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THE  
BRITISH AMERICAN JOURNAL

OF

MEDICAL & PHYSICAL SCIENCE.

EDITED BY

ARCHIBALD HALL, M.D., L.R.C.S.E.,

Lecturer on Chemistry, University of McGill College; Member of the Medical Board of Examiners for the District of Montreal; one of the Physicians to the Montreal General Hospital; one of the Consulting Physicians to the University Lying-in-Hospital, &c.

VOL. IV.]

FEBRUARY, 1849.

[No. 10.

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THE  
**BRITISH AMERICAN JOURNAL**  
 OF  
**MEDICAL AND PHYSICAL SCIENCE.**

[Vol. IV.]

MONTREAL, FEBRUARY, 1849.

[No. 10.]

**ART. LXXI.—OBSERVATIONS ON THE CLIMATE OF BARBADOES, AND ITS INFLUENCE ON DISEASE: TOGETHER WITH REMARKS ON ANGIOLEUCITIS OR BARBADOES LEG.**

By JAMES BOVELL, M.D.,

Member of the Royal College of Physicians, London.—late Junior Physician to the Barbadoes General Hospital,—Junior Physician to the Toronto General Dispensary and Lying-in Charity.

(Continued from page 238.)

**CASE 21.—Oblique Inguinal Hernia strangulated; Hiccough and Vomiting of the stercoraceous matter—Operation—Recovery.**—John Gay, aged 32 years, a black native, admitted into Stott's Ward, on the 29th January. He is a healthy looking man, of medium height, of good muscular development, states that he has been long the subject of rupture on the right side, and which he was always able to reduce; has generally worn a truss, which fitted very well. Two days ago the intestine descended, when, not being as usual successful in returning it, he applied for surgical aid to Dr. Chapman of this city, who used the usual means for effecting reduction of hernia, but in vain. The patient not having a comfortable home, was sent into Hospital, and placed under the care of Dr. King, who was in attendance for the week. The attempt at reduction being again tried, and found fruitless, an operation was determined on. At 7 o'clock, p.m., he was placed on the operating table—Dr. King cut down, and, opening the sack, which was found to contain a portion of healthy intestine, divided the stricture from within, and returned the gut. The lips of the wound were brought together by strips of adhesive plaister, and the patient put to bed.

Evening—Appears composed, and lies comfortably in bed; no pain about the part; does not feel at all inclined to sleep, skin comfortable, has passed urine freely, no uneasiness about the bowels.

To have Liq. Opii Sed., twenty-five minims.

Mist. Camph., half an ounce.

A draught to be administered at bed time.

January 30th.—Had some sleep after taking the draught, feels easy this morning, no pain of head or across the forehead, no nausea, does not complain of thirst, tongue moist, slightly furred, bowels have acted gently, skin warm; pulse 100, and of some strength, no pain or tenderness of abdomen.

To have some light Barley Water, and in small quantities at a time.

31st.—Was very restless yesterday evening, but did not complain of pain anywhere. The composing draught had not a beneficial effect on him last night, being restless and talkative the whole night. This morning, hands and feet are cold, tongue coated with a

thick white fur; pulse 120; indications of approaching delirium, answering questions with a smart, nervous manner; eye very bright; he makes occasionally a hissing noise, by placing his tongue against his teeth and drawing in air, and every now and again humming a tune; does not appear to mind pressure on the bowels at all; the pupils are dilated.

To have Mist. Camph., three ounces.

Aq. Menth., two ounces.

Spt. Ammon. Arom., two drachms.

Tinct. Opii, half a drachm.

A mixture. A table spoonful every fourth hour.

Evening, 7 o'clock.—Has been very restless all day, and frequently tries to get out of bed, fancies the man next him is going to rob him; no sleep, is constantly talking to himself, and looking at his hands as he continues picking at his nails; bowels have been moved by injection; there is a little discharge of healthy pus from the wound; hands and feet are still cold, but the temperature of the body is good; heart's action very quiet, both sounds clear and natural.

To have bottles of warm water to the extremities.

Mist. Camph., half an ounce.

Liq. Opii Sed., twenty-five drops.

Aq. Puræ, half an ounce.

To be given immediately.

February 1st.—Had occasional slumber the early part of the night. Delirium has assumed the form of acute mania, he has pulled off all the dressings from the wound, jumps out of bed, annoyed by dreadful hallucinations, fancying that lizards and snakes, and all sorts of vermin are crawling about his bed, and the wall of the room; the surface of the body is cool, and there are occasional outbreaks of perspiration; bowels moved this morning, naturally, and of good colour, not formed, but, nevertheless, of some consistence; pulse small, 120; eye bright and restless; passes a very sufficient quantity of urine.

To have Mist. Camph., half an ounce.

Spt. Ether. Sulphur., two drachms.

Spt. Ammon. Aromt., a drachm and a half.

Aq. Puræ, four ounces.

Two table spoonful every fourth hour.

2d.—Pretty much in the same state as yesterday, got no sleep last night, towards morning he slumbered for about half an hour; seems to be fatigued and exhausted by his exertions to rise, and by incessant talking; is now a little more quiet.

To continue the mixture.

3d.—Had some sleep last night, and is not so violent; the scrotum and mons veneris are swollen, and the wound is discharging plentifully of yellow pus; is not so cold as he was; pulse 100, of more power; no pain at

all on pressing the abdomen; last night had hiccough, and is again troubled with it this morning.

To have Aq. Puræ, four ounces.

Æther. Sulphur., one drachm.

Half immediately, and the remainder in an hour, if the hiccough continues.

4th.—Got some good rest last night; bowels have been several times moved last night and this morning, evacuations containing an admixture of healthy bile; pulse 96; skin warm; is very much more composed; pupils natural; no pain on pressure, nor does he complain of any uncomfortable sensations; the scrotum and parts around are not so swollen, and much less tense. Last night took a composing draught of

Liq. Opii Sedativ, and  
Mist. Camphoræ.

To have Pulv. Ipecac. Comp., one scruple.

Mist. Camphoræ, one ounce.

In a draught. One half immediately, and the remainder in three hours, if the bowels continue loose.

7th.—Is better; has had during the last two nights very excellent sound sleep, is not at all delirious to-day; answers rationally, and with great composure. The wound is healing, and the swelling considerably diminished. Yesterday the bowels were moved twice, evacuations formed and healthy; moved this morning once, and healthily. Has been ordered to have beef soup.

10th.—Is convalescing rapidly, and has a tolerable appetite.

His recovery was perfect, and he was discharged on the 24th February, quite well, and in the enjoyment of excellent health. The occurrence of cerebral irritation, in cases of derangement of the alimentary canal, whether as the result of ulceration of the glands, as seen in some cases of fever, or, as occurring in patients who have had derangement of the bowels, and are otherwise convalescent, is a fact well known to the profession; in such cases we cannot suppose that, in the absence of all signs of inflammation the cerebral derangement partakes at all of the inflammatory types, for we find that these subside as the intestinal affection is alleviated, or is cured by the use of remedies directed to the abdominal affection. A very interesting case of this kind fell under my care, in the person of a coloured man, residing on Halton Estate, in the Parish of St. Philip. He had had an attack of fever, of a typhoid character, accompanied by very slight affection of the bowels, during an apparent convalescence; however, he was attacked with severe diarrhæa, severe pain along the course of the ileum, and with occasional tenesmus, and bearing down; the calls to evacuate the bowels were frequent, and became more and more distressing; the skin was frequently bathed in cold clammy perspiration; pulse 100, with some power; bowels moved 20 times.

He was ordered Hydr. Submur., one scruple. To be taken immediately. To have hot poultices to the belly; and in the evening,

Pulv. Ipecac. Comp., ten grains.

Mist. Camph., half an ounce.

As a draught.

On the following morning, July 4th, he was reported to have had some sleep, and his bowels had been moved four times, with much less bearing down, and he

could bear pressure on the abdomen with less uneasiness; his tongue was moist, but yet furred; pulse 96, and very compressible; took the Dover's powder.

He was ordered to continue the poultices to the belly, and to have barley water as drink.

℞ Pulv. Ipecac., gr. i.

Ext. Papav., gr. iiii, in a pill.

One every fourth hour.

5th.—Did not rest well last night, being restless and complaining of some pain in the bowels, some bearing down and straining at stool; bowels moved eight times, dejections of an ochre colour and with some mucus; skin warm; pulse 112, wiry; the poultices had been omitted.

To have Hydr. Submur., one scruple.

Pulv. Doveri., ten grains.

Immediately.

Repeat the poultices assiduously.

6th.—Had yesterday evening and during the earlier part of the night tranquil sleep; bowels moved once without any pain, and of sufficient quantity, but very yellow coloured, no mucus; pulse 76, of good feel. This morning he is very sharp and quick in his manner, and has been whistling several tunes; passed his urine in bed, laughing at the trouble he was giving his attendants; eye quite clear and bright; pupils very much dilated; tongue not so much furred; has drank through the night freely of arrowroot; temperature of head comfortable; does not complain of the least pain anywhere; no pain on pressure at epigastrium.

To have the head shaved, and a blister applied to the nape.

℞ Inf. Anthemid., ℥ viii.

Spt. Ether. Sulph., ℥ ss. ft. mixt.

A table spoonful every third hour.

7th.—Slept last night, after taking two doses of the medicine, well. Bowels have been moved twice, easily, but the evacuations were not formed; is quite unruly, talking very loudly and in an exaggerated strain; is quite maniacal. The blister rose well and is discharging; pulse 76, and of sufficient power; tongue clean, and rather more red than natural at edges. He was ordered

To continue mixture.

In a few days he had sufficiently regained his bodily health, and there were no traces of the abdominal affection remaining, yet the senses were disturbed, and he was as perfectly maniacal; recollecting the marked improvement which had taken place in a female patient of Dr. Stokes, in the Meath Hospital, whose intellect continued deranged after convalescence from fever, and in whom the intestines had been severely affected, and for whose case Dr. Lees suggested the use of the shower bath, in accordance with French practice, it was determined to employ it with this patient also: the effect was very satisfactory, and, in two months after its continued use, the patient recovered, and is now a strong, healthy man. There was no taint of insanity in the family.

The occurrence of delirium in many cases of acute disease, ought to place the practitioner on his guard, and lead him to investigate thoroughly, the history of such

cases in which it may arise or exist as a primary symptom. I have seen cases of pneumonia in which the ordinary symptoms of that disease were completely masked by the preponderance of the cerebral, and recollect perfectly one case in which half the right lung was solid, and yet the patient never once gave any evidence of pulmonary distress. The pneumonia was treated, and with its disappearance and cure vanished all the cerebral symptoms. Dr. Stokes has in a very valuable paper, in the *Dublin Journal*, called attention to the occurrence of dysphagia as a prominent symptom of pericarditis, and as this is but dependent on reflex action, we must suppose that the functional disturbance of the brain occurring in the cases to which we allude, is clearly due to the perverted action of healthy physiological phenomena.

**CASE 22.—Tumor on Left Breast—Removed by Operation—Recovery.**—Sarah Hobbs, æt. 40, a native female of colour, admitted into Samaratan Ward, 10th March, 1845, under the care of Dr. Cutting. She is a tall, fine looking woman, and apparently in robust health. She states that some months ago she received a severe blow in the left breast, consequent on which she noticed the formation of a hard circumscribed tumor to the outer side of nipple, which gradually increased in size, and was sometimes painful. There was an oozing of watery liquid from the nipple. The rest of the mammary gland being healthy, the tumor was extirpated on the 13th inst.; the wound healed readily, and she went out of hospital cured, on the 31st.

The tumor was non-malignant, and consisted evidently of a portion of hypertrophied mamma; it had no cyst, nor was it very vascular.

*The Fourth Quarterly Report, Showing the number of Patients admitted, died, and discharged, from 1st April to 30th June, 1845.*

Remaining from 31st March, 46 patients.			
Admitted in April, . . . . .	32	Died, . . . . .	0
“ May, . . . . .	27	“ . . . . .	0
“ June, . . . . .	35	“ . . . . .	6
—	—	—	—
94	6	71	

Remaining in Hospital 30th June, 63.

Classification with regard to sex:—

Males, . . . . .	56	Females, . . . . .	38	Total, . . . . .	94
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Classification with regard to colour:—

Whites, . . . . .	24	Coloured, . . . . .	10	Black, . . . . .	60	Total, . . . . .	94
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Number of Patients admitted between the ages of—

11 to 20 . . . . .	10	60 to 70 . . . . .	8
20 to 30 . . . . .	28	70 to 80 . . . . .	2
30 to 40 . . . . .	26	80 to 90 . . . . .	1
40 to 50 . . . . .	12	—	—
50 to 60 . . . . .	7	—	94

From what Parish and other Parts:—

St. Michael, . . . . .	59	St. Andrew, . . . . .	1
St. John, . . . . .	13	St. Peter, . . . . .	1
St. Joseph, . . . . .	5	St. George, . . . . .	2
Christ Church, . . . . .	4	Foreign, . . . . .	5
St. Philip, . . . . .	3	—	—
St. Thomas, . . . . .	1	Total, . . . . .	94

Deaths during the Quarter:—

Male, . . . . .	4	Female, . . . . .	2	Total, . . . . .	6
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Surgical operations during the Quarter:—

Sarah Austrahan, . . . . .	Fistula Lachrymalis.
Charles Thornhill, . . . . .	Extraction of Cataract.
Susanna, . . . . .	Partial Amputation of Foot.
Nelson Warde, . . . . .	Removal of 1st Toe from instep.
Camden, . . . . .	“ “ “
Mrs. Wm. Moore, . . . . .	Partial Amputation of Foot.
Margaret Trotman, . . . . .	Encysted tumor from eyebrow and forehead.

**CASE 23.—Disease of Metatarsus—Amputation—Recovery.**—Susanna —, a black female native, by occupation a labourer, admitted into hospital, 5th May, 1845, suffering from ulceration of the toes and metatarsus, of long standing. On examining the foot carefully, the metatarsal bones were found to be so extensively diseased that their removal was deemed necessary. She was, however, kept under dietetic and alterative treatment for some little time, with the view of improving her general health. This being effected, and their being no indications of amendment in the diseased part. Partial amputation of the foot at the tarso-metatarsal articulations was performed by Dr. Clarke. She recovered perfectly, and was discharged having a useful limb.

**CASE 24.—Ulcer over Metatarsal Bone of 1st Toe—Loss of the Phalangeal extremity from sloughing—Removal of Metatarsal Bone from its articulation with cuneiform bone.**—Nelson Warde, æt. 17, male black native, a labourer, admitted into Lower Bishop's Ward, on the 3d March, suffering from disease of great toe, consequent on injury received by striking it against a stone, while running, tearing out the nail and fracturing the bone. Not having any friends alive to take care of him, the wound became much worse, and is now in such a state as to render removal of the bone necessary; he was kept in hospital with the view of improving his condition, until 5th June, when no attempt at cure being observable, excision of the bone of the first toe from its articulation with the cuneiform bone, was effected. The wound healed readily, and the boy had a very useful foot, and by walking a little parrot-toed, concealed very neatly the limp which he otherwise had in his gait.

Surgeon Rynd, of the Meath Hospital, has in the *Dublin Journal*, illustrated the impropriety of leaving the phalangeal extremity of the toe, when disease of the metatarsus renders an operation necessary; benefiting by his experience and opinions, we have never thought it advisable to follow a course, of itself objectionable, since a loose and unsupported appendage to the foot must be very liable to injury, and act as a decided inconvenience and deformity. In a very interesting case of diseased metatarsal bone, in a young girl, the plan of entire removal was adopted, and by the help of a neatly fitted shoe, the deformity was scarcely recognisable. In the present case, however, the extremity had been removed by sloughing. It is generally considered a matter of immense importance to save even one toe where it is practicable to do so, and my friend Dr. King is a strenuous advocate of this opinion. Experience, however, does not warrant my coinciding in this opinion as applicable to the labouring man; on the contrary, I think the operation very objectionable, because

their is a deficiency of integuments, and the cicatrice formed is very likely to ulcerate and give constant trouble. In the higher walks of life, where appearances are considered of great consequence, the resources of art may, and do avail to protect the part from injury; but I am firmly convinced, that the labourer who studies the *utile* rather than the *dulce*, suffers no disadvantage by the performance of Hey's operation.

CASE 25.—*Disease of Metatarsus confined to the Outer side of Foot—Ulceration beneath the Toes—Removal of Metatarsal bones of 2d, 3d, 4th and 5th toes—Recovery.*—Corryden —, æt. 45, a native black labourer, admitted into hospital January 27th, suffering from ulceration of the foot, beneath the fourth and fifth toes. He complained of great pain in the foot, and says that it is very frequently so severe as to cause total deprivation of rest. The ulcers have at different times been healed, but on the least exercise, either open again or new ones form. On examining the part by assistance of the probe, the bones were ascertained to be diseased. Dr. King removed the metatarsal bones leaving the great toe which appeared to be sound. The wound in a little time healed, and he was discharged cured.

REMARKS.—This patient having walked a good deal in carrying on his work as a labourer, was obliged to come into hospital again, on the 4th May, in consequence of ulceration along the course of the cicatrice. The great toe was removed from the instep, and he has continued well ever since.

CASE 26.—*Ulceration of Toes of left foot—Diseased Metatarsus—Operation—Recovery.*—Susanna, æt. 58, a female native black, by occupation a labourer, admitted into McGregor Ward, May 5th, suffering from ulceration of the toes, of some standing. She has tried, by the advice of various surgeons, different applications, some of which have been useful for a time, but on taking exercise after a temporary cure, the foot has become bad again. Dr. Clarke finding, after a further trial, that no amendment had taken place, performed amputation at the tarso-metatarsal articulation. The wound healed readily, and she was discharged cured.

CASE 27.—*Ulceration beneath the Toes of right foot—Disease of Metatarsus—Partial Amputation—Recovery.*—John William Moore, æt. 18, a native black, having no occupation, exposed to the inclemencies of weather, and sleeping in the streets at night, admitted into hospital on 24th March, having a large unhealthy ulceration beneath the toes. The whole foot was swollen and painful; he was kept in his ward and the limb rested, the metatarsal bones being diseased, and the parts exhibiting no indications of cure, Dr. King determined to amputate, which was done so soon as his health was established, the operation being performed at the tarso-metatarsal point. He was discharged cured, on the 21st May.

The case of M. Trotman, was one of simple encysted tumor about the size of a hen-egg, occupying the upper eyelid and brow, and was excised without any trouble or difficulty.

The reports of the following cases I am obliged to make up from rough notes and from memory, as on leav-

ing Barbadoes I must have left my papers and one or two drawings behind. I shall not, therefore, report a case of hip-joint operation in a young child, under Dr. Cutting's care, nor a case of elephantiasis of scrotum, operated on by my friend Dr. Clarke, successfully, until I receive from Barbadoes authentic copies of the cases. I trust, however, it will be borne in mind, that these cases are merely adduced as facts to shew that operations of a serious nature may be performed in Barbadoes at this time, with success.

CASE 28.—*Disease of Ramus of Lower Jaw from a blow—Removal by Operation—Recovery.*—Robert Taylor, æt. 16, a healthy, well made black boy, was admitted into hospital, Stott's Ward, under the care of Dr. Clarke. He stated that when younger, his father-in-law struck him a severe blow with his clenched fist, the swelling after a time subsided, but a dull sore pain continued, and about twelve months back an abscess formed—which burst, small pieces of bone coming away at the same time, a thickening of the bone now began to take place; he was admitted into hospital, and Dr. Clarke, after careful examination, cut down and removed the ramus. In a short time the wound healed, the boy being discharged quite cured, and with no deformity.

CASE 29.—*Hard bony tumor on descending ramus of lower jaw—Operation—Recovery.*—Asia, a thin delicate, but intelligent coloured boy, about 13 years of age, was brought to the hospital, and placed under the care of Dr. King, suffering from a tumor situated on the descending ramus of lower jaw, and distending the buccinator muscle much; it was perfectly hard and unyielding, and on examination was found to spring by a very broad base from the bone of the jaw; the boy's health being delicate, he was kept for some time on well regulated diet, and allowed to run about the place; as soon as he had been somewhat restored to health, Dr. King proceeded to remove the right half of the lower jaw-bone, the operation was performed in the usual manner, the disarticulation of the joint he effected with very great readiness. The wound healed kindly, and the boy instead of being deformed by the operation was considerably improved. He was discharged from the hospital quite healthy.

REMARKS.—A preparation of this tumor is in the museum of the Hospital. The tumor appeared to have arisen from the formation of a cyst between the two tables of bone; distending the outer table to a very great extent, and much more than the inner one. On being trephined in order to examine its contents, the walls were found to be accurately lined with a thick smooth velvety looking membrane, secreting a clear mucous.

CASE 30.—*Large swelling in middle of thigh, with diffuse pulsation discharge of arterial blood from the orifice of a wound in the thigh—Operation on femoral iliacus communis—Death from hæmorrhage on 14th day.*—Steel, æt. about 37, a coloured man, living in the city of Bridgetown, was taken to the hospital much exhausted and worn, the effect of repeated and alarming hæmorrhage, which had taken place through an opening made to evacuate the pus of an abscess in the middle

third of the left thigh. He stated that a few weeks ago, he had a large swelling forming in his thigh, which had all the appearance of an abscess. He shewed it to his surgeon, a very careful and well-educated practitioner in the city, who treated it as such, and at the proper time opened it, with the exit of only a small quantity of matter, *no blood or discharge of a bloody nature took place immediately after the opening was made.* On the following day a diffuse pulsation was felt in the situation of the swelling, which increased very much, and about the fourth day a large jet of blood issued from the wound, and which was staunched by pressure over the vessel and by use of cold cloths over the part; the pulsation, however, much increased, and his life was endangered by frequent returns of bleeding. As soon as time had been allowed him to recover from the excitement consequent on his removal to the hospital, and he had been refreshed from sleep, Dr. King proceeded to the operation of tying the femoral artery, which was done at the part at which the profunda is given off; the pulsation immediately ceased, and the wound being simply dressed, the patient was put to bed. In the evening, at nine o'clock, the limb was found cooler than the other, but he expressed himself as comfortable as could be expected, the limb was kept wrapt in flannel. On the following day he was reported as doing well; on the fifth day after the operation, however, a sudden and unexpected return of bleeding took place from the old opening, and which returned through the day, rendering it absolutely necessary to proceed to a farther operation; after mature and anxious consideration, it was determined that the common iliac should be tied, this was effected by following the plan recommended by Mr. Liston, and the vessel was secured within a very short distance of its origin from the aorta. The patient bore the operation remarkably well, and with very little loss of blood; he passed a favourable night, and was allowed very small quantities of fluid at times. Under careful treatment, Steel progressed favourably, and in the following ten days promised to be soon going about; his strength was returning and his spirits more cheerful. On the fourteenth morning, while lying in bed, he felt a fullness in the site of the old wound, and in a very short time fatal hæmorrhage set in, carrying him off.

REMARKS.—I regret very much the loss that I have sustained, (on my way to Toronto,) of my daily reports of this and the following cases of operations, but the memoranda in my possession and my memory of the cases will, I hope, enable me to report them to the satisfaction of my friends Drs. King and Cutting, under whose care the patients were. After the death of Steel an examination of the body took place—the ligature around the iliac was well placed, and had completely occluded the passage of blood through the artery, nor was there any appearance of a passage having been formed through the centre of the plug, as has happened before: on proceeding down towards the second ligature, that around the femoral, the same obliteration, up to this point, had taken place; therefore it was quite satisfactory to find, that in both instances the ligatures had been well secured and properly placed. There were no traces of peritoneal inflammation, and the wound

made in order to reach the vessel was closed. The fur-anastomosis which exists in the body and the rapidity with which the collateral circulation is established, does not (now that this knowledge has been attained) render the fatal result in this case incomprehensible, or excite very great surprise. The question of interest is, what was the cause of the first hæmorrhage? had an aneurism been opened, or was the case one of abscess, causing disease of the artery? The fatal case of abscess, complicated with diseased carotid artery, reported by Mr. Liston, is sufficient evidence in favor of such an occurrence; and from the nature of the case, and from the ability and skill of the surgeon who first saw the case, we were induced to believe that the case before us was one of suppuration of the cellular tissue laying open the vessel and thus causing the hæmorrhage.

It is important to remark, that in this case, also, there were no traces of peritoneal inflammation, and that, but for the unexpected event, the case exhibited no one symptom which could have been looked upon as unfavorable.

CASE 31.—*Comminuted Fracture of Elbow Joint, admitted into Hospital eight days after Injury—Amputation—Recovery.*—Cogwell, æt. about 47, a European of medium height and thick set frame, was sent into the hospital from the parish of St. Philip, with severe injury of his right arm. His occupation was that of under manager on an estate, and, in discharge of his duty, he was going to market with a puncheon of molasses; feeling too lazy to walk, he sat on the tongue of the cart, and by some accident fell off, when the wheel passed over his arm, breaking the bones forming the elbow joint. A surgeon of the parish saw him, and attempted to save the limb, bandaging it, and placing it in a flexed position across the chest. Some days after the accident—either the fifth or sixth—I saw the man, and immediately ordered his removal into hospital for the purpose of amputating the arm, as the only chance of saving his life. He did not get to town, however, for two or three days afterwards, and then his condition was such that Dr. Cutting, whose week it was, thought it wiser to wait until some amendment took place, before resorting to the knife. The bandages were all carefully removed, and the arm supported on a soft pillow, and all necessary means used to improve his condition. As soon as this had been effected, Dr. Cutting proceeded to operate by circular incision; the wound was dressed with the light cold water dressing, and healed readily.

REMARKS.—This is again another instance of severe injury terminating successfully, notwithstanding the unfavourable circumstances of the case; and although he labored under much constitutional irritation and suppuration in the joint, yet there was never once the slightest appearance of tetanus, and the remedies employed to check diarrhœa and support his system acted well. As these remarks are not written for the purpose of surgical records, I shall offer no observations on the injury itself, as an example of fracture of the elbow joint.

CASE 32.—*Disease of Ear—Repeated attacks of*

*Hæmorrhage—Aneurism diffuse, and fusiforme of the External Carotid—Ligature on Common Carotid—Recovery.*—Mary A. Nurse, æt. 9, a thin delicate colored girl, was admitted into Samaritan Ward, under my care, sometime in the month of July. Her mother stated, that for the last several weeks the child had suffered much from ear-ache, accompanied with a discharge of pus from the ear, sometimes offensive, but on three occasions lately there had been also a loss of blood of a bright scarlet colour. She was sent up to bed, and for some time the puriform discharge continued, gradually becoming less, and without any bleeding. I noticed, however, a projection outwards of the whole external ear, and a probe could be passed from behind the ear into the meatus. One night there was very alarming hæmorrhage, which reduced the little patient very much, and on the following morning I made another minute examination of the parts. I now discovered a diffuse and thrilling pulsation immediately behind the ear, and the posterior aural seemed much dilated, leading from the helix of the ear, just below the angle of the jaw, in the situation of the external carotid; fusiform dilatation of that vessel was also found. I immediately stated to my colleagues my opinion of the case, and my conviction that nothing short of ligature on the common carotid would suffice to save life. Entering fully into my views of the case, Dr. Cutting undertook the care of the patient, and cutting down on the vessel in the lower triangular space, placed the ligature; the pulsation immediately closed, and there was no return of hæmorrhage that day or night. On the following day, the girl complained of headache on the right side of her head, and a feeling of numbness; on the fifth night she had an attack of hæmorrhage from the wound, which gave some uneasiness, but perfect rest, and by the use of bits of lint dipped in tinct. of ergot, the bleeding was stayed, and the patient progressed to perfect recovery.

REMARKS.—Connected with the history of this case we may mention, that the disease of the arterial system seemed in her family to be hereditary: the slightest wound of any kind was followed, in the case of her sisters, with a great loss of blood, and her elder sister died from a severe attack of hæmorrhage from the lungs, the vessel giving way at the base of the right lung just as Dr. King was looking into the fauces to endeavour to ascertain the cause of the aphonia under which she was laboring.

CASE 33.—*Elephantiasis of Leg, principally affecting the Ankle and Foot—Amputation—Recovery.*—Ann Newton, a middle aged woman, rather robust figure, and medium height, has for a long time suffered from elephantiasis of the leg; latterly, she has had much pain in the limb, and feels inconvenience from the weight of it. Her health being otherwise good, Dr. Clarke performed amputation below the knee, making the flap in the usual manner. The patient had not a single bad symptom, and recovered completely.

(Concluded.)

ART. LXXII.—OBSERVATIONS ON CHOLERA.

By GEORGE GRIFFIN, Esq., Surgeon, (H.P.) 85th Light Infantry, Quebec.

"Let the corporation call in the assistance of sound practical men. We say practical, for this disease is too quick for theory—and while physicians theorize, the patient slips through their fingers."—*Times*, 16th October, 1848. Page 4, 4th Column.

In accordance with the spirit of this sentiment, I considered that at a time like the present, it might not be deemed unimportant or intrusive, to lay before the medical community, through the medium of your Journal, the basis of a report that was drawn up and transmitted to the Horse Guards, by the desire of a highly respected gentleman, who for many years directed the military medical duties of this command—I allude to Dr. Skey. There is much in the practice, that experience may have shewn the inutility of, and perhaps more rational views may be entertained at the present day, of the nature and treatment of this formidable disease. Yet, it should be borne in mind by the reader, that at the time it first appeared in this Province, little or nothing was known of its aspect, or the contagious or non-contagious principle of its nature. Much had, it is true, been written, but it was, for the most part, so contradictory and uncertain, and the modes of treatment recommended so empirical, that we had to judge for ourselves, and test the efficacy of remedies before we relied on them. It was believed at that time to be a highly contagious epidemic and treated as such, and much unnecessary panic ensued in consequence. My notes were taken amidst much occupation, and were hastily written; I must, therefore, bespeak for them the indulgence such a state of things seems to entitle them to—premising, however, that though the treatment and nature of "Asiatic cholera" have undergone a change, yet it is as well to bear in mind, that the mortality amongst those actually attacked, remains much the same in 1848 as in 1832.

In India, as I shall presently show from undoubted sources of information, it rages in all its pristine vigor, as to the *extinction* of life. I use this term because there, it would appear, that there is no time between seizure and death for treatment of any kind, as a curative means. But to proceed.

The Military Cholera Hospital was established at Quebec, by a general order, on the 20th June, 1832, for the reception of soldiers, their wives and children; the building being cleared of all other patients, the gates were shut, and the sentries doubled—a covered cart, on springs, was attached to each barrack, constructed purposely for the conveyance of the cholera patients to hospital, as easily, and with as little delay as possible. The writer was appointed to the medical charge, with an establishment of one serjeant, three nurses, and ten orderlies, and the supply of means to carry into operation the various modes of treatment recommended, was ample and on the most liberal scale.

Immediately that the disease appeared in the city of Quebec, 8th June, 1832, all the soldiers, their wives and children, were mustered in their respective barracks, and supported by an issue of rations; the gates were closed, and no woman or child allowed to pass

out on any pretence whatever, or soldier, unless on duty,—proper persons were selected to purchase food at the markets,—and intercourse with the inhabitants prevented by every practicable means—indeed, for obvious reasons, the soldiers and their families showed no disposition to evade the restrictions they were placed under.

Tents were erected in the citadel ditch, where all men coming off duty were detained for a certain number of days, subject in the meantime to medical superintendance.

It would appear, on reference to the returns, that the month of August was the most fatal to the Garrison, both as to the number of admissions and deaths. It may be worthy of notice, that it was nearly three weeks after its first appearance among the civil population before it showed itself in the citadel; as usual the dissipated and weakly were among its first victims, however, any slight irregularity either of drink or diet, particularly the latter, was sufficient to favour an attack in the predisposed. Very few instances (except on its first appearance) occurred in which premonitory symptoms in some shape or other, did not exist usually in the form of diarrhoea or some derangement in the alimentary canal, ranging from a few hours to two or three days; anomalous nervous symptoms, cramps in the legs, a sensation as if the voice issued through the ears, inertness of the hands, were amongst the most frequent; few persons approached the sick, but complained of some uncomfortable sensation. Cramps generally existed in the calves of the legs, but these feelings were by no means confined to persons so situated, nor is it meant to infer that they were the effect of a contagious principle; many persons in private life, in whose families no illness had been, made the same complaint, and very many of them had no other ailment. Of these premonitory symptoms diarrhoea was the most frequent. A reference to the returns as to this and former years will show this, in an extraordinary degree, not only among the troops but their wives and children also. Many were affected in the citadel, but the Jesuit barracks furnished by far the greater number of cases, indeed, very few or none escaped. On one occasion, during the prevalence of strong easterly winds and close weather, forty were seized in one night; however, by prompt remedial measures there were very few deaths. The stools passed under these attacks were dark like mud, and occasionally very fetid, though not usually so, and the secretions were some time before they recovered the appearance indicative of a more healthy action. When nausea and vomiting accompanied this complaint, the treatment was commenced by a gentle emetic, calomel and opium, followed by a dose of castor oil or carminative powder of rhubarb, soda and ginger, and very often nothing more was necessary, but in the cases which did not show a disposition to yield, small doses of calomel and opium, one grain of the former and one-eighth grain of the latter, were continued till healthy action was restored.

These observations will necessarily be altogether confined to a statement of what took place within the walls of the hospital, and under the writer's observation; and,

I may remark here, that though there were patients admitted and treated for other diseases than cholera, who gained admittance into the cholera hospital, simply because the primary symptoms of their diseases were supposed to resemble those of cholera, and once admitted, they were detained till restoration to health. Yet of that number, as well as among the hospital servants, not one case of "Asiatic cholera" occurred within the walls, from the opening of the hospital till its close—a strong fact in favour of its non-contagious character. However, without further comment on this, it was productive of great good; it gave confidence to all. The dying and the dead were diligently attended, without fear of consequences, and without the slightest attempt at precaution. Before this, the medical officers had to show, practically, that there was little fear of contagion, and in most cases against their own private conviction.

The strength of the Garrison at Quebec, on the 19th of June, 1832, was as follows, exclusive, however, of the officers of the Governor General's Staff, the Military and Commissariat Departments.

Corps.	Officers.	Sergeants, Drummer, Rank & File	Women	Children.
Royal Artillery, . . .	8	156	39	69
"    Engineers, . . .	5	—	—	—
"    Sappers and Miners, . . .	—	60	31	57
24th Regiment, . . .	14	351	75	117
32d " . . .	17	467	95	121
Men of other Regiments, . . .	—	22	5	7
Total, . . .	41	1056	245	371

Return of admittances into the Military Cholera Hospital, at Quebec, between the 20th June, and the 30th October, 1832.

	Admitted.	Discharged.	Died.
Civilian—a Servant, . . .	1	1	—
Royal Engineers—Officers, . . .	1	1	—
"    Staff Corps—Men, . . .	2	2	—
"    Women, . . .	—	—	—
"    Children, . . .	—	—	—
"    Sappers & Min.—Men, . . .	15	11	4
"    Women, . . .	9	8	1
"    Children, . . .	—	—	—
"    Artillery—Men, . . .	19	16	3
"    Women, . . .	9	7	2
"    Children, . . .	—	—	—
24th Regiment—Men, . . .	76	70	6
"    Women, . . .	13	9	4
"    Children, . . .	—	—	—
32d Regiment—Men, . . .	69	50	10
"    Women, . . .	19	16	3
"    Children, . . .	3	2	1
Other Regiments—Men, . . .	7	6	1
"    Women, . . .	2	1	1
"    Children, . . .	—	—	—
Total, . . .	236	200	36

I have said that there were other diseases besides those of cholera admitted and treated, and the circumstances that led to their introduction into an hospital, intended solely for the treatment of cholera, it is foreign to the necessary brevity of this report to name, it

will be sufficient for my purpose to state that the numbers who actually suffered from the epidemic, were as follows:

Cholera Spasmod. Mitior, . . . . 61  
 " " Gravior, . . . . 85

Of this number, 36 died, they were all severe and well marked cases—24 were men, 11 women, and 1 child.

There were only two officers of the Garrison attacked—one of the 32d Regiment in the citadel, and the other an officer of the Royal Engineers, who resided in the town, and in a bad locality—it was thought, to his advantage, to admit him; they both recovered.

I shall now proceed to show the strength of the Garrison at Quebec, on the second visitation of this disease, in 1834, but as it was then no longer considered necessary to isolate the cases from diminished or altogether removed fear of its contagious nature. The men, women, and children were all treated in their own Regimental Hospitals, and I can give no detailed history of their treatment.

	Serjeants, Drummers, Rank & File.
June, 1834.	
Strength of the 32d Regiment at Quebec,	452
“ 79th “	469
Of which were treated:—	
Men, .....	153
Women, .....	31
Children, .....	9
Total, .....	193
Of which number died:—	
Men, .....	31
Women, .....	10
Children, .....	4
Total, .....	45

N.B.—The women and children are not included in the strength of either Regiment.

The first fatal case of cholera in 1834, in the command, was at Montreal, on the 13th July,—the first in Quebec, on the 18th of the same month; five days later. The last case in the command was at Quebec, a corporal of the 32d Regiment, and under somewhat marked and peculiar circumstances, which may excuse its introduction. A serjeant of the Regiment and his wife died of cholera in a house in the St. John's Suburb, the house was shut up and unoccupied for many weeks. After the disease had subsided some three or more weeks, the corporal was placed in charge of the furniture, with a view to its sale on the following day; he slept there only one night; he was admitted into hospital soon after daylight on the following morning, on the 19th September, and was the most severe and rapid case I had witnessed either in 1832 or 1834; he died in about five hours; several persons were said to have died in the house in both years: it was pulled down. I shall mention another case, which seems to bear upon the question of contagion, either of locality or person. When the disease appeared at Montreal in 1832, the 15th Regiment was quartered there, 45 cases occurred in one day; the Regiment having been promptly removed, with the Detachment of Artillery, to St. Helens, the disease ceased, I fancy from the day of their re-

moval; however that may be, there was a good deal of alarm in consequence of a corporal of Artillery being suddenly seized at St. Helens; however, to the relief of every one, it was discovered that this man had obtained possession of a canoe, and in it, after night-fall, crossed to Montreal, to visit his wife, remaining there all night; on his return the following morning, he was attacked, as I have stated; there was no other case at St. Helens.

So much, as it proved, unnecessary panic prevailed in 1832, that the dead were hurried to their graves as soon as possible; but in 1834, the alarm having subsided, and many considering the disease as not at all contagious, or only so under some peculiar circumstances of predisposition or locality, this extraordinary disease was viewed more closely than heretofore, many of its symptoms observed upon, and also inspection of the body after death practised without scruple. As connected with some of the more remarkable phenomena in many of the cases, general warmth, and over-heat of the surface returned, after a state of perfect collapse and its attendant symptoms, accompanied with profuse warm perspiration, a flushed face, quickened breathing, and every appearance of re-action *except* the pulse, which often could not be detected either in the carotid, femoral, or inguinal arteries, and these appearances took place in fatal cases, and were the immediate forerunners of death.

The vascular appearance of the adnata was observed generally in the more serious cases, after assuming a defined figure of an oblong shape below the cornea, and seemed formed by a congeries of minute vessels, as far as my observation went; but one of these cases, so distinguished, recovered. I see amongst the cases one noticed more particularly in reference to this—“towards the close of life a dark bluish red effusion or tint appeared in each eye, below the cornea, running transversely from canthus to canthus.”

Referring to an observation made earlier in this report, and to which my attention was drawn by the hospital servant—more or less muscular action returned after death. The lower jaw was seen to open and shut; the legs drawn up; while all the muscles, from the upper part of the thighs to the very toes, were in motion, contracting and relaxing; the arms, if laid straight, bent and folded across the chest; and this disposition remained as long as the body retained its heat, and, in very many instances, till the body cooled, it was useless to straiten the limbs as usual.

As an encouragement to perseverance, even in apparently the most hopeless cases, I shall give in detail two cases from my memoranda, but I should wish to be understood as advocating no particular mode of treatment; my sole object is to lay before the readers of your journal the result of practice and observation that are not in the power of all to command. I do not wish to provoke criticism, and hope I shall not experience any; but I relate what I saw in perfect good faith, and submit my observations with all their errors.

Patrick Mullany, 32d Regt., aged 21—July 17.—Admitted off the Provision Store Guard in the Lower Town, which is closely surrounded by houses where the disease

first appeared. Taken ill at midnight, when on sentry, with vomiting, purging, and cramps in rapid succession. When he was relieved off sentry, hid himself from observation, and could not be found. Was not brought to the hospital till 9 a.m. Has severe cramps in the muscles of the chest, abdomen, thighs, and legs. Skin, moderate heat; feet warm; pulse quick and soft; countenance sunk; dark areola around the eyes; voice whispering and almost inaudible. It appears that he drank a great deal of water from the river during the night.

Veneset. ad.  $\zeta$  xxx.

Calomel gr. xv. Opii pulver. gr. ij., directly.

An enema with  $\zeta$  ij. of spt. Terebinth.

Friction with spirit Terebinth over the body and limbs.  
Ginger tea and ice.

2 p.m., Calomel, gr. iij. Pulv. opii gr. 1-8th, every half hour in pill form.

Vespere—No return of spasm since 4 p.m. Countenance much improved; skin generally warm and perspiring; tongue foul; pulse firm, distinct 96; no vomiting or stools the last two hours; stools and fluid ejected from the stomach on admission like rice water, with small portions of shreds of a whitish appearance floating. This man was more than two hours after admission before the present rather more favourable state took place.

Ol. Ricini,  $\zeta$  iss. Spt. Terebinth,  $\zeta$  iss.

Aq. Puræ,  $\zeta$  iss directly.

Continue the calomel after two hours, every third hour.

July 18.—A good night with sleep; one stool dark and fecal; says he feels better; tongue foul; thirst; pulse 80, firm; countenance nearly natural; belly tumid; voice stronger.

Repeat the Castor Oil and Pills as before.

Tea and small quantities of ice.

19th.—Had a return of spasm in the night, in the parts first affected; great oppression in breathing; pulse tolerably good; three stools, dark green colour.

An enema of common oil and spt. Terebinth.

Continue the calomel and opium.

Noon.—Is not better; pulse failing.

Warm wine and lemonade.

2 p.m.—Cramps of the lower extremities, arms, and fingers; pulse small and feeble; clammy cold perspiration; countenance much sunk; eye inclined to evert; stools green and frequent.

Continue the pills.

Glass of port wine every two or three hours.

Vespere.—Threatening symptoms relieved; no vomiting or stools since last report; pulse improved, 84; free from pain; countenance better; no cramps.

Soda carbonat.  $\zeta$  ss every third hour.

Continue the pills.

July 20.—Is on the whole still better; has vomited some bile, and passed urine for the first time; pulse 84; tongue covered with a brownish crust; complains much of thirst; dark areola around the orbits; breathing a little oppressed.

Blister to the epigastrium.

Ammon. Carbonat. gr. 5, in water every three hours.

Warm wine and lemonade.

Beef tea in small quantities.

2 p.m.—Vespere.—Fæcis, and is much better; no recurrence of spasm; stools bilious; no urine.

Acidulated drink.

Beef tea and arrow root.

21st.—Slept well; vomited bilious fluid to-day; only two stools; pulse good; tongue dark.

Vespere.—Very many stools, fecal and bilious; vomited once some bile; urine increased in quantity; complains a great deal of general soreness of the abdomen; pulse soft and quick,

℞ Pulv. Rhubarb,  $\mathcal{O}$  j.

Magnes. Carbon.,  $\mathcal{O}$  ij.

Aq. Menthae,  $\zeta$  iss., directly.

12 leeches to epigastrium.

Blister repeated.

Beef Tea. Arrow Root.

July 22d, slept well, eat some oatmeal porridge for his breakfast. Blister rose partially. Tenderness of belly gone. Mouth affected by mercury; one stool consisting principally of healthy bile; no vomiting; passed an increased quantity of urine; thirsty.

Soda Carbonat.  $\zeta$  ss., every 3d hour.

Beef Tea—Arrow Root Tea.

23d. Slept well; one natural stool; urine; tongue clean; mouth sore; pulse good; feeble.

Nihil.

Beef Tea—Arrow Root—Tea.

Continued slowly to improve till the 30th August, when he was attacked with febrile symptoms:—Constive state of bowels and great tenderness of the epigastrium; relieved by a dose of rhubarb and soda. He returned to his duty on the 11th August. This man acknowledged to me that he had, previous to admission, Diarrhea of twenty hours continuance—that his stools were so frequent he could not count them.

Sergeant Richard Densham Bodley, 32d. Regt., aged 32.

July 29, 6. p.m.—Admitted just now. Is stated by the Surgeon of the Regiment to have had an attack of apoplexy; during his insensibility he had bled him very largely. On admission, his breathing was hurried; his look wild and agitated; face natural; general warmth over the body; pulse quick, firm, about 100. Had an emetic of common salt, which acted well, spasm of the calves of the legs, while under its action, this has ceased. Reported to have been drinking a good deal the last two or three days; and appears under the influence of drink now. Is now (fifteen minutes after admission) perfectly sensible. Says he has no headache, but pain in the legs and uneasiness at the epigastrium; acknowledged that he had drunk a quantity of brandy yesterday; passed a great quantity of feculent matter after the enema.

Friction on legs with Spirits of Turpentine.

An Enema with Antimon. Tart.  $\mathcal{O}$  j.

Calomel. gr. xxx., Soda Carbonat.  $\mathcal{O}$  j., directly.

7. P.M.—Cramps constant, and very severe in the legs and thighs—is quite sensible—general warmth of surface—no vomiting—pulse good.

A Turpentine Enema.  
Hydrag. Submur. ℥j.  
Conserve. Rosæ. q.s., directly.  
A little weak brandy and water.

9. P.M.—Cramps are very severe, and constant; no purging or vomiting.

℞. Æther, Vitriol. ℥j.

Mist. Camphor. Aq., Menth. Pip. ana ʒvj., directly.

30.—Has not slept; no return of spasm since midnight; vomited a good deal, principally mucus; passed several thin and watery stools—Says he is quite easy and free from pain. Belly very tumid; skin warm; pulse good; passed a little urine.

Ol. Ricini. ʒx., Spt. Terebinth, ʒij.

Aq. Puræ., ʒxij., directly.

July 30th.—Vespere. Has been improving all day; passed several highly offensive and bilious stools; some irritability of stomach. Complains to-night of general uneasiness; pulse quick and feeble; skin of a natural warmth; tongue foul, much thirst; no urine.

Mist. Camphor. ʒiss., Spt. Æther, Nitros, ʒss., every three hours, with a pill of Calomel, gr. iij. Opii. Pulver. gr. ʒ.

Beef Tea.

July 31.—Complains of having suffered much in the night from uneasiness in his bowels, till they were copiously relieved, passed very offensive matter. No urine.

℞. Sodæ Carbonat.

Pulv. Rhubarb. ana gr. viij.,

Aq. Menthæ. ʒiss., a fourth part every three hours. Omit the Pills.

Vespere.—Is improving; tongue very foul; stools still bilious and unhealthy; breathing embarrassed.

Calomel, gr. x., directly in the morning,

A full dose of Senna mixture,

Arrow Root Tea.

August 1.—Is going on well. Two or three stools; tongue very foul, thirst; breathing relieved; passed a little urine; mouth tender from mercury.

Gradually improved, and was discharged to duty on the 16th August.

This man was, some hours after admission, in a very threatening and precarious state; and had the more severe symptoms of the disease set in, the result would have been fatal; as it was, the cramps, the suspension of the excretion of urine, were but the forerunners of them; and from my knowledge of his habits, I did not, certainly, anticipate so fortunate a result; he suffered much from apprehensions, and like many others had recourse to stimulants to relieve them. I have much doubt of the apoplectic seizure, his occupation (orderly room clerk) was one of constant confinement, and his make bulky and short necked, disposed to cerebral and pulmonary congestion,—altogether, I am disposed to consider that the large bleeding and prompt relief to his stomach and bowels from offensive matters was his safety.

The following notes of the appearances after death, may be taken as a general specimen of the whole of the bodies examined, as far as the supposed result of cholera went, but too much reliance must not be placed on the vascularity of the lining membrane of

the stomach and intestines; but the reader would, perhaps, do well to consult a very excellent paper on this very subject (vascularity) published by the late Dr. Yellowly in the Philosophical transactions.

Post Mortem examination of the body of Margaret O'Brien, ætat 32, twelve hours after death:—Disease, cholera; spasmodica gastrocnesia very firm, and bard; fingers, in a state of flexion. Toes retracted, features not shrunk, and there was no lividity of surface. Head.—On removing the calvarium, the veins and sinuses of the brain were distended with dark blood: beneath the Dura Mater was an exudation, or rather coating of gelatinous matter. Substance of the brain when cut into, thickly studded with dark bloody points—firm in consistence. Heart—the ventricles distended with dark coagulated blood—Lungs much congested throughout with blood of the same appearance—with the exception of the upper lobe of the left. Abdomen.—Intestines, generally distended with air; Stomach contained some fluid tinged with bile—its mucous coat afforded a number of irregular patches of a bright red colour, particularly along the edges of the rugæ; the duodenum and jejunum, contained a large quantity of the same fluid as was seen in the stomach, and the same appearance of red patches here and there as noticed in that viscus, as also, the upper half of the ileum, but the lower half of that intestine was, throughout, intensely vascular. The caput coli presented several bright spots—the rest of the colon nearly healthy. The coats of the rectum had a congested appearance from its vessels being filled with dark blood—the vena, portæ, and cavæ, distended with dark tar like blood; gall bladder full of bile; urinary bladder contracted and empty; body retained its heat many hours after death.

My friend Dr. Cruickshank, lately here, Surgeon of the 52d Regt., at the time these notes were taken, was Assistant Surgeon of the 79th, and together we examined many bodies who died of the cholera in 1834, till we were stopped by the kind interference of Dr. Skey, who considered there might be danger in the practice, though we apprehended none.

(To be Continued.)

ART. LXXIII.—LATERAL TRANSFIXTURE OF THE CHEST BY A SCYTHE BLADE FOLLOWED BY COMPLETE RECOVERY, WITH REMARKS:

By E. Q. SEWELL, M. D., EDINBURGH,

Licentiate Royal College of Surgeons, Edinburgh, Member Royal Medical Society, &c.

(To the Editor of the B. A. Journal.)

SIR,—Through the kindness of my respected informant, J. D. McConnell, Esq., formerly of Gaspè, and now a resident of this place, I am enabled to furnish you with the history of a formidable wound of the thorax which, when its unlooked-for result is considered, may be ranked among the extraordinary recorded in the annals of surgery. The evidence you will see is irresistible, and the occurrence, itself, is a matter of notoriety in that part of the country where it happened.

E. Q. SEWELL, M. D.,

Sorel, Dec. 8, 1848.

## GENERAL STATEMENT BY J. D. MCCONNELL, ESQ.

Sorel, Nov. 27, 1848.

MY DEAR SIR,—In the year 1837, Master James Boyle, a youth of about 18 years of age, had been mowing on the lawn, in the vicinity of his father's house, in company with his younger brother, and as is the custom, before going to dinner, he had taken the scythe off the snath or handle; for the purpose of carrying it, in order to have it sharpened. As he walked homewards a distance of about a few hundred yards, he happened to step on a log of wood, when his foot slipped and he fell upon the scythe blade which entered his chest in the manner stated in Assistant Surgeon Sproule's letter to me—that is, it entered under the right armpit and the point appeared under the left. The hapless youth lay still with the deadly instrument in his breast until his brother, who displayed inimitable presence of mind, drew it slowly out, observing with much caution as he did so, the curvature of the blade. The effusion of blood which followed was not so great as might have been expected, and with his brother's aid he walked home. There was, to the best of my belief, no spitting of blood. Frederick Coffin was immediately sent for, and such means as his experience dictated were adopted. Under his care, the youth continued slowly to improve. A day or two after the accident, it chanced that H.M.S. Sappho put into Gaspé Bay, and I lost no time in making the case known to the surgeon of the ship, Mr. Thompson, who directed Assistant Surgeon Sproule to examine the patient, and to render any assistance that might be practicable, which that gentleman immediately did. I remember his remarking that the absence of bloody expectoration was a favourable symptom. As the accident and its unexpected results appeared to me an inscrutable act of Providence, I deemed it desirable that Dr. Sproule should communicate to me by letter his opinion of the case professionally, a copy of which is appended to this communication.

It only remains to add, that Master James Boyle is, at present, a robust and vigorous man, and without any local complaint. His pursuit is chiefly that of his father, a whaler, and his domicile is up the S. W. Branch of Gaspé Bay, in the District of Gaspé, Lower Canada.

I have the honor to be, dear Sir,  
Your very obedient servant.

(Signed,) J. D. MCCONNELL.

Late Collector of Her Majesty's Customs,  
And formerly President of the Quarter  
Sessions for the Dist. of Gaspé.

To E. Q. Sewell, Esq., M.D.

P.S.—There was no medical man resident in that vicinity when this occurrence took place. Frederick Coffin, a whaler, commonly called "Dr. Coffin," who generally lends a hand at bleeding, drawing teeth, and other similar services, has been very successful in his attempts at relieving the distressed. It is of him Dr. Sproule speaks in his letter, when he says that he considers Mr. Coffin's treatment was most judicious.

## DESCRIPTION OF THE WOUND BY DR. SPROULE.

H.M.S. Sappho.

Gaspé, Sept. 14, 1837.

SIR,—I am requested by Mr. Thompson to state the appearance and description of the wound as I alone saw it. I will endeavour to describe it as clearly as in my power. The point of the scythe, it appears, entered the axilla or armpit, between the third and fourth ribs of the right side, passing horizontally through the chest, and coming out through the corresponding ribs of the opposite side, making a small opening compared to that by which it entered—accounted for, no doubt, by the point alone coming out. The wound of the right side appears to have been about  $2\frac{1}{2}$  or 3 inches long, that on the left about one.

Considering the situation of the wound, and the instrument by which it was made, I consider it a most miraculous escape, which I can only account for by saying, that the back of the blade was directed towards the large blood vessels, and thereby protected them. Had the edge been otherwise directed, I have no doubt but that the consequences would have been immediately fatal. Allow me to say that I consider Mr. Coffin's treatment most judicious. I will be happy to afford you any further explanation.

I am, Sir, your obdt. servant,  
(Signed,) SAMUEL SPROULE,  
Assist. Surgeon.

J. McConnell, Esq.

*Remarks.*—Dr. Sproule mainly attributes the escape of the patient from immediate death to the fact of the great bloodvessels not having been divided; and as he indulges in no further speculations as to the nature of the internal injuries, it will be quite fair here to consider what these might have been.

At first sight one would say, that both lungs had been transfixed, but this accident could not have taken place without the supervention of asphyxia on the spot, or at a later period from the advent of double pleuro-pneumonia, with the addition, perhaps of inflammation of the pericardium. The absence of hæmoptysis from the commencement, would, in my opinion, indicate a trifling lésion of the lungs, and this idea will bear itself out, when it is remembered that the back and point of a scythe are blunt, and that the boy was enabled to walk home immediately after the accident, which he could not possibly have done had the respiration been much impeded. My supposition is, that when the scythe entered the breast, the right lung instantly collapsed, and the back of the blade glided harmlessly over its surface. Its further passage through the mediastinum into the left cavity was probably effected at the moment of separation, and when the left lung was so far reduced in size as to offer a partial resistance to the point of the instrument, and thus a comparatively small wound was the result. The absorption, as well as the secretion of gases by serous membranes sometimes proceeds rapidly, from which we may infer, that so long as the scythe remained fixed, there was no new admission of air, and thus the right lung soon recovered, in part at least, its func-

tions. Upon the withdrawal of the blade, the further exclusion of air was probably secured by the external cut forming a valve—the point of the scythe having drawn up the loose skin before passing between the ribs. The external wound on the left side, it will be remembered, was small, and being made from within outwards by a blunt point, the intercostal soft parts must have extended and kept the opening closed. These comments have been made with the assumption, that there was no more than the usual constitutional power of warding off injury, and with the full knowledge that collapse of the lungs does not invariably follow wounds of the thorax, but in the particular case under consideration, and under the aspect in which I view it, I do not see how the difficulties surrounding it can be solved in any other way.

If the thoracic lesion, however, was of a graver character than I surmise it to have been, the simpler mode of explanation must be rejected, and the case be classed among those rare instances of resistance to injury, which the vital organs are sometimes known to have exhibited. Stabs and wounds of the heart have healed up without leaving any ill consequences, as have also gunshot wounds through the lungs. Patients have recovered with balls or pieces of cloth encysted in the lungs, and more wonderful still, a ball has remained for years rolling loosely about the plural cavity.

NOTE.—Since writing the above, I have fallen upon the following passage taken from an article in the *Medico-Chirurgical Review* for October, entitled “Mr. Guthrie on wounds and injuries of the chest.”

“The restorative powers of nature are exhibited in the very marvellous case which closes this lecture. It is that of a bombardier of the Royal Artillery, who was struck by a two-pound shot, which made a clear breach through his side (of the chest we presume)—indeed, so clear, that General (then Captain) MacDonald saw the light through him as he was led up to him! yet this man recovered. This is even more wonderful than the notorious shaft case, the preparation belonging to which is in the museum of the Royal College of Surgeons.”

#### ART. LXXIV.—MALIGNANT PUSTULE, OR CHARBON.

By W. A. R. GILMOUR, Esq., M.D., Three Rivers.

Having had the good fortune, whilst residing in the parish of Nicolet, to meet with a great many cases of *Pustule Maligne*, or *Charbon*, particularly in 1832, when it prevailed sporadically, on some farms in the concessions of St. Esprit and St. Monique, I attended some fifteen bad cases, and saw a good many cattle (27 on one farm) die of it.

I beg to transmit notes of two or three, which perhaps, as they relate to a very fatal disease (very little known) breaking out suddenly among cattle, and capable of being propagated by contagion, to man, you may deem interesting, and oblige me by giving insertion to in your valuable journal.

After having heard a few days before, that a great many cattle were dying in the concession of St. Esprit, I was sent for to attend a man, Jean Morrisette, *ætat* 36, whom I found dying; whole of face is so much swollen that

his eyes are completely hidden; cellular substance over whole of neck, and extending over chest, is in a state of inflammation terminating in its last phases; over middle of right cheek there is a charred sphacilated looking ulcer, about the size of a sixpence, resembling decomposed brawn; skin around intensely inflamed; dark coloured pustules over face and around sore; complains of great difficulty of breathing, from pain and fulness of chest; hiccough; tongue flabby looking and tremulous; pulse not to be counted. Died in two or three hours after I saw him.

His friends stated he had skinned a cow that had died three days before, and soon complained of being ill; had rigors; was restless, &c.; a small boil appeared on his cheek, which broke and continued growing worse; and the inflammation, and swelling, increased and extended over face, neck, upper part of body.

*Case 2d.*—8th August, 1831.—Joseph Thérien, *ætat* 30, farmer; system healthy. There is a dark coloured pustule of the size of a shilling, of the peculiar, not easily mistaken, appearance of the Charbon, over the upper third of middle of deltoid of left arm, and a number of small yellowish vesicles in vicinity, with acute, painful, unhealthy inflammation, and swelling of cutis and cellular substance around the sore; much symptomatic fever; slight delirium; distressing headache; dyspnœa; pulse 120; skin dry and hot; tongue furred; face erysipelatous looking; eyes suffused.

Says that he lost several animals lately from the Charbon, and handled most of them. Two or three days ago complained of sickness, rigors, &c., and perceived a small pimple over an inflamed tumor, which broke and terminated in present sore.

Since witnessing the severe pulmonary and pleuritic symptoms which supervened, from the rapid and fatal extension of the inflammation internally, to the pleura, and, thence, to other important parts; and my patient residing nine miles from my house, I determined on remaining a sufficient length of time to carry out, to its full extent, the antiphlogistic treatment that the symptoms in such cases seemed to indicate at the invasion, and had the satisfaction of witnessing, after a few hours, the good effects of venesection, almost *ad deliquium*, calomel, ant. tartar. and opium; by the cutaneous surface beginning to relax, &c., and patient was out of danger by the next day. Every subsequent case terminated in recovery, after the same kind of treatment—modified according to strength, &c.; of patient. And I have reason to believe, every severe case of *Pustule Maligne* that occurred in that neighbourhood, that year, terminated fatally when left to itself (as some were), or when not treated with sufficient vigour.

*Case 3d.*—This case is interesting, shewing the progressive symptoms from the invasion of the disease to its fatal termination, unassisted by any remedial treatment.

Jean Raiche, *ætat* 60, (4 p.m., 25th Oct., 1831) a powerfully framed old man; is lying on his back with his legs drawn up; countenance indicating much suffering. The mental struggle, if there had been any, is over, and his mind made up with resignation for the worst.

Whole of right arm is swollen to double its natural size; skin raised, tense, dark; some parts of livid colour, covered with vesicles, containing thick fluid like bile, some of which have burst. There is a small gangrenous looking ulcerated tumor on the back of middle of right humerus, surrounding a sore, which has a peculiar gristly feel, and, when sponged, looks like charred spunk; right side of thorax considerably swollen; skin red and hot; tongue hot and dry; pulse 120; bowels confined; complains of general *malaise*; breathing uneasy; excruciating burning pain, and tension of the affected arm and right side of thorax. Died about midnight. Could not obtain permission to make a post mortem examination of the body.

Three days ago he attended a sick ox; introduced his arm into its bowels, and skinned it after it died, and soon after experienced the usual symptoms of the disease in question.

He was a stubborn old man who had never taken any *Doctor's medicines*, and resolutely refused to permit me to do any thing for him beyond the application of fomentations, and I had nothing else to do but look on and witness the poor infatuated old man die in the greatest pain, when his life might probably have been saved.

*Remarks.*—The Charbon is a specific disease, one *sui generis*, breaking out sporadically among domestic animals, especially horned cattle; but all other animals are liable to it. I attended a man and his wife who contracted it very severely after having cut up a pig that had died of it. The virus seems capable of acting on the human subject without any breach of surface being necessary. It does not seem, however, to be communicable from the human subject, having had my hands frequently covered with the blood and matter after making the necessary incisions for the relief of the tension, &c., as I must otherwise have taken it.

Not having had any opportunities of making post mortem examinations, I can make no remarks on the pathological appearances, except from analogy. The people occasionally opened animals that had died of it, and said, "that they found all the blood in the lungs and bowels."

With regard to the causes of the disease in the lower animals, they evidently depend upon the introduction, into the system, of a morbid specific poison, originating and emanating from sporadic causes existing in the soil, under particular circumstances; but what they are, or how they are communicated, I do not presume to explain.

*Diagnosis.*—Anthrax is almost the only other disease with which the *Charbon* or *Pustule Maligne* can be confounded, and they have been described by Baron Larrey (*Mémoires Chirurgie Militaires*) and many other writers, as differing only in different degrees of violence, but the two diseases are, nevertheless, easily distinguished by persons who have treated them. The well known anthrax only invades the aged whose constitutions have been injured, and is generally evident on particular parts of the body, protected from the contagion of Charbon as the posterior surface, scapula, &c. The causes are different. In one it may be in bad constitutions, excited by any irritation applied to the skin. The *Pustule Maligne* (sometimes severely and at others

very mildly) attacks the young and old indiscriminately, and is always caught, as far as I can ascertain, by handling lower animals that are suffering from it; and lastly, the appearances and symptoms also differ.

Three Rivers, Nov. 14, 1848.

## PRACTICE OF MEDICINE AND PATHOLOGY.

*Lecture on the Nature and Treatment of Cholera, considered with reference to its Analogy with Congestive Agues of Quotidian Type*, by CHARLES W. BELL, M.D. K.L.S. (Read before the Medical Staff of the Manchester Royal Infirmary, and the Members of the Medical Profession in Manchester, October 27th, 1848.) Continued from page 251.—We have hitherto considered the malarious influence by which ague, cholera, and remittent fever are produced, only in its physiological effects on the human body with little reference to their epidemic character, and without attempting to fathom the origin or nature of the cause. The cholera atmosphere, as it has been termed, is generally believed to pervade chiefly the lowest levels of a tract of country, and I believe this to be correct; but it is singular, that one of the spots pointed out to me as most fatal in Persia, was elevated 10,000 feet above the level of the sea, another 8,000, and another 5,000; it is also said to follow chiefly the courses of rivers,—in Persia it has uniformly been most fatal in the neighbourhood of the extinct volcanoes which crown the great range that extends from Ararat to Khorazan. Dr Prout observed, that during the prevalence of cholera the atmosphere was perceptibly heavier than at other times. In 1834 it was observed in the great London breweries while cholera was at its height, that fermentation proceeded more rapidly than was usual, and of late an attempt has been made to connect it with certain remarkable electrical phenomena. Dr Prout's observation has been verified, that during its prevalence a greater than usual tendency exists to the formation of oxalates in the urine. In both its invasions of Europe, its progress has been very remarkable, and not in the direct commercial route from India, having in its first advance adhered steadily to a course nearly W. N. W. from Hindostan; and its second was nearly identical, but with greater extension of its left wing towards the south.\*

Not only to medical men, but to the Government of every country through which cholera has passed, its progress has been a subject of great interest in reference to the question of contagion ever since its first recorded outbreak in Lord Hastings' army in

\* Without attaching much importance to facts which cannot explain the progress of cholera in other directions, I may mention as a contribution to its history in central Asia, that its first advance upon Persia in 1828-9 was preceded by terrific earthquakes in 1827-8, extending for some hundred miles around the extinct volcano Demawund; that there then succeeded a period of repose from subterranean convulsion till 1840, when a violent earthquake shook down a portion of mount Ararat, and continued to convulse the country to the south-east of that mountain till December, 1843, when for the first time in the historical period a new volcano burst out near Shoomacha, thirty miles to the west of the Caspian, and perhaps a hundred to the north of Ararat. That in 1841-2,3 the whole tract of country between the mouths of the Indus and the Caucasus had been overrun with unaccustomed dysentery, pestilential fever, and in some places cholera, but after this eruption and earthquake ceased, and the country became comparatively healthy till 1846, when cholera again broke out with virulence in the same tract. Since then the main line of the advance of cholera has been in the direction of the volcanoes of Iceland. I leave it to philosophers to determine how far it is possible that extensive chemical action beneath the thin crust of this earth, evinced by these earthquakes, may have had anything to do, either by disturbance of electrical currents, or the evolution of imperceptible gases, in producing so great an amount of disease and in determining the main direction of cholera over the line of country which evidently overlies an immense volcanic tract, that extends in a direct line from Cutch, late the scene of extensive subterraneous disturbance, over the Elboorz and the Caucasian mountains towards the principal volcano of north western latitudes.

India, in 1817. But although none of the well contrived barriers opposed to its advance by *cordons sanitaires*, or quarantine regulations, have yet succeeded in delaying its march a single hour, the question is not yet settled. The facts just alluded to, all display the general pervasion of something unknown, which influences the physical as well as the animal world, but is wholly beyond the power of man to stay; and, did time permit, others might be added still more convincing, bearing upon the change observable in the features of disease, both in the animal and the vegetable kingdom, long before the actual appearance of cholera. If, then, the connection of these facts with cholera were better determined and collected, it seems to be impossible to doubt, that the evidence of the existence of a cause, infinitely more general than mere contagion would soon prove so conclusive as to set the question at rest for ever.

These are points, however, far beyond my depth, and foreign to our present object which is practical observation of the facts which indicate the relation of cholera to other diseases, and to inquire what useful inferences may be deduced from them.

With respect to the epidemic influence of the cause of cholera in this country, a great change in the character of disease must have been remarked by the elders of the profession since its first advent, and it is notable to younger practitioners, that there is an obvious difference in the practice of the generation of physicians which is now passing from among us, and their own; those of the old school are much more stringent in the article of diet, more cautious of the use of stimulants, and altogether much more apprehensive of inflammation, than we of modern days; it is also notorious, that tonics are now much more universally prescribed than they were five and twenty years ago. All this is attributed by some to fashion in medicine, but it is evidently not so. In the commencement of the present century, the prevailing fever was attended with high arterial action, and the more acute forms of inflammation were much more general, inasmuch that the lancet calomel, antimony, were then the sheet anchors of the practitioner; but since a few years previous to the first inroad of cholera, a great change has occurred, bleeding in fever is now almost obsolete, a much more generous diet has become necessary, and calomel is comparatively disused. Since 1813, the type of sporadic fever of this country, has approached more nearly to that of the remittents of tropical climates, displaying an unusual tendency to relapse and to local congestions. Neuralgia has also greatly increased; and Bright's disease, and dropsy after scarlatina, &c., become more general. This particular type of fever has pursued so remarkable a course, that before submitting to you the account of the various forms in which it appeared in Persia in 1842-3, when obviously and essentially connected with cholera, I think it of some importance to trace its progress from India to this country, great part of which I have myself had the opportunity of witnessing.

In 1841, a fever of remittent and quotidian intermittent type, broke out in Scinde, where it destroyed many of our best troops, alternating occasionally with cholera. Both proved severe in Carachee: it spread through Beloochistan, and appeared at Bunder Abbas in the Persian Gulph, early in 1842; also at Yezd. It thence spread westward to Shiraz, and northwards towards Isbahan and Teeran, proving every where extremely fatal; but its further progress to the north west was arrested by a time, on the high grounds of Sultanieh, by the setting in of winter. Next spring it resumed its course, overspread Aderbijan, Erivan, Georgia, and the whole shores of the Caspian, crossed the Caucasus, and was very fatal in Veronesh, in the centre of Southern Russia. I here lost sight of it in November, 1843, but was not a little surprised to find it again in December, on my arrival in Edinburgh. It was there modified, it is true, and displayed less of an intermittent character, but was fully characterised by other symptoms, especially the tendency to relapse, and the pale tongue. Late in 1844, it appeared in Manchester, especially in Ancoats, where it was very severe. In 1845, it became epidemic in Liverpool, somewhat more modified in type, and the fever of 1846-7 in Manchester, still preserved much of its peculiarities, especially in the frequency with which it was accompanied with jaundice, and in running a course of seven, fourteen or twenty-one days, and relapsing at these intervals.

For nearly two years, the typhus fever imported from Ireland has rendered this type somewhat obscure, but within the last few weeks, beginning in the middle of September, the same form of

fever has become again prevalent and very severe. This will suffice to show, that not only cholera has spread to us from the east, but that since its arrival the very constitution of our fevers has partaken of a similar Oriental character, and that not fashion but necessity has demanded the remarkable change of practice alluded to, the best evidence that this is not an *imported* change is to be found in those fevers which arise sporadically from the decomposition of vegetable matters, for these always assume the character of the epidemic then prevailing; as when plague broke out in Oxford, caused by a collection of putrefying cabbage, in the reign of Charles the II., and the most exaggerated form of the type of fever we are now considering appeared in a farm-house in Peebleshire, in 1846, caused by the decomposition of stable manure; so cholera generally makes its first appearance in the neighbourhood of cess-pools, and in the most filthy parts of a city, and judging from my own experience, I should think that ague of a quotidian type must have been remarked by many within the last three years in badly drained houses. But it may be remarked, that the epidemic constitution of disease is not only displayed in the fevers of a country, but equally so in every aberration from health, and ever since the first appearance of cholera in this country, these have been such as to require a much more extensive use of tonic medicines. In proportion as the lancet has fallen into disuse, iron has come into vogue in another shape, for although seldom prescribed five and twenty years ago, except chlorosis, in the form of Griffith's mixture, the greater portion of diseases are now treated with chalybeats, a perfect evidence to my mind, not of the influence of fashion, but of necessity, and offering, I think, good grounds for attributing to iron some especial influence over the effects of the prevailing epidemic constitution in this country. For, whereas, thirty years ago this was marked by a highly inflammatory tendency, what we have now chiefly to combat, is feeble and imperfect arterial action, and a great and general disposition to venous congestion, not only in fever but in other diseases.

The usual indications for the use of iron is a pale tongue, and this is a special characteristic of cholera, also in quotidian intermittents and remittents, at particular stages. Its *modus operandi* is generally considered to be to increase the facility with which oxygen is absorbed by the blood, thereby aiding its transmission through the pulmonary circulation, preventing congestion on the right side of the heart, increasing the vitality of the arterial blood, and promoting capillary action in general, but it would also appear that iron exerts a peculiar, and perhaps independent, tonic influence on the nervous system; hence its effect in tic-doloureux, sciatica, and spasmodic affections, such as hysteria and chorea. Its use as an opponent to mercury is pretty well known, and in moderating congestion, and regulating secretion, in menorrhagia, amenorrhœa, and Bright's disease, while its wonderful effect on spleen disease produced by ague, is well known to East Indian practitioners. These considerations, which would each admit of extended comment, will serve as an introduction to what I have to say of my experience of its effects in the epidemics I have now to describe, beginning in forms very different from cholera, yet ending in that disease, and while their history will demonstrate their near connexion with cholera, it will also exhibit the singular effects of iron in various disordered conditions of the nervous system produced by malarious influence, and in restoring their appropriate action to medicines whose operation had been disturbed by the same cause, especially that of purgatives on the intestines, and of quinine on the capillary circulation in general as an antiperiodic.

In our present ignorance of the *modus operandi* of medicinal agents, the efficacy of iron in counteracting deranged action produced by malaria in the several systems,—nervous, circulating, and digestive, over which the sympathetic exercises its controlling and combining influence, will be looked upon as little more than a curious fact, but as all the diseases I am at present about to bring to your notice occurred in a single year, between January, 1842, and January, 1843, the fact of iron having been influential in all, must necessarily be taken as strong evidence of identity in the cause of those diseases to which it proved an antidote, and therefore strongly presumptive of a closer connection between tetanus, neuralgia, remittent fever, ague, and cholera, than is generally admitted.

The circumstance which first drew my attention to iron as an opponent to venous congestion, and to mercury, was a severe case of spleen fever, with much cerebral excitement; the symp-

toms were not such as to induce one to trust to a tonic medicine for the cure, and on the authority of Dr. Abercrombie I treated my patient with calomel, antimony, and salines. He quickly became salivated, an effect as readily produced in spleen disease as in Bright's disease of the kidney. Upon this he got alarming ly worse, fever and delirium increased, and he was only saved by immediate change of treatment to that recommended in Mr Twining's work on "Diseases of Bengal,"—namely, the combination of sulphate of iron with purgatives. Under this course he quickly recovered from the salivation and fever, and by perseverance for a few weeks the spleen was reduced to nearly its normal size.

As enlarged spleen is the direct consequence of repeated dilatation of the organ by successive fits of aguish congestion, and as subsequent experience showed that purgatives uncombined with iron did not produce the same effects on the spleen, it seems a fair conclusion that the iron operated by opposing the acquired tendency to venous congestion. In my own practice, too, I did not find quinine exert that miraculous effect in diminishing the volume of the spleen which is attributed to it by American and French physicians, and which has been exhibited by experiments on dogs; on the contrary, it often produced irritative fever, which it never did in combination with iron. The probable reason of this difference in the results is, that I employed it most where the prevailing type of ague was quotidian; others, where the type was tertian, to which the effects of pure quinine seem more peculiarly appropriate.

The next experience I had of iron as a remedy of unexpected power was a very singular form of epidemic disease, that exhibited extraordinary disorder of the nervous system.

A few weeks before this appeared in Tehran, a somewhat similar epidemic had prevailed in Bagdad, but there it occurred in the form of angina pectoris, destroying life in a few minutes by spasm of the heart, particularly where any organic weakness existed in the organ, and similar, it may be conjectured, to the attack of which Lord George Bentinck and the corpulent Mrs Armitage appear to have died.

A notice of the disease in the forms in which I witnessed it, may be found in an extract of a letter from me to my late brother, published in the Twenty-sixth Volume of the "Medical-Chirurgical Transactions;" and mention of a similar disease, as occurring in Strasburg in 1842, is made in one of the numbers of the "British and Foreign Quarterly Review."

This disease might be described as an epidemic apoplexy or epilepsy; it was characterized in the slighter cases by sleeping of the hand and foot of one side, coming on periodically every night at a particular hour, and accompanied with palpitation of the heart, nervously excited pulse, and severe headache, but though periodical in its attacks, I could not distinguish anything resembling a cold stage or actual fever. In the graver cases it appeared as coma, with hemiplegia, or epileptic and tetanic convulsions, which if mismanaged ended in death, at the same time facial neuralgia was unusually prevalent; in fact there was scarcely a form of nervous disorder which this disease did not assume in the two months during which it continued to prevail.

In two of the earliest cases, misled by acute pain in the knees and shoulders, accompanied with great palpitation of the heart, I mistook it for rheumatism with commencing carditis, and ordered bleeding and calomel and opium. By this treatment the symptoms were much aggravated, but they subsequently yielded to repeated doses of iron.

It were difficult to say what induced me to try this remedy, but I fortunately hit upon it early in the disease, and there was not a single case among very many hundreds in which a few doses of iron did not suffice to perfect a permanent cure; where, as quinine, purgatives, blood-letting, and mercury, all did more harm than good, and if uninterfered with, the disease often continued to recur nightly for weeks.

In the treatment of this epidemic, the Strasburg physicians were less fortunate. It does not appear that they had tried either iron or assafœtida, and the conclusion came to when the epidemic disappeared was that "nothing seemed to do good, but that upon the whole, more of those who were bled recovered than of those who were not."

This strange disease affords a good instance of a malarious poison producing its effects mainly on the nervous system, and a singular example of a disease so grave as to present symptoms which generally accompany only the most serious lesions of the

brain, yielding completely and invariably to so simple a remedy as a drachm or two of sesquioxide of iron. There was here no remarkable change in the secretions, save that so long as it prevailed there was a general tendency to constipation, and nervous irregularity of the bowels, which I shall have to remark, as occurring again in a subsequent epidemic. For nearly two months while the disease lasted, I had occasion to observe that the action of purgative medicines was frequently either null, or it was unusually severe; but I soon found, that where I was giving iron at the same time, their effect became regular, and for some time I was obliged to combine iron with every purgative, in order to ensure its action, even in cases where there was no other symptom of the malady present.

After the disappearance of this epidemic in March, the season was unusually healthy, with the exception of a few cases of a low form of apparently continued fever, but I believe really remittent, of the same kind with that which afterwards became epidemic in Edinburgh, in 1843, and, which exhibited an unusual tendency to relapse.

In August having few cases of importance to detain me, I quitted our sultry camp, then perfectly healthy, on an excursion into the Elboorz mountains, and pitched my tent at an elevation of 10,000 feet above the level of the sea, near the summit cone of the extinct, but still smoking, volcano Demawund. I was surprised on my arrival to find the tribes already deserting these celebrated pastures, and moving off to the lower grounds, the reason assigned was that fever and death were busy amongst them, and that they were fleeing from pestilence. I saw several of the sick, and believed the fever to be the usual typhus of the country, but thought it strange to find it in such a locality.

On my return on the fifth day to camp, I found about a dozen of our attendants ill of fever, one man being in *articulo mortis*, but he had newly arrived from the eastward, from which it appeared that this epidemic was spreading. He died comatose, with a black tongue and symptoms that I now recognize as those of malarious poisoning, and which simulate effusion on the brain,\* but which I did not then recognize as such, and believed this fever to be the typhus, such as I had been accustomed to see in the five preceding summers in Persia, for I was not then convinced that eruption is diagnostic of typhus. In the other cases the tongue was thickly coated, all the secretions disordered, and I saw no reason to depart from the routine treatment by calomel, antimony, and salines, which till then had proved successful. None of my patients, however, improved under this system; on the contrary, they were getting worse, and one case seemed rapidly hastening to a fatal conclusion, from excessive vomiting and irritability of stomach.

At this time the Russian Embassy was without a physician, and my attendance was besought for one of the *attaches*, who was suffering from ague, to which, however, he had formerly been subject. Hitherto I had seen a great deal of ague in Persia, but almost always of the tertian type, which very rarely indeed resisted the effect of a few small doses of quinine after a purgative. In this case the first two fits were tertian. I prescribed, and promised immediate cure, but in place of cure the third attack took place on the fourth day, and others on the fifth and sixth, and the tongue became dry, glazed, and cracked, such as I had not seen it before in ague but very like that which we see in the worst forms of nervous fever, without eruption, now prevailing in Manchester. My patient was encamped by the side of a stream, and under the shade of trees. Conceiving that this might be the cause of the unusual severity of the attack, I had him removed to a house on the top of a hill; still, however, he became worse, the shivering less decided, the fever more prolonged, and the stage of sweating and of intermission more imperfect. It was now rather a remittent or a continued fever, like those in our own camp, than an intermittent; quinine was

\* This is identical with the fearfully fatal fevers of the Persian Gulph, which generally prove mortal very rapidly, with symptoms of effusion on the brain; but *post-mortem* examination proves these fallacious, and the only constant *post-mortem* feature is soft and friable spleen. Calomel and bleeding is the usual treatment, death the almost invariable consequence. I can confidently recommend rapidly repeated doses of quinine and sulphate of iron of each a grain, with a drachm of sulphate of magnesia, in three ounces of water, as most efficient in the cure of this much-dreaded form of fever.

evidently injurious, and I was hesitating whether to adopt the same treatment, with calomel and antimony, that I was pursuing with the others, when on examining the præcordia, I found that there was much pain on pressure over the spleen; upon this I determined to try iron, in combination with quinine and gave him pills, composed of sulphate of iron and quinine, of each a grain, combined with one third of a grain of aloes, every two or three hours. I entertained, however, but little hope of his recovery, for I then expected the next accession to carry him off; it was, therefore, with no small surprise and satisfaction, that I found him sitting up next day at the hour which I had expected to be his last, and conversing with his friends. The tongue which had been glazed and dry, and so deeply and painfully fissured as to prevent his speaking, had now become soft and moist, the pulse more free, and the shivering fit, which had been absent for the last two days, came fairly on, and he was well in a few days.

Returning to our camp full of the new light that had thus broken upon me, as to the nature of the fever which was now destroying hundreds in the neighbouring villages, and spreading with great rapidity, and to which this intermittent was evidently nearly related. I re-examined all my patients, and discovered in all, more or less tenderness in the region of the spleen or epigastrium, and on watching more narrowly distinguished the remittent type, which had hitherto escaped my observation, for I now perceived that all the symptoms became aggravated after three in the afternoon, and that an imperfect remission took place in the morning; and that the tongue, which towards evening, and in the fore-part of the night, was dry, black, and coated, was soft and moist in the morning, except in the centre, and the edges pale and translucent. I pursued the same principle of treatment in all, by combining iron with quinine, camphor, aloes, salts, &c., according to circumstances, and adding venesection or leeches to the pit of the stomach in the worst cases, about the time which I judged to be the commencement of the stage of congestion. No sooner was this change adopted than I had the satisfaction of witnessing immediate improvement in all.

I must, here, however, mention the case of one of the table servants of the Embassy, who had for some days been affected with most obstinate constipation. I had given him castor-oil, senna and salts, calomel, calomel and jalap, colocynth, and croton all in vain—nothing moved his bowels; and disgusted with my inefficient treatment, he betook himself to the native practitioners in town.

After two or three days spent in the repeated administration of enemata, only one very small evacuation had been produced. I encountered this man on my return from the Russian camp, looking wretchedly ill, and in complete despair. I now remembered my former experience, of combining iron with purgatives, and give him ten grains of jalap powder, with one scruple of oxide of iron, which relieved him perfectly, and afterwards a grain of sulphate of iron, with three of aloes, always operated freely on his bowels.

At the time of which I have been speaking, while my Russian patient was so ill, I was called to see a poor French girl, whose father was a General in the Persian service, and encamped in a dark and thickly wooded orchard near the town, about seven miles from our tents. She was apparently suffering from dysentery, passing blood and mucus, the skin hot, and pulse about 130. I treated her according to the Calcutta practice as given by Mr. Twining, with ipecacuanha, blue pill, and extract of gentian, in which my experience of the fatal dysentery of the preceding year had given me the utmost confidence. No improvement, however, took place, and it appeared to me that there was no resource but to bleed from the arm, for I had frequently proved the efficacy of venesection even in the most reduced cases of dysentery without meeting with a single untoward circumstance to make me dread its effects; my surprise and dismay were therefore great, when, as soon as a few ounces were drawn, she became faint and collapsed, and the body mottled, blue and cold. It was only now that I learned by cross-examination of her attendants, that in the first commencement of her illness she had one or two shivering fits, and since then had each night become extremely cold, but without shivering. I had hitherto unfortunately only seen her in the forenoon, when hot and feverish, and none of the symptoms led me to suspect ague, which was not as yet prevalent. She revived a little by the use of stimulants, and I then left her, being called away to another patient, were I was detained so long that

the city gates were shut, and I was prevented from visiting her again that night.

The patient I was called to was a man of some importance, who had been out on a hunting excursion the day before, and had slept by the side of a stream. He was awakened by excruciating pain along the spine, and in the chest, so severe that he could scarcely breathe; the pain was now most in the epigastrium, and so acute that he could not bear the slightest pressure; the agony appeared too acute for inflammation, and other evidences of pleuritis and peritonitis were wanting; the skin was warm, and the pulse small, contracted, and very rapid. Much at a loss, I gave a large dose of morphia, and exhausted every means of allaying the pain, with the intention of awaiting further symptoms, but the pain continued to increase until about midnight when the difficulty of breathing became so extreme that I determined to bleed him; blood flowed freely at first, but scarcely had four ounces been drawn when it suddenly stopped, coagulating, black, and fatty on the wound. He instantaneously became blue and mottled, and was seized with terrific tetanic convulsions, bent backwards nearly double in opisthotonos, and in a quarter of an hour he was dead of cholera.

It was not till next morning that I learned that my poor French patient had died at the same hour, with exactly similar symptoms.

The two cases I have detailed were the first of the kind which had occurred, and first pointed to what the epidemic I was dealing with was tending, and made me aware of the fatal mistake I had committed in both; for I had bled late in the first stage of what might be considered an intermittent, and brought on by collapse by the very means which, if used in the antecedent period of commencing congestion, might possibly have insured safety.

I was not mistaken in believing that the epidemic character of disease which now spread rapidly and extensively over the whole district, was but a modification of Asiatic cholera, to which the fresh cases which occurred became daily more and more assimilated, until the various divergent forms for a time merged completely into cholera, as it has everywhere appeared. In all these different forms it was an invariable feature, that if periodicity was to be traced at all, it was always accurately quotidian, and this was the case in a very large proportion of the sick.

I shall not detain you with a detailed account of the various forms of disease allied to cholera which then prevailed, because I have already published a synopsis of them, in the 32d No. of the *British and Foreign Medical Quarterly Review* for 1843, under the title "Epidemic Ague of Persia, a Species of Cholera." The character of disease was greatly varied, both in intensity and symptoms, appearing as simple tie-doloureux, and intermitting hemiplegia; paralysis, general or partial, of every part, and in every degree; in congestion of the brain, simulating apoplexy or epilepsy; in shivering ague, or ague without shivering. By and by this form was more frequently accompanied with vomiting, purging, and cramps, so as to constitute, in every respect, an intermitting cholera; whereas others had attacks resembling cholera in every particular, except that instead of the more usual exudation from the bowels, this took place by the abundant out-pouring of the fluid of the blood from the skin, or sometimes into the cellular texture, either of whole or part of the body, producing either partial or general dropsy in the course of a few hours. This latter form was more especially frequent to infants and children. Sometimes, too, this serous exudation occurred in a form not less rapidly fatal than the worst kind of cholera, by producing suffocation, in consequence of sudden œdema of the lungs. All these, however, and various other anomalous affections, at length gave place to cholera in its ordinary form, with vomiting, purging, and spasms, as little marked by intermission as it ever is, and differing in no respect from that I had witnessed in Edinburgh and London. Its temporary disappearance was then followed by the return of remittent fever. In every one of these forms, however, the urine was invariably scanty, and of a dark porter colour, or wholly suppressed. In its second onset two years afterwards, cholera did not approach so gradually, but after having indicated its advent by a few cases of cerebral congestion and sudden death, it fell at once upon the population with all the fatality with which its first arrival is everywhere characterized. Suffice it to say, that in all of these I found the same principle of treatment hold good, and even the same doses of a combination of iron with quinine, together with a careful use of bleeding in the commencement of the congestive stage, univer-

sally applicable; whether in the slighter cases of mere nervous affection, or in the more decidedly periodical forms, or in those graver cases including true cholera, where the congestion was evidently too extreme to be within the power of medicine to overcome, without the mechanical aid afforded by the use of the lancet, and where the stage of intermission was only to be discovered by calculation of the time, and the most minute investigation.

I shall conclude this division of the subject by the bold assertion, as it may seem to many, even of those who have witnessed cases of the description I allude to, that within the last few weeks, commencing from the middle of September, several cases of quotidian congestion of the brain or other organs, so grave as to threaten life, and sudden unaccountable deaths from affection of the heart have occurred in Manchester, and I believe all over the country; and that these are attributable, in my opinion, solely to the already prevailing tendency to venous congestion, and nervous disturbance proceeding from the cause, and perhaps preceding the actual appearance of the more obvious forms of cholera. The cases which I have myself lately met with of this character, have been total insensibility, resembling apoplexy, with extreme collapse, return of warmth, and again a stage of collapse on the following day; also hemiplegia without other symptoms of apoplexy, both yielding to quinine and iron; intermitting hemiplegia, neuralgia, unusual pain and tension of the epigastrium, pains resembling rheumatism in every part of the body, aggravated by the usual treatment for rheumatism, but relieved by iron, and often accompanied with cold chill at a particular hour each day; also sudden attacks of vomiting and purging without tenesmus. These I shall probably have an opportunity of bringing to the notice of the profession in another place; my object here is not to detail cases, which others must have met with as well as myself, but by sketching the course of these diseases generally, to show how maladies, that, taken separately and without reference to the prevailing epidemic character appear to differ in every possible symptom, may yet be found when regarded *en masse*, to be very intimately connected.

I have been particularly desirous that your attention should be directed by the history I have just concluded, to the fact, that in every form of disease there mentioned, periodicity has been a prominent characteristic, and that though obscure in remittent fever, in actual cholera, and in some nervous affections, the close connection existing between them and decided quotidian ague in contemporaneous occurrence, sequence, and in their essential symptoms and means of cure, would scarcely admit of a doubt that periodicity exists in these also, even if it were more difficult to distinguish in practice than I have found it to be.

There is another point which can scarcely have escaped your observation in these forms of disease,—viz, the great variety of effects produced by the same exciting cause. Now, on the brain and nerves, with various, or without any, remarkable disturbance of the circulation;—now, on the bowels by constipation;—now by diarrhoea;—now, by dry vomiting;—on the capillary circulation generally in ague, remittent fever, and cholera;—or locally, by arrest of certain secretions, or by exudations from the compressed and congested blood into a variety of structures, &c. &c., for this alone I conceive would suffice to show, that such diversity of effect without a single constant concomitant, such as fever, could never be the result of altered blood without nervous impression, and functional disorder.

The invariable efficacy of iron in all these forms of disease, whether simply or in combination with quinine, will also, I think, sufficiently illustrate what it was formerly attempted to argue, that the different conditions of the nervous system and of the circulation, occurring in ague of different type, require a different action in the medicines by which the morbid influence is to be counteracted, according to the type or duration of intermission; for in speaking of ague, it was remarked, that in quartan the ferbile stage is the greatest,—that in tertian all three stages are well developed,—but that in quotidian the congestive stage is always the most severe sometimes even to the exclusion of the others;—that, in proportion as the intermission is prolonged, the congestion is less severe, and the energy of arterial reaction more powerfully excited; but, as the cession of the vital powers to the morbid impression becomes more complete, the period of repose is curtailed, the febrile stage less perfect, and capillary action more impaired, especially in that part of it which belongs to the venous system. Thus quinine, which almost invariably

cures tertian, is often found inferior in effect to arsenic in quartan, and in quotidian we have found it prove positively injurious till modified by admixture with iron, by which its ill effects were obviated, and its antiperiodic action restored,—a fact of no small interest in explaining the failure that has always attended the attempts to treat cholera with quinine and arsenic uncombined.

(To be continued.)

## MIDWIFERY.

*Kiestein a test of Pregnancy.*—Dr. Golding has published an elaborate paper, in which he seeks to establish the just value of this sign. He commences by noticing in turn the several indications usually relied upon, as auscultation, state of the breasts, suppression of the menses; and he proceeds to the consideration of Kiestein in a series of sections, embracing the several questions of interest connected with its formation.

The presence of the sound of the fetal heart is, of course, the most unequivocal sign of pregnancy; but this is only available after the fourth month. The placental souffle he shows to be less trustworthy. Of the state of the breasts, he observes that no indication can be more equivocal. His conclusions on this point are as follows:—

1st. These conditions are equivocal after first pregnancies, seeing that the areola has undergone changes in colour, is increased in size, and has its follicles enlarged; these states remain permanent, though if the mammae be observed during subsequent pregnancies, these characters may be better marked; it is only comparison, therefore, that will avail for practical elucidation.

2d. If the changes induced by utero gestation are permanent, diseases of the uterus, by affecting the breasts sympathetically, may induce congestion and other changes in them, similar if not identical with those produced by pregnancy.

3d. In some rare instances, the changes described by Dr. Montgomery are absent even in first pregnancies; the areola remaining unchanged, and the mammae flabby, till the commencement of lactation.

4th. In persons of fair complexion, the areola may be increased in extent, and have its follicles hypertrophied, without material change of hue.

5th. In those of dark complexion, the areola is naturally of a darker colour, and has its follicles better developed than in fair persons.

6th. During functional derangements of the uterus, the breasts have been noticed to undergo changes not readily distinguishable from those existing during gestation.

In drawing practical deductions from the suppression of the menses, Dr. Golding takes the following circumstances into account:—

1st. Whether or no the cause of suppressed catamenia during utero-gestation be due to impregnation; or to other causes, in which, however, certain of the phenomena also attending pregnancy coexist.

2d. That in some females, the menses are not suppressed during pregnancy or during lactations. The menstruations occurring under such circumstances, whether uterine or vaginal, and whether dependant upon normal or abnormal causes, is attended with the same physiological effects, as in ordinary menstruation, both during its occurrence and accidental suppression.

3d. Any functional derangement of the uterus or other organ reacting upon that viscus may so affect it as to cause suppression of the menses.

4th. Sometimes the menses, though apparently, are not suppressed, being secreted but not evacuated. The retention may cause vomiting, enlargement of the abdomen, sympathetic affections of the mammae and stomach, with other effects also concomitants of the gravid uterus.

5th. That however strong a presumptive evidence of pregnancy cessation of the menses may afford, it can never be certain evidence, unless corroborated by auscultation, or the indications afforded by the urine.

After thus discussing the usual signs of pregnancy, and showing the inconclusiveness of each under certain circumstances, the author next proceeds to the main object of his communication, the value of Kiestein as a test.

The chief value he shows to consist in its being available during the whole period of gestation; in its existence alike in first and subsequent pregnancies; its being uninfluenced by the age, temperament, or habits of the female; its being found in pregnancy alone, and disappearing during lactation. When this co-exists with amenorrhœa, Dr Golding looks upon it as the only conclusive evidence of pregnancy before the fifth month.

In his investigation of the cause of kiesten in the urine, the author examines it under two aspects; 1st, as a secretion of the mammary glands; which are eliminated from the kidneys, not as yet being required for the nutrition of the fetus; 2d, in its identity with milk. He then inquires under what circumstances its presence is most conclusive of pregnancy; what is the reason of its inconclusiveness, and whether kiestein is ever absent in pregnancy, and if so, whether it is really absent or only obscured by other matters?

The pellicle is determined by him to be the most conclusive of the existence of pregnancy; when the maternal and fetal systems are in a healthy condition respectively, it is then rarely absent. He recommends that, in searching for it, the urine examined should be that voided some hours after a meal. Sediments of lithates render the appearance more or less obscure, and therefore the most favourable conditions for finding the pellicle are the healthy state of the mother and fetus, a non-sedimentary state of urine, and its alkaline reaction.

The reasons of the inconclusiveness of the appearance of the pellicle as a test of pregnancy are thus summed up by the author.

The kiestein, viewed as a secretion from the mammary glands eliminated by the kidneys, is influenced, as other secretions, by those conditions of the system which derange assimilation generally. Such agencies may diminish or entirely suppress the secretion of kiestein; when diminished, it forms a scanty scum on the surface of the urine, or may be entirely absent as long as the general derangement lasts. A plethoric state of the system also, in which the red lithates abound, influences the secretion of kiestein. The pellicle may be absent while the lithates exist, or be so scanty as not to form a uniform film. The yellow lithates do not interfere with its formation to the same extent.

On the question whether kiestein is ever absent throughout the utero-gestation the author comes to the conclusion that it is occasionally absent, but only temporarily. He does not think that it is ever absent throughout the whole period of pregnancy. The general conclusions derived from his observations are as follows:

1st. Coexistent with, or shortly subsequent to conception, the breasts assume a secreting action; the product of which, eliminated by the kidneys, forms kiestein.

2d. If this action of the mamma be disturbed, it is the result of disease, and may be removed by appropriate treatment.

3d. Kiestein, though not apparent, may still not be absent, but may exist in such small quantities as not to be appreciable.

4th. The essential characters of the pellicle are its iridescence, fatty nature, and cheesy odour. It also prevents the urine becoming putrid for some time.

5th. As the secretion of the kiestein is a vital phenomenon, resulting from conception, it is often available before other signs of pregnancy.—Ranking's Report on Midwifery, &c. in Abstract, vol. vii, from British Record of Obst. Med., No. 1, 3, 5, 7.

## MATERIA MEDICA AND CHEMISTRY.

**Cod Liver Oil.**—The following account of the chief forms of disease in which it has been found useful, is taken from an essay on the "History of the Fish-liver Oil," published in the *Gazette Medicale de Paris*.

**Chronic Rheumatism.**—According to Alexander, Knood von Helmdenstreit, Amelung, Brefeld, Basse, Fehr, Galcoma, Mall, Moenig, Munzenthaler, Michaelis, &c., who have all published their own observations concerning the fish-liver oil in chronic rheumatism, this medicine possesses such an efficacy in this disease that it surpasses in their eyes all the other remedies, without excepting the most lauded anti-rheumatics.

This opinion of different physicians, who have all experimented by themselves, cannot be taxed with exaggeration,

if it is considered that amongst these cases there are found numerous instances of rheumatic patients being cured, who, after many years of suffering, and usage of all sorts of remedies, having lost their strength and despairing of cure, were completely cured by the aid of the fish-liver oil.

**Rheumatic sciatica.**—The fish-liver oil did not prove less efficacious in this form of chronic rheumatism, which is generally distinguished by its obstinacy; this is verified by the observations of MM. Knood von Helmdenstreit, Rust, Amelung, Munzenthaler, Settenger, and Spitter.

**Scrofulous diathesis.**—Although there are various observations published in support of the excellence of this oil for certain severe forms of confirmed scrofula, it requires something, candidly speaking, which will prove its efficacy in the scrofulous diathesis with certainty. The cause of this doubt ought not to be looked for in this circumstance, that the liver oil is less applicable in the scrofulous diathesis than in certain of the more severe forms of scrofula, but that the greater part of physicians are in the habit of only publishing their observations of the most severe cases. But if we consider that the scrofulous diathesis is the principle from which emanates, by the accession of aggravating circumstances, all the numerous and often dangerous forms of scrofula, and that the liver oil is in our eyes a true specific for the more severe forms of this affection, it is evident that this medicine is that which ought to counteract this principle with most certainty. Such is the opinion of M. Brefeld and Dr. Galama, who say that the liver oil is the most efficacious remedy for the scrofulous diathesis, and for no matter what form of confirmed scrofula.

**Confirmed Scrofula.**—Amongst the facts relative to the use of the liver oil in some of the manifold forms in which confirmed scrofula is presented, the most remarkable are those which Drs. Brefeld and Roppe have made known, the result of which is that this medicine universally is fit for all forms and kinds of scrofula. The principal forms of scrofula in which it has succeeded are given below.

**Swelling of the lymphatic glands.**—Under this title we have only to do with the swelling of the superficial lymphatic glands, situated immediately under the skin, in the region of the throat, to the nape of the neck, armpits, or groins.

The fish-liver oil is considered a certain and infallible remedy under swellings of the lymphatic glands which appear oftenest, first under the form of hard unequal tumours, nearly immovable and insensible, but which afterwards, when inflammation has laid hold of the cellular tissue which surrounds them and the skin which covers them, become inflamed, and suppurate in their turn. The cure always requires a much longer time where those swellings are connected with a confirmed scrofulous diathesis. This also can be advantageously influenced by the external use of the oil by frictions on the painful and inflamed tumours; this way of employing the medicine is that which has prevailed and which is recommended by the greater number of practitioners in this form of scrofula. But if the fish-liver oil is efficacious in swelling of the lymphatic glands of a scrofulous origin, it is absolutely useless in swellings of the same glands which are the consequence of small-pox, measles, or scarlatina, or even those which are developed in the course of syphilis, or of a carcinomatous affection.

**Scrofulous ulcers.**—The effect of this medicine is quicker and more remarkable in scrofulous ulcers, with irregular and more or less indurated borders, generally so difficult to cure, which arise either from suppurative inflammation of lymphatic glandular swellings, or from the dissolution of those indurated strumous tumours which are found so often in subjects of a scrofulous constitution, in all parts of the body indifferently. It has the same effect also in different traumatic lesions which so frequently become the origin of ulcers in subjects of a full scrofulous habit. Dr. Brefeld relies greatly on the external use

of this oil, with which he prepares an ointment which he applies to the ulcers by means of a pledget. In one case, notwithstanding, treated by the oil internally, the result was as favourable. The strumous tumours which we have referred to above, and which ought to be distinguished from lymphatic glandular enlargements, are perfectly cured by the fish-liver oil, even after they have passed into the ulcerous state, provided that the oil be administered in proper time; it was the same in the case of the tumour being on the point of becoming an abscess. The tumours decreased during the internal and external administration of the medicine, and it seems they became dried up.

**Chronic exanthemata.**—The fish-liver oil has been proved equally efficacious in the chronic exanthemata which are developed under the influence of a scrofulous diathesis, whether they occupy parts of the body covered with hair or places which are destitute of it.

In this case, some say they have obtained the best results from the internal use of this oil, while others pretend, on the contrary, to have obtained as good results by the external use of the same remedy. The usage of it externally, tried for the first time with success by Dr. Guérard for scald head, is principally recommended by Dr. Brefeld, and who pretends, who is more, not to have obtained any good result from the internal use of the liver oil in the exanthematous form of scrofula.

The milky scurf, so often observed in ill-nursed children, in whom there have never before been observed any symptoms of scrofula, and which, according to Dr. Brefeld, forms the transition of true scrofulous exanthemata; the exanthemata which are observed on the long-haired skin of young children, and which often envelop the whole face; scald head, which is not uncommon to see last till the age of puberty; and, finally, the scrofulous exanthemata which come out on every other part of the body, were quickly cured, according to Dr. Brefeld, by the external use of the liver oil, and even after, in some cases, they had for a long time used the internal treatment in vain. Experience taught him that the use of the liver oil, either externally or internally, had no effect on malignant, hereditary, or contagious scald head, even when combined with oil of turpentine by the advice of Dr. Martens; the same may be said of some psorical and syphilitic exanthemata.

Dr. Hauf reports a case of humid herpes causing an insupportable pruritus, which, after having resisted all sorts of remedies, was cured by the use of friction of fish-liver oil.

**Rachitis.**—The fish-liver oil is, without exception, the best remedy for rachitis, in all its stages, and under whatever form it presents itself; such is the nearly unanimous opinion of the German and Dutch Physicians, who affirm with one accord that it is much superior to any of the so-called anti-rachitic remedies. According to Dr. Schmidt, who has most insisted on the advantages of this medicine in twenty-one rachitic patients which he had treated at the time when he made known his results, thirteen were cured, four were in process of being cured; as to the others, judging from the progress which they had made for the little time they were under treatment, a very favourable prognosis might be drawn.

In France, far from partaking of the enthusiasm of the German physicians for this medicine, they have kept on their guard, perhaps with an exaggerated distrust; its efficacy in rachitis has nevertheless appeared to some placed beyond doubt. We have said that M. Bretonneau and M. Trousseau, by his example, had obtained good results. It is in these terms that Professor Trousseau expresses himself on this subject: "We have often obtained cures, the rapidity of which surpassed our expectation. Sometimes, after four days of treatment, the sharp pains which the children felt in all their limbs ceased; and the bones which could be bent, acquired, at the end of five days, a considerable solidity."

**General conclusions.**—Chemical researches have taught us that the fish-liver oil ought to be considered as a very compound medicine. Greasy neutral matter, bilious matter, iodine, phosphorous, each of them well known as possessing great therapeutic efficacy—also a certain number of organic elements, such as butyric acid, gaduine, and some others, the medical action of which is less known—finally, various inorganic salts, as the phosphate and sulphate of lime, chloride of lime, phosphate and sulphate of magnesia, are the substances of which it is composed.

But it may be asked, to which of these components does the oil owe its special virtues? Is it to the iodine, fatty matters, phosphorous, or other principles?

If the diseases, for which the liver oil is administered with success be duly reflected upon, it cannot escape any one that there are in each of them various indications to fulfil to obtain a cure. For the most part, there is debilitated digestion to be excited, nutrition to be regulated, secretions to be re-established, and the lymphatic system to be stimulated; while, on the other hand, the modifying of the organic nervous system is presented as one of the most important indications to be fulfilled. Neither the bilious matter nor the fatty matter, nor the iodine, nor any other principle, whatever it may be, taken alone, is capable of satisfying at the same time, all these indications, and it is not to any of these substances in particular, that the fish-liver oil owes its medicinal properties, and the faculty of fulfilling so different and so numerous indications. But it is by the union and co-operation of, if not all, at least the greater number of these substances.

In this state of things, the active principle of the fish-liver oil cannot be discussed in particular, like the active principle of cinchona; but attention ought to be paid, if not to all, at least to the principal elements of the oil, as each of them satisfying special indications which the diseases for which this medicine has been proved efficacious, present.

The medical researches having proved that the black fish-liver oil is more efficacious in rheumatism and scrofula than the other species, and the chemical researches having shown, on the other hand, differences, if not qualitative, at least quantitative, between the three kinds of oil examined, it follows that the principles that are in greater proportions in the black oil than in the other two kinds, ought to be considered as those which best fulfil the principal indications. Therefore it is not the neutral fatty matters, which are found in nearly equal quantities in the three species, nor the iodine, nor the phosphorous, nor the organic salts, which are found in greater quantity in the pale oils than in the black oil, which can be considered as more efficacious than the other principles for the cure of rheumatism and scrofula. It appears, then, that it is to the bilious matter and butyric acid, rather than the other principles, that the greater part of the therapeutic effect can be principally attributed, for they are the substances which are found in the greatest quantity in the variety of oil proved to be the most active.

As to the matter unknown up to this time, and which M. Jough first proved the existence of, in the product of the analysis of the different species of *Gadus*, and to which he applied the name of *Gadine*, it does not appear, on account of its insolubility, at least in the condition in which it was examined, to have a right to be considered as an active principle of the fish-liver oil. (*Gazette Medicale and Dublin Med. Press.*)

Dr. Bennett considers that the therapeutic action of cod liver oil is due to its fatty composition, and its being perhaps more easily assimilated than other fats. He believes that in rheumatic and tubercular affections, the albuminous compounds are in excess, and the oily compounds deficient; that, therefore, the most rational treatment is to supply the deficient oily matters directly. He explains the failure of other oils to effect benefit, which might be expected, if the fatty matter is the active principle, upon the supposition that

other oils, such as olive oil, are purgative. The author proceeds to state that he thinks cod-liver oil is destined, in the hands of the rational practitioner, "to be an important means of curing a class of diseases hitherto considered of the most dangerous and fatal character."

Speaking of the effect of this oil in phthisis, Dr. Bennett's testimony is greatly in its favour; and, in fact, it may now be satisfactorily demonstrated that there is no medicine or system of treatment which holds out so much encouragement in the management of consumptive cases. ("On Cod Liver Oil," *Edinburgh*, 1848; and *Monthly Journal*, May, 1848.)  
—Ranking's Report on Pract. Med. in Abstract, vol. vii.

THE  
**British American Journal.**

MONTREAL, FEBRUARY 1, 1849.

THE TORONTO LUNATIC ASYLUM.

Since the appearance of the last number of this journal, an event of no ordinary importance, as regards the efficient working of the above institution, has taken place. We call it important, inasmuch as it involves the authority of the medical officer of the establishment, and by consequence his usefulness. We do not view the question in the light in which it has been regarded by many of the local political papers. Capital of no ordinary kind has been made out of it. It is our duty and our business to inquire into the proceedings, for the purpose of viewing them in their professional bearings, influenced by but one motive, the benefit of one of our most important institutions, in the welfare of which every individual in the Province must feel deeply interested.

The present Temporary Lunatic Asylum owes its existence to an act of the Upper Canada Legislature, passed in 1830; and which, by a subsequent enactment, extended its provisions for the admission of insane poor persons to the various districts of Upper Canada, the original act admitting those only of the Home District. This temporary asylum is placed under the charge of a Board of Commissioners, who act under bye-laws, drawn up by themselves and sanctioned by the Governor General. In 1839, an act was passed for the erection of a permanent asylum, which, being nearly completed, will be opened for the reception of patients this ensuing spring, when the temporary asylum will be closed. By the former act the appointment of medical superintendent rests with the Executive, which power, as soon as the new asylum comes into operation, becomes vested in the Board of Commissioners.

In June, 1848, Dr. Park, an eminent practitioner at

Simcoe, was placed by the Executive in medical charge of the establishment, superseding Dr. Telfer. In accepting the office, Dr. P. relinquished a highly profitable practice. The appointment, however, was, like that of Dr. Lemieux, a *political* one, and on that ground to be condemned; but, unlike that of Dr. Lemieux, Dr. Park brought to the discharge of his duties, and we have every reason for believing so, every necessary qualification, and the appointment was, therefore, judicious. During the temporary absence of Dr. Park at Simcoe, Dr. Rolph performed his duties at the asylum. During this interval, a keeper, of the name of Hungerford, made allegations to the Rev. Mr. Roaf, the chairman of the Board of Commissioners, against the matron and steward, imputing to them sentiments and feelings of a bad character towards the other domestics. This letter was referred to the steward by Mr. Roaf, who placed it forthwith in Dr. Rolph's hands. The latter gentleman, upon careful inquiry, not finding the allegations substantiated, and thus made aware of the existence of a bad feeling, for the sake of the harmony of the Institution, and to secure perfect good understanding among the domestics, immediately suspended Hungerford, who, it would appear, was thus endeavouring to foment jealousies, and reported his procedure to the Board. This was the first step in the drama—the *causa teterrima belli*. Was Dr. Rolph right or wrong in thus acting? We think he was most unquestionably right; and, if for no other reason, at least for this—that the sooner the fomentor of envious feelings among the domestics of such an institution was removed, the better. Concord among the domestics of a lunatic asylum should exist, if anywhere. There is no institution in which such perfect cordiality and unanimity should prevail. Every means should be taken to preserve it, and every cause of dissension removed. It would appear, however, that a sister-in-law of Hungerford, Jane Hamilton, a nurse, was ill—but not so ill as to prevent her writing the letter of her brother-in-law to Mr. Roaf, thus endorsing and participating in its sentiments. On the 14th August, Dr. Rolph recommended her discharge also for the reasons given. Now, what was the conduct of the Commissioners? They met on the 17th, 22d, and 24th August, and after all this deliberation, came to the following conclusion:

"The Board being unanimously of opinion, that the keeper, Hungerford's, offence, is not so grave as to call for his dismissal, have reprimanded him for expressions contained in the letter directed by him to the Rev. Mr. Roaf; and have reinstated him on his

withdrawing the said letter, and expressing his regret at any language in the said letter offensive to the steward and matron.

"The Board being also unanimously of opinion that the part which Jane Hamilton took in the writing of Hungerford's letter to the Rev. J. Roaf, is trivial, direct that she resume her duties as soon as her health will permit."

Hungerford was accordingly re-instated, and on the 29th was re-suspended by Dr. Rolph, who remonstrated with the Board of Commissioners, alleging that he felt himself compelled so to act, "not from any want of respect to the Board, or to a deficient regard to their authority, but from a conviction of its necessity for the prosperity and good internal government of the Institution." In this remonstrance, we further find the following:—

"The undersigned further finds that his request for a confirmation of the rule against the use of intoxicating liquors in the Asylum has been declined by the Board, and their re-introduction allowed on the ground that Dr. Park having allowed beer to one class, the rest should participate. The undersigned feels most fully the irresistible force of the intimation from the Board, that such exceptions are injudicious, and calculated like all invidious distinctions to operate as a mischievous example against the very principle sought to be established.

"He can only obviate the difficulty, by reverting as he has done to the rule first adopted by Dr. Park, who made it applicable to all, and unwillingly relaxed it in respect to those not immediately connected with the management of the Insane, viz., the cooks and washerwomen.

"For two months, without a word of complaint, there has been a ready submission to the injunctions of the medical superintendent. But this acquiescence is endangered by the opposing views of those by whom they are naturally proud to model their habits, and estimate their duty. If the medical superintendent can surround himself and the Lunatics with keepers and nurses, able and willing to discharge their humane and self-denying duties, without the dangerous stimulus of inebriating drinks of any kind, or, in any quantity, he is at a loss to conceive any possible or tenable ground for preventing his accomplishment of it.

"In addition to the prohibition of all intoxicating liquors, he requests the Board to justify his exclusion of Tobacco, which ought not to be any longer allowed to the patients, and cannot, therefore, with propriety, be allowed to the attendants."

At a meeting of the Board subsequent to this, the re-suspension of Hungerford was permitted to continue until the return of Dr. Park, and "the prohibition of beer for the present to remain in force."

On Dr. Park's return to duty about the 11th Sept., Hungerford was re-instated. Dr. Park instantly ordered the steward to suspend him: This the steward refused

to do. Dr. Park addressed the Commissioners a letter of that date, requesting the nomination of a new steward. This application the Board declined. Matters became anarchical. Hungerford was re-instated again; until finally he was forcibly ejected by the orders of Dr. Park. This completes the second act of the drama; and here, in the meantime, we may pause.

The correspondence upon the subject has been excessively voluminous; crimination and re-crimination have been unsparingly resorted to; and many incidental circumstances have been brought into the field, which to us, at a distance, appear to have little influence on the real question, which is really and only one of subordination. Is the medical superintendent of such a situation a mere machine, placed in a situation of responsibility, without being permitted even an approbation of those instruments with which he is to perfect his measures or carry them out? Who are the parties most immediately concerned in the efficient working of a Lunatic Asylum?—the medical officer, who is invested with the sole responsibility, and whose reputation is at stake, or the Board of Commissioners—the responsibility in this case being divided among, we believe, a dozen members, and assumed, therefore, by no one in particular? Would the public not attach the responsibility to the medical officer who is known, rather than to the Board of Commissioners, who are not known except in their collective capacity? The answers to these questions, which might constitute our first premiss, would furnish no important deduction, unless the medical officer was qualified for his duties. We believe in Dr. Park's perfect competency to the task which he was called upon by the Government to discharge, although a disgraceful and most unprofessional attempt has been openly made by a medical member of the Board, to impugn his surgical treatment of a case at the Asylum. Most assuredly, such an accusation, under the circumstances, coming from a member of the Board, requires confirmation, before any credit can be attached to it. Believing, therefore, Dr. Park's perfect competency to manage his higher and more responsible duties, we consider him equally capable of managing the minor ones; and in his endeavours to remove an obstacle to the fulfilment of his intentions towards the well-being of the Institution, he should have been most generously supported by the Commissioners, and some deference shewn to his judgment. It is true that the power of "discharge" lies with the Commissioners. It is equally true that the power of *suspension* lies with the medical officers. Dr. Park usurped no authority until his own repeated requests, as well as those of Dr. Rolph, had been

treated with contumely. In this point he acted indiscreetly. *He should have resigned*; but Dr. Park's fault, in our eyes, is a venial one, compared with that of the Board of Commissioners. The presence of Hungerford was proclaimed by Dr. Rolph to be inimical to the welfare of the Institution; the Board should, therefore, have sustained the suspension. They have in their decision admitted the keeper's fault. If cordial co-operation was necessary in the Asylum, there should have been no disagreement about the punishment; they should have *discharged* him. We venture to assert, that in no hospital in the United States or the British Empire can a similar example of collision be adduced between a managing board and the medical officers. We know that in the Montreal General Hospital, the *suspension* of a nurse by the attending physician is her virtual *discharge* by the committee of management. It has occurred with ourselves, and we therefore speak from personal knowledge of the working of this Institution, one of the finest on this continent, and most assuredly it is but a trifling tribute to the judgment of the medical officer, that judgment to which is entrusted the lives of the patients, that his respectfully expressed wishes on a matter of such minor importance should be carried out, more especially when they tend, as in this case, not to the damage of the Institution, but to its prosperity.

The question was now referred to the Government by both parties; and the Executive cut the Gordian knot in the most summary manner, by dismissing Dr. Park, "without pronouncing upon the correctness or the incorrectness of the facts alleged, either by the commissioners or by you, nor to condemn nor acquit either party, as respects the matter at issue between them." This is a retribution with a vengeance; a condemnation without an inquiry! a summary punishment without the trouble of determining its propriety!! No, certainly. If the dismissal of Dr. Park was imperative, then was that of the commissioners equally so. The course which the Government has seen fit to follow, justifies the idea of their approval of the conduct of the Commissioners. We can view it in no other light, and it contrasts in no very flattering way with their declaration in their letter to Dr. Park, which we have quoted. They have professed one thing and have done another.

If the present Board of Commissioners are to be invested with the management of the new Asylum, they must learn, and the sooner the better, that, to render it thoroughly efficient, they must support the medical superintendent, whoever he may be. In sustaining him in his power and authority, they sustain the establishment in its integrity, and they should perform no act, likely to bring him into contempt among the servants, or to weaken his authority over those who are appointed to administer

to the insane under his charge. Strike at that authority, and all the good which could be elicited from such an institution is sapped at once.

One strange disclosure has been made by this transaction, that beer and tobacco have been permitted to the domestics and the patients. We think that Drs. Park and Rolph were perfectly correct in objecting to the employment of any such articles, either by the patients or domestics; and equally wrong were the Commissioners in not at once forbidding them. We cannot conceive on what tenable grounds the Commissioners should wish to see these practices continued. We cannot imagine the slightest good to emanate from them; but on the contrary, much evil—an evil, too, from which the patients themselves would chiefly suffer.

These remarks have extended much beyond our anticipations. The subject is by no means exhausted, but our limits compel us to close. We may, perchance, recur to the subject in some future number.

#### THE COLONIAL LIFE ASSURANCE COMPANY.

Just as we were going to press last month, the following letter, with the resolutions of the Board of Directors of the Colonial Life Assurance Company, was received. We have to thank Mr. Parker, for his attention in forwarding the communication to us for insertion, for the information of the profession; and although admitting the desire of the Company to render justice to a profession, whose services are ever most generously given to the public, and this for so long a period, that that public seems to think it has a prescriptive right to them, yet we do not agree with the Board of Directors in some of the grounds which they have taken up. We think, for example, that the second resolution is *sophistical* in its reasoning,—we deny that it is for the "benefit of the applicants," that references to the private medical attendants are made, and that they should therefore pay it. The application to the medical attendant is rendered compulsory by the offices—and we know of many instances in which the medical attendant's certificate, has been followed by a rejection of the application. Was the applicant or the company benefitted in such cases? Unquestionably the company. And if only a benefit to the applicant, why do the companies make it *compulsory* on his part to seek it? The practice is either a benefit to the companies or it is not. If it is *not*, then let the companies intermit a useless procedure as far as they are concerned; or if it is a benefit, let them assume the responsibility of the fees. This seems to us a plain and a short way of putting the question. The last clause of the first rule of the fourth resolution, embodies what the Board of Directors term "the practice." It has been most certainly not "the practice of Life Assurance Companies to pay such fees," but that is a "practice" which, as "the profession are justly entitled to remuneration for the professional trouble and responsibility incurred," will be soon abolished, as a matter of justice. We have already enumerated several British offices in which this "practice" has been abolished. These are as yet, exceptions to the rule. We are no prophet; if we cannot predict, that the exceptions will shortly be

come the rule. If it is a mere matter of justice, it is unquestionably their *right*. One office in this city, has, we are informed, since the profession has taken its stand in this matter, been satisfied with the certificate of *two* friends of the applicant. This "practice" is a question of choice with all its liabilities, and as such, we have no reason to be dissatisfied. Peradventure that office will discover, at some future period, that it has acted on the penny wise and pound foolish principle.

No medical attendant, however, has, it seems to us, a right to a higher fee than that paid to the medical referees of the company. In the case of the Colonial Life Assurance Company, that fee is 12s 6d for sums under £500, and £1 5s for sums above that amount. The profession seeks from offices, in general, no more than the fees allowed to their own referees. This both in equity and justice they expect, and on those grounds they should receive it.

Colonial Life Assurance Company's Office,  
19, Great St. James Street, Montreal,  
30th December, 1848.

DEAR SIR,—With reference to the steps which, you lately informed me, were about to be adopted by various members of the medical faculty, with a view to secure their remuneration for reports as private referees to Life Assurance Companies, I have now to inform you that the Directors of this Company, desirous of affording them every facility in the matter, have resolved to adopt the rules, of which I send you a copy enclosed. In doing so, they have followed the example of the Standard Life Assurance Company of Scotland, the most successful Scottish Proprietary Company, by whom the enclosed regulations were originally adopted, and still continue to be followed.

Trusting that the medical faculty will see the justice of the position taken up by this Company.

I am, Dear Sir,

Yours very truly,

A. DAVIDSON PARKER,  
Manager.

Arch. Hall, Esq. M.D.

Resolutions of the Board of Directors of the Colonial Life Assurance Company in regard to medical fees:—

**Resolved**,—1. That medical practitioners referred to by persons proposing Life Assurances, either as their ordinary or occasional medical attendants, in evidence of their state of health, are justly entitled to remuneration for the professional trouble and responsibility incurred, in connexion with their reports under such references.

2. That such references being made by parties proposing Life Assurances, in evidence of their state of health, to support their applications for Life Policies (the offices employing and remunerating medical officers of their own to consider and report on all claims for admission), the report of the medical attendant must be held to be for the benefit of the applicants, and should be furnished at their expense.

3. That the Life Assurance Offices are called upon to afford every facility to medical practitioners, in securing their remuneration for such reports.

4. That the practice of the Colonial Life Assurance Company, with this object in view, shall in future be thus regulated.

1. When a person applies to have a Life Assurance effected, he shall be made aware that the medical attendant expects a fee for his report under the reference to him; and that it is not the practice of Life Assurance Offices to pay such fees.

2. He shall be asked to supply or name the amount of fee which he wishes to be transmitted to his referee: and that the same shall be forwarded by the Company on his behalf accordingly.

heat of last summer, have terminated, like eggs which have undergone the process of incubation, in the proposal of a new Medical Bill, intended to abrogate the present Act of Incorporation of the Profession. Ostensibly for the benefit of the Profession as their professions were, the proposed Bill, as their exponent, proves them incontestably the reverse. Instead of ameliorating the Profession, they would degrade it—instead of improving they would deteriorate it; instead of insisting upon a professional education, by attendance on lectures, to which, as the rule, we challenge even an exception, they would permit the aspirant to practice to glean his knowledge from books, to study his anatomy from paper, his chemistry from parchment, and to draw his practical knowledge from fancy! Educated, as we believe a majority of that association is in that manner, they consider that a deviation from a plan, which has subserved its object as far as they were concerned, and to which they were forced by circumstances, is sufficiently good at the present day. It matters little to these parties what carbonic acid is, so long as the druggist supplies them with *ten pounds of it* according to order. Still less is it a matter of importance to determine the difference or the similitude between the ol. ricini and the ol. palmæ christi. Doubtless, in their estimation the latter would possess advantages immeasurably superior to the former, in certain cases. The members of the Repeal Association are determined upon an improved and better system; they are determined to enlighten the profession and the public, and this in a manner equally as positive as that of another member of the same respectable body, whose love for his native village, and desire for its prosperity, led him to order from a respectable house in this city, *a barrel of oxygen*, to make the Bude light, therewith to astonish the natives by illuminating their darkness, and to exhibit the profundity of his own chemical knowledge and his skill, at one and the same time. Yet such are the professional qualifications of some of the men, who propose legislation in behalf of the Profession. That a perpetuation of such deplorable ignorance would continue, if their proposed scheme passed the Legislature, there can be no question. That men of education, and some there are enrolled among its members, should countenance them, is to us a matter of astonishment—and this astonishment will be heightened indeed, if their scheme does not meet with its deserts—an indignant scouting by the House.

Since the foregoing was written, we find the following petition presented, inserted in the Routine Business of the 29th January:—

"Of B. H. Charlebois, Esq., and others, Physicians and Surgeons of Lower Canada, praying certain amendments to the Act incorporating the medical profession of Lower Canada."

*Midnight Mass at the Marine Hospital, Quebec.*—*"Suam cuique tributo,"* is our motto, and we must be generous to Dr. Lemieux, the House Surgeon of the Marine Hospital. Circumstances make the man; and so will it be with him. We doubted his possession of the requisite practical experience for the post

The Proceedings of the Repeal Association.—The labours of this august body, which appear to have been conducted with considerable activity, during the intense

with which it has pleased the Executive to honour him; we cannot doubt his religious inclination, or his zeal in this respect. It is a pity, however, it is not mixed with some discretion. The ward of an hospital is, in our estimation, the worst possible locality for the celebration of a Midnight Mass on *Christmas* eve, with the opening of the gates at that unseasonable hour, *contra regulas*, for the admission of strangers. In our simplicity we thought that perfect quiet should reign there, that sleep might not be interrupted, provided however that sleep, "balmy sleep," was an object of importance to sick patients. Dr. Lemieux thinks otherwise; and the Hon. member for Montmorenci thinks otherwise; and, doubtless, the Executive thinks otherwise; it is, therefore, a matter of no consequence what other people think; but we would advise Dr. Lemieux of an impression which this fact of a midnight mass makes upon our mind; that he only half knows his duties, who would tolerate or permit for one moment, during the night, in a place where there are sick patients, anything, no matter what it is, which would tend, even in the minutest degree, to disturb their rest or slumber. We wonder what our Parisian contemporaries will say to this—will they take a leaf out of Dr. Lemieux's new treatment of diseases, and recommend its adoption in their own far-famed institutions.

## CORRESPONDENCE.

LETTER OF DR. WORTHINGTON.

(To the Editor of the British American Journal.)

SIR,—I am very sorry that my former communication should have proved so wholly "unintelligible" to you, but comfort myself with the hope that "to others" necessarily possessing no more understanding, but less prejudice, the task of unravelling its alleged mysterious allusions will not be difficult. I fully concur with you in your disapprobation of "occult influences," and admit, that such influences, as well as "the person who would wantonly insinuate them," are equally deserving the contempt of every high minded man. I also admire your "amor justiciæ" in calling on me in such a faltering manner for an explanation of what you are pleased to call my "series of inuendoes." But, sir, if you will allow me, I will differ with you as to the applicability of the term "series of inuendoes" to any general statement of facts. I have *insinuated* nothing, but stated *facts* plainly, as evidence of the existence of "occult influences." You say you are acquainted with no occult influences yourself; well, perhaps you are not, though it is barely possible you may be, without being aware of it. Black is a color having a variety of shades—and a great deal would depend upon what influences you had been accustomed to regard as really "occult." You say it is due to myself, as well as to the "Montreallers' members of the Bond," to explain that I have not made charges out of mere wantonness. I am not bound to obey the call, as due to the "Montreallers";—and of what is due to myself, I am the best judge, yet as the charge has been made publicly, and you have given insertion in the last number of your Journal, to a communication calling in question my character for veracity, and denouncing my object in writing as contemptible, it will be peculiarly gratifying to me, to give such explanation as will prove the truth of my statements, and satisfy you that I did not make them "wantonly." As a matter of justice, I hope as you have made the call, you will also publish the explanation. I will give it in as "intelligible" a form as it is rationally

possible for me to do, and hope it will be satisfactory in its detail. Your readers will then be able to decide—1st as to the existence of "occult influences"—2nd as to my having "wantonly insinuated them"—3rd If any one,—*who* is to be despised? 1st the Board did not elect Dr. Gilbert, and gave through its secretary, as their reason for not electing him one that is without foundation in either Act, or By-laws.—A bad reason is worse than none at all, a bad one having been given the inference is strong that another existed,—if that other one was hidden, it was occult, and an influence—i. e. an occult influence. Again, a Governor of the College (whose name will be given if called for) in a conversation with a gentleman (whose name will also be given) stated, that the "Board had received a petition from the Township members relative to the vacant Governorship for the District of St. Francis, and that it bothered them exceedingly, as they did not know how to get out of it. That there was no one in the Townships fitted for the office but (Dr.) Johnstone, yet they did not know how to surmount the difficulty of the petition which recommended another party, but however they would manage, or invent some plan or other to get over it if possible." To this statement moreover the gentleman declared he was willing to make affidavit.—This is occult influence,—and with the other makes "occult influences."—so much for number 1. Number 2. needs no excuse for my motives. And number 3. your readers can determine for themselves.

This Sir, is my explanation in rendering my "series of inuendoes" "intelligible."

Your correspondent Dr. Arnoldi has followed your example in affecting to despise me and my "production," but he has not had the good sense to imitate your wise policy, in refraining from any attempt to reply to my arguments. On examining the Doctors' effusion I am fully convinced that it would have been more sapient in him to have considered the question of his competency for the task, before he undertook it,—than to have indulged in the vain and vulgar spirit of heedless bravado which pervades his letter. However humble, or even contemptible as an individual I may be, the interests that I advocate are well worthy of consideration,—Dr. A. in assuming the office of an advocate for the Board has had recourse to a shifting, and shuffling line of defence unworthy the apologist of a collegiate body. He begins with a gross and gratuitous insult to me, in insinuating in a most unfair and ungentlemanly manner, that I am not to be believed. Now let us inquire who are the parties to be believed?—Dr. David in an official letter to myself and others immediately after the election, states as follows:—"I have to inform you the Board could not accede to the request of the petitioners, inasmuch as Dr. Gilbert, of Halley, is not a Provincial Licentiate of four years standing."

The B. A. Journal for November states, that the Board could not act upon the suggestion of the Township members, "as the member recommended was not a Provincial licentiate of four years standing." Dr. Arnoldi's sapient epistle says "Dr. Gilbert, was not elected—not owing to his ineligibility, nor (he delights in negatives) from any want of respect towards the signers to his memorial, but simply because the other nominees were his seniors." He says there is a *prima facie* evidence of truth, in the reason intimated to Dr. Gilbert, officially by the secretary "as the resolution the Board had come to, but in fact no such resolution was passed, although such happened to be minuted in the hurry of the moment." Very able advocacy of very orderly proceedings of a corporate body!—"The principle (of seniority) was one which had been adopted on all former occasions"—who are the governors of the College? Are they the oldest men in the profession? No!—the principle of the Ballot box is the only one that ever was adopted by the College. It is the only one pointed out by the law for adoption in metamorphosing a member into a Governor. But again, Dr.

A. asserts that "the principle upon which the Board acted was based upon the spirit of the Bill, which, although it positively says, that every member is at once eligible as governor, goes on to say that from and after the passing of the act, none shall be eligible as member unless he possess a provincial license of at least four years date. If, therefore, it be deemed advisable to restrict memberships to provincial licentiates of four years standing, surely it is equally necessary that the same rule should apply to a candidate for a Governorship; and in the face of an entire absence of any clause in the bill, providing for such a condition, (!) surely the Board must be admitted to have acted with most perfect consistency in adopting this principle."

This last is not the principle of *seniority*, but another principle, upon which the Board acted. This last paragraph of Dr. Arnoldi's thrown into a syllogistic form would appear thus: "The act declares that every member is at once eligible as a governor, but it also restricts membership in future, to licentiates of four years standing,—therefore, no member should be elected a governor unless he shall have been for four years a licentiate!" For the good of suffering humanity I hope the Doctors pathological reasoning is sounder than his logic. And now, sir, allow me to ask who is truly contemptible—and which of us less worthy of credit?—Myself who simply believed the reiterated statements of a governor of the college, and the published minutes of the Board—or my self-constituted censor, who expressing a fear lest I should be believed, boldly and flatly contradicts Dr. David its secretary, and finally himself its Registrar and advocate? This he has certainly done, asserting that Dr. Gilbert was not elected, *not owing to his ineligibility*, and in the very next sentence informing us that "the principle upon which the Board acted was based on the (prohibitory) spirit of the bill," but surely the act defective as it is in many respects, is not wanting in perspicuity in prescribing the qualification for governorship—membership being all it requires. In the long and elegant extract above quoted, Dr. Gilbert is told he "may rest assured that his is not a malicious case!" Now as malice in the proper sense of the term relates to persons and not to things, it follows that Dr. is not malicious! He was never accused of being malicious, and I cannot see a necessity for this statement of Dr. Arnoldi's.—It may be said that this is not the sense of the passage, well then it is the nonsense of it, for it has no sense or application to what follows, unless indeed the Doctor meant to give a medical opinion on Dr. G's disease, "Ineligibility," and wishing to soothe him, tried to intimate that though he could not now prescribe a remedy, time alone would improve his condition, as in its nature the disease was not malignant, but "in the hurry of the moment" he wrote malicious. This view of the case is borne out by a complaint of the "entire absence of any clause in the Bill providing for such a condition" (!) Now sir, in the name of common sense, what else can "such a condition" refer to? If it is not the condition of Dr. Gilbert,—is it the condition of his constituents? or the condition of the college? or what condition? I must admit that notwithstanding all his other excellencies of style, your correspondent, like another great logician—Locke, is in his sapient reasoning sometimes to us somewhat obscure. If *seniority* is to be the ruling principle, the Ballot box had better be burned. Let candidates come forward with certificates of the date of their birth, and initiation into the mysterious of Medicine, let gray hairs alone be received as proof of the validity of such testimonials—and the "open sesame" to the honors of the Profession. I have never had the honor of seeing more than two of their Excellencies of Montreal, but I was almost persuaded from Dr. Arnoldi's letter, that the majority of them were men "of grave and venerable aspect." The President—like the "Iron Duke"—bowed down with the infirmities of years; the secretary as old as

the songster of Israel,—and the Registrar retaining just enough of youthful fire to make him interesting,—and just enough of the dullness of old age, to call for the exercise of charity, for his petulance and contradictions! But in all except the last particular I was wrong. The claims of *seniority* according to all the rules of etiquette, are governed by particular circumstances. I would instance the recent contest for precedence between Judge Bedard and the Montreal Bench. Seniority of residence in the District should be considered as well as seniority of license. Now Sir, Dr. Johnston is not the senior practitioner in the district. Dr. Fowler most assuredly is not—the period of his residence in the district (and I believe Canada) not exceeding four years.—If *seniority* was the "principle adopted" why was not Dr. Colby elected, with Dr. Johnston? That would have shewn consistency of principle. If Dr. A. should come to this District to practice, would he take precedence of all the Township Practitioners? No! He would be junior to the youngest. So that even admitting the claims of *Seniority*, to bear upon the case, the decision of the Board was inconsistent, and an act of injustice: and the apology given for such inconsistency, an insult to the understanding of every member in the District.

However lightly I may estimate the Doctors' affected contempt, or laugh at his allusion to silliness,—and his approval of your "laconic allusion" to my letter, I cannot but regret that his feelings mastered his sober judgment, and his philanthropy led him to meddle with "so silly" a "production." If my letter is "so silly that it carries its own antidote" it is a pity the Doctor noticed it. Surely Sir, he believes himself endowed with a superior intelligence, and gives your readers credit for very little shrewdness when he deems it necessary to point out to them the absurdities of a letter that is "so silly, that it carries its own antidote,"! Three grains of Tartar Emetic is its own antidote: the employment of another betrays a suspicion that the dose exhibited has been stronger. If it is a crime to raise my voice against injustice—I am willing to be sneered at, but I have only Dr. Arnoldi's word to prove the applicability of the terms "silly," or "contemptible" to me, or my "production," and knowing nothing of the Doctor, either personally or by reputation, beyond his mere existence, and his evident desire to excel in sarcasm, would prefer proof of the charges from a more creditable witness, particularly as he doubts the truth of his own statements, and takes pains to contradict himself.

He attempts to show that I contradicted myself, by comparing a passage in my letter with a quotation from one of Dr. Gilbert,—this is unfair and ungenerous criticism. I had to quote Dr. G's letter word for word, for the sake of connexion. The sentiment was given as Dr. G's—it was one I never endorsed. Dr. Arnoldi thinks that it would have been "sapient" in Dr. W. had he "revised his production" before sending it to you for publication. That Sir, is very true!—I make no pretensions to elegance of style, or correctness of diction, or aptitude for argument, but I believe I can with propriety recommend the Doctor to follow his own "sapient" advice, and if he should meditate further advocacy of the proceedings of the Board, would urge him to avoid weak arguments, direct contradictions, and ungentlemanly allusions.—'T would seem however that my gravest fault, was that of accusing a governor of asking Dr. Gilbert how he would vote. "This is the head and front of my offending." I am defied, as is Dr. G., to name one governor who *it is asserted* put Dr. G. such a question. Now Sir, I will not only name a governor who *it is asserted* put the question—for that would not help Dr. Arnoldi in the least,—but I will name the governor who did actually put *such a question*. That governor is Dr. David—my authority is Dr. Gilbert, who has corroborated my statement in a private letter to yourself. That letter gives the occasion, and the manner in which such a question was put. It was in reference to

the clause in the By-laws, compelling the payment of \$10 registrationfee "which was inserted for the purpose of excluding all those of the French party, who were unable or unwilling to pay that sum, and as that would possibly include a large number, it would at any future election give a majority to the present party." But I believe you have Dr. Gilbert's permission to publish the whole of his letter, if you see fit. I am vauntingly asked, what have governors to canvass for? My answer is, to gain accessions to a Party.—"Surely no one in his senses could be induced to suppose that a person occupying office would join the opposition. For what other object canvassing could be required, I am at a loss to conceive."—This I can very readily believe!

In order to render my communications harmless, it would appear that they must be "treated *even by silent merited contempt*." I would like to know, sir, if I am to consider this as a Prosopopee,—or whether merited silent contempt be a real personage? I shall conclude by referring to a pair of "*footings*" alluded to in the close of the Doctor's letter. He trusts that his explanation will convince "all around" that the College was not "got up" for any other purpose than that of placing the Profession on a "*footing of respectability, and [a footing of] good understanding.*" A footing of respectability is intelligible enough, but a footing of good understanding is stark-nonsense.

The Dr. in allusion to my silliness has given me liberty to allude to his blunders. He provoked the quarrel, and cannot blame me for retorting.

I have the honor to be, &c. &c.,

E. D. WORTHINGTON, M. D.

Sherbrooke, January 13th, 1849.

LETTER OF DR. GILBERT.

HATLEY, January 9, 1849.

DEAR SIR,—I regret that the course of proceeding adopted by the Governors at their meeting in October last should have led to any unpleasant feelings, more particularly as I was in a great measure the object of the difference. I had not intended taking any part in the controversy, nor should I have troubled you with this letter, did I not feel called on by Dr. Arnoldi's reply to Dr. Worthington, to explain an error into which the latter gentleman has fallen.

I should say, firstly, that I knew nothing of the contents of Dr. W.'s letter until I read it in your Journal, otherwise, probably, it would not have appeared exactly as it did.

I must, however, state, in justice to Dr. Worthington, that if the proceedings adopted by the Board had been stated to him by the Secretary in the straight-forward manner in which Dr. Arnoldi now appears to express their views, instead of apparently using a subterfuge to evade compliance with the requisition, most of the source of irritation would have been avoided.

We deem it but an act of justice towards Dr. David to state, that upon our shewing to him this letter, he immediately called upon Dr. Gilbert for an explanation of the offensive expressions here conveyed against him, which, after correspondence between the parties, Dr. Gilbert has withdrawn in a letter addressed to ourselves, in the most satisfactory way, and which we have shewn to Dr. David, at Dr. G.'s request,

We think that Dr. Worthington's "innuendoes" are now perfectly intelligible. Dr. Gilbert's letter fully settles the question as to the "vote," which is all that we considered it our duty to animadvert upon. The proceedings of the Board of Governors being no business of ours, we permitted the officers of the College

View, however, for yourself, the position of my requisitionists, and consider whether they had not reason to complain of the manner in which they were treated. In the first instance, contrary to the spirit of the Act, this District had no representation at all. When the crying injustice of this could no longer be upheld, it was resolved, by the board, that the next vacancy should be filled up from here, and one of my requisitionists, Dr. Alcorn, at the Quebec meeting, was directed by some of the governors to get up a meeting in the Townships and nominate a representative. So far, well,—everything carried an air of fairness. A meeting was called and every member and licentiate in the District, save four, signed a requisition in my favour—this was forwarded to Montreal. Now the result:

The election was for a representative for this District, not for Montreal; but the governors in Montreal took it on themselves to elect our representatives, not only in an uncalled for manner, but in direct opposition to our expressed wishes, consequently, treating us with most wanton contempt; for surely if we are considered by the legislature of sufficient importance to be represented, we are quite competent to elect our own members. In fact, the medical men of Montreal have no juster right to elect our medical representatives, than the citizens of Montreal have to elect our legislative ones, as in either event our franchise is rendered a perfect absurdity. Add to this that the parties elected were known to have personal friends among the governors, and that an utterly groundless cause was stated by the secretary to be the reason of my non-election, and, I think, you will yourself allow my supporters had abundant reason for discontent.

My object in writing, however, is chiefly for the purpose of explaining the error of Dr. Worthington in stating I was asked how I would vote, &c. Now this was *literally* not the case, although I have no doubt what I said to him carried that impression. In a conversation I had with him, immediately after I received your letter, he asked me if I knew any real cause why I was not elected, as it was evident the one assigned by the secretary could not be the *bona fide* reason. I told him, I had no doubt, feelings of a personal nature had something to do with the matter, but that in addition to this, one of the governors, probably, to pump my views, had stated during a conversation on the subject of the opposition, that the clause in the Bye-Laws compelling the payment of £2 10s., was inserted for the purpose of excluding all those of the French party who were unable or unwilling to pay that sum, and as that would probably include a large number, it would at any future election give a

to settle them as they please, and to reconcile the matter. Dr. Worthington would fain

"By hard words, jealousies and fears,

Set folk together by the ears,"

like another celebrated personage of antiquity. In this latter matter he has miserably failed. His insinuation was based upon a bubble—which the poet tells us is not peculiar to water—

"The earth hath bubbles as the water hath,

And these are of them."

—Ed.

majority to the present party; and, I had observed that though the object might be gained in that manner, it did not appear to be a very straight forward course, and that, probably, my observation to that effect may have been a cause of my non-election.

Now that this was stated to me by a governor, I am quite willing to make oath at any time, and, if you wish it, I will give the name of the party in confidence or in public, if the gentleman will allow me.

I do not write to you as editor of the Journal, as I see no object in rendering the breach that has occurred wider than it now is, but you are at liberty to shew this letter or any part of it to your friend Dr. Arnoldi, or to any one else you please, or in short, to publish it if you see fit.

As I shall always remember the courtesy shown me personally when in Montreal, particularly by yourself.—I beg to remain, &c.

F. D. GILBERT.

To A. Hall, Esq., M. D., Great St. James Street, Montreal.

P.S.—I beg to say that I do not wish any quotations from this letter to appear in print, but should you or any other party wish to use it, you are quite at liberty to publish the whole.

NOTICE TO CORRESPONDENTS.

La Gazette des Hopitaux de Paris est informée, que, selon l'avis de Dr. G., dans une lettre dernièrement reçue, nous avons envoyé par la Poste notre Journal, commençant au premier de Janvier. Nous le prions, en envoyant son Journal à ce pays, de le transmettre par l'Angleterre; parceque par cette route, il arrivera plus régulièrement, et avec plus de vitesse.

We have not received for the last two months our usual parcel from Messrs. Wood & Co. The only American Journal which has reached us has been the Boston Journal, which is most regular in its weekly arrivals. Our British exchanges have been regularly received.

Letters have been received from Dr Gibb (Paris), who has our best thanks for his attention. From Dr Gilbert (Hatley), Dr Hull (Manningville) with remittance.—Dr H. must wait until the Act is amended before his object can be accomplished—we hope he will not have to wait long. Dr Marsden (Quebec), and Dr Douglas (Quebec)—the wishes of the latter gentleman are duly fulfilled. Dr Hill (Bytown) with paper.—The December number was sent.—The back numbers which had not been received, were sent in accordance with Dr Marsden's directions, to Drs Blanchet, Hall, Wolff, Robitaille and Marsden, Quebec. We are in communication with the post-office upon this subject now, and if any of our subscribers fail in receiving their numbers, we would desire an early intimation of it.

Mr Thompson's meteorological reports at various stations on the Hudson's Bay Territory have been received.

BOOKS, &c., RECEIVED.

Report to the Commissioners of the Temporary Lunatic Asylum, at Beauport. January, 1849.

MONTHLY METEOROLOGICAL REGISTER AT MONTREAL FOR DECEMBER, 1848.

DATE.	THERMOMETER.				BAROMETER.				WINDS.			WEATHER.		
	7 A.M.	3 P.M.	10 P.M.	Mean.	7 A.M.	3 P.M.	10 P.M.	Mean.	7 A.M.	Noon.	6 P.M.	7 A.M.	3 P.M.	10 P.M.
1,	+12	+22	+19	+17.	30.03	30.10	30.02	30.07				Fair	Fair	Fair
2,	" 25	" 37	" 37	" 31.	29.69	29.22	29.29	29.37				Snow	Rain	Cloudy
3,	" 34	" 38	" 32	" 36.	29.42	29.54	29.79	29.58				Fair	Fair	Fair
4,	" 33	" 37	" 33	" 35.	29.87	29.95	30.09	29.97				Cloudy	Fair	Fair
5,	" 28	" 26	" 19	" 27.	30.20	30.20	30.18	30.19	NW	NW	NW	Fair	Cloudy	Fair
6,	" 18	" 20	" 16	" 19.	30.14	30.10	30.09	30.11	NW	NW	NW by N	Snow	Snow	Fair
7,	" 16	" 19	" 23	" 17.5	30.05	29.77	29.62	29.81	NW by N	N by W	N by W	Snow	Sleet	Rain
8,	" 32	" 44	" 38	" 38.	29.48	29.38	29.68	29.51	ESE	ESE	S by W	Rain	Fair	Fair
9,	" 27	" 33	" 26	" 30.	30.02	30.07	30.07	30.05	NW	W NW	W NW	Fair	Fair	Fair
10,	" 29	" 35	" 32	" 32.	29.67	29.33	29.34	29.45	SE	SE	SE	Snow	Rain	o'erc'st
11,	" 24	" 32	" 21	" 28.	29.43	29.52	29.69	29.55	W	W	W	Fair	Fair	Fair
12,	" 22	" 30	" 25	" 26.	29.80	29.88	29.94	29.87	W	W	W	Fair	Fair	Fair
13,	" 21	" 27	" 30	" 24.	30.06	30.01	29.91	29.99	WNW	WNW	W	Fair	Fair	Fair
14,	" 30	" 43	" 33	" 36.5	29.86	29.72	29.61	29.71	S	SW	SW	Fair	Fair	Fair
15,	" 36	" 37	" 22	" 36.5	29.48	29.70	29.92	29.70	NW by N	NW	S	Rain	Fair	Fair
16,	" 12	" 25	" 37	" 18.5	29.95	29.63	29.46	29.67	NW	NW	W by N	Fair	o'erc'st	Cloudy
17,	" 35	" 38	" 33	" 36.5	29.48	29.54	29.48	29.50	SW	SW	W	Rain	Fair	o'erc'st
18,	" 37	" 39	" 35	" 38.	29.56	29.69	29.55	29.60	WNW	WNW	NW	Fair	Fair	Fair
19,	" 36	" 44	" 36	" 40.	29.42	29.44	29.70	29.52	SSE	SW	SW	Fair	o'erc'st	Cloudy
20,	" 15	" 18	" 15	" 16.	30.07	29.92	29.88	29.96	NW by N	NW by W	NW by N	Fair	Fair	Fair
21,	" 9	" 4	" 2	" 6.5	29.96	29.97	30.13	30.02	N by W	NW	NW	Fair	Fair	Fair
22,	" 8	" 4	" 5	" 6.	30.20	29.87	29.93	30.00	NNE	NNE	N by W	Fair	Snow	Fair
23,	" 9	" 3	" 0	" 3.	30.22	30.18	30.22	30.21	WNW	WNW	W	Fair	Fair	Fair
24,	+ 8	+ 18	+ 19	+ 13.	30.14	29.65	29.57	29.79	SSE	S	S	o'erc'st	Snow	Fair
25,	" 26	" 23	" 24	" 24.5	29.65	29.49	29.44	29.53	W	W	NW	Fair	o'erc'st	Snow
26,	" 21	" 10	" 1	" 15.5	29.67	30.16	30.40	30.03	NW by N	NW	NW	Fair	Fair	Fair
27,	" 0	" 6	" 13	" 3.	30.35	30.02	29.69	30.01	ESE	S	S by W	Fair	Snow	Snow
28,	" 15	" 21	" 10	" 18.	29.72	29.85	29.95	29.84	W	W	W S W	Snow	Fair	Fair
29,	" 20	" 28	" 13	" 24.	29.92	29.76	29.72	29.80	NW	NW	NW by W	Fair	Fair	o'erc'st
30,	" 19	" 26	" 23	" 22.5	29.64	29.47	29.42	29.51	SSW	W	W S W	Fair	Fair	Fair
31,	" 27	" 25	" 13	" 26.	29.52	29.70	29.97	29.73	W	WNW	WNW	Fair	Fair	Fair

Therm. } Max. Temp., +44° on the 19th  
 } Min. " -9° " 23rd  
 Mean of the Month, +23.45

Barometer, } Maximum, 30.40 in. on the 26th  
 } Minimum, 29.22 " 2nd  
 Mean of Month, 29.496 inches.

Thermometer, { Highest during the year, +94° on July 11th and August 11th and 13th, at 3 p.m.  
 { Lowest " -24° on January 11th, at 7 a.m.  
 { Mean Temperature of the year, +44.99.  
 { Highest during the year, 30.58 inches on January 24th, at 7 a.m.  
 Barometer, { Lowest " 29.04 " on November 25th, at 3 p.m.  
 { Mean of the year, 29.677 "

MONTHLY METEOROLOGICAL REGISTER AT H. M. MAGNETICAL OBSERVATORY, TORONTO, C. W.,—DECEMBER, 1945.  
 Latitude 43°. 39' 4. N. Longitude 79°. 21' 5. W. Elevation above Lake Ontario, 108 Feet.—(For the Brit. Amer. Jour. of Med. and Phys. Science.)

DAY.	Barometer at Temp. of 32°.			Temperature of the Air.			Tension of Vapour.			Humidity of the Air.			Wind.			Rain in on surf.	WEATHER.		
	7 A.M.	3 P.M.	10 P.M.	Mean of 24 h.	7 A.M.	3 P.M.	10 P.M.	Mean of 24 h.	7 A.M.	3 P.M.	10 P.M.	Mean of 24 h.	7 A.M.	3 P.M.	10 P.M.				
1	29.961	29.833	29.506	29.681	22.9°	24.6°	29.8°	26.6	1.11	1.21	1.57	1.31	87	89	95	88	N.	E. by N.	E. N. E.
2	29.937	29.819	29.284	29.161	40.4	36.5	35.0	36.7	2.20	1.50	1.36	1.51	97	70	67	69	Calm.	S. W. by W.	W. S. W.
3	29.874	29.637	—	—	34.4	38.5	—	—	1.81	1.31	—	—	92	56	—	—	W. by N.	—	—
4	29.826	29.946	30.030	29.962	32.7	37.0	33.4	33.8	1.64	1.39	1.52	1.57	89	64	79	81	Calm.	Calm.	Calm.
5	30.009	29.975	29.903	29.973	29.6	31.1	28.5	29.4	1.51	1.50	1.22	1.35	92	85	76	82	N. E.	N. N. E.	N. N. E.
6	29.894	29.852	29.803	29.835	26.2	28.2	28.6	27.5	1.31	1.38	1.46	1.38	91	89	92	91	N. N. E.	N. E.	E. by N.
7	29.640	29.517	29.372	29.482	30.4	32.4	33.4	33.2	1.63	1.69	1.82	1.75	96	93	96	97	E. N. E.	N. E.	Calm.
8	29.241	29.555	29.790	29.526	40.2	43.0	36.4	42.5	2.37	1.77	1.53	2.11	97	63	74	78	N. W. by N.	W. N. W.	W. N. W.
9	29.978	29.903	29.717	29.892	32.4	33.2	33.2	32.5	1.37	1.66	1.64	1.64	88	93	94	89	N. E.	N. E.	N. E.
10	29.277	30.251	—	—	38.5	46.6	—	—	2.27	1.92	—	—	98	62	—	—	Calm.	W. by S.	E. by N.
11	29.584	29.613	29.680	29.640	28.4	29.8	29.4	29.7	1.45	1.17	1.25	1.30	91	70	76	78	W. by S.	W. by S.	S. W. by W.
12	29.785	29.773	29.843	29.797	24.4	30.4	28.6	28.1	1.31	1.22	1.07	1.19	90	72	67	76	W. by S.	W. by S.	W. by S.
13	29.831	29.721	29.640	29.716	25.3	34.2	31.0	32.5	1.24	1.40	1.62	1.51	89	71	94	82	N. N. E.	E. S. E.	S. E.
14	29.630	29.512	29.509	29.509	28.0	40.8	38.8	37.3	1.45	2.05	2.12	1.91	91	81	91	85	Calm.	Calm.	Calm.
15	29.596	29.740	29.748	29.697	32.6	35.4	29.2	31.3	1.65	1.42	1.31	1.37	90	69	80	78	N. N. W.	N. by W.	N. E. by E.
16	29.525	29.301	29.309	29.373	35.6	43.0	39.0	38.5	1.71	2.33	1.78	1.94	82	65	75	75	E. S. E.	S. by W.	W.
17	29.516	29.394	—	—	35.0	38.0	—	—	1.46	1.51	—	—	72	79	—	—	S. W.	Calm.	Calm.
18	29.586	29.438	29.346	29.448	33.6	39.4	37.4	36.6	1.81	1.55	1.91	1.75	95	64	87	81	Calm.	E. E.	Calm.
19	29.334	29.617	29.831	29.638	37.0	41.3	32.0	33.3	2.10	1.68	1.21	1.81	96	65	68	73	Calm.	N. W.	N. W. by N.
20	29.710	29.797	29.849	29.829	23.0	29.0	24.8	24.7	1.14	1.24	1.08	1.11	89	77	79	81	N. by E.	Calm.	N. by E.
21	29.770	29.781	29.849	29.780	18.0	18.0	11.0	15.4	1.07	0.91	1.07	0.85	89	89	88	89	Calm.	N. E. by N.	N. E. by N.
22	29.553	29.998	29.887	29.676	10.0	12.8	7.2	10.1	0.64	0.76	0.65	0.72	88	90	98	97	N. N. E.	N. N. W.	Calm.
23	30.008	29.983	29.904	29.950	9.2	23.3	20.4	17.4	0.68	0.98	0.94	0.88	96	76	83	87	Calm.	Calm.	Calm.
24	29.516	29.346	—	—	27.4	33.0	—	—	1.33	1.53	—	—	88	84	—	—	S. E.	Calm.	Calm.
25	29.446	29.403	—	—	36.6	31.2	—	—	1.34	1.48	—	—	62	84	—	—	W. by N.	W. by N.	—
26	29.972	30.146	30.134	30.083	20.0	24.2	16.4	20.3	1.08	0.94	0.88	1.02	96	70	91	90	N. N. W.	E. by S.	Calm.
27	29.842	29.462	29.464	29.582	25.0	32.4	28.2	28.2	1.18	1.66	1.33	1.34	89	91	85	86	S. E.	S. by E.	W. by N.
28	29.768	29.785	29.721	29.756	17.0	27.8	30.6	26.2	0.87	1.05	1.48	1.25	86	67	86	83	Calm.	S. W.	S. W.
29	29.614	29.517	29.473	29.523	30.1	33.0	21.0	25.8	1.59	1.53	1.07	1.30	95	81	91	90	S. W. by S.	S. S. W.	S. S. W.
30	29.426	29.343	29.502	29.444	15.4	31.7	39.4	25.7	0.87	1.28	1.25	1.15	93	71	76	81	Calm.	W. by S.	Calm.
31	29.772	29.892	—	—	27.6	30.0	—	—	1.32	1.26	—	—	86	74	—	—	N. W.	N. W.	N. W.
Mean	29.657	29.675	29.673	29.675	26.6	31.7	28.5	29.12	0.140	0.141	0.136	0.140	92	77	84	83	4.44 miles	6.47 miles	5.70 miles

Toronto Bay crossed upon ice by foot passengers on the 23rd.

Proportion of Wind from each Quarter.		Temperature for November.		Rain.		Winds.		Snow.	
From N. 1057.7 miles.	W. 1743.0 "	Mean.	Max.	Min.	No. Days.	Inches.	Mean.	Days.	Inch.
18.4	18.4	24.8°	42.1°	8.6°	50.7°	2.33	79	1.33	18
18.4	18.4	24.8°	46.1°	3.1	43.0	6.600	170	0.74	6
18.4	18.4	24.8°	46.1°	3.1	36.4	0.889	478	0.54	17
18.4	18.4	24.8°	40.5°	4.1	36.4	0.889	372	0.74	8
18.4	18.4	24.8°	48.5°	3.1	46.9	1.040	223	0.40	6
18.4	18.4	24.8°	48.5°	1.6	46.9	0.889	389	0.26	6
18.4	18.4	24.8°	39.7°	2.4	42.1	1.216	441	0.70	12
18.4	18.4	24.8°	49.4°	3.3	45.5	1.156	423	0.57	9
18.4	18.4	24.8°	49.6°	3.9	49.9	1.156	200	0.35	8
18.4	18.4	24.8°	48.8°	1.1	49.9	2.750	171	0.56	7
18.4	18.4	24.8°	48.8°	1.1	49.9	2.750	171	0.56	7

Highest Barometer, 30.147 on 26th, at 4 p.m. Monthly Range 1.210  
 Lowest do, 28.337 on 21st, at 7 a.m. Monthly Range 49.9  
 Highest Temperature, 48° 8 on 8th, at 9 a.m. Mean Max. Therm., 31.68—Mean Min. Therm., 23.63.  
 Lowest do, 1° 1 on 23rd, a.m. Mean Daily Range, 11.0° 6  
 Mean Max. Therm., 31.68—Mean Min. Therm., 23.63.  
 Maximum Velocity of the Wind, 6.44 miles per hour.  
 Minimum Velocity, 2.6 miles from 11 to noon, on 2nd  
 Maximum Velocity, 23.6 miles from 1 to noon, on 2nd  
 Mean Daily Range, 2nd.—Mean velocity per hour, 16.30 miles  
 Least do, 23rd. 0.83

Snow in inches on surface—not appreciable on the 2nd and 3rd.—5th, 0.7; 6th, 0.4; 21st, 0.3; 22d, 7.0; 23d, 5.0; 24th, 0.1; 25, 3.0; 26th, 1.65.  
 The approximate mean of the Barometer is derived from ten observations daily; the means of the other elements are taken from four observations daily, viz., 9 and 10 a.m., and 9 and 10 p.m. The whole are close approximations to true means. Further explanatory notes will be found at the foot of all the Registers of 1846, 1846 and 1847.  
 Magnetic Disturbances in December.—None.

**C H L O R O F O R M .**

**T**HE SUBSCRIBERS have prepared, for Sale, Chloroform, or Terchloride of Formyle, the new Anæsthetic Agent, as a substitute for Ether, recently proposed by Dr. Simpson, of Edinburgh. This Agent has received the recommendation of the highest Medical Authorities in Great Britain, and has been used with increased success in this vicinity.

S. J. LYMAN & Co.,  
Chemists, Place D'Armes, Montreal.

Jan. 31, 1848.

**T**HE Subscribers have their usual assortment of genuine Drugs and Chemicals, which they offer low for cash, or approved credit.

WM. LYMAN & CO.,  
194 & 196, St. Paul Street, Montreal.



**U R Q U H A R T ' S**

**FLUID EXTRACT OF JAMAICA SARSAPARILLA.**

**T**HE Subscriber begs leave to submit to the Medical Profession and to the public, his preparation of Sarsaparilla which has been extensively used in their practice, by many of the most eminent Medical Gentlemen in the City, and with the most beneficial results, as the following testimonials, with which he has been very politely favored, will satisfactorily show.

For sale only at the Medical Hall, Great St. James-Street.

ALEX. URQUHART.

August 2.

ALEXANDER URQUHART, ESQ.—DEAR SIR,—I have much pleasure in bearing testimony to the faithful manner in which you prepare your Fluid Extract of the Compound decoction of Sarsaparilla. This I am enabled to do on account of several of my patients having derived the greatest benefit from its use.

For Constitutional Syphilis and Chronic Rheumatism, I have prescribed it with the most marked effects; I can therefore, without the least hesitation, recommend your preparation as one possessing all the Medicinal qualities of the Compound Decoction of Sarsaparilla, while it is, at the same time, more palatable, and less apt to derange the stomach.

I remain, Dear Sir,  
Your most obed't serv't,  
W. FRASER, M. D.  
Lecturer on Medical Jurisprudence,  
M'Gill College.

Montreal, 9th February. 1847.

Montreal, February 10th, 1847.

I beg to certify, that I have employed very extensively, the "Fluid Extract of Sarsaparilla," made by Mr. Urquhart, in all those diseases in which that Medicine is usually prescribed, and that I have found it a most valuable preparation. I can, moreover, state from personal investigation, that the proprietor employs none

but the purest ingredients, and bestows the greatest care and attention upon the mode of preparing the remedy.

ROBERT L. MACDONELL, M. D.,  
Lecturer Institutes of Medicine,  
M'Gill College.  
Physician to the Montreal General Hospital.

Mr. Urquhart's Sarsaparilla is the only preparation of this valuable Medicine that I can, with entire confidence, recommend to my patients.

M. M'CUCCLOCH, M. D.

Montreal, 10th February, 1847.

DEAR SIR,—I have frequently prescribed your Fluid Extract of Sarsaparilla, and I have no hesitation in recommending it as a very elegant and convenient form for administering that Medicine.

Yours very truly,

GEO. W. CAMPBELL.

To Alex. Urquhart, Esq.

Montreal, 10th February, 1847.

**COLLEGE OF PHYSICIANS AND SURGEONS  
OF LOWER CANADA.**

**T**HE BY-LAWS of the COLLEGE having received the sanction of the Executive, its BOOKS are NOW OPEN for the REGISTRATION of MEMBERS.

It is required of such as desire to register, that they forward to the undersigned (post-paid) their name, legibly written in full, their age, birthplace, date of Provincial License, and the College Fee, viz., Ten Dollars in current money of this city.

All such as signed the Petition to the Legislature for the Act of Incorporation, are entitled to Register forthwith, provided that at the time of their signing they were in possession of a Provincial License to practice Medicine, &c., &c.; and in virtue of the By-Law which refers to Membership, the Books of the College shall be kept open during a period of Six Months from the time of the passing of the said By-Laws, viz., the Tenth day of October, 1848, for the Registration of every Member of the Profession who desires so to do, provided such Member has been in possession of a Provincial License to practice Medicine, &c., &c., Four Years at the time of the passing of the Act of Incorporation, viz., 27th July, 1847.

FRANCIS C. T. ARNOLDI, M. D.  
Registrar & Treasurer,  
Coll. Ph. & Surg., L. C.

58, CRAIG STREET,  
Montreal, 1st Dec., 1848.

**MEDICO-CHIRURGICAL SOCIETY.**

**T**HE next Monthly Meeting of this Society will be held at the Rooms of the Mechanics' Institute, on Saturday Evening, Feb. 3, at 8 o'clock P.M.

HECTOR PELTIER, M.D.,  
Montreal, Feb. 1, 1849. Secretary.

# UNIVERSITY OF M'GILL COLLEGE.

## FACULTY OF MEDICINE.

THE ENSUING WINTER COURSE, OF LECTURES, in the Faculty of Medicine, will commence on Monday, November 6th, and will be continued, uninterruptedly, with the exception of the Christmas vacation, till the last week in April, forming a Session of Six Months.

Theory and Practice of Medicine,	by A. F. Holmes, M.D.
Principles and Practice of Surgery,	" G. W. Campbell, M.D.
Chemistry,	" A. Hall, M.D.
Midwifery and Diseases of Women and Children,	" M. McCulloch, M.D.
Anatomy (General and Descriptive),	" O. T. Bruneau, M. D.
Materia Medica and Pharmacy,	" S. C. Sewell, M.D.
Clinical Medicine and Surgery,	" J. Crawford, M.D.
Institutes of Medicine, (Physiology, &c.),	" R. L. Macdonnell, M.D.
Forensic Medicine,	" Wm. Fraser, M.D.
Practical Anatomy,	" W. E. Scott, M.D.
Curator of Museum,	Wm. Wright, M.D.

Montreal General Hospital, visited daily at Noon.

University Lying-in Hospital open to the Students of the Midwifery Class.

In each of the Courses above specified, five lectures per week are given, except in the Courses of Clinical Medicine, and of Medical Jurisprudence, in the former of which two, and in the latter three only, during the week, are given. The Lecturers in the different departments, will illustrate their respective subjects, by the aid of preparations, plates, apparatus, specimens, etc. etc.

The Medical Library, which is furnished not only with books of reference, but the usual elementary works, will be open to matriculated students, without charge, under the necessary regulations. Access to the Museum will be allowed at certain hours. The Demonstrator of Anatomy will be daily in the Dissecting Rooms to oversee and Direct the students.

N. B.—The tickets of this University being recognized by the Universities and Colleges of Great Britain, students who purpose completing their professional education in the mother country, will obtain an important advantage by having attended its Courses.

### SUMMER SESSION.

The Summer Courses will commence on the second Monday of May, 1849.

Medical Jurisprudence,  
Botany,

by Dr. Fraser.

" Dr. Papineau.

A. F. HOLMES, MD. & P.

Secretary Med. Fac.

## SCHOOL OF MEDICINE AND SURGERY.

THE LECTURES at this SCHOOL will commence on MONDAY, 6th NOVEMBER, and will be continued till the last day of APRIL, 1849. During the Session, Lectures on the following Departments of a Medical Education will be delivered, viz.:

Anatomy,..... Dr. Bibaud.  
Chemistry,..... Dr. Sutherland.  
Materia Medica,..... Dr. Coderre.  
Surgery,..... Dr. Monro.

Practice of Medicine,..... Dr. Badgley.  
Midwifery,..... Dr. Arnold.  
Institutes of Medicine,..... Dr. Peltier.  
Medical Jurisprudence,..... Dr. Boyer.

The Lectures are given in the French language.  
Montreal, September 25, 1848.

Wm. SUTHERLAND, M.D.,

Secretary.

### AYER'S CHERRY PECTORAL.

AN Anodyne Expectorant, prepared on the new plan of combining the isolated, active principles of medicine, in their purity: a plan which is found to give an energy and certainty of remedial effect far surpassing any other in use. The substances of which it is composed are those known to be most relied on for the relief of pulmonary disease, viz.: Morphine, Sanguinaria, Emetine, Tart. Ox. Antim. et Pot. Hydrocyanic Acid, Saccharum, Spt. and Aqua, combined so as perfectly to resist the action of time; and affording to physicians a compound of free, permanent hydrocyanic acid—a desideratum in medicine not hitherto obtained. Its formula has been published in this and other Medical Journals, and also submitted to some of the highest medical authorities in this country, among which are the Berkshire College of Medicine, Pittsfield, Mass.; Willoughby Medical College, Columbus, Ohio; Bow-

doin Medical College, Brunswick, Me.; Vermont College of Medicine, Castleton, Vt.; Geneva Medical College, Geneva, N. Y., and also in manuscript to a large part of the medical faculty of the United States.

The attention of practitioners is respectfully solicited to this preparation, and it is confidently believed it will commend itself to their favour and confidence, having been found an invaluable remedy in treating the most obstinate as well as milder forms of pulmonary disease.

Sold by WILLIAM LYMAN & Co., Chemists, 194 and 196, St. Paul Street, Montreal.

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