; he treats with contempt the boasted pretensions of the quack, fancying the public can discriminate, or fearing that the natural sympathy which is known to exist for anything which by possibility can be construed into persecution, will serve to bring into notice instead of putting down the imposture. The "Thompsonian," or whatever name the dealer in simples chooses to assume, with a small stock of herbs and a large store of insinuating assurance, worms his way among the credulous, and as "drowning men" are sure to "catch at straws," so the man in nervous foreboding of some impending bodily harm submits to be parboiled by the "steamer," or encased in wet linen by the disciple of Præistnitz. An occasional cure of some fancied or trifling malady, is trumpeted forth with the usual abuse of the poisonous "apothecary stuff" as they politely term the prescriptions of the regular practitioner. By banding themselves together an importance is given to them in the country, worth cultivation on the part of the aspirant for Parliamentary honors, while the regular medical man seldom thinks it worth his while to speak upon the subject of his own rights, and feels that in prosecuting the parties who are taking away his living from him, he is placing himself in a by no means enviable position, knowing also the many subterfuges under which they escape punishment and excite a sympathy for themselves. Several of the quacks of this District are Magistrates, sworn conservators of the law they are daily infracting! One of these precious country squires in this District, is proprietor of a "Hygeine Hall," where scores of patients are "steamed" and dosed with "hot drops," "nerve powders," and "composition;" his plan of evading the law is, by charging for board and nursing. He is one of the principal supporters of the new Attorney-General, and, of course, in terms of the resolution at the head of this article, will insist upon the required pledge. There are several other influential "eclectics" in this as well as the neighboring counties, equally zealous in the cause, and it certainly is high time medical men should do something for themselves, and no longer evince an apathy where their interests are so deeply involved. It is quite true that the properly educated man will have the preference with intelligent people, but is it fair that the protection to his rights should be withdrawn? Should not the public also have some guarantee for the competency of parties to whom their lives are intrusted? The learned in the law are protected, and none but the duly admitted at Osgoode Hall are allowed to manage a man's affairs where his money is concerned, why then should a man's

life be at the mercy of an uneducated horde?

A few medical men met together last month and formed a society, to be called, "The Leeds and Grenville Medical Association;" its objects may be gleaned from the Constitution below; and it is to be hoped similar Associations will, without delay, be formed throughout the Province. United, we are able to carry the necessary measures for the protection of our rights. Apathetic and careless, our interests will undoubtedly be lost sight of and sacrificed.

THOS. REYNOLDS, M.D.

Extract from the Constitution of the Leeds and Grenville Medical Association.

"The Association shall consist of the regularly licensed practitioners of this and the adjoining Counties, who shall exhibit to the proper officer of the Association satisfactory evidence of qualification to practice, and who shall subscribe to the Constitution.

The objects of the Association shall be the uniting together of Medical men for their mutual protection; for the communication with each other of such matters as may be of interest to the Profession; for the suppression of Empiricism in whatever form it may present itself; and, generally, for the advancement of the Profession, and the promotion of cordiality and good feeling amongst its members.

The meetings of the Association shall be held on the first Wednesdays of February, May, August, and November, and shall be held in rotation at Brockville, Prescott, Farmersville, and North Augusta. It shall be the duty of the President, or in his absence, of one of the Vice-Presidents, to take the chair at each meeting, carefully preserving order, and excluding from discussion all subjects of a political or sectarian character—this Association holding as a fixed principle that medical men should not engage in any party contests, nor assist in the election of any candidate for office or Parliamentary honors, whose vote or opinion is likely to conflict with the interests of the Profession."

The above extract will serve to shew the general bearing and tenor of the Association. A President, two Vice-Presidents, Secretary and Treasurer, have been elected; the meetings are held at the most convenient points in the District for obviating the difficulty of medical men leaving their patients so often in the year, and it is to be hoped much good will result from this union. T. R.

Brockville, November, 1851

The Upper Canada Journal. — Two months have elapsed since we have received the usual exchange from this journal, and we cannot discover that even the number which should have been issued on the 15th of November, has made its appearance in this city even to subscribers—now a fortnight over due. Is our juvenile contemporary unwell? We should much regret these early tokens of decay, if they be such, and would respectfully offer a prescription, couched in the language of a medical sage, and admirably adapted to such cases: "*Rest, a spare diet, and mental quietude;*" or, as our old friend, Dr. Winder, would say: "Be tranquil, I pray you, be tranquil!"

OBITUARY.

At Lacolle, of typhus fever, on the 25th Oct. last, aged 35 years, Henry T. Lord, Esq., late Assistant Surgeon, Provincial Cavalry.

At Vittoria, Adam McKay, M.D., aged 32. A coroner's jury returned a verdict of "death from voluntarily taking strychnine," under the influence of temporary mental derangement. He was a native of Dumfries, Scotland.

At Bytown, on the 4th ult., Achille Beaubien, Esq., aged 26 years, after a short but painful illness.

BOOKS RECEIVED.

Return to an Address of the Legislative Assembly to His Excellency the Governor General, relating to the Marine and Emigrant Hospital, Quebec. Toronto: Lovell & Gibson. 1851.

Elements of Materia Medica and Therapeutics. By Jonathan Pereira, M.D. Third American edition, edited by Joseph Carson, M.D. Philadelphia: Blanchard & Lea. 1851.

Medical Lexicon,—A Dictionary of Medical Science. By Robley Dunglison, M.D.—Eighth edition, revised and greatly enlarged. Philadelphia: Blanchard & Lea. 1851.

The Canada Directory. By Robt. W. S. McKay. Montreal: John Lovell. 1851.

The Canadian Almanac for 1852. Toronto: H. Scobie.

MONTHLY METEOROLOGICAL REGISTER AT ST. MARTIN, ISLE JESUS, by C. SMALLWOOD, M.D., OCTOBER, 1851.

Latitude 45° .32 N. Longitude 73° .36 W. Nine miles due west of Montreal.—Elevation same as Montreal.—For the Brit. Amer. Jour

Date.	Barom. corrected & reduced to 32°			Temperature of Air.			Force of Aqueous Vapour.			Humidity of Atmosphere.			Direction of Wind.			Average Miles per hour.			Rain in Inch.	Weather. A cloudy sky is represented by 10, a cloudless sky by 0.		
	6 a m.	2 p m.	10 p.m.	6 a.m.	2 p.m.	10 p.m	6 a.m.	2 p.m.	10pm	6 a.m.	2 p.m.	10 pm	6 a.m.	2 p.m.	10 p.m	6 a.m.	2 p.m.	10 pm		6 a.m.	2 p.m.	10 p.m.
1	29.693	29.708	29.744	45.	60.5	44.	.228	.297	.240	.724	.563	.788	W by N	W	W S W	2.21	7.36	3.14	0.020	Clear	Clear	Clear
2	776	762	532	36.2	66.2	55.	192	361	287	862	562	649	S by W	S by W	S	Calm.	0.74	0.64	—	Do	Do	Cloudy 9
3	427	418	404	52.	61.	53.	322	356	362	805	803	874	S S E	S S E	E	0.57	1.22	1.03	—	Cloudy 4	Cloudy 8	Rain
4	489	530	634	49.	61.5	53.	310	349	310	859	635	446	N E	NbyW	N N E	3.07	5.80	1.42	Inapp	Do 4	Do 6	Cloudy 9
5	824	754	782	48.3	63.	49.	286	328	237	840	567	799	N	S S W	S S W	0.20	0.61	1.81	—	Do 6	Do 2	Clear
6	834	790	799	41.	58.4	51.5	256	351	329	936	709	811	S S W	S S W	W S W	9.82	0.47	1.68	—	Clear	Clear	Do
7	862	813	790	46.7	61.5	50.3	317	396	327	952	721	869	W by S	W S W	W by S	0.33	0.04	0.08	—	Foggy	Do	Do
8	988	884	899	52.	66.	55.	371	473	382	927	741	864	W	W by S	W S W	0.09	1.34	0.56	—	Do	Overcast	Do
9	931	832	804	49.	76.	61.	361	489	445	1.000	551	822	S S E	S by W	S by W	Calm.	Calm.	0.05	—	Do	Clear	Do
10	897	804	700	52.	76.	56.	371	489	431	927	554	901	S S W	S S W	S	0.31	Calm.	0.96	—	Clear	Do	Do
11	729	678	668	49.	78.	59.6	334	689	426	925	733	854	S	S	S by E	Calm.	Calm.	0.75	—	Do	Do	Do
12	690	614	560	47.	75.	64.	319	467	473	947	526	790	S S E	W by S	E by N	Calm.	0.12	0.18	—	Foggy	Cloudy 6	Cloudy 8
13	384	151	294	62.	65.5	54.4	525	574	333	937	905	770	SE byE	S S W	W S W	Calm.	1.30	9.08	1.325	Rain	Rain	Clear
14	388	419	470	52.	56.5	46.3	328	391	276	820	850	839	W S W	W	W	10.89	9.27	1.92	—	Clear	Cloudy 6	Do
15	543	589	779	38.2	45.	41.	224	228	224	907	723	817	NWbW	N N W	N	Calm.	0.49	1.56	0.566	Cloudy 3	Rain	Cloudy 9
16	905	904	921	31.	41.	32.	164	214	177	854	734	889	W	W	W	0.85	3.65	Calm.	—	Clear	Cloudy 3	Clear
17	954	853	827	27.5	53.	37.	116	268	203	690	647	853	S W	S	E	Calm.	Calm.	0.03	—	Do	Clear	Do
18	822	709	662	32.	53.	50.5	177	268	295	899	617	780	N N E	S	S by E	Calm.	Calm.	0.28	—	Do	Do	Do aur' fit
19	515	282	263	46.	47.	45.	311	312	253	954	925	898	N E	N E	N N W	2.04	2.17	1.50	1.036	Cloudy 9	Rain	Rain
20	393	423	472	43.	56.3	49.2	277	374	332	915	811	911	W	S S E	S S E	1.42	0.17	0.29	0.661	Foggy	Clear	Clear au brg
21	395	444	491	52.	56.	49.	322	376	318	895	809	830	S SE	N W	S by W	0.43	Calm.	0.55	0.143	Clear	Cloudy 10	Cloudy 10
22	594	531	582	45.2	50.2	42,	270	297	239	857	799	814	S W	S W	S W	0.45	0.81	7.51	—	Cloudy 4	Do 3	Clear aur ft
23	645	639	674	37.	42.	37.	230	187	184	929	625	778	W	N W	W	1.42	8.37	22.50	—	Clear	Do 3	Clear
24	430	459	494	41.	46,	40.	232	239	242	879	733	916	S W	W	N W	12.73	11.68	4.20	0.239	Cloudy 8	Do 6	Cloudy 9
25	368	310	305	31.	33.	32.	164	190	199	854	918	1.000	N E	N E	N E	5.99	7.11	7.31	—	Slight snow	Sleet	Snow *
26	340	386	420	31.	45.	29.	162	219	179	843	758	1.000	NW	N N E	N N E	2.77	Calm.	Calm.	—	Clear	Cloudy 2	Clear
27	410	413	477	28.2	32.	27,	136	177	109	800	839	653	W N W	W N W	W NW	0.89	6.43	13.13	—	Do	Do 2	Do
28	695	711	779	27.	33.2	33.	109	145	185	653	699	893	S S W	N E	N E	4.58	1.73	4.95	—	Cloudy 9	Do 10	Do
29	770	744	690	33.	36.5	37.	207	224	218	1.000	961	916	N E	N E	N E	1.08	6.25	3.52	0.233	Rain	Do 8	Cloudy 10
30	465	351	332	56.	66.5	57.	376	513	416	821	791	877	S	S S E	S S W	6.14	2.50	0.46	0.503	Cloudy 6	Do 5 thund	Do 9
31	406	443	489	49.2	52.	41.	306	299	252	842	747	919	W by S	W by S	W by S	Calm.	10.88	7.34	0.089	Do 9	Do 6	Do 3

Barom.	Highest, 17th day . 29o.954	Therm.	Highest, 10th day . 78o.5	Mean Temperature of Evaporation 45°.22	Am't of Evaporation 1.470 in	Most prevalent Wind, W.
	Lowest, 13th day . 29 .151		Lowest, 28th day . 25 .5		— of Rain 4.915 in	Least do do W by N
	Monthly Mean . 29 .603		Monthly Mean . 47 .02	Mean Temperature of Dew point 40 .96	— of Snow 3.950 in	Most Windy Day, 23rd day.
	Monthly Range . 0 .803		Monthly Range . 53 .0		Rain on 11 days, thunder 1 day	Least Windy Day, 17th day.

* 3,950 inches of snow fell, equal to 0,400 inches of rain nearly.

MONTHLY METEOROLOGICAL REGISTER AT H.M. MAGNETICAL OBSERVATORY, TORONTO, C.W.—OCTOBER, 1851.

Latitude 43°. 39' 4 *N. Longitude*, 79°. 21'.5 *W. Elevation above Lake Ontario*, 108 *feet.—For the British American Medical and Physical Journal.*

Day.	Barometer at Temp. of 32°				Temperature of the Air.				Tension of Vapour.				Humidity of Air.				Wind.			Ins. of Snow or Rain	Weather.
	6 a.m.	2 p.m.	10 p.m.	Mean.	6 a.m.	2 p.m.	10 p.m	Mean.	6 a.m.	2 p.m.	10 p.m	Mean.	6 a.m.	2 p.m.	10 p.m	Mean.	6 a.m.	2 p.m.	10 p.m.		
1	29,813	29,805	29,763	29,796	36,6	65,8	46,6	47,77	0.193	0.318	0.274	0.266	.90	.72	.87	.81	NWbW	S by W	SWbS	—	Unclouded. Aur bor 10 to 12pm
2	.674	630	333	495	41,1	69,4	55,4	53,95	237	389	409	360	93	82	95	87	S W	S by W	S EbyS	0.050	Cl'y l'g &th'r 8pm rn'g 11.40p
3	.267	307	453	350	53,8	56.9	47,4	52,80	385	424	270	351	95	94	84	83	W by N	W by N	NW bN	0.040	Ov'st slight r'n till 2 pm ; au ft
4	559	642	751	662	45,0	52,2	48,4	48,50	232	329	304	286	79	86	90	85	NWbyN	NW bN	NW bN	—	Densely clouded all day
5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	NW	N by W	NWbW	—	Ds'ly cl'ded,very dull&gloomy
6	.888	.834	.862	.861	40,4	61,8	47,4	50,83	.231	.406	319	.323	.93	.76	.99	.87	W N W	S	S S E	—	Det;cids gen ; fog10pm to midn
7	884	860	872	872	41,2	64,4	51,2	54,28	247	485	402	386	97	82	97	92	E S E	S by W	S by W	—	Fog 6 am,Cl'r, unc'ded, fine
8	915	892	882	893	46,0	65,6	53,4	56,00	289	503	363	391	94	83	91	89	S by W	S E	E by S	—	Unclouded but hazy, very fine
9	883	836	807	842	51,0	64,4	53,0	55,87	367	475	370	398	100	80	93	90	E by N	S E b S	S E	—	Fog 6&8am, uncl'd, hazy, fine
10	798	710	645	707	47,2	66,2	56,4	56,45	310	477	404	395	96	76	91	89	E	E S E	E by N	—	L't c'ds, halo r'd moon 10p.m.
11	663	636	596	632	46,6	65,4	54,4	57,80	314	470	376	418	100	77	90	89	E by N	E S E	E by N	—	Mostly overcast, sultry
12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	E by N	E by S	E by N	0.260	Mostly o'rc't,heavy r'n mid n't
13	.259	.284	.404	.319	68,0	69,0	51,2	55,83	.471	.325	.321	.369	.100	.66	.86	.84	Calm	W S W	S W bW	0.245	Cea'd r'g 11am, aft'n part cl'r
14	464	471	552	501	47,6	51,6	39,6	48,03	311	321	240	300	95	76	97	93	SWb W	NW bW	Calm	0.070	Cl'dy, Occ'l sh'rs frm2pm, l't'g
15	671	794	935	813	38 8	50,6	33,6	40,93	202	248	159	206	86	68	82	80	W by S	N W	N W	—	L't pss'g cl'ds, mostly cl'r,fine
16	994	940	873	931	28.0	46,4	33,2	36,77	128	262	174	188	82	84	93	85	N N W	S by W	E by N	—	L't pss'g cl'ds, mostly cl'r,fine
17	851	755	675	753	37,8	51,3	41,0	43,30	201	304	233	246	89	81	92	88	N N E	E by N	E N E	—	L't cl'ds dispersed, mos'y cl'r
18	603	537	442	511	46,4	58,2	52,4	53,23	280	325	345	316	90	68	89	82	NE byE	E	E by N	0.120	L't c'ds dis,mst cl'r fnt aur l't
19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	E	S S W	S W bW	0.300	Dens c'd, const r'n till 1.30pm
20	.338	.238	.293	.295	44,8	60,0	53,0	53,77	.268	.426	.339	.348	.91	.85	.86	.85	SWb W	S E	S S E	0.320	Cl'y, very dull, r'g fm 11.30pm
21	374	414	575	464	44,8	51,8	40,0	45,23	273	305	229	251	93	81	93	85	SWb W	S S W	W S W	Inapp	Ds'y c'd a.m. P.m.&n't c'r, au
22	586	601	702	635	32,4	49,7	38,4	40,43	167	177	219	189	92	60	95	78	W S W	W by S	W S W	—	L't cl'ds dis. f'nt aur l't 10 pm
23	768	787	751	757	34,0	44,6	42.4	40,97	165	167	259	201	85	57	97	80	W S W	W by S	S W	—	Gen cl'd, fnt aur l't 10 & md't
24	532	473	394	475	39,2	51,4	46,2	46,03	213	305	231	243	90	82	76	79	SWb W	SWbyS	SW bW	—	Gen ov'st, l't cl'ds and haze
25	268	240	329	284	44,2	36,8	29,6	36,03	239	191	135	180	83	88	82	84	N by W	N	Calm	—	O'cst, snowing fm 3 to 5 p.m.
26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	Calm	N W	Calm	—	Dense detached clouds.
27	.468	.474	.491	.483	25,2	37,8	33,3	32,22	.124	.207	.166	.153	.89	.92	.87	.83	N W	N	Calm	—	Mos c'r, am ; aft c'd, sn 10pm
28	482	508	514	503	32,2	42,8	45,6	40,25	168	231	256	218	93	85	85	87	Calm	S E byS	E	0.150	O'cst, th & l't'ng 6 to 7pm, r'n
29	533	461	318	435	44,2	54,2	50,2	49.82	262	340	340	317	91	83	95	90	Calm	E	E	0.125	Den'y c'd r'g most of the day.
30	171	309	393	316	52,9	57,2	47,8	51,90	368	347	277	316	93	76	84	84	SW byS	SW bW	W	—	Gen cl'd very dull
31	507	546	563	545	43,8	48,6	37,2	42,60	204	301	204	226	73	89	93	83	Calm	SW byS	Calm	—	A.m. c'ded, p.m. generally cl'r
M	29.602	29.588	29.599	295974	42.34	54.30	45.60	47,83	0.254	0 335	0.282	0.291	.91	.78	.90	.85	3,59	6.78	3.29	1.680	

Highest obs. Barometer, 30 005, at 8 a.m. on 16th } Monthly
Lowest " 29,171, at 6 a.m. on 30th } R'ge 0.834
Highest obs. Temperature, 66,2, at 2 p.m. on 10th } Monthly
Lowest do. do 25.2 , at 6 a.m.on 27th } Range,41.0
Mean high. obs. Tem. 54.38 } Mean Daily
Mean Min. Ther. 40.52 } Range 13.86
Greatest Daily range 22.7 from 2 p.m. of 15th to 6a.m. of 16th
Warmest Day, 11th.—Mean Temperature, 57.80 } Differ. 25.58
Coldest Day, 27th.—Mean Temperature. 32.22
First snow of the season on the 25th — 0.1 inch in depth.
Snow on 27th — 0.2 do

Sum of the Atmospheric Current, in Miles resolved into the four Cardinal directions.

North	West	South	East
813.00	1516.20	1062,23	767.19

Mean velocity of the wind, 4.39 miles per hour.
Max. vel. 17.0 miles per hour, f'm 11 p.m. to mdg't on 3d
Most windy day, 3rd, mean velocity per hour, 10.18
Least do 31st, do do 0.85
Most windy hour, 1 p.m. do 7.04
Least do 9 p.m. do 2.74
Mean Diurnal Variation, 4.30 miles.

Year	Temperature. Mean	Max.	Min.	Range	Rain. Days	Ins	Snow. D'ys	Ins
1840	44.90	73.0	23'0	50.0	13	1,860	3	—
1841	41.80	59,7	20.6	39.1	6	1.360	2	—
1842	45.30	68.6	27.5	41.1	8	5,175	0	—
1843	41.92	68.0	24.2	43.8	12	3.790	4	2,5
1844	43.66	71.6	16.9	55.7	7	1.245	4	12,0
1845	46.49	64.0	19.7	44.3	11	1.760	1	Inapp
1846	44.81	70.1	20.7	49.4	14	4.180	2	Inapp
1847	43.71	64.6	20.2	44.4	13	4.390	2	Inapp
1848	46.38	61.8	24.5	37.3	11	1.550	0	—
1849	44.94	68.9	25.2	33.7	13	5,965	1	Inapp
1850	45.60	66.7	22.4	44.3	10	2,085	0	—
1851	47.83	66,2	25.2	41.0	10	1.680	2	0.3